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-603 - Islip/Babylon/Huntington/Suffolk 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: Suffolk 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:	
Assigned:	
Volunteer:	X
Appointed:	
Other:	X

Specify "other" process(es):

The Continuum of Care group is open to all who wish to participate. All decisions are voted upon by the members of the group present at open meetings, or by paper ballot (one vote per agency/organization). Ranking Committee members (who make recommendations on ranking and term of applications to be funded) are nominated and elected in this fashion as well, although their agency cannot have an application submitted for funding during a year when they are sitting on the Ranking Committee. Ranking Committee recommendations are also voted upon by the full CoC group.

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

The above process was established in 1996 and has been in place since then. Each year, a satisfaction survey is sent to members, requesting input on the year's process. Satisfaction has always remained high, without any complaints or suggestions to change the process or openness of the membership.

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

Elected:	
Assigned:	
Volunteer:	X
Appointed:	
Other:	X

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 moreformalized, 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
Suffolk CoC Group	The Suffolk 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
Suffolk County Ranking Committee	Members of the Suffolk 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 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

Technical Assistance Progress Tracking Committee	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.	Quarterly
Ten Year Plan to End Homelessness Committee	The Ten Year Plan to End Homelessness Committee is a partnership between Suffolk County, its various departments, and a number of non-profit organizations, Continuum of Care group members and consumers. The Committee meets bi-monthly to move toward the development of a Ten Year Plan to End Homelessness. The Committee monitors the progress of the various subcommittees in conducting research, gathering data, identifying gaps in the system, and establishing resources. The Committee makes recommendations for goals based upon its review of the subcommittees' findings. Upon completion of the Ten Year Plan to End Homelessness, the Committee will serve as an oversight committee for the Plan's implementation within the County.	Bi-monthly

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

Election of the Ranking Committee members is conducted in February or March each year. Members of the Committee each review the proposed applications upon their submission by applicant agencies, prior to an in-person meeting. The Committee meets to discuss the initial applications submitted for funding through the CoC process. Additional Ranking Committee meetings are held as needed - in order to discuss specific issues with programs, changes in HUD funding or eligilbity regulations or other relevant issues. 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 Office of Mental Health	Public Sector	State g...	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Suffolk County Department of Social Services	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
SC Division of Mental Hygiene & Substance Abus...	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
NYS OASAS	Public Sector	State g...	Attend Consolidated Plan planning meetings during past 12...	Substance Abuse
NYS Division of Housing and Community Renewal	Public Sector	State g...	Authoring agency for Consolidated Plan	NONE
SC Office of Handicapped Services	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	Veterans
SC Office of the Aging	Public Sector	Local g...	Committee/Sub-committee/Work Group	Veterans
SC Youth Bureau	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months, C...	Youth
Town of Babylon Assistance Agency	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Town of Babylon Human Services	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Town of Babylon Office of Women's Services	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	Domestic Vio...
Suffolk County Office of Community Development	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Babylon Community Development Agency	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Huntington Community Development Agency	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Islip Community Development Agency	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Community Development Corporation of Long Island	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	NONE
Eastern Suffolk BOCES	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	Youth

SC Police Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
SC Department of Corrections	Public Sector	Law enf...	Attend 10-year planning meetings during past 12 months	NONE
SC Department of Parole	Public Sector	Law enf...	Attend Consolidated Plan planning meetings during past 12...	NONE
Jobcorps	Private Sector	Non-pro...	None	Veterans
Adelante of Suffolk	Private Sector	Non-pro...	None	Youth, Serio...
American Red Cross	Private Sector	Non-pro...	None	NONE
Anthony House	Private Sector	Non-pro...	None	Youth, Subst...
Bellport Hagerman East Patchogue Alliance	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Youth
Bridges	Private Sector	Non-pro...	None	Seriously Me...
Brighter Tomorrows	Private Sector	Non-pro...	None	Domestic Vio...
Catholic Charities	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Seriously Me...
United Way of Long Island	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	HIV/AIDS
Clubhouse of Suffolk	Private Sector	Non-pro...	None	Seriously Me...
Community Action of Southold	Private Sector	Non-pro...	None	Youth
Community Housing Innovations	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Concern for Independent Living	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
Economic Opportunity Council of Suffolk	Private Sector	Non-pro...	None	NONE
Family Residences & Essential Enterprises	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...

FEGS	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Federation of Organizations	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriously Me...
Hands Across Long Island	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriously Me...
HELP Suffolk	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
Hope for Youth	Private Sector	Non-pro...	None	Youth
Hope House Ministries	Private Sector	Faith-b...	None	Youth
Housing Help	Private Sector	Non-pro...	None	NONE
HomeWorks of Long Island	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriously Me...
Huntington Sanctuary	Private Sector	Non-pro...	None	Youth, Domes...
Interfaith Nutrition Network	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	Veterans
JASA	Private Sector	Non-pro...	None	NONE
Legal Aid Society of Suffolk	Private Sector	Non-pro...	None	NONE
Long Island Advocacy Center	Private Sector	Non-pro...	None	NONE
Long Island Association for AIDS Care	Private Sector	Non-pro...	None	HIV/AIDS
Long Island Cares	Private Sector	Non-pro...	None	NONE
LI Council on Alcohol/Drug Dependence	Private Sector	Non-pro...	None	Substance Abuse
Long Island Housing Services	Private Sector	Non-pro...	Attend Consolidated Plan focus groups/public forums durin...	NONE
Long Island Women's Coalition	Private Sector	Non-pro...	None	Domestic Vio...

Madonna Heights Services (SCO)	Private Sector	Non-pro...	None	Youth, Serio...
Mary Haven Center of Hope	Private Sector	Non-pro...	None	Seriously Me...
Mental Health Association of Suffolk	Private Sector	Non-pro...	None	Seriously Me...
Mercy Haven	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriously Me...
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...	Attend 10-year planning meetings during past 12 months, C...	NONE
NANA's House	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Substance Ab...
New Ground	Private Sector	Non-pro...	None	Youth
North Fork Housing Alliance	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, A...	NONE
Northport VAMC	Public Sector	Other	Attend 10-year planning meetings during past 12 months, A...	Veterans
Options for Community Living	Private Sector	Non-pro...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
Peconic Community Council/Maureen's Haven	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	NONE
Pederson-Krag Centers	Private Sector	Non-pro...	None	Seriously Me...
Penates	Private Sector	Non-pro...	None	NONE
Phoenix House	Private Sector	Non-pro...	None	Seriously Me...
Project Re-Direct	Private Sector	Non-pro...	None	Substance Abuse
Project SAFE	Private Sector	Non-pro...	None	Youth
Pronto of Long Island	Private Sector	Non-pro...	None	Youth

Response of Suffolk County	Private Sector	Non-pro...	None	Youth, Serio...
The Retreat	Private Sector	Non-pro...	None	Domestic Vio...
Salvation Army	Private Sector	Non-pro...	None	Veterans
Sanctuary Project	Private Sector	Non-pro...	None	Youth
Suffolk Independent Living Organization	Private Sector	Non-pro...	Attend Consolidated Plan focus groups/public forums durin...	NONE
Society of St. Vincent de Paul	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	Substance Abuse
Suburban Housing	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Youth, Serio...
Suffolk Community Council	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, A...	NONE
Suffolk County United Veterans Project	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	Veterans, Su...
Thursday's Child	Private Sector	Non-pro...	None	HIV/AIDS
Transitional Services of LI	Private Sector	Non-pro...	Committee/Sub-committee/Work Group	Seriously Me...
United Veterans Beacon House	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	Veterans, Su...
Victims Information Bureau of Suffolk	Private Sector	Non-pro...	None	Domestic Vio...
Suffolk County Coalition Against Domestic Violence	Private Sector	Non-pro...	None	Domestic Vio...
The Way Back	Private Sector	Non-pro...	None	Seriously Me...
Wyandanch Homes & Property Development Corporation	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months	NONE
YMCA Family Services	Private Sector	Non-pro...	None	Youth
Abundant Life for All People	Private Sector	Faith-b...	None	Domestic Vio...

Brookhaven Youth Bureau	Public Sector	Local g...	Attend Consolidated Plan focus groups/public forums durin...	Youth
Christ the King	Private Sector	Faith-b...	None	NONE
Good Shepherd Parish Outreach	Private Sector	Faith-b...	None	NONE
Helping Hand Society	Private Sector	Faith-b...	None	NONE
Holy Cross Parish Outreach	Private Sector	Non-pro...	None	NONE
Infant Jesus Parish Outreach	Private Sector	Faith-b...	None	NONE
Long Island Council of Churches	Private Sector	Faith-b...	Attend Consolidated Plan focus groups/public forums durin...	NONE
Mercy Center Ministries	Private Sector	Faith-b...	None	Youth
North Fork Parish Outreach	Private Sector	Faith-b...	None	NONE
Open Arms Care Center	Private Sector	Faith-b...	None	NONE
Our Daily Bread Soup Kitchen	Private Sector	Faith-b...	None	NONE
Our Lady of Assumption	Private Sector	Faith-b...	None	NONE
Our Lady of Grace Parish Outreach	Private Sector	Faith-b...	None	NONE
Our Lady of Lourdes Parish Outreach	Private Sector	Faith-b...	None	NONE
Our Lady or Mount Carmel Parish Outreach	Private Sector	Faith-b...	None	NONE
Our Lady of Miraculous Medal Parish Outreach	Private Sector	Faith-b...	None	NONE
Lighthouse Mission	Private Sector	Faith-b...	None	NONE
Our Lady of Perpetual Help Parish Outreach	Private Sector	Faith-b...	None	NONE
Our Lady of the Snow Parish Outreach	Private Sector	Faith-b...	None	NONE
Our Lady Queen of Martyrs Parish Outreach	Private Sector	Faith-b...	None	NONE
Sacred Hearts of Jesus and Mary Human Resources	Private Sector	Faith-b...	None	NONE
St. Ann's Parish Outreach	Private Sector	Faith-b...	None	NONE
St. Anthony of Padua Parish Outreach	Private Sector	Faith-b...	None	NONE
Sts. Cyril & MethodiusParish Outreach	Private Sector	Faith-b...	None	NONE

St. Elizabeth Ann Seton Parish Outreach	Private Sector	Faith -b...	None	NONE
St. Francis Cabrini Parish Outreach	Private Sector	Faith -b...	None	NONE
Francis de Sales Parish Outreach	Private Sector	Faith -b...	None	NONE
St. Francis of Assisi Parish Outreach	Private Sector	Faith -b...	None	NONE
St. Gerard Majella Parish Outreach	Private Sector	Faith -b...	None	NONE
St. James Parish Outreach	Private Sector	Faith -b...	None	NONE
St. John Nepomucene Parish Outreach	Private Sector	Faith -b...	None	NONE
St. John of God Parish Outreach	Private Sector	Faith -b...	None	NONE
St. John the Baptist Parish Outreach	Private Sector	Faith -b...	None	NONE
St. John the Evangelist Parish Outreach	Private Sector	Faith -b...	None	NONE
St. Joseph Parish Outreach/Babylon	Private Sector	Faith -b...	None	NONE
St. Joseph Parish Outreach/Ronkonkoma	Private Sector	Faith -b...	None	NONE
St. Joseph the Worker Parish Outreach	Private Sector	Faith -b...	None	NONE
St. Jude Parish Outreach	Private Sector	Faith -b...	None	NONE
St. Lawrence Parish Outreach	Private Sector	Faith -b...	None	NONE
St. Margaret ofScotland Parish Outreach	Private Sector	Faith -b...	None	NONE
St. Mark Parish Outreach	Private Sector	Faith -b...	None	NONE
St. Martin of Tours Parish Outreach	Private Sector	Faith -b...	None	NONE
St. Mary's Parish Outreach	Private Sector	Faith -b...	None	NONE
St. Matthew's Parish Outreach	Private Sector	Faith -b...	None	NONE
St. Patrick Parish Outreach	Private Sector	Faith -b...	None	NONE
Patrick Parish Outreach/Smithtown	Private Sector	Faith -b...	None	NONE
St. Patrick Parish Outreach/Trocaire House	Private Sector	Faith -b...	None	NONE
St. Peter the Apostle Parish Outreach	Private Sector	Faith -b...	None	NONE

Ss. Philip & James Parish Outreach	Private Sector	Faith -b...	None	NONE
St. Philip Neri Parish Outreach	Private Sector	Faith -b...	None	NONE
St. Rosalie Parish Outreach	Private Sector	Faith -b...	None	NONE
St. Sylvester Parish Outreach	Private Sector	Faith -b...	None	NONE
St. Thomas More Parish Outreach	Private Sector	Faith -b...	None	NONE
Russo, Karl, Widmaier & Cordano, LLP	Private Sector	Busi ness es	Attend Consolidated Plan focus groups/public forums durin...	NONE
Confidential - Name withheld	Individual	Hom eles. ..	Committee/Sub-committee/Work Group	NONE
Health and Welfare Council	Private Sector	Non- pro.. .	Attend 10-year planning meetings during past 12 months	NONE
SC Dept. of Parks, Recreation & Conservation	Public Sector	Loca l g...	Attend 10-year planning meetings during past 12 months	NONE
SC Criminal Justice Coordinating Council	Private Sector	Non- pro.. .	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Suffolk County Youth Bureau	Public Sector	Loca l g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Youth
Suffolk County Executive's Office	Public Sector	Loca l g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Suffolk County Veterans Services	Public Sector	Loca l g...	Attend 10-year planning meetings during past 12 months	Veteran s
Nassau-Suffolk Hospital Council	Private Sector	Hos pita.. .	Attend Consolidated Plan focus groups/public forums durin...	NONE
Central Nassau Guidance & Counseling Services	Private Sector	Non- pro.. .	Committee/Sub-committee/Work Group	Seriousl y Me...
Family Service League	Private Sector	Non- pro.. .	Attend 10-year planning meetings during past 12 months, A...	Seriousl y Me...
Hispanic Counseling Center	Private Sector	Non- pro.. .	Committee/Sub-committee/Work Group	Substan ce Abuse

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 Commitee Exists, m. Assess Provider Organization Capacity, l. Assess Provider Organization Experience
Voting/Decision-Making Method(s): (select all that apply)	a. Unbiased Panel/Review Commitee, 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):

There was an increase in shelter beds developed in response to the increased number of homeless persons seeking shelter. Many of the region's homeless report having lost their homes due to foreclosure (most of those were renters whose landlords were foreclosed on) and/or job loss due to the economy and high unemployment rate.

Safe Haven: No

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

Transitional Housing: Yes

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

There was a small increase in the development of transitional housing for homeless persons. In addition, 247 family beds were moved to the Transitoinal Housing category from the Emergency Housing category, due to the length of stay of the tenants in those units.

Permanent Housing: Yes

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

A few new permanent housing programs for homeless persons opened within the region. However, due to the expiration of contracts for homeless housing funded by the state, the Suffolk region has experienced a net loss of housing units for the homeless. Although the units are still in operation, they are not longer exclusively for homeless persons.

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	NY603 eHIC FY2009	11/24/2009

Attachment Details

Document Description: NY603 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: (mm/dd/yyyy) 01/26/2009

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

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

Must specify other:

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

Specify "other" data types:

Sheltered Count

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

Stakehoulder discussion, the sheltered count, unsheltered count and housing inventory data were used to calculate the unmet need using the HUD unmet need forumla.

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: (select all that apply)	NY-605 - Nassau County CoC, NY-603 - 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): (format mm/dd/yyyy)	04/01/2004
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: (select all the apply):	Inadequate bed coverage for AHAR participation, No or low participation by non-HUD funded providers, Inadequate resources

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).

NSCH and the CoC group are trying to access computers for a few non-HUD funded providers who do not have adequate equipment for fast internet access (needed for the web-based HMIS system). NSCH, the CoC group, and the HMIS software provider, are working to increase participation of non-HUD funded providers by demonstrating the features and benefits of the HMIS, providing additional hands-on training and data entry assistance, and regular monitoring and assistance to ensure necessary support for HMIS users. NSCH is also working with the Nassau and Suffolk Departments of Social Services to utilize the LI HMIS and require their providers to do the same. Suffolk has already begun implementation.
Although participation by non-HUD funded agencies still needs improvement, the regions have significantly increased their coverage in all areas, and will be able to participate in AHAR in at least a few categories for the first time.

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 Format: xxxxx or xxxxx-xxxx	11530
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: (Format: 123-456-7890)	516-742-7770
Extension	13
Fax Number: (Format: 123-456-7890)	516-873-0830
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**	51-64%
*** Safe Haven (SH) Beds**	Housing type does not exist in CoC
*** Transitional Housing (TH) Beds**	86%+
*** Permanent Housing (PH) Beds**	76-85%

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:

NSCH and the Suffolk CoC are working with the Suffolk COunty Department of Social Services to ensure that all emergency shelter providers utilize the Long Island HMIS as a mechanism for reporting to DSS. We anticipate that the CoC will reach 75% HMIS coverage for emergency shelter programs by 2011. Between 2008 and 2009, HMIS bed coverage for emergency shelter beds for individuals increased from 19% to 61%; bed coverage for emergency shelter beds for families increased from 27% to 38%; bed coverage for transitional housing for individuals increased from 0% to 80%; bed coverage for transitional housing for families increased from 66% to 100%; bed coverage for permanent housing for individuals increased from 73% to 78%; and bed coverage for permanent housing for families increased from 72% to 77%. Further, the region is participating in AHAR for the first time.

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%	0%
* Date of Birth	0%	0%
* Ethnicity	1%	0%
* Race	2%	0%
* Gender	0%	0%
* Veteran Status	2%	0%
* Disabling Condition	50%	6%
* Residence Prior to Program Entry	9%	3%
* Zip Code of Last Permanent Address	12%	16%
* 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, checks on data quality & refers 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): 01/26/2009

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	287	85	0	372
Number of Persons (adults and children)	1,122	285	0	1,407

	Households without	Dependent Children		
	Sheltered		**Unsheltered**	**Total**
	Emergency	**Transitional**		
Number of Households	222	106	207	535
Number of Persons (adults and unaccompanied youth)	222	106	207	535

	All Households/	All Persons		
	Sheltered		**Unsheltered**	**Total**
	Emergency	**Transitional**		
Total Households	509	191	207	907
Total Persons	1,344	391	207	1,942

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)**	34	13	47
*** Severely Mentally Ill**	411		411
*** Chronic Substance Abuse**	420		420
*** Veterans**	210		210
*** Persons with HIV/AIDS**	46		46
*** Victims of Domestic Violence**	118		118
*** 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: (mm/dd/yyyy) 01/25/2010

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):

Method	
Survey Providers:	X
HMIS:	X
Extrapolation:	
Other:	

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):

There was an increase in the number of homeless individuals and families in shelters in 2009 compared to the previous point in time count. The Suffolk Department of Social Services ensures that all eligible persons seeking emergency housing are provided with shelter. We suspect the increase in homeless persons is due to the economy - and the increase in both foreclosures and the unemployment rate in our region.

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

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):

There was an increase in the number of persons in each sheltered subpopulation within the region, with the exception of unaccompanied youth. This is consistent with the increase in the number of sheltered homeless overall. With respect to the unaccomanied youth in shelter, the Department of Social Services reported that is served no unaccompanied youth in emergency or transitional shelters during the Point In Time Count. Unaccompanied youth within our region are either reunited with family or placed into fostercare.

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):

2O. 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:	X
Public places count with interviews:	X
Service-based count:	X
HMIS:	
Other:	

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¿ 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:	X
HMIS:	
De-duplication techniques:	X
Other:	

If Other, specify:

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

Descriptions of persons counted included clothing worn, estimated age, ethnicity, various aspects of personal appearance (i.e. hair color, existence of facial hair), and any belongings or other items carried by the persons (i.e. tote bags, shopping bags). Whenever possible, names were collected. Each enumerator also indicated the specific location and time that each person was counted, in order to cross-reference with others in a nearby vicinity and reduce duplication.

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 includes 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 populaions.

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):

There was an increase in the number of unsheltered homeless persons counted during the 2009 Point-in-Time count. Enumerators encountered larger groups of homeless persons outside of shopping centers, train stations and other areas seeking temporary shelter. Many of those interviewed indicated that they had recently lost their jobs and ended up homeless. Another factor that may have contributed to the higher number was the weather - which was bright and sunny, possibly encouraging more street homeless to be outside in plain sight and easier to reach by enumerators.

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?	80
How many permanent housing beds do you plan to create in the next 12-months?	30
How many permanent housing beds do you plan to create in the next 5-years?	159
How many permanent housing beds do you plan to create in the next 10-years?	185

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)?

In Suffolk County, we have consistently had the percentage of participants in Permanent Housing remain in Permanent Housing for more than six months in the 80's. Currently, 85% of those in PH have been in Permanent Housing for 6 months or longer. We will continue to offer comprehensive support services and linkages to other programs as needed in order to assist participants to remain stably housed in Permanent Housing.

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).

Membmers of the Cotninuum of Care work closely with one another to ensure that participants in the various programs are receiving the comprehensive support services needed to remain stably housed within the community. Groups network and work together to share resources, information and services to provide wrap-around services as needed and appropriate for program participants.

What percentage of homeless persons in permanent housing have remained for at least six months?	85
In 12-months, what percentage of homeless persons in permanent housing will have remained for at least six months?	87
In 5-years, what percentage of homeless persons in permanent housing will have remained for at least six months?	88
In 10-years, what percentage of homeless persons in permanent housing will have remained for at least six months?	89

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)?

Please note that the Suffolk CoC does not currently have any transitional programs funded through HUD. They therefore do not submit APR's. However, based upon those Transitonal Housing programs who report in HMIS, approximately 35% of persons who exited Transitional Housing programs moved into Permanent Housing. The Continuum of Care group will work with Transitional Housing providers to assist them in accessing permanent housing for their program participants upon their discharge from the transitional housing programs. In addition, the CoC memebers will ensure that transitional housing providers are aware of available housing options for their program participants.

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).

Training and information will continued to be provided to Transitional Housing programs regarding vacancies in programs for which their program participants could be eligible. In addition, the CoC members would continue to network with one another to ensure that vacancies are filled as quickly as possible and that those seeking permanent housing are admitted into appropriate housing for which they are eligible. Lastly, the coC will work with agencies to ensure that they fully report destinations of all participants from their programs.

What percentage of homeless persons in transitional housing have moved to permanent housing?	35
In 12-months, what percentage of homeless persons in transitional housing will have moved to permanent housing?	50
In 5-years, what percentage of homeless persons in transitional housing will have moved to permanent housing?	70

In 10-years, what percentage of homeless persons in transitional housing will have moved to permanent housing?	75

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)?

Currently, 33% of program participants are employed at program exit. The members of the Continuum of Care groups and staff at the housing provider agencies will continue to work with program participants and ensure that they are enrolled in educational and/or vocational programs which are appropriate for the program participants and assist them in accessing the necessary skills/training to obtain employment.

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).

As indicated, 33% of program participants were employed at program exit. The members of the CoC and other providers will continue to work together to ensure that program particiapnts have access to employment training programs as necessary and appropriate. In addition, whenever possible, CoC members hire program participants for jobs for which they are eligible/qualified.

What percentage of persons are employed at program exit?	33
In 12-months, what percentage of persons will be employed at program exit?	35
In 5-years, what percentage of persons will be employed at program exit?	40
In 10-years, what percentage of persons will be employed at program exit?	45

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 Continuum of Care members are working closely with one another to address the needs of the homeless families in our region. CoC members will refer households with children for HPRP, Emergency Cash Assistance and other programs that will provide temporary financial assistance while other providers assist those families in developing the necessary skills and training to increase their incomes by securing higher-paying employment.

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

Over the next several years, Suffolk County, the CoC group and employment training providers will develop programs and employment opportunities to assist homeless and at risk families in increasing their ability to obtain higher-wage employment and increase their ability to self-sustain. In addition, providers will continue to work closely to ensure that homeless and at risk families receive the support services they need to access stable, permanent housing and then remain stably housed once they are admitted into such housing.

What is the current number of homeless households with children, as indicated on the Homeless Populations section (2I)?	372
In 12-months, what will be the total number of homeless households with children?	335
In 5-years, what will be the total number of homeless households with children?	300
In 10-years, what will be the total number of homeless households with children?	200

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 Suffolk County Department of Social Services provides foster care in our region. They provide discharge plans and work with youth aging out of the foster care system, including educational and vocational assistance and referral programs prior to discharge, in assist youth aging out of foster care to be able to live independently.

Health Care:

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

Mental Health:

All hospitals receiving government funding for their inpatient mental health beds are required by the NYS Office of Mental Health to 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 our region participater in our region's Single Point of Access (SPA) referral system. The 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 the SPA for appropriate placements within the community, Patients are not discharged unless an appropriate placement is secured.

Corrections:

The corrections system in our region is developing protocols to secure appropriate housng and placements for disabled prisoners upon their release. Presently, inmates are provided with lists of resources to whom they can reach out for housing assistance upon their release.

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 and Subgrantees are active participants of the CoC, and receive most of their HPRP referrals through the CoC. The members of the CoC and a representative from the CoC Lead Entity were actively involved in the development of the Substantial Amendment to the Consolidated Plan 2008 Action Plan. 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 and Subgrantees 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)?

Foreclosed properties located within the CoC region were acquired and renovated utilizing funds received through the Neighborhood Stabilization Program. The HPRP Grantee and Subgrantees are active participants of the CoC, and receive most of their 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. Additional HUD VASH vouchers were made available within the CoC, providing veterans within the region to access to permanent affordable housing. The Unmet Needs Roundtable, administered through the Health and Welfare Council and EOC, are additional resources that are offered through members of the Continuum of Care for eligible participants. The members of the Continuum of Care work to ensure that workers are aware of all resources for which their clients may be eligible and ensure that they access any resources that could assist them in becoming self sufficient in permanent, affordable, stable housing.

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.	5	**Beds**	5	**Beds**
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 71.5%.	84	**%**	85	**%**
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 63.5%.	35	**%**	35	**%**
Increase percentage of homeless persons employed at exit to at least 19%	28	**%**	33	**%**
Decrease the number of homeless households with children.	371	**Households**	372	**Households**

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 Transitiona1 Housing within the Suffolk region are not funded by HUD and therefore do not necessarily have the same objectives as HUD programs have overall. Additionally, reporitng is not necessarily the same. However, over the last year, the CoC has worked with TH providers within the CoC to assist them in access appropriate permanent housing for their participants, and reporting the status of their post-discharge destinations into HMIS to allow the CoC to track this data. We have seen an increase in reporting to show that 35% of those discharged from Transitional Housing programs are moving into Permanent HOusing. The CoC will continue to work with providers to ensure that their program participants can acceess permanent housing for which they are eligible and appropriate, and that reporitng by those agencies continues to improve.

Although the number of homeless households increased slightly, this is a success given the economy and the high unemployment rate in our region. We will continue to work with providers to help program participants access employment and education opportunities to increase their ability to be self-sufficient, and to access and remain in stable, affordable, permanent housing.

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	435	20
2008	40	48
2009	47	80

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. 5

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):

The number of Chronically Homeless beds actually increased from 2008 to 2009. However, a number of agencies erroneously reported beds as being for chronically homeless persons in 2008 which were not actually for chronically homeless. These errors were corrected in this year's chart.

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)	68
b. Number of participants who did not leave the project(s)	270
c. Number of participants who exited after staying 6 months or longer	57
d. Number of participants who did not exit after staying 6 months or longer	230
e. Number of participants who did not exit and were enrolled for less than 6 months	40
TOTAL PH (%)	85

Instructions:

HUD will be assessing the percentage of all transitonal 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? No

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	
b. Number of participants who moved to PH	
TOTAL TH (%)	0

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: 555

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	67	12	%
SSDI	40	7	%
Social Security	2	0	%
General Public Assistance	13	2	%
TANF	333	60	%
SCHIP	0	0	%
Veterans Benefits	8	1	%
Employment Income	184	33	%
Unemployment Benefits	5	1	%
Veterans Health Care	1	0	%
Medicaid	229	41	%
Food Stamps	340	61	%
Other (Please specify below)	20	4	%
Child Support; Medicare; Workers Compensation			
No Financial Resources	59	11	%

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

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

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

Instructions:

HUD promotes energy-efficient housing. All McKinney-Vento funded projects are encouraged to purchase and use Energy Star labeled products. For information on 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?	Yes

4E. Section 3 Employment Policy Detail

Is the project requesting $200,000 or more?: Yes

If Yes to above question, click save to provide activities

Which activities will the project undertake to ensure that employment and other economic opportunities are directed to low and very low income persons?
(Select all that apply)

Advertise at social service agencies, employment/training/community centers, local newspapers, shopping centers, radio, Preference policy for hiring low and very low income persons residing in the service area

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.

As program operators submit copies of their APR's to HUD, they are also asked to submit a copy to NSCH. These APR's are distributed to the Technical Assistance/Progress Tracking Committee (TAPT) for review. Among the items reviewed are programs for which participants may be eligible, and the percentage of participants accessing those services/benefits. Whe it appears that participants are not accessing the services/assistance to which they may be entitled, the TAPT committee works with the provider to ensure greater assistance in accessing such services. The TAPT also reviews leveraged resources to assess the kinds of assistance offered to the program participants.

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%
TANF, Safety Net, Medicaid, Food Stamps.	

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	

Questionnaire for HUD's Initiative on Removal of Regulatory Barriers (HUD 27300)

Complete Part A if the CoC Lead Agency is a local jurisdiction (a county exercising land use and building regulatory authority and another applicant type applying for projects located in such jurisdiction or county (collectively or jurisdiction).

Complete Part B if the CoC Lead Agency is a State agency, department, or other applicant for projects located in unincorporated areas or areas otherwise not covered in Part A.

Indicate the section applicable to the CoC Lead Agency: Part A

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]

Question	Answer
***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"?** **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.**	Yes
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?	Yes
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? **(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.**	Yes
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?	No
***5. If your jurisdiction has development impact fees, are the fees specified and calculated under local or state statutory criteria?** **If no, skip to question #7. Alternatively, if your jurisdiction does not have impact fees, you may select Yes.**	No
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?	

Part A - Page 2

***7. If your jurisdiction has impact or other significant fees, does the jurisdiction provide waivers of these fees for affordable housing?**	Yes
***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?** **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.)**	No
***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.** **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?**	Yes
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.	
***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?**	Yes
***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?**	Yes
***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.)**	Yes
Inclusionary Zoning Ordinances (including requirements of affordable housing set-asides) in many towns, including Huntington Town, Southold, Southampton, Islip Town, East Hampton, Greenport; Workforce Housing Prorgram initiated at the County Level; implementation of new Fair Housing Laws, which increase the Human Rights Commission's power to investigate Fair Housing violations.	
***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?**	Yes

Part A - Page 3

***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? (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.)**	No
***15. Has your jurisdiction established a single, consolidated permit application process for housing development that includes building, zoning, engineering, environmental, and related permits? Alternatively, does your jurisdiction conduct concurrent, not sequential, reviews for all required permits and approvals?**	No
***16. Does your jurisdiction provide for expedited or "fast track" permitting and approvals for all affordable housing projects in your community?**	No
***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?**	Yes
***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?**	Yes
***19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?**	No
***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?**	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.

EX1_Project_List_Status_field List Updated Successfully

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
Hispanic Counseli...	2009-11-12 17:18:...	1 Year	New York State Of...	218,688	Renewal Project	S+C	SRA	U
HUD-Coram	2009-11-19 16:26:...	1 Year	Family Residences...	63,775	Renewal Project	SHP	SH	F
CHI Providing Hou...	2009-10-14 16:15:...	1 Year	Community Housing...	63,123	Renewal Project	SHP	PH	F
Suffolk Hope II	2009-11-18 17:53:...	2 Years	Family Service Le...	252,049	New Project	SHP	PH	F2
Suffolk Homeless ...	2009-10-09 15:53:...	1 Year	Nassau/Suffolk La...	69,616	Renewal Project	SHP	SSO	F
SHP/Islip	2009-11-18 10:26:...	1 Year	United Veterans B...	136,099	Renewal Project	SHP	PH	F
P&W	2009-10-15 17:07:...	1 Year	Suburban Housing ...	42,000	Renewal Project	SHP	PH	F
CHI with Phoenix ...	2009-10-14 16:55:...	1 Year	Community Housing...	109,697	Renewal Project	SHP	PH	F
Suffolk Homeless ...	2009-10-09 16:10:...	1 Year	Nassau/Suffolk La...	54,090	Renewal Project	SHP	SSO	F
OMH/HALI *03 S+C R...	2009-10-08 09:36:...	1 Year	NYS Office of Men...	96,408	Renewal Project	S+C	SRA	U
W&H	2009-11-20 08:27:...	1 Year	Suburban Housing ...	38,451	Renewal Project	SHP	PH	F
OMH/HALI *02 S+C R...	2009-10-08 09:23:...	1 Year	NYS Office of Men...	37,944	Renewal Project	S+C	SRA	U

OMH/Mercy Haven S...	2009-10-08 15:11:...	1 Year	NYS Office of Men...	241,020	Renewal Project	S+C	SRA	U
Program Home II	2009-10-14 19:23:...	2 Years	Family Service Le...	453,075	New Project	SHP	PH	F3
OMH/Concern*01 S+...	2009-10-09 10:41:...	1 Year	NYS Office of Men...	148,872	Renewal Project	S+C	SRA	U
Suffolk Scattered...	2009-11-16 13:48:...	1 Year	H.E.L.P. Equity H...	165,914	Renewal Project	SHP	PH	F
Opportunities	2009-11-13 15:48:...	1 Year	Concern for Indep...	216,420	Renewal Project	SHP	PH	F
Suffolk Employmen...	2009-10-13 08:29:...	1 Year	HELP Suffolk Inc	127,897	Renewal Project	SHP	SSO	F
Hispanic Counseli...	2009-11-12 17:05:...	1 Year	New York State Of...	189,144	Renewal Project	S+C	SRA	U
OMH/Concern*94 S+...	2009-10-09 10:33:...	1 Year	NYS Office of Men...	324,564	Renewal Project	S+C	SRA	U
OMH/Concern*03 S+...	2009-10-09 10:47:...	1 Year	NYS Office of Men...	180,384	Renewal Project	S+C	SRA	F
Patchogue SHP	2009-11-04 11:08:...	1 Year	Federation of Org...	46,235	Renewal Project	SHP	PH	F
Program Home	2009-10-14 17:25:...	1 Year	Family Service Le...	92,344	Renewal Project	SHP	SSO	F
SHP/Huntington	2009-11-24 13:08:...	2 Years	United Veterans B...	272,418	New Project	SHP	PH	F1
H&P	2009-11-16 16:44:...	1 Year	Suburban Housing ...	123,680	Renewal Project	SHP	PH	F
Ten Bed SHP	2009-11-02 14:38:...	1 Year	Federation of Org...	100,849	Renewal Project	SHP	PH	F
OMH/Federation of...	2009-10-09 15:20:...	1 Year	NYS Office of Men...	165,072	Renewal Project	S+C	SRA	U
CHI with EAC in S...	2009-10-14 16:48:...	1 Year	Community Housing...	52,148	Renewal Project	SHP	PH	F

Budget Summary

FPRN	$2,660,264
Permanent Housing Bonus	$0
SPC Renewal	$1,421,712
Rejected	$0

Attachments

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

Attachment Details

Document Description: Consolidated Plan Certifications