

1A. Continuum of Care (CoC) Identification

Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the e-snaps help desk.

CoC Name and Number (From CoC Registration): NY-605 - Nassau County CoC

CoC Lead Organization Name: Nassau-Suffolk Coalition for the Homeless

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

Instructions:

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

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

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

Name of primary decision-making group: Nassau Continuum of Care Group

Indicate the frequency of group meetings: Monthly or more

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

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

Specify "other" legal status:

Indicate the percentage of group members that represent the private sector: (e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests) 85%

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

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

Specify "other" process(es):

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

The CoC group is open to anyone who wishes to participate. The Ranking Committee, which makes recommendations regarding which programs should be funded and at what levels, is nominated and elected by the full CoC group. An individual may not serve on the Ranking Committee if his/her agency is submitting an application for funding during the year in which s/he is nominated to serve on the Committee. The Committee's recommendations are voted upon by the full CoC group. This process was established in 1996 and has been in place since then. Each year a satisfaction survey is sent to the full CoC group requesting input on the year's process. Satisfaction remains high, without complaints or suggestions to change the ranking or membership process.

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

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

Specify "other" process(es):

The Nassau-Suffolk Coalition for the Homeless coordinates the CoC process and meetings; reviews all HUD-funding applications and provides technical assistance to members; collects data relative to housing, services and homeless populations in the region; coordinates annual homeless counts; and submits final funding applications to HUD. NSCH is the CoC lead entity; however, all decisions are made by the entire CoC group and its members.

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

The Nassau-Suffolk Coalition for the Homeless, the CoC lead entity, currently leads the CoC process, submits HUD-funding applications on behalf of applicant agencies, assists with monitoring of the programs and, along with the Technical Assistance/Progress Tracking Committee, provides some oversight of projects. If provided with administrative funds, NSCH would expand its provision of such services and develop more formalized, regularly scheduled monitoring and oversight reviews of all projects.

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

Instructions:

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

Committees and Frequency

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Nassau CoC Group	The Nassau Continuum of Care Group is an open committee, consisting of members of non-profit organizations, government entities, grass-roots and faith-based organizations, as well as consumers. The mission of this group is to ensure a seamless continuum of care for homeless persons in our region through strategic planning, networking and coordination of housing and services. The ultimate goal of this group is the reduction and eventual elimination of long-term homelessness through the development and maintenance of housing programs and supportive services programs, an increase in access to housing and services for the homeless, and prevention activities.	Monthly or more
Nassau County Ranking Committee	Members of the Nassau County Ranking Committee are elected to serve on the Committee by the full Continuum of Care group. The Ranking Committee reviews all initial applications submitted for funding through the Continuum of Care process within the County. The applications are scored using ranking criteria that have been approved by the entire Continuum of Care group. The Ranking Committee makes recommendations to the entire Continuum of Care group regarding program ranking order, funding terms and funding amounts. The recommendations are discussed by and voted upon by the entire Continuum of Care group.	Semi-annually
Homeless Count Committee	The Homeless Count Committee meets to strategize and prepare for the annual unsheltered and sheltered homeless count. The Committee conducts trainings to ensure that an accurate and unduplicated count of unsheltered and sheltered persons is conducted. The Committee further works to recruit volunteers for the count and encourages participation by various institutions and systems, such as hospitals, police and fire departments, and libraries.	Bi-monthly

<p>Technical Assistance Progress Tracking Committee</p>	<p>The Technical Assistance Progress Tracking Committee works with agencies to ensure that projects are developed in a timely manner, and any problems delaying the development and operation of projects are resolved as quickly as possible. This Committee, along with NSCH staff, provide Technical Assistance to agencies to ensure that projects are programmatically and financially feasible, are consistent with the needs of the community and meet the requirements of funding. This Committee also provides assistance, as needed, to agencies to ensure that program occupancy rates remain at a high level.</p>	<p>Quarterly</p>
<p>Ten Year Plan to End Homelessness Committee</p>	<p>The Ten Year Plan to End Homelessness Committee is a partnership between Nassau County, its various departments, and a number of non-profit organizations, Continuum of Care group members and consumers. The Committee meets to review the progress of the Ten Year Plan to End Homelessness, and to oversee its implementation within the County. The Committee further makes recommendations for improvements and additional goals based upon the findings resulting from its review and oversight of the Plan.</p>	<p>Bi-monthly</p>

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

Election of the Ranking Committee members is conducted in or about March each year. Members of the Committee each review the proposed applications shortly after election and prior to an in-person meeting. The Committee meets to discuss the initial applications submitted for funding through the CoC process in or about July of the same year. Additional meetings are held between March and July, as needed. Members of the Ranking Committee participate in the full Continuum's discussion of the Committee's recommendations.

1D. Continuum of Care (CoC) Member Organizations

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

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
NYS Deptment of Labor	Public Sector	State g...	None	NONE
NYS Office of Mental Health/LI Office	Public Sector	State g...	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
NYS Dept. of Housing & Community Renewal	Public Sector	State g...	Attend Consolidated Plan planning meetings during past 12...	NONE
NYS Office of Temporary & Disability Assistance	Public Sector	State g...	Attend Consolidated Plan planning meetings during past 12...	NONE
NYS Office of Alcohol and Substance Abuse Services	Public Sector	State g...	Attend Consolidated Plan planning meetings during past 12...	Substance Abuse
NC Dept. of Social Services	Public Sector	Local g...	Lead agency for 10-year plan, Attend 10-year planning mee...	NONE
NC Office of Housing & Intergovernmental Affairs	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
NC Dept. of MH/DDDD	Public Sector	Local g...	Lead agency for 10-year plan, Attend 10-year planning mee...	Seriously Me...
NC Dept. of Senior Affairs	Public Sector	Local g...	Lead agency for 10-year plan, Attend 10-year planning mee...	NONE
NC Youth Board	Public Sector	Local g...	None	Youth
NC Dept. of Veterans Affairs	Public Sector	Local g...	Lead agency for 10-year plan, Attend 10-year planning mee...	Veterans
NC Office for the Physically Challenged	Public Sector	Local g...	Lead agency for 10-year plan, Attend 10-year planning mee...	NONE
NC Dept. of Minority Affairs	Public Sector	Local g...	None	NONE
Freeport HA	Public Sector	Public ...	None	NONE
Hempstead HA	Public Sector	Public ...	None	NONE
Glen Cove HA	Public Sector	Public ...	None	NONE
Long Beach HA	Public Sector	Public ...	None	NONE
Nassau County HA	Public Sector	Public ...	Lead agency for 10-year plan, Attend 10-year planning mee...	NONE

Oyster Bay HA	Public Sector	Publi c ...	None	NONE
Rockville Centre HA	Public Sector	Publi c ...	None	NONE
Sea Cliff HA	Public Sector	Publi c ...	None	NONE
1st Precinct P.O.P. Unit	Public Sector	Law enf...	Lead agency for 10-year plan, Attend 10-year planning mee...	NONE
JobCorps	Public Sector	Loca l w...	None	NONE
AMI Path	Private Sector	Non- pro.. .	None	NONE
Angelo J. Melillo Center	Private Sector	Non- pro.. .	None	Seriousl y Me...
Bethany House	Private Sector	Non- pro.. .	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriousl y Me...
Catholic Charities	Private Sector	Non- pro.. .	None	Seriousl y Me...
Central Nassau Guidance & Counseling	Private Sector	Non- pro.. .	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriousl y Me...
Child Care Council of NC	Private Sector	Non- pro.. .	None	Youth
Circulo de la Hispanidad	Private Sector	Non- pro.. .	Committee/Sub-committee/Work Group, Attend 10-year planni...	Domesti c Vio...
Community Advocates	Private Sector	Non- pro.. .	Lead agency for 10-year plan, Attend 10-year planning mee...	NONE
Community Development Corporation of LI	Private Sector	Non- pro.. .	Committee/Sub-committee/Work Group	NONE
Community Housing Innovations	Private Sector	Non- pro.. .	Attend Consolidated Plan planning meetings during past 12...	Seriousl y Me...
EOC of Nassau County	Private Sector	Non- pro.. .	None	NONE
Education & Assistance Corporation	Private Sector	Non- pro.. .	Attend 10-year planning meetings during past 12 months	NONE
Family & Children's Association	Private Sector	Non- pro.. .	Lead agency for 10-year plan, Attend 10-year planning mee...	NONE
Federation of Organizations	Private Sector	Non- pro.. .	None	Seriousl y Me...

FEGS	Private Sector	Non-pro..	Lead agency for 10-year plan, Attend 10-year planning mee...	Seriously Me...
Family Residences & Essential Enterprises	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	Seriously Me...
Fresh Start Recovery Residence	Private Sector	Non-pro..	None	Substance Abuse
HELP Equity Homes	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
Hempstead Hispanic Civic Association	Private Sector	Non-pro..	None	NONE
Island Harvest	Private Sector	Non-pro..	None	NONE
La Fuerza Unida de Glen Cove	Private Sector	Non-pro..	Lead agency for 10-year plan, Attend 10-year planning mee...	NONE
LI Advocacy Center	Private Sector	Non-pro..	None	NONE
LI Association for AIDS Care	Private Sector	Non-pro..	None	HIV/AIDS
LI Cares	Private Sector	Non-pro..	None	NONE
LI Center for Independent Living	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
LI Housing Services	Private Sector	Non-pro..	None	NONE
Long Beach Reach	Private Sector	Non-pro..	None	Substance Abuse
LI Crisis Center	Private Sector	Non-pro..	None	NONE
Madonna Heights	Private Sector	Non-pro..	None	Seriously Me...
Mercy First	Private Sector	Non-pro..	None	Seriously Me...
MTA Connections	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE

Nassau-Suffolk Coalition for the Homeless	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	NONE
Nassau/Suffolk Law Services	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
New Ground	Private Sector	Non-pro..	None	NONE
Options for Community Living	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	HIV/AIDS
Phoenix House	Private Sector	Non-pro..	None	Substance Abuse
Project REAL	Private Sector	Non-pro..	None	Seriously Me...
Salvation Army	Private Sector	Non-pro..	None	Veterans, Su...
Society of St. Vincent de Paul	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	NONE
South Shore Association for Independent Living	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Interfaith Nutrition Network	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Vision Long Island	Private Sector	Non-pro..	None	NONE
Glory House Recovery	Private Sector	Faith-b...	Lead agency for 10-year plan, Attend 10-year planning mee...	Substance Abuse
New Life Rehabilitation	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Peace Valley Haven	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Word of Life Church	Private Sector	Faith-b...	None	NONE
Holy Name of Mary	Private Sector	Faith-b...	None	NONE
Our Lady of Good Counsel	Private Sector	Faith-b...	None	NONE
Our Lady of Peace	Private Sector	Faith-b...	None	NONE
St. Aidan Parish Social Ministry	Private Sector	Faith-b...	None	NONE
St. Edward's Parish Social Ministry	Private Sector	Faith-b...	None	NONE

St. Patrick Parish Outreach	Private Sector	Faith -b...	None	NONE
St. Peter of Alcantara Parish Outreach	Private Sector	Faith -b...	None	NONE
Momma's House	Private Sector	Faith -b...	Attend 10-year planning meetings during past 12 months	Youth
United Way of Long Island	Private Sector	Fun der ...	None	NONE
LI Campaign for Affordable Rental Housing	Private Sector	Fun der ...	None	NONE
Russo, Karl, Widmaier & Cordano	Private Sector	Busi ness es	None	NONE
Crisis Residence	Private Sector	Hos pita.. .	None	NONE
LI Vets Center	Private Sector	Hos pita.. .	None	Veteran s
VA Medical Center	Private Sector	Hos pita.. .	None	Veteran s
Mercy Medical Center	Private Sector	Hos pita.. .	None	NONE
Gentiva Health Care	Private Sector	Hos pita.. .	None	NONE
Adventist Community Services	Private Sector	Non- pro.. .	None	NONE
Alliance Counseling Center	Private Sector	Non- pro.. .	None	NONE
American Red Cross	Private Sector	Non- pro.. .	None	NONE
Anthony House	Private Sector	Non- pro.. .	None	Substan ce Abuse
Coalition on Child Abuse & Neglect	Private Sector	Non- pro.. .	None	Youth
Community Action Council	Private Sector	Non- pro.. .	None	NONE
Community Counseling Services of West Nassau	Private Sector	Non- pro.. .	None	Substan ce Abuse

Confide Counseling & Consultation Center	Private Sector	Non-pro..	None	Substance Abuse
Copay	Private Sector	Non-pro..	None	Substance Abuse
Counseling Services of Eastern District of NY	Private Sector	Non-pro..	None	Substance Abuse
Five Towns Community Center	Private Sector	Non-pro..	None	Youth
Nassau County Continuum of Care Group	Private Sector	Non-pro..	Primary Decision Making Group	NONE
Glen Cove EOC	Private Sector	Non-pro..	None	NONE
Health and Welfare Council of LI	Private Sector	Non-pro..	Lead agency for 10-year plan, Attend 10-year planning mee...	NONE
Hispanic Counseling Center	Private Sector	Non-pro..	Lead agency for 10-year plan, Attend 10-year planning mee...	NONE
Hofstra University Criminal Justice Clinic	Public Sector	School...	None	NONE
HomeShare	Private Sector	Non-pro..	None	NONE
Homeworks of Long Island	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Link Counseling Center	Private Sector	Non-pro..	None	Substance Abuse
Long Island Council of Churches	Private Sector	Faith-b...	Lead agency for 10-year plan, Attend 10-year planning mee...	NONE
LI Counseling Center	Private Sector	Non-pro..	None	NONE
LI Minority AIDS Coalition	Private Sector	Non-pro..	None	HIV/AIDS
Manhasset-Great Neck EOC	Private Sector	Non-pro..	None	NONE
Maria Regina Parish Outreach	Private Sector	Faith-b...	None	NONE
Mental Health Association of NC	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...

Mercy Haven	Private Sector	Non-pro..	None	Seriously Me...
Mineola Youth & Family Services	Private Sector	Non-pro..	None	Youth
MTI Residential Services	Private Sector	Non-pro..	Lead agency for 10-year plan, Attend 10-year planning mee...	Seriously Me...
Nassau County CASA	Private Sector	Non-pro..	Lead agency for 10-year plan, Attend 10-year planning mee...	NONE
NC Coalition Against Domestic Violence	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Domestic Vio...
Nassau University Medical Center	Private Sector	Hospita..	None	NONE
National Alliance on Mental Illness	Private Sector	Non-pro..	None	Seriously Me...
NYS Division of Veteran's Affairs	Public Sector	State g...	None	Veterans
Youth & Family Counseling of Oyster Bay	Private Sector	Non-pro..	None	Youth
Yours, Ours, Mine Community Center	Private Sector	Non-pro..	None	NONE
Annie E. Casey Foundation	Private Sector	Funder...	Lead agency for 10-year plan, Attend 10-year planning mee...	NONE
NC Parks & Recreation	Public Sector	Local g...	Lead agency for 10-year plan, Attend 10-year planning mee...	NONE
NC Department of Corrections	Public Sector	Law enf...	Lead agency for 10-year plan, Attend 10-year planning mee...	NONE
NC Office of Housing & Homeless Services	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Yes Community Counseling Center	Private Sector	Non-pro..	None	NONE
United Veterans Beacon House	Private Sector	Non-pro..	Attend Consolidated Plan focus groups/public forums durin...	Veterans
Thursday's Child	Private Sector	Non-pro..	None	HIV/AIDS
NC Homeless Intervention Program	Public Sector	Local g...	Lead agency for 10-year plan, Attend 10-year planning mee...	NONE
NC Health & Human Services	Public Sector	Local g...	Lead agency for 10-year plan, Attend 10-year planning mee...	NONE

Syosset Counseling Center	Private Sector	Non-pro..	None	NONE
St. Rose of Lima Parish Outreach	Private Sector	Faith-b...	None	NONE
St. Raymond	Private Sector	Faith-b...	None	NONE
St. Raphael Parish Outreach	Private Sector	Faith-b...	None	NONE
Planned Parenthood of NC	Private Sector	Hos pita..	None	NONE
Reflection Counseling Center	Private Sector	Non-pro..	None	Substan ce Abuse
Southeast Nassau Guidance Center	Private Sector	Non-pro..	None	Seriousl y Me...
Sacred Heart Parish Outreach	Private Sector	Faith-b...	None	NONE
South Shore Child Guidance Center	Private Sector	Non-pro..	None	Youth
Roosevelt/Freeport EOC	Private Sector	Non-pro..	None	NONE
Roosevelt Community Service Center	Private Sector	Non-pro..	None	NONE
Rockville Centre/Lakeview EOC	Private Sector	Non-pro..	None	NONE
St. Anthony Parish Outreach	Private Sector	Faith-b...	None	NONE
St. Brigid's Parish Outreach	Private Sector	Faith-b...	None	NONE
St. Catherine of Sienna Parish Outreach	Private Sector	Faith-b...	None	NONE
North Shore Child & Family Guidance Center	Private Sector	Non-pro..	None	Youth
North Shore University Hospital Center for AIDS...	Private Sector	Hos pita..	None	HIV/AIDS
Oceanside Counseling Center	Private Sector	Non-pro..	None	NONE
Our Holy Redeemer Parish Outreach	Private Sector	Faith-b...	None	NONE
Our Lady of Fatima Parish Outreach	Private Sector	Faith-b...	None	NONE

Our Lady of Loretto Parish Outreach	Private Sector	Faith -b...	None	NONE
Parish Social Ministry at St. Aloysius	Private Sector	Faith -b...	None	NONE
Freeport Pride	Private Sector	Non-pro..	None	Youth, Subst...
Port Counseling Center	Private Sector	Non-pro..	None	Substan ce Abuse
Port Washington/Roslyn Community Action Council	Private Sector	Non-pro..	None	NONE
St. Christopher	Private Sector	Faith -b...	None	NONE
St. Dominic's Parish Social Ministries	Private Sector	Faith -b...	None	NONE
St. Frances de Chantal Parish Outreach	Private Sector	Faith -b...	None	NONE
St. Ignatius Human Services	Private Sector	Faith -b...	None	NONE
St. Ignatius Martyr Parish Outreach	Private Sector	Faith -b...	None	NONE
St. James Parish Social Ministry	Private Sector	Faith -b...	None	NONE
St. Joachim Outreach Ministry	Private Sector	Faith -b...	None	NONE
St. Joseph's Conference	Private Sector	Faith -b...	None	NONE
St. Martha's Parish Outreach	Private Sector	Faith -b...	None	NONE
St. Martin of Tours Parish Outreach	Private Sector	Faith -b...	None	NONE
St. Mary's Community Center	Private Sector	Faith -b...	None	NONE
St. Mary's R.C. Church Parish Social Ministry	Private Sector	Faith -b...	None	NONE
Village of Hempstead Community Development Agency	Public Sector	Loca l g...	Lead agency for 10-year plan, Attend 10-year planning mee...	NONE
AME Zion Church	Private Sector	Faith -b...	Lead agency for 10-year plan, Attend 10-year planning mee...	NONE
United Methodist Church	Private Sector	Faith -b...	Lead agency for 10-year plan, Attend 10-year planning mee...	NONE
Glen Cove Christian Church	Private Sector	Faith -b...	Lead agency for 10-year plan, Attend 10-year planning mee...	NONE
Westbury Community Improvement Corp.	Private Sector	Busi ness es	Lead agency for 10-year plan, Attend 10-year planning mee...	NONE

St. Kilian Parish Outreach	Private Sector	Faith -b...	None	NONE
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1E. Continuum of Care (CoC) Project Review and Selection Process

Instructions:

The CoC solicitation of projects and project selection should be conducted in a fair and impartial manner. For each of the following items, indicate all of the methods and processes the CoC used in the past year to assess all new and renewal project(s) performance, effectiveness, and quality. In addition, indicate if any written complaints have been received by the CoC regarding any CoC matter in the last 12 months, and how those matters were addressed and/or resolved.

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

Rating and Performance Assessment Measure(s):
(select all that apply) b. Review CoC Monitoring Findings, k. Assess Cost Effectiveness, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), c. Review HUD Monitoring Findings, r. Review HMIS participation status, j. Assess Spending (fast or slow), p. Review Match, i. Evaluate Project Readiness, e. Review HUD APR for Performance Results, n. Evaluate Project Presentation, o. Review CoC Membership Involvement, f. Review Unexecuted Grants, a. CoC Rating & Review Committee Exists, m. Assess Provider Organization Capacity, l. Assess Provider Organization Experience

Voting/Decision-Making Method(s):
(select all that apply) a. Unbiased Panel/Review Committee, d. One Vote per Organization, b. Consumer Representative Has a Vote, f. Voting Members Abstain if Conflict of Interest

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

If yes, briefly describe complaint and how it was resolved (limit 750 characters):

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

For each housing type, indicate if there was any change (increase or reduction) in the total number of beds in the 2009 electronic Housing Inventory Chart (e-HIC) as compared to the 2008 e-HIC. If there was a change, please describe the reasons in the space provided for each housing type.

Emergency Shelter: Yes

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

The number of emergency shelter beds for families increased as a result of an increase in the number of homeless families seeking shelter. The nation's economic downturn has resulted in foreclosure and eviction for many individuals and families.

Safe Haven: No

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

Transitional Housing: No

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

Permanent Housing: Yes

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

Additional permanent supportive housing for homeless persons with disabilities (including individuals, chronically homeless individuals, and homeless families) was developed in response to an identified need for such permanent supportive housing in the region.

CoC certifies that all beds for homeless persons are listed in the e-HIC regardless of HMIS participation and HUD funding: Yes

1G. Continuum of Care (CoC) Housing Inventory Chart Attachment

Instructions:

Each CoC must complete and attach the electronic Housing Inventory Chart, or e-HIC. Using the version of the document that was sent electronically to the CoC, verify that all information is accurate and make any necessary additions or changes. Click on "Housing Inventory Chart" below to upload the document . Each CoC is responsible for reading the instructions in the e-HIC carefully.

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	NY605 eHIC FY2009	11/24/2009

Attachment Details

Document Description: NY605 eHIC FY2009

1H. Continuum of Care (CoC) Housing Inventory Chart (HIC) - Data Sources and Methods

Instructions:

Complete the following items based on data collection methods and reporting for the electronic Housing Inventory Chart (e-HIC), including Unmet need determination. The information should be based on a survey conducted in a 24-hour period during the last ten days of January 2009.

Indicate the date on which the housing inventory count was completed: 01/28/2009
(mm/dd/yyyy)

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

Indicate the steps taken to ensure data accuracy for the Housing Inventory Chart: Follow-up, Instructions, Updated prior housing inventory information, Confirmation, HMIS
(select all that apply)

Must specify other:

Indicate the type of data or method(s) used to determine unmet need: Unsheltered count, HUD unmet need formula, Other, Housing inventory, Stakeholder discussion
(select all that apply)

Specify "other" data types:

Sheltered count

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

Stakeholder discussions, the sheltered count, unsheltered count and housing inventory data were used to calculate the unmet need using the HUD unmet need formula.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

CoCs should complete the following information in conjunction with the HMIS Lead Agency. All information is to be current as of the date in which this application is submitted. For additional instructions, refer to the detailed instructions available on the left menu bar.

Select the HMIS implementation type: Regional (multiple CoCs)

Select the CoC(s) covered by the HMIS: NY-605 - Nassau County CoC, NY-603 -
(select all that apply) Islip/Babylon/Huntington/Suffolk County CoC

Does the CoC Lead Organization have a written agreement with HMIS Lead Organization? No

If yes, the agreement (e.g., contract, Memorandum of Understanding, etc.) must be submitted with the application.

Is the HMIS Lead Organization the same as CoC Lead Organization? Yes

Has the CoC selected an HMIS software product? Yes

If "No" select reason:

If "Yes" list the name of the product: AWARDS

What is the name of the HMIS software company? Foothold Technology

Does the CoC plan to change HMIS software within the next 18 months? No

Indicate the date on which HMIS data entry started (or will start): 04/01/2004
(format mm/dd/yyyy)

Is this an actual or anticipated HMIS data entry start date? Actual Data Entry Start Date

Indicate the challenges and barriers impacting the HMIS implementation: Inadequate bed coverage for AHAR participation, No or low participation by non-HUD funded providers, Inadequate resources
(select all the apply):

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

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

Inadequate resources: NSCH & the CoC are working to increase resources for computer equipment & other hardware to increase HMIS utilization. No or low participation by non-HUD funded providers: In addition to increasing resources for computer equipment and other hardware to increase HMIS utilization, NSCH, the CoC, & the HMIS software provider are working to increase participation of non-HUD funded providers by demonstrating the features & benefits of the HMIS. Several non-HUD funded ES, TH & PH providers have begun utilizing the HMIS as a result. NSCH is also working with local DSS offices to utilize the LI HMIS & require all of their providers to do the same. The local DSS offices administer all of the ES beds throughout LI & could make HMIS participation a requirement of funding. Inadequate bed coverage for AHAR participation: This issue would be addressed if the local DSS offices require their providers to use the Long Island HMIS.

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

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

Organization Name Nassau-Suffolk Coalition for the Homeless
Street Address 1 38 Old Country Road
Street Address 2
City Garden City
State New York
Zip Code 11530
Format: xxxxx or xxxxx-xxxx
Organization Type Non-Profit
If "Other" please specify
Is this organization the HMIS Lead Agency in more than one CoC? Yes

2C. Homeless Management Information System (HMIS) Contact Person

Enter the name and contact information for the primary contact person at the HMIS Lead Agency.

Prefix: Ms.
First Name Greta
Middle Name/Initial
Last Name Guarton
Suffix
Telephone Number: 516-742-7770
(Format: 123-456-7890)
Extension 13
Fax Number: 516-873-0830
(Format: 123-456-7890)
E-mail Address: gguarton@nsch.org
Confirm E-mail Address: gguarton@nsch.org

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

Instructions:

HMIS bed coverage measures the level of participation in a CoC's HMIS. It is calculated by dividing the total number of year-round non-DV HMIS-participating beds available in the CoC by the total number of year-round non-DV beds available in the CoC. Participation in HMIS is defined as collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data at least annually.

HMIS bed coverage is calculated by dividing the total number of year-round non-DV HMIS-participating beds in each housing type by the total number of non-DV beds available in each program type. For example, the bed coverage rate for Emergency Shelters (ES) is equal to the total number of year-round, non-DV HMIS-participating ES beds divided by the total number of non-DV ES beds available in the CoC. CoCs can review or assess HMIS bed coverage by calculating their rate monthly, quarterly, semiannually, annually, or never. CoCs are considered to have low bed coverage rates if they only have a rate of 0-64% among any one of the housing types. CoCs that have a housing type with a low bed coverage rate should describe the CoCs plan to increase bed coverage in the next 12-months in the space provided.

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

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

* Emergency Shelter (ES) Beds	0-50%
* Safe Haven (SH) Beds	Housing type does not exist in CoC
* Transitional Housing (TH) Beds	65-75%
* Permanent Housing (PH) Beds	86%+

How often does the CoC review or assess its HMIS bed coverage? Quarterly

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

All of the emergency shelter beds and most of the transitional housing units for families in Nassau County are funded through the Nassau Department of Social Services (DSS). NSCH and the Nassau CoC are working with DSS to ensure that all emergency shelter and transitional housing providers begin to utilize the Long Island HMIS as a mechanism for reporting to DSS. We anticipate that the CoC will reach 75% coverage for emergency shelter and transitional housing programs by 2010. Between 2008 and 2009, HMIS bed coverage for emergency shelter beds for individuals increased from 25% to 34%; bed coverage for emergency shelter beds for families increased from 34% to 38%; bed coverage for transitional housing for individuals increased from 51% to 64%; bed coverage for transitional housing for families increased from 16% to 67%; bed coverage for permanent housing for individuals increased from 96% to 100%; and bed coverage for permanent housing for families increased from 72% to 84%.

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

Instructions:

Enter the percentage of missing or unknown records AND the percentage of records where the value is "refused" or unknown ("don't know") for each Universal Data Element listed below. Universal Data Elements are information fields that HUD requires all homeless service providers participating in a local HMIS to collect on all homeless clients seeking housing and/or services. They include personal identifying information as well as information on a client's demographic characteristics and recent residential history. The elements target data that are essential to the administration of local homeless assistance programs as well as obtaining an accurate picture of the extent, characteristics and the patterns of service use of the local homeless population.

Where the collection of Social Security Numbers is not authorized by law, failure to collect this data element will not competitively disadvantage an application. Additionally, in lieu of the actual SSN, the response categories of "Don't Know" and "Refused" are considered valid response categories, per the HMIS Data and Technical Standards.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2009.

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	0%	3%
* Date of Birth	0%	0%
* Ethnicity	5%	0%
* Race	6%	0%
* Gender	0%	0%
* Veteran Status	3%	0%
* Disabling Condition	51%	7%
* Residence Prior to Program Entry	2%	3%
* Zip Code of Last Permanent Address	15%	20%
* Name	0%	0%

Instructions:

The Annual Homeless Assessment Report (AHAR) is a national report to Congress on the extent and nature of homelessness in America. The AHAR uses data from Homeless Management Information Systems (HMIS) to estimate the number and characteristics of people who use homeless residential services and their patterns of service use. The data collection period for AHAR 4 began on October 1, 2007 and ended on September 30, 2008. Communities must have had a minimum bed coverage rate of 65 percent throughout the entire reporting period in two or more reporting categories; i.e., emergency shelters for individuals (ES-IND), emergency shelters for families (ES-FAM), transitional housing for individuals (TH-IND), and transitional housing for families (TH-FAM) to be eligible to participate in AHAR 4.

Did the CoC or subset of CoC participate in AHAR 4? No

Did the CoC or subset of CoC participate in AHAR 5? Yes

How frequently does the CoC review the quality of client level data? Quarterly

How frequently does the CoC review the quality of program level data? At least bi-monthly

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

Foothold Technology offers regular training sessions & user groups for all agencies using LI HMIS. NSCH & AllSector monitor agencies, run reports, check on data quality & refer back to agencies for corrections. Data in HMIS is compared to data provided in independent occupancy reports, applications, & APR's. NSCH & AllSector staff are available through the AWARDS HelpDesk to address issues or problems, or troubleshoot any difficulties encountered by housing providers inputting data into HMIS. In-person &/or web-based training sessions are also conducted on a regular basis to introduce new components of the system to users, offer advanced training, & troubleshoot issues that might be experienced by several users.

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

By default, AWARDS will not accept invalid dates in these fields. Further, AWARDS will not allow access to additional screens without this information. NSCH collects quarterly occupancy reports for all programs funded through the Continuum of Care/Homeless Assistance Program. NSCH reviews these reports and compares them at random to data entered into the HMIS system for vacancies, and dates of entry and exit.

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

Instructions:

HMIS can be used for a variety of activities. These include, but are not limited to:

- Data integration/data warehousing to generate unduplicated counts; Involves assembling HMIS data from multiple data collection systems into a single system in order to de-duplicate client records.
- Use of HMIS for point-in-time count of sheltered persons
- Use of HMIS for point-in-time count of unsheltered persons
- Use of HMIS for performance measurement; Using HMIS to evaluate program or system-level performance, focusing on client-level outcomes, or measurable changes in the well-being of homeless clients.
- Use of HMIS for program management; Using HMIS data for grant administration, reporting, staff supervision, or to manage other program activities.
- Integration of HMIS data with mainstream system; Merging HMIS data with data from other mainstream systems, such as welfare, foster care, educational, or correctional systems.

Indicate the frequency in which each of the following activities is completed:

Data integration/data warehousing to generate unduplicated counts:	Never
Use of HMIS for point-in-time count of sheltered persons:	Annually
Use of HMIS for point-in-time count of unsheltered persons:	Never
Use of HMIS for performance assessment:	Annually
Use of HMIS for program management:	Quarterly
Integration of HMIS data with mainstream system:	Never

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

Instructions:

For each item, indicate whether the activity is completed monthly, quarterly (once each quarter), semiannually (two times per year), annually (every year), or never.

- Unique user name and password: CoC assesses that system user name and password protocols are followed and meet HMIS technical standards.
- Secure location for equipment: CoC manages physical access to systems with access to HMIS data in compliance with HMIS technical standards.
- Locking screen savers: CoC makes HMIS workstations and HMIS software automatically turn on password-protected screen savers when a workstation is temporarily not in use.
- Virus protection with auto update: CoC protects HMIS systems from viruses by using virus protection software that regularly updates virus definitions from the software vendor.
- Individual or network firewalls: CoC protects systems from malicious intrusion behind a secure firewall.
- Restrictions on access to HMIS via public forums: CoC allows secure connections to HMIS data only through PKI certificate or IP filtering as defined in the HMIS technical standards.
- Compliance with HMIS Policy and Procedures manual: CoC ensures HMIS users are in compliance with community-defined policies and protocols for HMIS use.
- Validation of off-site storage of HMIS data: CoC validates that off-site storage of HMIS data is secure.

Indicate the frequency in which the CoC or HMIS Lead completes a compliance assessment for each of the following HMIS privacy and security standards:

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

How often does the CoC assess compliance with HMIS Data and Technical Standards? Semi-annually

How often does the CoC aggregate data to a central location (HMIS database or analytical database)? Quarterly

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

If 'Yes' indicate date of last review or update by CoC: 08/04/2009

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

2H. Homeless Management Information System (HMIS) Training

Instructions:

An important component of a functioning HMIS is providing comprehensive training to homeless assistance providers that are participating in the HMIS. In the section below, indicate the frequency in which the CoC and/or HMIS Lead Agency offers each of the following training activities:

- Privacy/Ethics training: Training to homeless assistance program staff on established community protocols for ethical collection of client data and privacy protections required to manage clients' PPI (protected personal information).
- Data Security training: Training to homeless assistance program staff on established community protocols for user authentication, virus protection, firewall security, disaster protection, and controlled access to HMIS.
- Using HMIS data locally: Training on use of HMIS data to understand the local extent and scope of homelessness.
- Using HMIS data for assessing program performance: Training on use of HMIS to systematically evaluate the efforts programs are making to address homelessness.
- Basic computer skills training: Training on computer foundation skills such as mouse and keyboard functions, web searching, document saving, and printing.
- HMIS software training: Training on use and functionality of HMIS software including adding new clients, updating client data, running reports, and managing client cases.

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

Privacy/Ethics training	Semi-annually
Data Security training	Semi-annually
Data Quality training	Quarterly
Using HMIS data locally	Semi-annually
Using HMIS data for assessing program performance	Semi-annually
Basic computer skills training	Annually
HMIS software training	Quarterly

2I. Continuum of Care (CoC) Point-in-Time Homeless Population

Instructions:

This section must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations on a single night. Because 2009 was a required point-in-time count year, CoCs were required to conduct a one day, point-in-time count during the last 10 days of January--January 22nd to 31st. Although point-in-time counts are only required every other year, HUD requests that CoCs conduct a count annually if resources allow. Data entered in this chart must reflect a point-in-time count that took place during the last 10 days of January 2009, unless a waiver was received by HUD.

Additional instructions on conducting the point-in-time count can be found in the detailed instructions, located on the left hand menu.

Indicate the date of the most recent point-in-time count (mm/dd/yyyy): 01/28/2009

For each homeless population category, the number of households must be less than or equal to the number of persons.

Households with Dependent Children				
	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Households	103	60	7	170
Number of Persons (adults and children)	273	128	14	415
Households without Dependent Children				
	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Households	121	73	88	282
Number of Persons (adults and unaccompanied youth)	121	73	88	282
All Households/ All Persons				
	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Total Households	224	133	95	452
Total Persons	394	201	102	697

2J. Continuum of Care (CoC) Point-in-Time Homeless Subpopulations

Instructions:

Enter the number of sheltered and unsheltered adults who belong in each subpopulation category. As in the Homeless Populations chart, this chart must be completed using statistically reliable and unduplicated counts or estimates of homeless persons based on the point-in-time count conducted during the last ten days of January 2009. Only adults should be included in the counts for this chart, except for the Unaccompanied Youth (those under age 18) category. Subpopulation data is required for sheltered persons and optional for unsheltered persons, with the exception of Chronically Homeless.

	Sheltered	Unsheltered	Total
* Chronically Homeless (Federal definition)	6	1	7
* Severely Mentally Ill	89		89
* Chronic Substance Abuse	91		91
* Veterans	46		46
* Persons with HIV/AIDS	10		10
* Victims of Domestic Violence	26		26
* Unaccompanied Youth (under 18)	0		0

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

Instructions:

CoCs are only required to conduct a one-day point-in-time count every two years (biennially) however, HUD strongly encourages CoCs to conduct an annual point-in-time count, if resources allow. Below, select the time period that corresponds with how frequently the CoC plans to conduct a point-in-time count:

- biennially (every other year);
- annually (every year);
- semi-annually (twice a year); or
- quarterly (once each quarter).

CoCs will separately calculate and enter the percentage of emergency shelter and transitional housing providers that provided data for the Homeless Population and Subpopulation charts. For example, if 9 out of 12 transitional housing programs provided point-in-time data, enter 75%. If all providers for a program type contributed data, enter 100%.

How frequently does the CoC conduct a point-in-time count? Annually

Enter the date in which the CoC plans to conduct its next point-in-time count: 01/27/2010
(mm/dd/yyyy)

Indicate the percentage of homeless service providers supplying population and subpopulation data that was collected via survey, interview, and/or HMIS.

Emergency shelter providers: 100%

Transitional housing providers: 100%

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

Instructions:

CoCs may use one or more methods to count sheltered homeless persons. Indicate the method(s) used to gather and calculate population data on sheltered homeless persons. Check all applicable methods:

- Survey Providers: Providers counted the total number of clients residing in each program on the night designated as the point-in-time count.
- HMIS: The CoC used HMIS to complete the point-in-time sheltered count.
- Extrapolation: The CoC used extrapolation techniques to estimate the number and characteristics of sheltered homeless persons from data gathered at emergency shelters and transitional housing programs. CoCs that use extrapolation techniques are strongly encourage to use the HUD General Extrapolation worksheet.

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

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

If Other, specify:

Describe how the data on the sheltered homeless population, as reported on 2I, was collected and the sheltered count produced (limit 1500 characters):

Housing providers conducted one-day counts on the designated day, reporting on all of the households in shelter on the designated day. The accuracy of this count remains very high each year, due to an effective system of counting and staff follow-up to ensure accuracy in record-keeping.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the sheltered population count (limit 1500 characters):

While the number of homeless families in emergency shelters appears to have declined in 2009, many homeless individuals and families are doubled and tripled up with friends or family members, usually staying at a different house each night. This population has often been through the emergency shelter system already, and prefers not to return. This circumstance is likely the cause of the decline in sheltered population count. Other sheltered population counts reflect increases in numbers, likely due to record unemployment levels and loss of housing.

2M. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation Data

Instructions:

Check all methods used by the CoC to produce the sheltered subpopulations data reported in the subpopulation table.

- HMIS: The CoC used HMIS to gather subpopulation information on sheltered homeless persons without extrapolating for any missing data.
- HMIS data plus extrapolation: The CoC used HMIS data and extrapolation techniques to estimate the number and subpopulation characteristics of sheltered homeless persons in the CoC. Extrapolation techniques accounted for missing HMIS data and the CoC completed HUD's Extrapolation Tool.
- Sample of PIT interviews plus extrapolation: The CoC conducted interviews with a random or stratified sample of sheltered homeless adults and unaccompanied youth to gather subpopulation information. The results from the interviews were extrapolated to the entire sheltered homeless population to provide statistically reliable subpopulation estimates for all sheltered persons. CoCs that made this selection are encourage to used the applicable HUD Sample Strategy tool.
- Interviews: The CoC conducted interviews with every homeless person staying in an emergency shelter or transitional housing program on the night designated for the point-in-time count.
- Non-HMIS client level information: Providers used individual client records (e.g., case management files) to provide the CoC with subpopulation data for each adult and unaccompanied youth living in a sheltered program on the night designated for the point-in-time count.

Additional instructions on this section can be found in the detailed instructions, located on the left hand menu. Also, for more information about any of the techniques listed above, see: [A Guide for Counting Sheltered Homeless People](http://www.hudhre.info/documents/counting_sheltered.pdf) at http://www.hudhre.info/documents/counting_sheltered.pdf.

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

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

If Other, specify:

Describe how data on sheltered subpopulations, as reported on 2J, was collected and the subpopulation data produced (limit 1500 characters):

Providers used individual client records, such as case management files, to provide subpopulation data for each adult and unaccompanied youth.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the sheltered subpopulations data. Response should address changes in all sheltered subpopulation data (limit 1500 characters):

While the number of homeless families in emergency shelters appears to have declined in 2009, many homeless individuals and families are doubled and tripled up with friends or family members, usually staying at a different house each night. This population has often been through the emergency shelter system already, and prefers not to return. This circumstance is likely the cause of the decline in sheltered population count. Other sheltered population counts reflect increases in numbers, likely due to record unemployment levels and loss of housing. The sheltered subpopulations data is accordingly affected by the respective decline and increase in the various sheltered population counts.

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

Instructions:

CoCs often undertake a variety of steps to improve the quality of the sheltered population and subpopulation data. These include, but are not limited to:

- Instructions: The CoC provided written instructions to providers to explain protocol for completing the sheltered PIT count.
- Training: The CoC trained providers on the protocol and data collection forms used to complete the sheltered PIT count.
- Remind/Follow-up: The CoC reminded providers about the count and followed up with providers to ensure the maximum possible response rate from all programs.
- HMIS: The CoC used HMIS to verify data collected from providers for the sheltered count.
- Non-HMIS De-duplication techniques: The CoC used strategies to ensure that each sheltered and unsheltered homeless person was not counted more than once during the point in time count. The non-HMIS de-duplication techniques must be explained in the box below.

CoCs that select "Non-HMIS de-duplication techniques" must describe the techniques used. De-duplication is the process by which information on the same homeless clients within a program or across several programs is combined into unique records.

**Indicate the steps used by the CoC to ensure the data quality of the sheltered persons count:
 (select all that apply)**

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

If Other, specify:

Describe the non-HMIS de-duplication techniques, if selected (limit 1000 characters):

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

Instructions:

CoCs can use a number of methodologies to count unsheltered homeless persons. These include, but are not limited to:

- Public places count: The CoC conducted a point-in-time count based on observation of unsheltered homeless persons, but without interviews.
- Public places count with interviews: The CoC conducted a point-in-time count and either interviewed all unsheltered homeless persons encountered during the public places count or a sample of these individuals.
- Service-based count: The CoC interviewed people using non-shelter services, such as soup kitchens and drop-in centers, screened for homelessness, and counted those that self-identified as unsheltered homeless persons. In order to obtain an unduplicated count, every person interviewed in a service-based count must be asked where they were sleeping on the night of the last point-in-time count.
- HMIS: The CoC used HMIS in some way to collect, analyze, or report data on unsheltered homeless persons. For example, the CoC entered respondent information into HMIS in an effort to check personal identifying information to de-duplicate and ensure persons were not counted twice.

For more information on any of these methods, see
¿A Guide to Counting Unsheltered Homeless People¿ at:
http://www.hudhre.info/documents/counting_unsheltered.pdf.

Indicate the method(s) used to count unsheltered homeless persons: (select all that apply)

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

If Other, specify:

2P. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Level of Coverage

Instructions:

Depending on a number of factors, the level of coverage for a count of unsheltered persons may vary from place to place. Below, indicate which level of coverage best applies to the count of unsheltered homeless persons in the CoC.

¿ Complete coverage means that every part of a specified geography, such as an entire city or a downtown area, every street is canvassed by enumerators looking for homeless people and counting anyone who is found.

¿ Known locations means counting in areas where unsheltered homeless people are known to congregate or live.

¿ A combined approach merges complete coverage with known locations by counting every block in a portion of the jurisdiction (e.g. central city) AND conducting counts in other areas of the jurisdiction where unsheltered persons are known to live or congregate.

Indicate the level of coverage of unsheltered homeless persons in the point-in-time count: Known Locations

If Other, specify:

2Q. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Data Quality

Instructions:

CoCs may undertake one or more methods to improve data quality of the unsheltered population and subpopulation data, as reported on 2I and 2J, respectively. Check all steps that the CoC has taken to ensure data quality:

- Training: The CoC conducted trainings(s) for point-in-time enumerators or CoC staff.
- HMIS: The CoC used HMIS to check for duplicate entries or for some other purpose.
- De-duplication techniques: The CoC used strategies to ensure that each unsheltered homeless person was not counted more than once during the point-in-time count.

All CoCs should have a strategy for reducing the occurrence of counting persons more than once during a point-in-time count, also known as de-duplication. De-duplication techniques should always be implemented when the point-in-time count extends beyond one night or takes place during the day at service locations used by homeless people that may or may not use shelters.

For more information on de-duplication and other techniques used to improve data quality, see [A Guide for Counting Unsheltered Homeless People](http://www.hudhre.info/documents/counting_unsheltered.pdf) at: www.hudhre.info/documents/counting_unsheltered.pdf.

Indicate the steps used by the CoC to ensure the data quality of the unsheltered persons count. (select all that apply)

Training:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
De-duplication techniques:	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Describe the techniques used by the CoC to reduce duplication, otherwise known as de-duplication (limit 1500 characters):

Conducted trainings for point-in-time enumerators; noted physical descriptions of homeless persons interviewed, including hair color and length, existence of facial hair (if any), approximate age, race/ethnicity, and personal items carried by such persons; analyzed information received from enumerators, including time and specific location where interview was conducted.

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

The CoC has member organizations that routinely outreach to street homeless populations. Any unsheltered families with dependent children are immediately brought to the Department of Social Services upon their agreement, and housed in emergency shelter.

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

The CoC includes several member organizations that operate street outreach teams, whose entire function is to identify and engage unsheltered street homeless populations. There was a decrease in the number of homeless persons counted during our most recent count, due to the requirement of interviewing street homeless to determine chronicity. Many refused to admit they were homeless so we could not count them.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the unsheltered population data (limit 1500 characters):

The 2009 unsheltered population data did not change to any significant degree from the previous point-in-time count. The reason for the insignificant degree of change is likely due to the number of chronically homeless in the region, and the sites identified by enumerators as locations where homeless persons are known to congregate.

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

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

Instructions:

Ending chronic homelessness is a HUD priority. CoCs can work towards accomplishing this by creating new beds for the chronically homeless. Describe the CoCs short-term and long-term plan for creating new permanent housing beds for the chronically homeless. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to create new permanent housing beds for the chronically homeless (limit 1000 characters)?

The CoC has applied for FY2009 funding for new permanent housing beds for the chronically homeless. Should such funding be awarded, the CoC group will work toward developing the new permanent housing beds for the chronically homeless throughout the next 12 months.

Describe the CoC plan for creating new permanent housing beds for the chronically homeless over the next ten years (limit 1000 characters)?

Contingent upon the receipt of HUD funding, agencies within the CoC plan to collaborate with local and state government and non-HUD funded agencies to develop new permanent housing beds for the chronically homeless over the next 10 years.

How many permanent housing beds do you currently have in place for chronically homeless persons? 52

How many permanent housing beds do you plan to create in the next 12-months? 15

How many permanent housing beds do you plan to create in the next 5-years? 30

How many permanent housing beds do you plan to create in the next 10-years? 60

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

Objective 2: Increase percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent.

Instructions:

Increasing the self-sufficiency and stability of homeless participants is an important outcome measurement of HUD's homeless assistance programs. Describe the CoCs short-term and long-term plan for increasing the percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of homeless persons remaining in permanent housing for at least six months to at least 77 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

The percentage of homeless persons remaining in permanent housing for at least 6 months within the CoC is currently 86%. The CoC plans to maintain this percentage by continuing to provide permanent housing and supportive services to clients. Supportive services include employment and vocational services, education, mental health services, substance/alcohol abuse treatment, counseling/advocacy, life skills, etc.

Describe the CoC's long-term plan to increase the percentage of homeless persons remaining in permanent housing for at least six months to at least 77 percent? CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

The CoC has already exceeded the objective; 86% of homeless persons remain in permanent housing for at least 6 months. Over the long-term, the CoC plans to exceed this percentage through technical assistance to housing and service providers, and service coordination to both housing and service providers and clients.

What percentage of homeless persons in permanent housing have remained for at least six months? 86

In 12-months, what percentage of homeless persons in permanent housing will have remained for at least six months? 90

In 5-years, what percentage of homeless persons in permanent housing will have remained for at least six months? 95

In 10-years, what percentage of homeless persons in permanent housing will have remained for at least six months? 95

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

Objective 3: Increase percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent.

Instructions:

The ultimate objective of homeless assistance is to achieve the outcome of helping homeless families and individuals obtain permanent housing and self-sufficiency. Describe the CoC's short-term and long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

The percentage of homeless persons moving from transitional housing to permanent housing within the CoC is currently 67%. The CoC plans to exceed this percentage by continuing to provide permanent housing and supportive services to clients. Supportive services include employment and vocational services, education, mental health services, substance/alcohol abuse treatment, counseling/advocacy, life skills, etc.

Describe the CoC's long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent? CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

The CoC has already exceeded the objective; 67% of homeless persons move from transitional housing to permanent housing. Over the long-term, the CoC plans to exceed this percentage through technical assistance to housing and service providers, and service coordination to both housing and service providers and clients.

What percentage of homeless persons in transitional housing have moved to permanent housing? 67

In 12-months, what percentage of homeless persons in transitional housing will have moved to permanent housing? 72

In 5-years, what percentage of homeless persons in transitional housing will have moved to permanent housing? 80

In 10-years, what percentage of homeless persons in transitional housing will have moved to permanent housing? 85

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

Objective 4: Increase percentage of persons employed at program exit to at least 20 percent.

Instructions:

Employment is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Describe the CoCs short-term and long-term plans for increasing the percentage of persons employed at program exit to at least 20 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of persons employed at program exit to at least 20 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

The percentage of persons within the CoC employed at program exit is currently 33%. The CoC plans to maintain this percentage by continuing to provide permanent housing and supportive services to clients. Supportive services include employment, employment training, employment readiness, vocational, and educational services. Additional supportive services, such as mental health services, substance/alcohol abuse treatment, counseling/advocacy, and life skills training will continue to be provided as well, as they have been found to improve job retention.

Describe the CoC's long-term plan to increase the percentage of persons employed at program exit to at least 20 percent. CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

The CoC has already exceeded the objective; 33% of persons are employed at program exit. Over the long-term, the CoC plans to exceed this percentage through technical assistance to housing and service providers, and service coordination to both housing and service providers and clients.

What percentage of persons are employed at program exit? 33

In 12-months, what percentage of persons will be employed at program exit? 40

In 5-years, what percentage of persons will be employed at program exit? 50

In 10-years, what percentage of persons will be employed at program exit? 50

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

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

Instructions:

Ending homelessness among households with children is a HUD priority. CoCs can work towards accomplishing this by creating beds and/or increasing supportive services for this population. Describe the CoCs short-term and long-term plans for decreasing the number of homeless households with children. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to decrease the number of homeless households with children (limit 1000 characters)?

The number of homeless households with children decreased from 486 in 2008 to 99 in 2009, based upon the point-in-time count. The CoC will work with the HPRP grantee in the County and non-HUD funded agencies to move homeless families into permanent housing.

Describe the CoC's long-term plan to decrease the number of homeless households with children (limit 1000 characters)?

In addition to working with the HPRP grantee in the County and non-HUD funded agencies to move homeless families into permanent housing over the next 3 years, the CoC will provide advocacy and technical assistance to housing and service providers with the goal of developing permanent affordable housing for homeless families.

- What is the current number of homeless households with children, as indicated on the Homeless Populations section (2I)?** 99
- In 12-months, what will be the total number of homeless households with children?** 90
- In 5-years, what will be the total number of homeless households with children?** 75
- In 10-years, what will be the total number of homeless households with children?** 60

3B. Continuum of Care (CoC) Discharge Planning

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols developed to ensure that persons being discharged from a publicly-funded institution or system of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should similarly have in place or be developing policies and protocols to ensure that discharged persons are not released directly onto the streets or into CoC funded homeless assistance programs. In the space provided, provide information on the policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs). Response should address the following:

- ¿ What? Describe the policies that have been developed or are in the process of being developed.
- ¿ Where? Indicate where persons routinely go upon discharge from a publicly funded institution or system of care.
- ¿ Who? Identify the stakeholders or collaborating agencies.

Failure to respond to each of these questions will be considered unresponsive.

For each of the systems of care identified below, describe any policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs) (limit 1500 characters).

Foster Care:

The Nassau County Department of Social Services provides foster care services in our region. They provide discharge plans and work without aging out of the foster care system, including educational and vocational assistance and referral programs prior to discharge, to assist youth aging out of foster care to be able to live independently. NCDSS and the NC Office of Housing and Intergovernmental Affairs work to provide referrals, case management and housing under the Family Reunification program.

Health Care:

Hospital social workers develop discharge plans for patients who are homeless, including referrals to a variety of appropriate programs, nursing or adult facilities, etc. Patients are generally not discharged unless a housing placement has been secured.

Mental Health:

All hospitals receiving government funding for inpatient mental health beds have social workers who assist in placing patients who are ready for discharge. Discharge planning begins at admission for all patients; all community mental health housing providers within the region participate in the region's Single Point of Access (SPA) referral system. SPA acts as a clearinghouse for all beds within the region's mental health housing programs. Hospital social workers make referrals on behalf of patients to SPA for appropriate placements within the community. Patients are not discharged unless an appropriate placement is secured.

Corrections:

Monthly meetings of the Nassau County Discharge Taskforce are held to discuss a formal protocol for discharge of inmates from local correctional facilities. Currently, prior to their release, inmates are provided with a list of community organizations and additional resources to assist them in their search for housing.

3C. Continuum of Care (CoC) Coordination

Instructions:

A CoC should regularly assess the local homeless system and identify shortcomings and unmet needs. One of the keys to improving a CoC is to use long-term strategic planning to establish specific goals and then implement short-term/medium-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet the local CoC shortcomings and unmet needs.

New in 2009, CoCs are expected to describe the CoC's level of involvement and coordination with HUD's American Recovery and Reinvestment Act of 2009 programs, such as the Homelessness Prevention and Rapid Re-housing Program (HPRP), the Community Development Block Grant-Recovery (CDBG-R), the Tax Credit Assistance Program and the Neighborhood Stabilization Program (NSP1 or NSP2). Finally, CoCs with jurisdictions that are receiving funds through the HUD-VASH initiative should describe coordination with this program as well. CoCs that include no jurisdictions receiving funds from any one of these programs, should indicate such in the text box provided.

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

If yes, list the goals in the CoC strategic plan that are included in the Consolidated Plan: Increase the number of affordable housing units in the region; increase self-sufficiency of homeless persons.

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

The HPRP Grantee is an active participant of the CoC, and receives most of its HPRP referrals through the CoC. In addition, HPRP clients requesting services that do not fall within HPRP guidelines are often referred to agencies within the CoC for such services. NSCH, the CoC Lead Entity, works closely with the HPRP Grantee on utilizing the HMIS for data entry and reporting.

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

A CoC member agency acquired and renovated foreclosed properties in the region utilizing funds received through the Neighborhood Stabilization Program. In addition, the HPRP Grantee is an active participant of the CoC, and receives most of its HPRP referrals through the CoC. HPRP clients requesting services that do not fall within HPRP guidelines are often referred to agencies within the CoC for such services.

4A. Continuum of Care (CoC) 2008 Achievements

Instructions:

For the five HUD national objectives in the 2009 CoC application, enter the 12-month numeric achievements that you provided in Exhibit 1, Part 3A of the 2008 electronic CoC application. Enter this number in the first column, "Proposed 12-Month Achievement". Under "Actual 12-Month Achievement" enter the actual numeric achievement that your CoC attained within the past 12 months that is directly related to the national objective. CoCs that did not submit an Exhibit 1 application in 2008 should answer no to the question, "Did CoC submit an Exhibit 1 application in 2008?"

Objective	Proposed 12-Month Achievement (number of beds or percentage)		Actual 12-Month Achievement (number of beds or percentage)	
Create new permanent housing beds for the chronically homeless.	19	Beds	52	B e d s
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 71.5%.	93	%	86	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 63.5%.	100	%	67	%
Increase percentage of homeless persons employed at exit to at least 19%	42	%	33	%
Decrease the number of homeless households with children.	500	Households	99	H o u s e h o l d s

Did CoC submit an Exhibit 1 application in 2008? Yes

For any of the HUD national objectives where the CoC did not meet the proposed 12-month achievement as indicated in 2008 Exhibit 1, provide explanation for obstacles or other challenges that prevented the CoC from meeting its goal:

The CoC exceeded the minimum threshold for each of the HUD national objectives. The number of homeless households with children was significantly reduced, and the number of permanent housing beds for the chronically homeless was significantly increased. Challenges preventing the CoC from meeting proposed 12-month goals related to the other objectives include: increased unemployment resulting from the nation's economic downturn; client unemployment leading to loss of housing; loss of available housing to agencies due to higher costs and less funding.

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

Instructions:

HUD must track each CoCs progress toward ending chronic homelessness. A chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four episodes of homelessness in the past three years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency shelter during that time. An episode is a separate, distinct, and sustained stay on the streets and/or in an emergency homeless shelter.

This section asks each CoC to track changes in the number of chronically homeless persons as well the number of beds available for this population. For each year, indicate the total unduplicated point-in-time count of the chronically homeless. For 2006 and 2007, this number should come from Chart K in that that year's Exhibit 1. The 2008 and 2009 data has automatically been pulled forward from the respective years 2I. Next, enter the total number of existing and new permanent housing beds, from all funding sources, that were/are readily available and targeted to house the chronically homeless for each year listed.

CoCs must also identify the cost of new permanent housing beds for the chronically homeless. The information in this section can come from point-in-time data and the CoCs housing inventory.

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for 2007, 2008, and 2009.

Year	Number of CH Persons	Number of PH beds for the CH
2007	164	40
2008	12	40
2009	7	52

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2008 and January 31, 2009.

Identify the amount of funds from each funding source for the development and operations costs of the new permanent housing beds designated for the chronically homeless, that were created between February 1, 2008 and January 31, 2009.

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

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

4C. Continuum of Care (CoC) Housing Performance

Instructions:

In this section, CoCs will provide information from the recently submitted APR for all projects within the CoC, not just those being renewed in 2009.

HUD will be assessing the percentage of all participants who remain in S+C or SHP permanent housing (PH) for more than six months. SHP permanent housing projects include only those projects designated as SH-PH. Safe Havens are not considered permanent housing. Complete the following table using data based on the most recently submitted APR for Question 12(a) and 12(b) for all permanent housing projects within the CoC.

Does CoC have permanent housing projects for which an APR should have been submitted? Yes

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	67
b. Number of participants who did not leave the project(s)	307
c. Number of participants who exited after staying 6 months or longer	60
d. Number of participants who did not exit after staying 6 months or longer	263
e. Number of participants who did not exit and were enrolled for less than 6 months	44
TOTAL PH (%)	86

Instructions:

HUD will be assessing the percentage of all transitional housing (TH) participants who moved to a PH situation. TH projects only include those projects identified as SH-TH. Safe Havens are not considered transitional housing. Complete the following table using data based on the most recently submitted APR for Question 14 for all transitional housing projects within the CoC.

Does CoC have any transitional housing programs for which an APR should have been submitted? Yes

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	52
b. Number of participants who moved to PH	35
TOTAL TH (%)	67

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

Instructions:

HUD will be assessing the percentage of clients in all of your existing projects who gained access to mainstream services, especially those who gained employment. This includes all S+C renewals and all SHP renewals, excluding HMIS projects. Complete the following charts based on responses to APR Question 11 for all projects within the CoC.

Total Number of Exiting Adults: 241

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	57	24	%
SSDI	33	14	%
Social Security	13	5	%
General Public Assistance	26	11	%
TANF	0	0	%
SCHIP	1	0	%
Veterans Benefits	4	2	%
Employment Income	80	33	%
Unemployment Benefits	3	1	%
Veterans Health Care	1	0	%
Medicaid	94	39	%
Food Stamps	74	31	%
Other (Please specify below)	45	19	%
Child Support; Medicare; Worker's Compensation			
No Financial Resources	13	5	%

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

**Does CoC have projects for which an APR Yes
 should have been submitted?**

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

Instructions:

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

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

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

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

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

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

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

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

APRs are reviewed by the CoC Lead Entity annually (or more frequently if requested or deemed necessary) to assess project efficiency and determine areas requiring improvement, including access to mainstream programs. Discussions are held among CoC member agencies bi-monthly (or more frequently, if required) regarding common areas of concern and methods to improve those areas.

Does the CoC have an active planning committee that meets at least 3 times per year to improve CoC-wide participation in mainstream programs? No

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

Does the CoC coordinate with the State Interagency Council on Homelessness to reduce or remove barriers to accessing mainstream services? No

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

If yes, identify these staff members Provider Staff

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

If "Yes", specify the frequency of the training. Annually

Does the CoC use HMIS as a way to screen for mainstream benefit eligibility? No

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

Has the CoC participated in SOAR training? No
If "Yes", indicate training date(s).

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

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

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits. 1a. Describe how service is generally provided:	100%
Face-to-face interviews and data collection; application submission on behalf of client.	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	60%
3. Homeless assistance providers use a single application form for four or more mainstream programs: 3.a Indicate for which mainstream programs the form applies:	100%
Medicaid, TANF, Food Stamps, Safety Net	
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	100%
4a. Describe the follow-up process:	
Correspondence and telephone calls with benefits providers; submission of additional eligibility documentation, as needed.	

Part A - Questionnaire for HUD's Initiative on Removal of Regulatory Barriers

Part A. Local Jurisdictions. Counties Exercising Land Use and Building Regulatory Authority and Other Applicants Applying for Projects Located in such Jurisdictions or Counties [Collectively, Jurisdiction]

<p>*1. Does your jurisdiction's comprehensive plan (or in the case of a tribe or TDHE, a local Indian Housing Plan) include a "housing element"?</p> <p>A local comprehensive plan means the adopted official statement of a legislative body of a local government that sets forth (in words, maps, illustrations, and/or tables) goals, policies, and guidelines intended to direct the present and future physical, social, and economic development that occurs within its planning jurisdiction and that includes a unified physical plan for the public development of land and water. If your jurisdiction does not have a local comprehensive plan with a housing element, please select No. If you select No, skip to question # 4.</p>	Yes
<p>2. If your jurisdiction has a comprehensive plan with a housing element, does the plan provide estimates of current and anticipated housing needs, taking into account the anticipated growth of the region, for existing and future residents, including low, moderate and middle income families, for at least the next five years?</p>	Yes
<p>3. Does your zoning ordinance and map, development and subdivision regulations or other land use controls conform to the jurisdiction's comprehensive plan regarding housing needs by providing: a) sufficient land use and density categories (multi-family housing, duplexes, small lot homes and other similar elements); and, b) sufficient land zoned or mapped "as of right" in these categories, that can permit the building of affordable housing addressing the needs identified in the plan?</p> <p>(For purposes of this notice, "as-of-right" as applied to zoning, means uses and development standards that are determined in advance and specifically authorized by the zoning ordinance. The ordinance is largely self-enforcing because little or no discretion occurs in its administration). If the jurisdiction has chosen not to have either zoning, or other development controls that have varying standards based upon districts or zones, the applicant may also enter yes.</p>	Yes
<p>4. Does your jurisdiction's zoning ordinance set minimum building size requirements that exceed the local housing or health code or that are otherwise not based upon explicit health standards?</p>	No
<p>*5. If your jurisdiction has development impact fees, are the fees specified and calculated under local or state statutory criteria?</p> <p>If no, skip to question #7. Alternatively, if your jurisdiction does not have impact fees, you may select Yes.</p>	No
<p>6. If yes to question #5, does the statute provide criteria that sets standards for the allowable type of capital investments that have a direct relationship between the fee and the development (nexus), and a method for fee calculation?</p>	

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<p>*7. If your jurisdiction has impact or other significant fees, does the jurisdiction provide waivers of these fees for affordable housing?</p>	<p>Yes</p>
<p>*8. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through gradated regulatory requirements applicable as different levels of work are performed in existing buildings?</p> <p>Such code language increases regulatory requirements (the additional improvements required as a matter of regulatory policy) in proportion to the extent of rehabilitation that an owner/developer chooses to do on a voluntary basis. For further information see HUD publication: Smart Codes in Your Community: A Guide to Building Rehabilitation Codes (http://www.huduser.org/publications/destech/smartcodes.html.)</p>	<p>No</p>
<p>*9. Does your jurisdiction use a recent version (i.e. published within the last 5 years or, if no recent version has been published, the last version published) of one of the nationally recognized model building codes (i.e. the International Code Council (ICC), the Building Officials and Code Administrators International (BOCA), the Southern Building Code Congress International (SBCI), the International Conference of Building Officials (ICBO), the National Fire Protection Association (NFPA)) without significant technical amendment or modification.</p> <p>In the case of a tribe or TDHE, has a recent version of one of the model building codes as described above been adopted or, alternatively, has the tribe or TDHE adopted a building code that is substantially equivalent to one or more of the recognized model building codes?</p>	<p>Yes</p>
<p>Alternatively, if a significant technical amendment has been made to the above model codes, can the jurisdiction supply supporting data that the amendments do not negatively impact affordability.</p>	
<p>*10. Does your jurisdiction's zoning ordinance or land use regulations permit manufactured (HUD-Code) housing "as of right" in all residential districts and zoning classifications in which similar site-built housing is permitted, subject to design, density, building size, foundation requirements, and other similar requirements applicable to other housing that will be deemed realty, irrespective of the method of production?</p>	<p>Yes</p>
<p>*11. Within the past five years, has a jurisdiction official (i.e., chief executive, mayor, county chairman, city manager, administrator, or a tribally recognized official, etc.), the local legislative body, or planning commission, directly, or in partnership with major private or public stakeholders, convened or funded comprehensive studies, commissions, or hearings, or has the jurisdiction established a formal ongoing process, to review the rules, regulations, development standards, and processes of the jurisdiction to assess their impact on the supply of affordable housing?</p>	<p>Yes</p>
<p>*12. Within the past five years, has the jurisdiction initiated major regulatory reforms either as a result of the above study or as a result of information identified in the barrier component of the jurisdiction's "HUD Consolidated Plan?" If yes, briefly describe. (Limit 2,000 characters.)</p>	<p>Yes</p>
<p>The Village of Great Neck Plaza, the Village of Farmingdale and the Town of Hempstead each have inclusionary zoning ordinances. The City of Glen Cove is considering inclusionary zoning as part of its master plan revision.</p>	
<p>*13. Within the past five years has your jurisdiction modified infrastructure standards and/or authorized the use of new infrastructure technologies (e.g. water, sewer, street width) to significantly reduce the cost of housing?</p>	<p>Yes</p>

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<p>*14. Does your jurisdiction give "as-of-right" density bonuses sufficient to offset the cost of building below market units as an incentive for any market rate residential development that includes a portion of affordable housing?</p> <p>(As applied to density bonuses, "as of right" means a density bonus granted for a fixed percentage or number of additional market rate dwelling units in exchange for the provision of a fixed number or percentage of affordable dwelling units and without the use of discretion in determining the number of additional market rate units.)</p>	No
<p>*15. Has your jurisdiction established a single, consolidated permit application process for housing development that includes building, zoning, engineering, environmental, and related permits?</p> <p>Alternatively, does your jurisdiction conduct concurrent, not sequential, reviews for all required permits and approvals?</p>	No
<p>*16. Does your jurisdiction provide for expedited or "fast track" permitting and approvals for all affordable housing projects in your community?</p>	No
<p>*17. Has your jurisdiction established time limits for government review and approval or disapproval of development permits in which failure to act, after the application is deemed complete, by the government within the designated time period, results in automatic approval?</p>	Yes
<p>*18. Does your jurisdiction allow "accessory apartments" either as: a) a special exception or conditional use in all single-family residential zones or, b) "as of right" in a majority of residential districts otherwise zoned for single-family housing?</p>	Yes
<p>*19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?</p>	No
<p>*20. Does your jurisdiction require affordable housing projects to undergo public review or special hearings when the project is otherwise in full compliance with the zoning ordinance and other development regulations?</p>	No

Continuum of Care (CoC) Project Listing

Instructions:

To upload all Exhibit 2 applications that have been submitted to this CoC, click on the "Update List" button. This process may take several hours depending on the size of the CoC, however the CoC can either work on other parts of Exhibit 1 or it can log out of e-snaps and come back later to view the updated list. To rank a project, click on the icon next to each project to view project details.

For additional instructions, refer to the 2008 Project Listing Instructions on the left-hand menu bar.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
Hernandez House	2009-10-13 17:24:...	1 Year	MOMMAS Inc.	57,135	Renewal Project	SHP	PH	F
OMH/FREE S+C Renewal	2009-11-04 10:28:...	1 Year	NYS Office of Men...	101,460	Renewal Project	S+C	SRA	U
CHI with EAC in N...	2009-10-14 16:44:...	1 Year	Community Housing...	70,316	Renewal Project	SHP	PH	F
OMH/Central Nassa...	2009-10-14 13:41:...	1 Year	NYS Office of Men...	107,268	Renewal Project	S+C	SRA	U
CHI's Permanent H...	2009-10-14 22:56:...	1 Year	Community Housing...	178,627	Renewal Project	SHP	PH	F
Bethpage SHP	2009-10-14 14:03:...	1 Year	Federation of Org...	45,268	Renewal Project	SHP	PH	F
Casa Serenidad	2009-10-26 23:16:...	1 Year	Circulo de la His...	165,174	Renewal Project	SHP	PH	F
Nassau Scattered ...	2009-11-17 08:38:...	1 Year	H.E.L.P. Equity H...	132,720	Renewal Project	SHP	PH	F
Paff Avenue Lodge...	2009-11-19 17:05:...	1 Year	MTI Residential S...	165,608	Renewal Project	SHP	TH	F
Hud Expansion	2009-10-14 15:19:...	1 Year	Nassau County Coa...	105,203	Renewal Project	SHP	TH	F
Housing Advocacy ...	2009-10-12 14:18:...	1 Year	Nassau-Suffolk Co...	63,000	Renewal Project	SHP	SSO	F
Turning Point	2009-10-15 09:19:...	1 Year	Society of St. Vi...	252,559	Renewal Project	SHP	PH	F
SAIL Housing and ...	2009-10-16 11:54:...	1 Year	South Shore Assoc...	92,922	Renewal Project	SHP	PH	F

Casa Salva	2009-10-26 23:11:...	1 Year	Circulo de la His...	133,024	Renewal Project	SHP	TH	F
Heading Home	2009-10-13 07:39:...	1 Year	Society of St. Vi...	154,509	Renewal Project	SHP	PH	F
Project Veteran's..	2009-11-18 14:37:...	3 Years	Catholic Charitie...	395,981	New Project	SHP	PH	P2
Ozanam Houses IV	2009-10-19 08:22:...	1 Year	Society of St. Vi...	166,135	Renewal Project	SHP	PH	F
HIV/AIDS HP-NCCI	2009-11-10 15:19:...	1 Year	Options for Commu...	119,592	Renewal Project	SHP	PH	F
Nassau Employment...	2009-10-20 13:06:...	1 Year	EAC	107,139	Renewal Project	SHP	SSO	F
Project Independence...	2009-11-10 13:56:...	1 Year	Catholic Charitie...	174,584	Renewal Project	SHP	PH	F
Knight Lodge	2009-11-19 16:26:...	1 Year	MTI Residential S...	173,820	Renewal Project	SHP	TH	F
Renewal Project H...	2009-11-18 13:48:...	1 Year	Nassau County Hou...	339,260	Renewal Project	SHP	PH	F
HMIS III	2009-11-20 16:23:...	1 Year	Nassau-Suffolk Co...	70,000	Renewal Project	SHP	HMIS	F
HIV/AIDS HP-NCCII	2009-11-10 15:17:...	1 Year	Options for Commu...	85,870	Renewal Project	SHP	PH	F
OMH/SSAI L*04 S+C ...	2009-10-19 13:55:...	1 Year	NYS Office of Men...	353,700	Renewal Project	S+C	SRA	U
Ozanam Houses III	2009-10-19 14:41:...	1 Year	Society of St. Vi...	214,894	Renewal Project	SHP	PH	F
HUD-Nassau	2009-11-19 16:30:...	1 Year	Family Residence s...	104,022	Renewal Project	SHP	PH	F
OMH/Melillo S+C R...	2009-10-08 14:37:...	1 Year	NYS Office of Men...	336,084	Renewal Project	S+C	SRA	U
Nassau Homeless R...	2009-10-09 15:29:...	1 Year	Nassau/Suffolk La...	69,616	Renewal Project	SHP	SSO	F
HIV/AIDS HP-NCCIV	2009-11-10 15:11:...	1 Year	Options for Commu...	80,563	Renewal Project	SHP	PH	F

CHI's Permanent H...	2009-10-14 16:12:...	1 Year	Communit y Housing...	137,665	Renewal Project	SHP	PH	F
CHI with HELPUSA ...	2009-10-14 16:52:...	1 Year	Communit y Housing...	166,684	Renewal Project	SHP	PH	F
OMH/SSAI L*02 S+C ...	2009-10-08 13:29:...	1 Year	NYS Office of Men...	292,128	Renewal Project	S+C	SRA	U
Standdown Lodge	2009-11-19 17:08:...	1 Year	MTI Residential S...	155,595	Renewal Project	SHP	TH	F
Project Veteran's..	2009-11-18 14:32:...	3 Years	Catholic Charitie...	627,408	New Project	SHP	PH	P1
Collaboration W/CNG	2009-10-07 21:56:...	1 Year	South Shore Assoc...	148,713	Renewal Project	SHP	PH	F
Monroe Place	2009-11-19 16:44:...	1 Year	MTI Residential S...	217,003	Renewal Project	SHP	TH	F
OMH/SSAI L*01 S+C ...	2009-10-08 13:23:...	1 Year	NYS Office of Men...	192,816	Renewal Project	S+C	SRA	U
HMIS II	2009-11-20 16:28:...	1 Year	Nassau-Suffolk Co...	134,400	Renewal Project	SHP	HMIS	F
CHI Providing Per...	2009-10-14 16:30:...	1 Year	Communit y Housing...	126,602	Renewal Project	SHP	PH	F
Project Independence	2009-11-10 13:33:...	1 Year	Catholic Charitie...	190,664	Renewal Project	SHP	PH	F
Project Horizon	2009-10-14 16:15:...	1 Year	Nassau County Coa...	136,603	Renewal Project	SHP	TH	F
Herman INN	2009-11-19 14:56:...	1 Year	Interfaith Nutrit...	34,959	Renewal Project	SHP	PH	F
CHI with CNGCS - ...	2009-10-14 16:40:...	1 Year	Communit y Housing...	168,638	Renewal Project	SHP	PH	F
Transitional Renewal	2009-10-14 16:22:...	1 Year	Nassau County Coa...	122,356	Renewal Project	SHP	TH	F
HIV/AIDS HP-NCCIII	2009-11-10 15:15:...	1 Year	Options for Commu...	86,706	Renewal Project	SHP	PH	F
SAIL Housing and ...	2009-10-06 13:32:...	1 Year	South Shore Assoc...	225,038	Renewal Project	SHP	PH	F

Budget Summary

FPRN	\$5,373,186
Permanent Housing Bonus	\$1,023,389
SPC Renewal	\$1,383,456
Rejected	\$0

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Nassau County Con...	11/20/2009

Attachment Details

Document Description: Nassau County Con Plan Certification