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 2023 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2023 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 2023 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) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
  - FY 2023 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:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
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  - PHA Crosswalk; and
   - Frequently Asked Questions

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, 2022 to April 30, 2023:
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	Yes	Yes
10.	Lesbian, Gay, Bisexual, Transgender (LGBTQ+) Advocates	Yes	Yes	Yes
11.	LGBTQ+ Service Organizations	Yes	Yes	Yes
12.	Local Government Staff/Officials	Yes	Yes	Yes
13.	Local Jail(s)	Yes	Yes	Yes
14.	Mental Health Service Organizations	Yes	Yes	Yes
15.	Mental Illness Advocates	Yes	Yes	Yes

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

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

	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 the geographic area to address equity (e.g., Black, Latino, Indigenous, LGBTQ+, and persons with disabilities).

(limit 2,500 characters)

1) CoC general meetings & committees open to new members that can join at any time w/ a rolling admission process, as communicated during networking meetings & CoC website. Invitations to join were solicited via meeting announcements, CoC committee meetings, information on the website, CoC newsletter, social media, community forums, & networking w/ informal partners. CE helpline staff build community trust by providing information & extend invitations to join the CoC. Organizational outreach and community engagement is conducted by CoC planning staff & direct care staff together on a regular basis, including advertising the CoC at meetings of coalitions for immigration & substance abuse services. 2) All CoC meetings are held virtually & general meetings are recorded. Closed captioning is available for the video recordings in partnership w/ a disability rights group. CoC communications conducted electronically. CoC has a communications staff dedicated to improvement and accessibility of CoC materials to welcome new members. CoC website, which contains information on how to join the CoC, is equipped with an accessibility widget which allows users to increase text size, enhance contrast, & change the site to a dyslexia friendly font. The website has a search function that allows users to find information quickly. Social media is used to distribute information, have continuously available invitation for membership, broaden our network, & gain trust. Newsletters are sent via email & contain CoC updates and information on how to join the CoC. CoC has worked to involve more people w/ lived experience through targeted recruitment, adapting meeting times & formats to ensure access needs are met, & adopting a peer model. 3) CoC has engaged in outreach to coalitions/orgs advocating for immigrant rights w/ legal services (Long Island Immigration Collaborative), orgs furthering equity for people of color (Minority Millennials, ERASE Racism), an org serving people w/ disabilities (Downstate NY ADAPT), a tribal nation (Shinnecock Nation), & faith-based leaders in marginalized communities. CoC working group was created to connect the Shinnecock Nation & faith-based leaders for planning to create tiny home villages. Connection w/ the Poor People's Campaign network enabled recruitment to groups invested in addressing homelessness. CoC leadership is involved as a leader on Health Equity Taskforce to improve health outcomes w/ a focus on marginalized communities.

1B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.	
	NOFO Section V.B.1.a.(3)	

	Describe in the field below how your CoC:
1.	solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;
2.	communicated information during public meetings or other forums your CoC uses to solicit public information;
3.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats; and
4.	took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.

(limit 2,500 characters)

1) The CoC solicits facilitates focus groups to develop practice standards, enhance CE, discuss community needs & challenges, increase housing stock (creating Tiny Home communities), leverage resources, 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 procedures are being enhanced to timely and transparent implementation. 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 planned to be 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 will be used 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 McKinney Vento, LGBTQ+ 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.

(limit 2,500 characters)

1) Local competition was advertised on social media, radio PSA, & digital flyer in the newspaper for the LI Media group. Orgs that had not received CoC funding in the past were actively recruited & instruction manuals for local applications were developed w/ new applicants in mind. 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. Guidance was provided on meeting match requirements. Scoring favored implementation plan & involving PLE over experience. All new applications in 2023 from agencies not previously 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, project performance (renewals) or project implementation plans (new projects), involvement of people with lived experience, and equity work. MOUs w/ commitment to housing first, CE, & regional goals required. New projects further evaluated for applicant experience, supportive services offered, & appropriateness of program design. To increase probability of increasing regional funding, new applications were only considered if 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. Renewal programs that had not yet started & programs flagged by HUD were placed at the end of priority order to ensure funding for operating renewals. 4) All materials 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

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) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
   - 24 CFR part 578;
     - FY 2023 CoC Application Navigational Guide;
   - Section 3 Resources;
   - PHA Crosswalk; and
     - Frequently Asked Questions

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.	

		Describe in the field below how your CoC:
	1.	consulted with ESG Program recipients in planning and allocating ESG Program funds;
	2.	participated in evaluating and reporting performance of ESG Program recipients and subrecipients;
	3.	provided Point-in-Time (PIT) count and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area; and
	4.	provided information to Consolidated Plan Jurisdictions to address homelessness within your CoC's geographic area so it could be addressed in the Consolidated Plan update.

(limit 2,500 characters)

1) CoC is an S1 community that facilitated regular ESG/ESG-CV planning meetings with all participating jurisdiction with assistance of HUD TA to ensure consistent values, strategies, and application processes. ESG Practice Standards were instituted for all ESG projects that aligned with CoC Practice Standards. Services and outreach are targeted to overrepresented populations within the local homeless system. CoC works closely with all ESG (sub-)recipients and instituted case conferencing meetings to assist in continued disbursement of funds. Regular updates and problem solving are addressed in CoC Business Meetings. Alignment of ESG(-CV) with CoC goals was aided by having ESG funded agency members on the governance board and ranking committee. A new GB slate will retain positions for ESG jurisdictions. CoC helped create scenarios where funds would be braided to stand up programs or make them more sustainable. 2) Our CoC participates in evaluating and reporting the performance of ESG Program (sub-)recipients by providing monthly reports with individual program outcomes and regional impact reports for each project. S1 coaches assisted in supporting program operations. ESG programs were monitored as CE access points for completion of assessments & development of housing plans. CoC worked closely with ESG recipients on spend down rates and problem-solving strategies to increase rates when needed via minimum monthly check-ins. 3) Jurisdictions were provided localized versions of PIT, HIC, BNLs, and other regional data such as racial equity assessments & reports, and sub-reports on populations with unmet needs to better identify localized needs. 4) The CoC's Con Plan ensures spend downs and reallocates funds when necessary. The CoC worked to align all regional planning to be reflected and updated in ESG Con Plans, such as RRH rental reasonableness matching EHV. Other ESG jurisdictions funded street outreach activities, to align with regional goals and needs. All unmet needs that were addressed in Con Plans were to create low barrier shelters for households not eligible for shelter through local DSS. In response to the need reported to the CoC, funds were added to increase capacity for DV shelters. CoC provided reports on race equity to assist better address regional needs.

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

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

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

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

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

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

(limit 2,500 characters)

The current GB has a seat held by someone who coordinated Head Start programs across LI & by a representative for each county DSS. DSS offices act as school district liaisons for all students that qualify for McKinney-Vento services. Local DSS connects homeless households with children to local Heat Start with streamlined referrals and transportation assistance. Households are assisted to keep children in schools or transferring school based on family preference as part of CE assessments. RHY shelters have open houses for school district staff to enhance coordination. School districts received ARP funds for families experiencing homelessness (gift cards, translation services, connecting to internet, technology such as cell phones, paying for short term temporary housing) and are 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. The CoC established MOU with Head Start and Healthy Families. CoC works w/ NYTEACHS (state) and SEA, sharing information electronically & through training about M-V services. The CoC plans to partner with NYTEACHS to identify schools with the highest rates of homelessness to enhance coordination and provide 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. 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 M-V was provided.

1C-4b.	Informing Individuals and Families 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 become homeless 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 Head Start. In these policies local DSS is identified as the liaison between households experiencing homelessness and school districts, making sure they are 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 information is sent to shelters 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	No	Yes
2.	Child Care and Development Fund	No	Yes
3.	Early Childhood Providers	No	Yes
4.	Early Head Start	Yes	Yes
5.	Federal Home Visiting Program–(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No	Yes
6.	Head Start	Yes	Yes
7.	Healthy Start	Yes	Yes
8.	Public Pre-K	No	Yes
9.	Tribal Home Visiting Program	No	No
	Other (limit 150 characters)		
10.			

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

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

	Organizations	
1.	state domestic violence coalitions	Yes
2.	state sexual assault coalitions	Yes
3.	other organizations that help this population	Yes

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

	Describe in the field below how your CoC regularly collaborates with organizations indicated 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. Plans are in place to generate buy-in for a regionally tailored ETP in partnership w/ DV CE. 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, including 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 consider homelessness as a trauma and the prevalence of DV, especially amongst 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 new application has been submitted for DV PSH, adding ongoing support for providers to the CoC. Partnership w/ NYS OVW plans to develop more DV PSH w/ ESSHI funds.

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

	Describe in the field below how your CoC coordinates to provide training for:	
1.	project staff that addresses best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually); and	
2.	Coordinated Entry staff that addresses best practices (e.g., trauma informed care) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually).	

(limit 2,500 characters)

DV CE & other VSP staff required to take a series of trainings w/in their first 3 to 6 months of employment. Training is provided by The Safe Center LI (DV CE lead) & NYS Coalition Against DV. Trainings available to CoC program staff include trauma, rape & sexual assault, child sex abuse, ACES, intimate partner violence, safety planning, human trafficking, elder abuse, impact of DV on children & Mandated Reporter training. TSCLI developing a booklet on human trafficking to be available to CoC. VAWA webinars advertised throughout the CoC. Suffolk County Anti-Trafficking Initiative (SCATI) has monthly meetings w/ regular presentations & trainings, breakout groups about housing & safety needs for victims of human trafficking and/or DV. Continuing education courses available for staff as needed. DV providers have space to provide guidance on best practices, trauma informed care, & resources at CoC Business Meetings. Plans in place to synthesize DV CE onboarding training into an annual training for CoC, including panel discussions on topics related to DV/SA/trafficking. DV CE hosts quarterly meetings w/ VSPs & CoC planning to share & collaborate on best practices. 2) All staff trained to provide access to CE & DV waitlists based on client choice. De-identified household identifiers are used to add households experiencing DV to both waitlists. The CE steering committee meets quarterly to ensure practice of safety & planning protocols. A regular meeting between CE & DV CE serves to enhance service delivery & coordination w/ other VSPs. Trauma-informed care worksheets & exercises available to CE staff & on website. CE staff are present at monthly CoC Business Meetings where they can receive updated guidance on best practices, trauma informed care & resources. CE staff training will be enhanced by online learning platform Relias for onboarding w/ regular refreshers based on staff needs & competency. The new street outreach team (SOS) will be trained in crisis response to better meet the needs of DV & those in mental health crises. The following are examples of changes that programs have identified as reflective of becoming more "trauma-informed: recognizing homelessness as trauma, staff recognizing that people they serve have experienced trauma & are reacting in the present based on these past experiences, using trauma-related language (e.g., discussions about triggers, re-traumatization, etc.), & implementing more flexible, patient, & non-judgmental approaches.

1C-5c.	Implemented Safety Planning, Confidentiality Protocols in Your CoC's Coordinated Entry to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	

	Describe in the field below how your CoC's coordinated entry includes:
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 DV shelters in the area or out of area if needed. 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-5d. | Used De-identified Aggregate Data to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors. | |
| | NOFO Section V.B.1.e. | |

	Describe in the field below:
1.	the de-identified aggregate data source(s) your CoC used for data on survivors of domestic violence, dating violence, sexual assault, and stalking; and
2.	how your CoC uses the de-identified aggregate data described in element 1 of this question to evaluate how to best meet the specialized needs related to domestic violence and homelessness.

(limit 2,500 characters)

1) Referring agencies to DV CE have clients sign a VAWA release so information can be shared w/ TSCLI. Participants also sign a VAWA release once paired w/ a housing program so their information can be shared w/ that program. DV CE can produce reports using de-identified information based on all of those referred to DV CE. DV CE uses a comparable database capable of running APRs & other HUD required reports for ongoing evaluation and review that de-identifies client info. DV CE maintains de-identified BNL for all persons reporting currently residing in a DV-specific shelter, residing in a shelter & reporting DV/safety risks, those fleeing DV in the community identified by DV 24-hour hotlines, street outreach, advocacy groups, & police. CE maintains a DV de-identified list from DV comparable database, HMIS clients that report actively fleeing at admission, street outreach, DV hotlines/crisis centers/police, & partnerships w/ county Offices of the Aging, youth/LGBT providers & homeless prevention access partners to further identify the presenting need of those fleeing. The CoC regularly sends out comparable database guides for best practices. All attempts are made to cross-reference households for the PIT. Participants are not required to participate in HMIS to take part in CE or DV CE services. 2) Information from DV comparable database is used for HUD APR, can be used for statistical and informational purposes, & is used to collaborate w/ the local COC & CE Steering Committee. DV CE matches clients w/ resources using prioritization order specifically crafted to meet needs of DV victims. All DV shelters use comparable databases, are CE access partners, & offer the option to conduct CE assessments or connect to DV CE or CE. DV was a focus area when conducting PIT/updating regional gap analysis, w/ DV providers participating as outreach enumerators on the day of the PIT count, in recognition that this population can be underrepresented and in immediate need of supports. In addition to annual DV trainings to identify those fleeing, the HMIS team consulted w/ DV providers to develop training materials. DV CE has started an LGBTQ+ initiative to collect data on identity & pronouns to better provide services to the presenting population and is making sure data collection methods are sensitive to participant needs. Information from de-identified databases is used to identify barriers to housing, need for language services, and which populations are underserved.

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

	Describe in the field below how your CoC communicates to all individuals and families seeking or receiving CoC Program assistance:
1.	whether your CoC has policies and procedures that include an emergency transfer plan;
2.	the process for individuals and families to request an emergency transfer; and
3.	the process your CoC uses to respond to individuals' and families' emergency transfer requests.

(limit 2,500 characters)

1) CoC program participants are provided info about local emergency transfer plan (ETP) from CE staff at time of enrollment & upon request from project staff. The policy & form to request an emergency transfer is available publicly on CoC website. CoC ETP states those who need to move due to safety concerns are given highest priority for all available housing they are eligible for through CE and outlines provider roles & responsibilities. All emergency transfers are provided w/ immediate connection to DV CE for safety planning, legal advocacy, transportation & other necessary supports. Planned updates to the ETP includes guidance on longer-term response planning in case a transfer cannot immediately take place, employment & school district retention, ongoing case management, & retaining safety after a transfer. 2) Households may contact their case manager to submit the emergency transfer request on their behalf. Participants have the option to submit a transfer request on their own directly to CE staff by asking for the form or submitting available form on CoC website to CE Manager. Minimal information/proof is requested to determine the nature of the safety risk for proper implementation of the ETP. 3) Transfers approved by CE Manager at maximum within 3-5 business days of receipt. Additional info may be requested to accurately assess the situation. CE Manager collaborates w/ DV CE to assess present safety risk(s) determine whether DV CE can provide services to mitigate the safety risk & help the household remain in their unit. CE must verify eligibility, help obtain relevant documentation, & coordinate w/ housing providers to facilitate transfers. Housing programs are required to be in consistent communication w/ program participants about potential challenges that may jeopardize their housing stability and/or safety, explore the possibility of internal transfer & all housing opportunities that would provide safe and stable housing to the household (external transfer, exiting the program w/ other supports, etc.), obtain eligibility documentation for transfers, & coordinate w/ CE & DV CE. DV CE staff are required to engage in safety planning to keep households safe until a transfer or alternative solution. DV CE has flexible federal funds (FVPSA) available for rental assistance, motel/hotel payments, childcare, transportation, emergency expenses, etc. Housing programs are encouraged to use VAWA funds to keep households safe while awaiting transfer.

| | 1C-5f. | Access to Housing 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:
	1.	ensures that survivors of domestic violence, dating violence, sexual assault, or stalking have safe access to all of the housing and services available within the CoC's geographic area; and
	2.	proactively identifies systemic barriers within your homeless response system that create barriers to safely house and provide services to survivors of domestic violence, dating violence, sexual assault, or stalking.

(limit 2,500 characters)

1) The region has DV specific shelters & LDSS 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 in CoC. 2) Barriers are proactively identified during GB, 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. Touro law center has a one stop shop for those involved in DV related court litigation to get connected to DV resources.

| | 1C-5g. | Ensuring Survivors With a Range of Lived Expertise Participate in Developing CoC-Wide Policy and Programs. | |
| | | NOFO Section V.B.1.e. | |

		Describe in the field below how your CoC:
	1.	ensured survivors with a range of lived expertise are involved in the development of your CoC-wide policy and programs; and
	2.	accounted for the unique and complex needs of survivors.

(limit 2,500 characters)

1) Survivors are involved on the Lived Experience Advisory and provide input on all types of CoC operations and are compensated for their time. Participants on the LEA were recruited from LICH participants and those connected to a homeless peer assistance group on Facebook which is run by a person with lived experience on LICH staff. Recent group meeting topics have centered around survivor experiences with accessing DV services. CE and DV CE have survivors involved in developing practices, running CE operations, and providing feedback within work teams for immediate implementation. Slots are available for survivors on the CE steering committee and on the GB slate which the emergency transfer plan, prioritization of DV funding, and approve/develop the assessment considering DV concerns. Compensation is available to CoC committee members. These members were recruited from CoC funded agencies and the CoC network. Current GB includes a member with DV experience with equal contribution power. The Safe Center LI (DV CE lead) is implementing a "survivor voice" program, recruiting program participants to work directly with staff to implement trauma-informed approaches. Another CoC funded VSP has flexible funds used for PLE feedback. 2) Reflecting participant choice in accessing CE, survivors may join forums to provide feedback on all CoC functions, even when not directly DV related. All meetings can be joined virtually which allows survivors to participate from a place they feel safe and/or aligns with their safety plan. Being on camera is not required for participation. The LEA allows for anonymous participation using a pseudonym. Involvement in CoC committees/advisories is not disclosed to outside groups and emails are sent to the listserv by blind carbon copy. All feedback surveys (including participant survey for monitoring) can be completed anonymously or exclude identifying information entirely. A culturally competent lens is used when determining practices for safe participation of survivors. Information about DV services on the CoC website has a safety exit button to navigate away from that page quickly.

1C-6.	Addressing the Needs of Lesbian, Gay, Bisexual, Transgender and Queer+–Anti-Discrimination Policy and Training.	
	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) CoC sends out anti-discrimination policy to local groups advocating against discrimination towards people of color (ERASE Racism), LGBTQ+ people (LGBT Network), & people w/ disabilities (Downstate ADAPT) for review annually & incorporates feedback. Annual review is planned in coordination w/ the funding round w/ the GB, RC, & PLE Advisory. CoC is working to stand up an Equity Committee to serve as an accountability body for enforcement of the policy in collaboration w/ orgs committed to anti-discrimination work such as the local Human Rights Commission. 2) To receive CoC funds, programs must execute a housing first agreement & sign CoC-wide anti-discrimination policy as a threshold for applying. All w/in the CoC network asked to sign-on to this policy, regardless of funding source, to remain in compliance w/ CoC Governance Charter. CoC planning staff will organize training on CoC charter and anti-discrimination best practices & facilitate provider council meetings for providers to evaluate and/or create project level policies. Ongoing provider council meetings will serve to aid in creating tailored anti-discrimination policies which are relevant to program operations. 3) CoC Monitoring process evaluates projects for anti-discrimination by examining sample client records, discharges, surveying program participants, & comparing policy documents to CoC Practice Standards. Survey asks participants if they feel they have been discriminated against. CoC planning funds can be used for TA to mediate, educate, & address challenges that could not be solved locally if needed. CE & HMIS monitor projects on an ongoing basis for successful referrals & provides case conferencing meetings to address challenges w/ enrollments. Regular coordination w/ other major non-CoC funders allows for oversight of programs for best practices. 4) When noncompliance is flagged by monitoring or participant compliant, follow-up guidance & education is provided. RC evaluates noncompliance when determining whether a project is eligible to apply for CoC funds. All CE participants are informed on types of discrimination & how to report it. Street outreach staff are present at program intakes to prevent discriminatory screen outs. CoC collaborates w/ local law groups such as Empire Justice to address system issues, & LDSS noncompliance w/ reasonable accommodations. The Lived Experience Advisory is consulted for effective compliance mechanisms. CoC provides CoC-wide DEI training.

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 and Housing Choice Voucher Program During FY 2022 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?
New York State HCR	10%	Yes-HCV	No
CDCLI	9%	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)

The CoC works to partner w/ PHAs whenever possible. Current partnerships include working with CDCLI 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. A recent success includes partnership with the Town of Brookhaven PHA to set aside 10 vouchers for PSH move-on or households currently experiencing homelessness. LI was awarded more EHVs than any other region in NYS and has one of the highest utilization rates due to partnerships with PHAs. CE has move on assessment for households interested in moving on from PSH programs. CE has built in housing search support & educates landlords on incentives available for working with programs. With the Governance Board restructure, a standing slot will be available to a local PHA. 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.

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

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

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

	Other (limit 150 characters)	
5.		

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

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

1.	Emergency Housing Vouchers (EHV)	Yes
2.	Family Unification Program (FUP)	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:	

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

1.	Did your CoC coordinate with a PHA(s) to submit a competitive joint application(s) for funding or jointly implement a competitive project serving individuals or families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other programs)?	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.	

	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

1C-7e.1.	List of PHAs with Active MOUs to Administer the Emergency Housing Voucher (EHV) Program.	
	Not Scored–For Information Only	

	Does your CoC have an active Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	Yes
	If you select yes to question 1C-7e.1., you must use the list feature below to enter the name of every PHA your CoC has an active MOU with to administer the Emergency Housing Voucher Program.	

PHA
New York State HCR
Town of Brookhave...
Village of Hempst...

1C-7e.1. List of PHAs with MOUs

Name of PHA: New York State HCR

1C-7e.1. List of PHAs with MOUs

Name of PHA: Town of Brookhaven PHA

1C-7e.1. List of PHAs with MOUs

Name of PHA: Village of Hempstead PHA

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) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
    - FY 2023 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

1D-1.	Discharge Planning Coordination.	
	NOFO Section V.B.1.h.	

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

1. Foster Care	Yes
2. Health Care	Yes
3. Mental Health Care	Yes
4. Correctional Facilities	Yes

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

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2023 CoC Program Competition.	33
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 2023 CoC Program Competition that have adopted the Housing First approach.	33
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 2023 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

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

You must upload the Housing First Evaluation attachment to the 4B. Attachments Screen.

		Describe in the field below:
	1.	how your CoC evaluates every project–where the applicant checks Housing First on their project application–to determine if they are using a Housing First approach;
	2.	the list of factors and performance indicators your CoC uses during its evaluation; and
	3.	how your CoC regularly evaluates projects outside of your local CoC competition to ensure the projects are using a Housing First approach.

(limit 2,500 characters)

1) Housing First principles are outlined in checklist & CE MOU which all local applicants must sign onto as threshold for application review. New HF evaluation document created for use during monitoring which includes USICH checklist, CE MOU, esnaps checklist, HUD HF Standards Assessment Tool, CoC/ESG Practice Standards & includes feedback loop/continuous improvement mechanisms. RC evaluates commitment to HF based on data pulled for ranking & any reports of noncompliance, including Monitoring Committee findings. Noncompliance can lead to RC disqualifying funding applications. CoC coordinates w/ other non-CoC funders of homelessness programs to include HF requirements or strong encouragement for recipients, including ESG, OMH, ESSHI, NYS OTDA which must receive CoC recommendation for funding. CE tracks housing referrals & discharges for compliance w/ HF & can investigate claims of discrimination. During post-move case management, CE works to ensure programs are not requiring participants to take part in services as precondition. Discharges into homelessness lead to follow-ups w/ housing providers to obtain explanations of circumstances & outline steps taken to prevent discharge. Mediation w/ housing provider is sought to see if re-admission is possible upon client choice. Monitoring focuses on HF by reviewing CE compliance, surveying participants, & investigating negative discharges. 2) USICH checklist of HF factors is used as our CoC's housing first agreement that all CoC programs must agree to as a condition for ongoing/new CoC funding. Checklist agreements include preventing declined referrals due to sobriety, minimum income, criminal record, credit, domestic violence, & declined participation in services as well as terms to prevent participant termination. Monitoring focuses on HF & includes review agency documents, specifically leases, program rules, & any documents that participants are being asked to sign agreement/acknowledgement. Sample participant records are reviewed to ensure case management services are provided in a participant-centered manner. All discharges are reviewed for HF compliant procedures. Participants are surveyed about enrollment & service delivery. 3) Monitoring, including participant survey, is outside of funding round. CE oversight of referrals & discharges is year-round. CE Steering Committee has power to flag issues regarding HF compliance on an ongoing basis. HF training w/ harm reduction focus is regularly available.

1D-3.	Street Outreach–Scope.		
	NOFO Section V.B.1.j.		

		Describe in the field below:
	1.	your CoC's street outreach efforts, including the methods it uses to ensure all persons experiencing unsheltered homelessness are identified and engaged;
	2.	whether your CoC's Street Outreach covers 100 percent of the CoC's geographic area;
	3.	how often your CoC conducts street outreach; and

	4.	how your CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance.

(limit 2,500 characters)

1) CoC coordinates among street outreach teams for equitable coverage of geographic area. CoC works to engage every person through a combination of general canvassing & targeted outreach from Helpline referrals & partnerships w/ hospitals, rehabs, & jail/prisons. Street outreach coordinates w/ police, MTA, EMS, VA, Parks police, gang outreach, shopping center security, local business owners, & university security to identify people living unsheltered, including those in vehicles. Increased capacity through a specialized street outreach team (SOS) has enhanced coordination w/ hospitals & other institutional settings & enabled quicker response times & greater availability. CoC encourages a peer model for effective engagement, which is used by SOS. In 2023, CoC conducted a winter & summer PIT count that focused on identifying people unknown to the homeless response system for follow-up. 2) Street outreach has a 100% coverage rate w/in CoC. Street outreach capacity has increased w/ COVID funding in recent years & w/ medically focused SOS team in 2023. Coordination w/ outreach & drop in centers allows for consistent coverage in remote areas w/in the CoC's geographic area. 3) With the addition of SOS team, street outreach is conducted 7 days/week, & includes coverage on nights & weekends in multiple areas where the most people are living unsheltered. CoC practices targeted canvassing to areas w/ less frequent coverage. 4) 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 allow street outreach to enhance rapport & community presence. CE uses satellite imagery of wooded areas to identify more people living on the street, such as those homeless and mobile & those 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 implemented a DV CE-SSO project, which has identified and engaged those actively fleeing & connect to services & screened additional households.

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

Select yes or no in the chart below to indicate strategies your CoC implemented to ensure homelessness is not criminalized and to reverse existing criminalization policies in your CoC's geographic area:

	Your CoC's Strategies	Ensure Homelessness is not Criminalized	Reverse Existing Criminalization Policies
1.	Engaged/educated local policymakers	Yes	Yes
2.	Engaged/educated law enforcement	Yes	Yes
3.	Engaged/educated local business leaders	Yes	Yes

4.	Implemented community wide plans	Yes	Yes
5.	Other:(limit 500 characters)		

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

		HIC Longitudinal HMIS Data	2022	2023
	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	663	702

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

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

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

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

	Describe in the field below how your CoC:	
1.	systemically provides up-to-date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, SSDI, TANF, substance abuse programs) within your CoC's geographic area;	
2.	works with project staff to collaborate with healthcare organizations, including substance abuse treatment and mental health treatment, to assist program participants with receiving healthcare services; and	
3.	works with projects to promote SSI/SSDI Outreach, Access, and Recovery (SOAR) certification of program staff.	

(limit 2,500 characters)

1) CoC has a CoC Outreach & Inclusion Manager focused on presenting 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 is planned for employment and substance use resources in partnership w/ 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. Staff through Nassau County assist in benefits enrollment for participants living on the street. 2) CoC established an MOU Northwell Health for a street medicine initiative. Occasional 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. LICH runs an annual health fair for program participants & staff. CoC coordinated efforts to create Medicaid redesigned housing programs. 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. 3) 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 certified staff.

1D-7.	Increasing Capacity for Non-Congregate Sheltering.	
	NOFO Section V.B.1.n.	

Describe in the field below how your CoC is increasing its capacity to provide non-congregate sheltering.

(limit 2,500 characters)

DSS decreased shelter occupancy limits, increased motel placements and capacity for motel sheltering, has COVID isolation sites for people exposed or who had test positive for COVID. Suffolk has required more hotel settings be used as shelter sites. Nassau County increased the number of hotel vouchers available to people seeking shelter. The previous CoC assessment prioritized people living in congregate spaces as having greater risk of COVID-19, and as a result those at highest risk exited homelessness faster. Increased use of bridge housing helped get people out of shelter faster by placing households in units through TH-RRH/RRH and then bridge to PSH, EHV/HCV when beds/vouchers become available.

ID-8.	Partnerships with Public Health Agencies–Collaborating to Respond to and Prevent Spread of Infectious Diseases.	
	NOFO Section V.B.1.o.	

	Describe in the field below how your CoC effectively collaborates with state and local public health agencies to:
1.	develop CoC-wide policies and procedures to 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). Many CoC members, including the CA, participate in the region's VOAD along w/ HET, HEALI, CHA & the CoC. Other partners include local government agencies including Nassau & Suffolk DSS, DOH, & OEM. The CoC developed procedures to respond to infectious disease outbreaks & prevent outbreaks among homeless persons. While they were developed & implemented in response to COVID-19, last year thoe protocols were used to prepare for MPX, polio, & new waves of COVID infections. HET is monitoring COVID rates and corresponding hospitalizations. HET is distributing information about effects of Long COVID and still encourages masking in large indoor events and is in discussions for vaccine distribution to vulnerable populations who may not have access to PCP's or even health clinics, once the new vaccine is approved and begins its rollout. 2) HET normally meets every other month and up to weekly as needed. DOH & HET leaders update members on progress of an infectious disease, including the scope and rate of spread, symptoms of disease, how the disease can be spread & methods to prevent spread, & prevention/treatment protocols, to disseminate information to communities. 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 & 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 & 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. Staff working with underserved populations are provided with information to share with their clients on precautions they can take to prevent disease, including ways to prevent exposure, general cleanliness protocols, vaccinations, etc. Prioritization was temporarily changed to prioritize households at greatest risk from infectious disease and investments were made in transportation to increase safety. Part of the CoC strategy is to advocate for measures reducing spread, such motel placements.

ID-8a.	Collaboration With Public Health Agencies on Infectious Diseases.	
	NOFO Section V.B.1.o.	

	Describe in the field below how your CoC:
1.	shared information related to public health measures and homelessness, and

	2.	facilitated communication between public health agencies and homeless service providers to ensure street outreach providers and shelter and housing providers are equipped to prevent or limit infectious disease outbreaks among program participants.

(limit 2,500 characters)

1) The Gov Bd Co-Chair is a member of the region's Community Health Alliance, 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 actively worked to ensure the persons they serve are included in the responses. CAN covered Nassau & Suffolk counties & was published in early 2023. It 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. It is recognized in the report that access to housing, safe environment, food & healthcare are major contributors to disparities and focus on these areas are included in the report's goals. A copy of this report is included in the attachments. 2) Representatives of the Collaborative Applicant are on HET, CHA, and HEALI Steering Committee. Information about public health measures to address infectious diseases, including the opening of mobile clinics and the distribution of PPE, is distributed to providers through the CoC website, emails to DSS Commissioners, shelter providers & street outreach teams and housing, volunteer groups, libraries, and food pantries, updates in CoC meetings, street outreach committee meetings, and Case Conferencing meetings. The CoC has held update sessions for members of DOH and HET to present information to providers about ways to prevent the spread of infectious diseases, where to access additional resources and how to support individuals who may have been exposed. Case Managers and Street Outreach staff share this information with their clients. 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 of people living unhoused.

1D-9.	Centralized or Coordinated Entry System–Assessment Process.	
	NOFO Section V.B.1.p.	

		Describe in the field below how your CoC's coordinated entry system:
	1.	covers 100 percent of your CoC's geographic area;
	2.	uses a standardized assessment process; and
	3.	is updated regularly using feedback received from participating projects and households that participated in coordinated entry.

(limit 2,500 characters)

1) CE access points are available via web & phone for 100% of the CoC's geographic area. Geographically dispersed physical access points including community resource centers, save havens, faith-based facilities, & senior centers are also available. The CoC uses a "no wrong door" approach for CE access. 2) A single assessment tool is used for all participants in CE. The assessment has multiple phases meant to provide problem solving, diversion, & resource navigation & determines barriers & vulnerabilities of participants. Questions assessing barriers & vulnerabilities are the only scored part of the assessment. The values underlying the assessment include equity, standardization, & prioritizing the most vulnerable. All assessors are trained annually at minimum to ensure a trauma-informed & standardized approach. LOTH is heavily weighted as a measure that best captures inequities experienced and addresses intersectionality & is objective. 3) The CE steering committee, which includes PLE as members, uses a continuous improvement process to update the assessment based on feedback from participants and assessors. The review process is assisted by a TA provider. The DV working group provides ongoing feedback on local coordinated entry with a specific focus on how the processes serve survivors. A provider working group is being developed to address system-wide concerns those who provide coordinated entry services. The CoC works diligently to ensure feedback is gathered from a people of a diverse array of racial and ethnic backgrounds and subpopulations such as youth, veterans, DV victims, households being discharged from institutional settings (such as jail/prison, mental health facilities, substance use rehabilitation centers), single adults, families, households living unsheltered and households living in shelter. Outreach efforts to gather more feedback focuses largely on marginalized communities centered in distinct geographic areas within the CoC's geography.

	1D-9a.	Program Participant-Centered Approach to Centralized or Coordinated Entry.	
		NOFO Section V.B.1.p.	

		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 preferences; and
	4.	takes steps to reduce burdens on people using coordinated entry.

(limit 2,500 characters)

1) Partnerships with local businesses, faith-based & community organizations, & other people experiencing homelessness helps CE identify and connect with those less likely to request assistance through traditional channels. Outreach in partnership w/ individuals & groups serving undocumented individuals & BIPOC helps build rapport w/ those not yet connected to CE. Tracking HMIS data & known locations lists helps street outreach plan engagement efforts & identify gaps. All can access CE by phone or web contact w/ the CE helpline. 2) CoC's local prioritization puts people w/ the greatest LOTH on the top of the list to receive the intensive housing services including PSH & RRH, as data demonstrates this is the population in greatest need of assistance. All CH households are connected to a housing focused case manager. CH households on the street, esp those w/ limited mobility, are given special consideration & prioritized for housing programs. All PH funded through the CoC & ESG programs uses a housing first to screen in those w/ greatest needs & highest barriers. 3) CE team reviews BNLs biweekly & facilitates shelter case conferencing monthly. CE staff meet weekly to problem solve & match participants w/ appropriate housing resources. SOS street outreach uses a critical time intervention model for intensive housing support & has maximum 48hr response time from referral to contact. CE team helps connect households to PH w/out programs w/ family re-unification, relocation, & increasing income. CE prioritizes client-choice w/ different access points to connect to CE available. Victims of DV have the option to access CE, DV CE, or both. CE assessment includes a housing preference for location, services, & limitations. CE team helps households apply for short & long-term housing options simultaneously to help obtain housing quickly. Bridge housing approach exits households out of homelessness sooner by referring to TH-RRH/RRH while waiting for PSH/ HCV/EHV openings. 4) Prioritization is based on LOT & brief scored assessment which avoids duplication of intake questions. CE & SOS outreach is highly mobile & provides targeted outreach w/ short turnaround times, reducing burdens of transportation, time commitment, & accessibility. Outreach team helps w/ access to technology by meeting people in the community where they are at & helping complete forms & applications for housing. CE access points w/in the CoC provide accessible locations to connect w/ CE.

1D-9b.	Informing Program Participant about Rights and Remedies through Centralized or Coordinated Entry–Reporting Violations.	
	NOFO Section V.B.1.p.	

		Describe in the field below how your CoC through its centralized or 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 advertised on social media, the CoC website, and a flyer distributed at hospitals, train stations, campgrounds places where people experiencing homelessness frequent, LDSS locations and to all shelters at the behest of LDSS. CE services are advertised to shelter staff at case conferencing meetings monthly. Coordination with police, MTA, libraries, campgrounds, faith-based partners, and grassroots groups advocating to end homelessness help spread information about CE to marginalized and underserved groups through trusted messengers. Targeted assessments to long term homeless households help educate participants on CE. 2) The CE assessment includes information on how to address grievances and contact the local human rights commissions. Following updates from Erase Racism following Newsday "Divided LI" release, more county level capacity to response to complaints was added, as these complaints were not being responded to. The Collaborative Applicant administers grievance policy for reports of discrimination against CoC housing providers. CoC monitoring evaluates programs for providing information to participants on rights and remedies and CE will be similarly monitored by TA provider. Fair housing training is made available to CE and CoC program staff which are obligated to inform participants of their rights, especially during the housing search process. Any staff or entities involved in EHV are required to take state level training on DEI and fair housing and provided updates on change to HUD required inspections, transition from HQS to NSPIRE. CoC network and participants have been informed of opportunities to serve as housing testers. 3) The CoC networks with legal advocacy groups to ensure Fair Housing complaints are addressed. Examples include lawsuits against PHAs for exclusionary language on voucher prioritization and against DSS for denying access to emergency shelter and reasonable accommodation requests. Participants that must engage in housing search are supported in making housing discrimination complaints by CE & CoC project staff. The CoC partners with LI Housing Services to gather information for cases of housing discrimination for reports and lawsuits.

1D-10.	Advancing Racial Equity in Homelessness–Conducting Assessment.	
	NOFO Section V.B.1.q.	

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.	05/15/2023

1D-10a.	Process for Analyzing Racial Disparities–Identified Racial Disparities in Provision or Outcomes of Homeless Assistance.	
	NOFO Section V.B.1.q.	

	Describe in the field below:	
1.	your CoC's process for analyzing whether any racial disparities are present in the provision or outcomes of homeless assistance; and	
2.	what racial disparities your CoC identified in the provision or outcomes of homeless assistance.	

(limit 2,500 characters)

1) CoC analyzes racial disparities using data & human experience. Data reports from Stella & the race equity toolkit are reviewed annually. CE events in HMIS are tracked & reviewed quarterly, including time of assessment to referral, time of referral to enrollment, time enrollment to housing placement, & housing retention rates. 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 Collaborative Applicant has formed a DEI draft charter with plans to help stand up a CoC-wide Equity Committee, focused on analyzing disparities in outcomes and implementing changes to the CoC. Further planned racial equity analyses include tracking 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 Business meetings & committees & at monthly PLE Advisory meetings. Community forums are hosted for feedback from ppl impacted by homelessness, 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 (affecting 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-10b.	Implemented Strategies that Address Racial Disparities.	
	NOFO Section V.B.1.q.	

| | Select yes or no in the chart below to indicate the strategies your CoC is using to address any racial disparities. | |

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	No
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	Yes
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	Yes
4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	Yes
5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	Yes
6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	Yes

7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	Yes
8.	The CoC is 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.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	Yes
10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
	Other:(limit 500 characters)	
12.		

1D-10c.	Implemented Strategies that Address Known Disparities.	
	NOFO Section V.B.1.q.	

Describe in the field below the steps your CoC is taking to address the disparities identified in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

The CoC has restructured it's Governance Board to enhance representation from marginalized groups and make more space for PLE in leadership positions and decrease the impact of providers on CoC decision making. The GB restructure includes provisions for new committees focused on advocacy (Legislative Committee) and changing policy in response to disparities (Equity Committee), as well as providing a separate avenue for provider feedback outside of decision making spaces (Provider Council). A major focus area has been increasing representation of PLE at all levels within the CoC including all committees, provider staff & leadership, CE staff, and facilitating the Lived Experience Advisory for flexibility in obtaining PLE feedback. The LEA engages in advocacy for more equitable shelter, CE, and housing access. To address housing discrimination, more training opportunities on Fair Housing has been provided and the CoC has encouraged new programs to add full time housing search staff to their projects. The CE team has benefits enrollment & SOAR certified staff, leverages local street medicine teams, and the SOS team will be providing streamlined medical support services to address healthcare and benefit/income disparities. CoC leadership is part of Race Equity Network through NAEH and facilitating partnership with immigrant advocacy organizations/collaboratives to strengthen supports that meet the specific needs of racially marginalized groups. During the local competition, the Ranking Committee awarded points for DEI initiatives, involving people with lived experience, and having SOAR certified staff. The CoC network includes representatives from community and faith-based organizations serving marginalized communities and supports working groups generating creative solutions to homelessness outside of traditional funding structures. These partners are recruited actively during all funding opportunities.

1D-10d.	Tracked Progress on Preventing or Eliminating Disparities.	
	NOFO Section V.B.1.q.	

	Describe in the field below:	
1.	the measures your CoC has in place to track progress on preventing or eliminating disparities in the provision or outcomes of homeless assistance; and	
2.	the tools your CoC uses.	

(limit 2,500 characters)

1) 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 planned in collaboration with TAC and the Equity Committee.

1D-11.	Involving Individuals with Lived Experience of Homelessness in Service Delivery and Decisionmaking–CoC's Outreach Efforts.	
	NOFO Section V.B.1.r.	

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 decision making 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-11a.	Active CoC Participation of Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.r.	

You must upload the Letter Signed by Working Group 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.	Included in the decisionmaking processes related to addressing homelessness.	5	1
2.	Participate on CoC committees, subcommittees, or workgroups.	29	4
3.	Included in the development or revision of your CoC's local competition rating factors.	2	1
4.	Included in the development or revision of your CoC's coordinated entry process.	4	1

1D-11b.	Professional Development and Employment Opportunities for Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.r.	

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 a certified peer specialist on staff, 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 be allow 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 farm unions & 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. Transport 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.

1D-11c.	Routinely Gathering Feedback and Addressing Challenges of Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.r.	

	Describe in the field below:
1.	how your CoC routinely gathers feedback from people experiencing homelessness;
2.	how your CoC routinely gathers feedback from people who have received assistance through the CoC or ESG Programs; and
3.	the 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 is a diverse group of people w/ current & past experiences of homelessness. Meetings are monthly, scheduled outside of business hours & provide context on CoC initiatives & policies. LEA members are actively recruited for GB positions. All major CoC & ESG policy & procedural decisions, such as service gaps, funding allocations, & program design, will be reviewed by the LEA before enacting them. Feedback on CE and homeless services can be provided through helpline. A yearly survey on unmet needs is available to the entire CoC, including the LEA and PLE program staff. Other CoC committees, working groups & feedback loops that involve PLE for feedback include CoC Governance Board, CoC Ranking Committee, CoC Monitoring Committee, CE Steering Committee, Legislative Committee, DV Working Group, P1 Veterans Working Group, Street Outreach/PIT Planning Committee, Youth Consumer Advisory Boards, DV Survivor Advisory Boards, Re-Entry support & networking, & CoC Business. 2) LEA group members include current and past participants in CoC & ESG programs. A focus of CoC Monitoring is to assess experiences of program participants using a survey designed in collaboration with PLE & on-site in person interviews when available. CE staff provide post-move case management after enrollment in CoC programs and share feedback in team and committee meetings. CE steering committee regularly updates assessment tool with feedback from participants. Consumer advisory boards for ESG, youth, and DV projects meet regularly to provide feedback. 3) The CoC planning has investigated shelter payment standards, shelter obligation payment allowances, & oversight measures & has engaged in advocacy w/ NYS shelter oversight body. DV shelter & service access concerns led to more integration between CoC planning & DV CES to provide better guidance on screening in participants. In response to increased criminalization of homelessness, a Legislative Committee was reinstituted. Reasonable accommodation & discrimination complaints regularly arise & the CoC partners w/ legal advocates on lawsuits. The CoC strives to provide greater access to resources PLE express they need such as legal services, flexible financial assistance, childcare, & disability resources. The CoC works w/ providers to remove barriers to accessing services such as restrictive eligibility criteria and exclusions for people living unsheltered.

1D-12.	Increasing Affordable Housing Supply.	
	NOFO Section V.B.1.t.	

	Describe in the field below at least 2 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 regularly provides education on how housing development would positively impact the region in legislative meetings. The CoC supports proposals allowing accessory dwelling units, working w/ local officials & PHAs to allow ADU emergency rentals & supporting local legislation permitting ADUs. The CoC participates in meetings w/ community development jurisdictions, HUD, & HOME ARP jurisdictions to review changes in local zoning. A CoC work group aims to advocate for expanding re-zoning/permitting land use for tiny home development. The CoC is coordinating on local residential zoning report due out Fall 2023 through National Zoning Atlas. CoC works w/ local leaders & elected officials to convert commercial buildings & motels into PH units w/ onsite services w/ HOME-ARP funds. CoC publicly opposes restrictive local zoning. CoC is a part of Next LI which works w/ zoning jurisdictions & developers to discuss increasing affordable & accessible housing w/in local communities & is a member of Next Generation, a legislative advisory focus group that proposes and reviews local legislation related to zoning & housing. The CA ED was involved in a local jurisdiction initiative to convert from industrial to commercial use & develop affordable low-income mixed-use housing. 2) The CoC has joined the newly formed LI Housing Coalition, locally funded by LI Community Foundation & led by local race equity group, which aims to preserve & advocate for affordable housing development building off the success of an affiliate group in CT. In collaboration w/ pro-homes coalition NY Neighbors, the CoC supports the NYS Governor's Pro-Housing plan to expand affordable housing by 800k units w/in 10yrs. The CoC is working w/ Southampton to expand the success of the community housing trust fund. The CoC is part of LI Community Development Collaborative, a group coordinated to review NY Housing Compact Proposal, advocate, & highlight communities that had greater residential density near commuter access. CoC coordinates w/ YIMBY (advocacy group) to attend public hearings, share local data, & place pressure on local officials to further explore opportunities for development. CoC leadership runs an organization that helps communities develop multi-use accessible housing. CoC advocated w/ LI Housing Help to approve an affordable housing development that had been rejected by community for 30+ yrs, halting development.

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) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
  - FY 2023 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
  - Frequently Asked Questions

1E-1.	Web Posting of Your CoC's Local Competition Deadline–Advance Public Notice.	
	NOFO Section V.B.2.a. and 2.g.	
	You must upload the Web Posting of Local Competition Deadline attachment to the 4B. Attachments Screen.	

1.	Enter your CoC's local competition submission deadline date for New Project applicants to submit their project applications to your CoC–meaning the date your CoC published the deadline.	08/04/2023
2.	Enter the date your CoC published the deadline for Renewal Project applicants to submit their project applications to your CoC's local competition–meaning the date your CoC published the deadline.	08/04/2023

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

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.	

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)?	75
2.	How many renewal projects did your CoC submit?	34
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.	

	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.	considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area.

(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). TH-RRH projects were scored on number of months rental assistance provided to households as a measure of progressive engagement towards retaining housing at the end of program tenure. PSH projects were scored on leveraging support services that could help households remain in PH. 2) RRH & TH-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 given a "vulnerability score", calculated using percent of participants w/ a disability, percent of successful CE enrollments, percent of households fleeing DV at time of referral, & percent of households living unsheltered at time of referral. Local scoring tool awards points for serving regional gaps w/ highest points going to PSH. 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, & chronic households. Projects w/ restrictive eligibility requirements (SPA) were given lower scores. 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 in this serving hard to serve population. Projects were awarded points for serving vulnerable populations (see "vulnerability score").

	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 the 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 to which their project has 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.

(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 the influenced the Ranking Committee's decision on which regional gaps were most heavily weighted in the scoring process. The RC uses 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 for RC. 2) Persons from racially marginalized groups participated in the community survey identifying unmet needs and underserved populations. Based on feedback questioning the use of funds, especially from marginalized communities, projects were scored on cost effectiveness. All projects were scored on diversity, equity & inclusion work, and involvement of PLE in program processes. Projects were awarded more points for serving long-term homeless households. 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 13% and 29% 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 the largest 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)

1) CoC has reallocated well above 20% of ARD since 2018, 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. CoC reallocated all funding for TH & SSO projects that were not CE/HMIS. 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) In this funding round, there was no local demand or capacity for the CoC to take on new projects above the CoC Bonus funding amount. The CoC did not apply for DV bonus funds, despite the significant amount available. Local agencies did not have the capacity to take on reallocation funds due to limited staff capacity. 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. PSH (ESSHI) & RRH (ESG/ESGB-CV) 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.

1E-4a.	Reallocation Between FY 2018 and FY 2023.	
	NOFO Section V.B.2.f.	

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2018 and FY 2023?	Yes

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

1.	Did your CoC reject any project application(s) submitted for funding during its local competition?	No
2.	Did your CoC reduce funding for any project application(s) submitted for funding during its local competition?	No
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	No
4.	If you selected Yes for element 1 or element 2 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2023, 06/27/2023, and 06/28/2023, then you must enter 06/28/2023.	

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

	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2023, 06/27/2023, and 06/28/2023, then you must enter 06/28/2023.	09/13/2023

1E-5b.	Local Competition Selection Results for All Projects.	
	NOFO Section V.B.2.g.	
	You must upload the Local Competition Selection Results attachment to the 4B. Attachments Screen.	

	Does your attachment include: 1. Project Names; 2. Project Scores; 3. Project accepted or rejected status; 4. Project Rank–if accepted; 5. Requested Funding Amounts; and 6. Reallocated funds.	Yes

1E-5c.	Web Posting of CoC-Approved Consolidated Application 2 Days Before CoC Program Competition Application Submission Deadline.	
	NOFO Section V.B.2.g. and 24 CFR 578.95.	
	You must upload the Web Posting–CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC posted the CoC-approved Consolidated Application on the CoC's website or partner's website–which included: 1. the CoC Application; and 2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings.	09/22/2023

1E-5d.	Notification to Community Members and Key Stakeholders 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.	09/22/2023

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) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
   - FY 2023 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 AWARDS

2A-2.	HMIS Implementation Coverage Area.	
	Not Scored–For Information Only	

	Select from dropdown menu your CoC's HMIS coverage area.	Single CoC

2A-3.	HIC Data Submission in HDX.	
	NOFO Section V.B.3.a.	

	Enter the date your CoC submitted its 2023 HIC data into HDX.	04/27/2023

2A-4.	Comparable Database 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:	
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;	
2.	state whether DV housing and service providers in your CoC are using a HUD-compliant comparable database–compliant with the FY 2022 HMIS Data Standards; and	

3.	state whether your CoC's HMIS is compliant with the FY 2022 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 2023 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. 3) 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 for the 2022 HUD-HMIS data standards & Foothold is working on changes for the October 1, 2023, release of FY 2024 HMIS Data Standards.

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

Enter 2023 HIC and HMIS data in the chart below by project type:

Project Type	Total Year-Round Beds in 2023 HIC	Total Year-Round Beds in HIC Operated by Victim Service Providers	Total Year-Round Beds in HMIS	HMIS Year-Round Bed Coverage Rate
1. Emergency Shelter (ES) beds	3,424	74	3,350	100.00%
2. Safe Haven (SH) beds	20	0	20	100.00%
3. Transitional Housing (TH) beds	101	29	72	100.00%

4. Rapid Re-Housing (RRH) beds	702	64	638	100.00%
5. Permanent Supportive Housing (PSH) beds	2,428	0	1,698	69.93%
6. Other Permanent Housing (OPH) beds	1,323	0	1,323	100.00%

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) Decreased PSH bed coverage comes directly from VA-funded VASH PSH beds, which make up a significant percentage of local PSH stock (714 PSH beds, 29.4% of current PSH beds from the 2023 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, CDCLI, to administer the vouchers, and only serve as an access point for VASH. CDCLI was the entity providing limited bed data to be manually inputted by HMIS admin staff, including having HMIS admin staff manually enter for over 400 households into HMIS, however, CDCLI nor HMIS had 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/ CDCLI on building capacity or being granted access to their files to obtain the information necessary. The VA and CDCLI are both unwilling/unable to participate in HMIS currently. Please also note corrected discrepancies for TH and RRH HMIS bed coverage on HUD HDX attachment.
2) A standing member seat for VA is part of the CoC's newly adopted Charter/Governance slate, 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 CDCLI. 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 2023 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 February 28, 2023, 8 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) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
  - FY 2023 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 2023 PIT count.	01/25/2023

2B-2.	PIT Count Data–HDX Submission Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC submitted its 2023 PIT count data in HDX.	04/27/2023

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 Street Outreach Committee/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 programs, 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. 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. 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 2022 and 2023, if applicable;
2.	describe any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2022 and 2023, if applicable; and
3.	describe how the changes affected your CoC's PIT count results; or
4.	state "Not Applicable" if there were no changes or if you did not conduct an unsheltered PIT count in 2023.

(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) Number of people surveyed unsheltered increased, although it is unclear how much the change in methodology contributed to this vs. the 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, 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) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
    - FY 2023 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

2C-1.	Reduction in 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, re-entry, 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 at-risk 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 re-entry, 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 CoCs' geographic area?	Yes

(limit 2,500 characters)

Our community has started to see and has been preparing for 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.

2C-2.	Length of Time Homeless–CoC's Strategy to Reduce.	
	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) Despite significant challenges from COVID-19, our CoC had only a very slight increase in average length of time homeless. CE prioritization for LOT & vulnerable populations, progressive engagement, services & supports catered to the individual needs of households, enhanced Helpline and DV CE capacity led by peers for more diversion supports throughout households' situations, more targeted prevention with ESG-CV funds & HP assessment, DV CE leveraging of private funding for financial assistance & other linkages to divert more households, & continued scale up of PH with ESSHI, OMH (PSH), RRH (ESG-CV and CoC), & DV (CoC DV bonus) aim to reduce LOT. CE uses person-centered housing focused case management w/ PLEs throughout team, CoC-wide training on housing focused case management for all CoC members (TAC 2023 contract), increased housing search capacity through NYS HCR (EHV), ESG-CV RRH, & Helpline. Continued successful partnership w/ NYS HCR, TOB, and TOH for EHV, & NYS HCR &CDCLI expanded access to stability & mainstream vouchers. Two new leveraged housing applications, one leveraging ESSHI PSH, one leveraging vouchers will further expand PSH availability. Community education on DV definitions & Lived Experience Advisory feedback help streamline access to CE. LOT Metric is challenging as most local referrals for PSH are people coming right from the street, not from shelter & average LOT does not include street outreach clients. 2) Data on longest LOTH is collected through HMIS w/ weekly review of household program history, homeless history reports as part of CE assessment, daily street outreach & 100% canvassing coverage, regular trainings, & partnership development w/ libraries, businesses, soup kitchens, community advocates/volunteers, local leaders, police, and others to assist in identifying those homeless and helping to verify LOT. Direct coordination w/ institutional settings identify households temporally residing in facilities and due to be discharged, reducing blind spots in understanding homeless history and reduces BNL clients categorized as "missing." Year-round youth-specific street outreach (HFY) led to canvassing w/ new approaches and to new types of places not typically explored/canvassed. Outreach w/ PLEs and identified households through other households experiencing homelessness. 3) CE Governance Board/BNL mgt staff, CoC Planning staff, CE steering committee, Lived Experience Advisory

2C-3.	Exits to Permanent Housing Destinations/Retention of Permanent Housing–CoC's Strategy		
	NOFO Section V.B.5.d.		

	In the field below:	
1.	describe your CoC's strategy to increase the rate that individuals and persons in families residing in emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations;	
2.	describe your CoC's strategy to increase the rate that individuals and persons in families residing in permanent housing projects retain their permanent housing or exit to permanent housing destinations; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to increase the rate that individuals and families exit to or retain permanent housing.	

(limit 2,500 characters)

1) Housing focused case management training is offered CoC-wide. The CoC increases access to vouchers, PSH units through ESSHI, & bridges households from RRH to PSH/vouchers for housing retention. Leveraged partnerships streamline referrals to medically supported housing. An initiative w/ Brookhaven PHA supports move-on for households into HCV to open up PSH beds. The CoC targets EHV for households w/ highest barriers to exiting such long-term motel stayers; longest LOT; history of evictions; & criminal records. Participant choice w/ CE increases likelihood of entering housing b/c unit aligns with needs & wants. The CE Helpline provides problem-solving support for housing placements such as relocation with vouchers & connection w/ care coordination housing search support. Strategies for placements into housing include roommate matching for affordability & childcare support, linking w/ employment or benefits services, & reducing burden of costs with utility assistance, transportation, food assistance, school supplies, & clothing increase funds available to pay rent & sustain. Progressive engagement w/ RRH & case conferencing support helps participants increase income & maintain stability after termination of rental assistance. CE provides transitional case management using a critical time intervention model for 90 days post-move into PH and EHV includes post-move case management. 2) All PH is HF & CE staff intervene when housing is unstable & works w/ providers to prevent evictions. EHV is used for highly rent burdened in RRH & can be ported to areas where households have more support, housing is more affordable, or distances DV households' safety risks. During CTI, households are supported post-move w/ financial & debt management & crisis support. Households in PH experiencing significant mental health challenges negatively impacting their housing stability are linked w/ MH crisis respite. CoC projects & CE connect households with medical support to improve health outcomes which can improve financial stability and prevent housing instability. The CE Helpline problem-solving, landlord & roommate mediation help prevent returns to homelessness. All CE PSH vacancies must now include an explanation for what happened to the household that created a vacancy. All CoC providers ranked on net impact on homelessness. CoC worked mandates housing first approaches to improve retention. 3) CE Governance Board, BNL mgt staff, CoC Planning staff, CE steering committee

2C-4.	Returns to Homelessness—CoC's Strategy to Reduce Rate.	
	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 of additional returns 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) Identified risk factors for returns in our CoC are history of street homelessness, BIPOC households, HH w/ substance use disorder, behavioral challenges w/ roommates, support network, or landlords, singles entering temporary institutional settings, rent burdened HH (over 50% of income for rent), non-US citizen head of HH, high utilizers of medical services & DV HH returning to abuser. HH are identified through BNL tracking/HMIS, CE outtakes & consumer surveys. Identifying these challenges helps CE connect for preventative problem-solving & support. Enhanced outreach to HH in unstable housing settings such as motels, campgrounds, & short-term rentals work to connect to more permanent settings. 2) CE works w/ CoC providers to resolve issues which can result in returns to homelessness such as behavioral challenges. CE prioritizes participant choice, increasing likelihood of retaining housing because unit aligns w/ needs & wants. Transitional case management connects HH w/ community and local resources to promote stability & preventative support. Providing welcome baskets & assisting households get acclimated to new housing creates greater comfort in unit which improves retention. PSH & RRH programs are held accountable for returns to homelessness during the ranking process. Connecting households w/ resources that reduce the cost burden of housing prevents returns, such as linkage to HCV/EHV, utility assistance, benefits, care coordination, & transportation. The SOS team uses CTI model & connects w/ high utilizers of medical/institutional settings to help streamline supports to prevent instability Using a peer model for CE helpline & case management helps identify challenges & prevent them from causing returns. Homeless prevention assessment targeted to households most in need, esp those who have experienced homelessness in the past, & includes diversion strategies that ensure speedy connection HP resources. In all ESG jurisdictions, HH that have experienced homelessness previously & HH that receive 72-hr eviction notices are prioritized for HP service. Any household, before entering shelter, is eligible to apply for county assistance to prevent homelessness by paying rent or utility arrears or paying rental deposits to relocate to permanent units. EFSP funds are used for assistance with paying rent arrears and/or rental assistance to help retain housing. 3) CE, Governance Board, CoC Planning, PLE in CE & Committees, CE steering committee, EHV CM

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 working group, CoC planning staff, CE access point drop-in centers, DOL

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) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
    - FY 2023 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?	No

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
This list contains no items			

3B. New Projects With Rehabilitation/New Construction Costs

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
   - FY 2023 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.s.	

	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.s.	

	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) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
  - FY 2023 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 Serving 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.	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) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
   - FY 2023 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

4A-1.	New DV Bonus Project Applications.	
	NOFO Section I.B.3.l.	

Did your CoC submit one or more new project applications for DV Bonus Funding?	No
Applicant Name	
This list contains no items	