

# 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.

**CoC Name and Number (From CoC Registration):** NY-511 - Binghamton/Union Town/Broome County CoC

**CoC Lead Organization Name:** Broome County Homeless Coalition

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

## Instructions:

The following questions pertain to the primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the CoC, including, but not limited to, the following types of activities: setting agendas for full Continuum of Care meetings, project monitoring, determining project priorities, and 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:** Broome County Homeless Coalition

**Indicate the frequency of group meetings:** Monthly or more

**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)** 67%

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

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

**Specify "other" process(es):**

**Briefly describe the selection process including why this process was established and how it works.**

Meetings for the Broome County Homeless Coalition (our Continuum of Care governing body) are open to the community and anyone can attend at any time.

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

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

**Specify "other" process(es):**

**If HUD could provide administrative funds 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 the grantee, providing project oversight, and monitoring? Explain.**

Yes, the Broome County Homeless Coalition would be able to be responsible for applying for HUD funding and providing oversight and monitoring by reviewing project APRs to ensure programs are meeting their stated goals and by on-site visits to ensure the money is being spent where applications stated they would. Presently, administrative overhead costs are reimbursed at a rate of 8% when actual costs run approximately 11%.

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

List the name and role of each CoC planning committee. To add committees to this list, click on the icon and enter requested information.

Name	Meeting Frequency
Broome County Hom...	Monthly or more
Continuum of Care...	Monthly or more
Community Awarene...	Monthly or more
Development Commi...	Monthly or more
Runaway Homeless ...	Monthly or more
Homeless Manageme...	Semi-annually
Steering Committee	Monthly or more
Gaps Task Force	Quarterly

## Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

**Name of Committee/Sub-Committee/Work Group:** Broome County Homeless Coalition

**Indicate the frequency of group meetings:** Monthly or more

**Describe the role of this group:**

Serves as Continuum of Care head collaborative; Manages funds; Advocacy & Outreach.

## Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

**Name of Committee/Sub-Committee/Work Group:** Continuum of Care Subcommittee

**Indicate the frequency of group meetings:** Monthly or more

**Describe the role of this group:**

The CoC is dedicated to defining, evaluating, and enhancing the Continuum of Care system.

## Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

**Name of Committee/Sub-Committee/Work Group:** Community Awareness Committee

**Indicate the frequency of group meetings:** Monthly or more

**Describe the role of this group:**

Charged with developing a community education campaign.

## Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

**Name of Committee/Sub-Committee/Work Group:** Development Committee

**Indicate the frequency of group meetings:** Monthly or more

**Describe the role of this group:**

Charged with the creation of a funding strategy, shelter development, and outreach services to the homeless.

## Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

**Name of Committee/Sub-Committee/Work Group:** Runaway Homeless Youth Committee

**Indicate the frequency of group meetings:** Monthly or more

**Describe the role of this group:**

Charged with coordinating services for runaway and homeless youth in our community and with educating the community about the needs of young people.

## Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

**Name of Committee/Sub-Committee/Work Group:** Homeless Management Information System Committee

**Indicate the frequency of group meetings:** Semi-annually

**Describe the role of this group:**

Shall work towards the goal of obtaining accurate statistical data on homelessness in Broome County.

## Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

**Name of Committee/Sub-Committee/Work Group:** Steering Committee

**Indicate the frequency of group meetings:** Monthly or more

**Describe the role of this group:**

Provides oversight and coordination of the activities of the Homeless Coalition; has the authority to make decisions and take action on behalf of the Homeless Coalition.

## Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

**Name of Committee/Sub-Committee/Work Group:** Gaps Task Force

**Indicate the frequency of group meetings:** Quarterly

**Describe the role of this group:**

Charged with examining gaps in our CoC and making recommendations to the CoC Committee on how to bridge them.

## 1D. Continuum of Care (CoC) Member Organizations

Identify all organizations involved in the CoC planning process. To add an organization to this list, click on the icon.

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
Broome County Department of Social Services	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
Broome County Youth Bureau	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Youth
Binghamton Housing Authority	Public Sector	Public ...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Broome County Health Department	Public Sector	Local g...	Committee/Sub-committee/Work Group	Seriously Me...
YWCA of Binghamton/Broome County	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
YMCA of Binghamton	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Fairview Recovery Services, Inc.	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Substance Ab...
Catholic Charities of Broome County	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	Seriously Me...
Rescue Mission Alliance	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
Berkshire Farms Life House Program	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth
Volunteers of America of Western New York, Inc.	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Opportunities for Broome	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Substance Ab...
Mental Health Association of the Southern Tier	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Veteran's Administration	Public Sector	Local g...	Committee/Sub-committee/Work Group	Veterans
United Methodist Church	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
First Assembly of God	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Broome County Executive's Office	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE

Binghamton/Union Town/Broome County CoC			COC_REG_v10_000220	
Binghamton University	Public Sector	School ...	Committee/Sub-committee/Work Group	NONE
Town of Union Department of Planning	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE
Southern Tier AIDS Program	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	HIV/AIDS, Su...
Broome County Mental Health	Public Sector	Local g...	Committee/Sub-committee/Work Group	Seriously Me...
United Way of Broome County	Private Sector	Funder ...	Committee/Sub-committee/Work Group	NONE
Center City Coordination Project	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth, Subst...
Deborah Hulse	Individual	Homeles..	Committee/Sub-committee/Work Group	NONE
Michael Korba	Individual	Homeles..	Committee/Sub-committee/Work Group	NONE
Broome Community College	Public Sector	School ...	Committee/Sub-committee/Work Group	NONE
Southern Tier Independence Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
United Health Services	Private Sector	Hospital..	Committee/Sub-committee/Work Group	Seriously Me...
Family Enrichment Network	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domestic Vio...
Family and Children's Society	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domestic Vio...
SOS Shelter	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Domestic Vio...

## 1E. Continuum of Care (CoC) Project Review and Selection Process

The CoC should solicit and select projects in a fair and impartial manner. For each of the following sections, select the appropriate items that indicate all of the methods and processes the CoC used in the past year to assess all new and renewal projects performance, effectiveness, and quality.

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

**Rating and Performance Assessment Measure(s):  
(select all that apply)** a. CoC Rating & Review Committee Exists, b. Review CoC Monitoring Findings, c. Review HUD Monitoring Findings, d. Review Independent Audit, e. Review HUD APR for Performance Results, f. Review Unexecuted Grants, g. Site Visit(s), h. Survey Clients, i. Evaluate Project Readiness, k. Assess Cost Effectiveness, l. Assess Provider Organization Experience, m. Assess Provider Organization Capacity, n. Evaluate Project Presentation, o. Review CoC Membership Involvement, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), r. Review HMIS participation status

**Voting/Decision Method(s):  
(select all that apply)** a. Unbiased Panel/Review Committee, b. Consumer Representative Has a Vote, c. All CoC Members Present Can Vote, d. One Vote per Organization, e. Consensus (general agreement), f. Voting Members Abstain if Conflict of Interest

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

For each housing type, indicate if there was an increase or reduction in the total number of beds in the 2008 electronic Housing Inventory Chart (e-HIC) as compared to the 2007 Housing Inventory Chart. If there was a change, please describe the reasons in the space provided for each housing type.

**Emergency Shelter:** Yes

**Briefly describe the reasons for the change:**

There was a reduction in the number of Emergency Shelter beds due to the way that agencies classified the beds that they utilized. In some cases, this was a result of non-HUD-funded, non-HMIS-participatory agencies changing their administration structure, and in some cases, this was a result of non-HUD-funded flexible beds being used in different ways at the point of the PIT count. This could indicate that there are more clients being served at higher levels of care than Emergency Housing, and thus less of a need for those beds. Also, since it's a PIT inventory, the nature of bed use may vary from day-to-day, let alone year-to-year.

**Safe Haven Bed:** No

**Briefly describe the reasons for the change:**

**Transitional Housing:** Yes

**Briefly describe the reasons for the change:**

There was a reduction in the number of Transitional Housing Beds due to the level of participation of non-HUD-funded, non-HMIS-participatory agencies and their reporting. There was also a loss of beds due to ongoing construction at one of the agencies which has -- since the PIT count -- come back online. Therefore, next year's count will again be much different than this or last year's.

**Permanent Housing:** Yes

**Briefly describe the reasons for the change, including changes in beds designated for chronically homeless persons:**

There was a reduction in the number of Permanent Housing Beds due to the level of participation of non-HUD-funded, non-HMIS-participatory agencies and their reporting. There was also a loss of beds due to ongoing construction at one of the agencies which has -- since the PIT count -- come back online. Therefore, next year's count will again be much different than this or last year's.

**CoC certifies that all beds for homeless persons are listed in the e-HIC regardless of HMIS participation and HUD funding:** No

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

## Attachment

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	eHIC	10/23/2008

# Attachment Details

**Document Description:** eHIC

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

## Instructions:

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

**Complete the following information based on data collection methods and reporting for the electronic Housing Inventory Chart (e-HIC), including Unmet need determination. The date on which the bed inventory was completed should be one day during the last ten days of January 2008.**

**Indicate the date on which the housing inventory count was completed:** 01/25/2008  
(mm/dd/yyyy)

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

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

## Must specify other:

Other specify: Completed phone interviews to verify last years data and ensure accuracy. Reviewed methodology to improve process.

**Indicate the type of data or method(s) used to determine unmet need:** Stakeholder discussion, Local studies or non-HMIS data sources, Applied statistics, HUD unmet need formula, Other, Unsheltered count, Housing inventory, HMIS data, National studies or data sources, Provider opinion through discussion or survey forms  
(select all that apply)

## Specify "other" data types:

Other specify: Considerations were made to modify the unmet need formula results as they seem to discount the necessity of having emergency and transitional beds. However, those considerations were dropped in favor of making a statement that while the unmet need formula results indicate a surplus of emergency and transitional beds, occupancy rates, demand, and waiting lists provide a substantial indication that this is untrue.

## If more than one method was selected, describe how these methods were used.

Data was inputted into the unmet need worksheet and those totals were reported in the above chart. Discussions took place which ultimately decided not to modify these results, even though the conclusions were universally disputed.

## 2A. Homeless Management Information System (HMIS) Implementation

### Intructions:

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

**CoCs should complete the following information in conjunction with the HMIS Lead Agency. All information is to be as of the date this application is submitted.**

**Select the HMIS implementation type:** Single CoC

**Select the CoC(s) covered by the HMIS:** NY-511 - Binghamton/Union Town/Broome  
(select all that apply) County CoC

**Does the CoC Lead Organization have a written agreement with HMIS Lead Organization?** Yes

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?** No

**Has the CoC selected an HMIS software product?** Yes

**If "No" select reason:**

**If "Yes" list the name of the product:** ClientTrack

**What is the name of the HMIS software company?** DSI

**Does the CoC plan to change HMIS software within the next 18 months?** Unknown/Unsure

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

**Indicate the date on which HMIS data entry started (or will start):** 07/01/2005  
(format mm/dd/yyyy)

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

**If "None" was selected, briefly describe why CoC had no challenges or how all barriers were overcome:**

**Briefly describe the CoC's plans to overcome challenges and barriers:**

The continuum is consistently on the lookout for other sources of funding for hardware and software expenses. As opportunities are identified, steps are taken to obtain additional funding. Similarly, there is a regular effort to bridge gaps in coverage of non-HUD-funded agencies through conversation and meetings. Historically, some of the providers in the community simply have their own agendas and it has proven very difficult to get them to cooperate.

## HMIS Attachment

Document Type	Required?	Document Description	Date Attached
HMIS Agreement	Yes	HMIS Agreement	10/23/2008

# Attachment Details

**Document Description:** HMIS Agreement

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

Enter the name and contact information for the HMIS Lead Organization.

**Organization Name** Fairview Recovery Services, Inc.  
**Street Address 1** 5 Merrick St.  
**Street Address 2**  
**City** Binghamton  
**State** New York  
**Zip Code** 13904  
**Format: xxxxx or xxxxx-xxxx**  
**Organization Type** Non-Profit  
**If "Other" please specify**

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

**Prefix:** Mr

**First Name** James

**Middle Name/Initial**

**Last Name** Hulse

**Suffix**

**Telephone Number:** 607-760-4914  
(Format: 123-456-7890)

**Extension**

**Fax Number:** 607-722-6767  
(Format: 123-456-7890)

**E-mail Address:** jhulse@ncreations.us

**Confirm E-mail Address:** jhulse@ncreations.us

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

### Instructions:

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.

**For each housing type, indicate the percentage of the CoC's total beds (bed coverage) in the HMIS.**

* Emergency Shelter (ES) Beds	86%+
* Safe Haven (SH) Beds	No beds in CoC
* Transitional Housing (TH) Beds	0-50%
* Permanent Housing (PH) Beds	51-64%

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

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

Continue working with non-participating agencies to be included.

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

### Instructions:

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 2008.**

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	0%	0%
* Race	0%	0%
* Gender	0%	0%
* Veteran Status	0%	0%
* Disabling Condition	0%	0%
* Residence Prior to Program Entry	0%	0%
* Zip Code of Last Permanent Address	0%	0%
* Name	0%	0%

**Did the CoC or subset of the CoC participate in AHAR 3?** Yes

**Did the CoC or subset of the CoC participate in AHAR 4?** Yes

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

**How frequently does the CoC review the quality of program level data?** Monthly

**Describe the process, extent of assistance, and tools used to improve data quality for participating agencies.**

The software has built-in mandatory fields and triggers for report notifications when certain conditions are met. The HMIS Administrator looks at data reports on a daily basis in order to catch any data errors or anomalies that may arise.

**Describe the existing policies and procedures used to ensure that valid program entry and exit dates are recorded in the HMIS.**

All agencies are using the software as their primary client management system, so everything is done in real-time. Each agency has signed a contract to maintain as close to real-time data entry as possible and in cases where real-time is not possible (system down, etc.), paper recording is used until system access is restored, at which data is entered into the system.

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

### Instructions:

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

Indicate the frequency in which the CoC uses each of the following items:

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

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

### Instructions:

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

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

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

**How often does the CoC assess compliance with HMIS Data and Technical Standards?** Monthly

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

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

**If 'Yes' indicate date of last review or update by CoC:** 10/01/2008

**If 'No' indicate when development of manual will be completed:**

## 2H. Homeless Management Information System (HMIS) Training

### Instructions:

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

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

Privacy/Ethics training	Monthly
Data Security training	Monthly
Data Quality training	Monthly
Using HMIS data locally	Monthly
Using HMIS data for assessing program performance	Monthly
Basic computer skills training	Monthly
HMIS software training	Monthly

## 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. HUD requires CoCs to conduct a point-in-time count at least every two years during the last 10 days of January - January 22nd to 31st - and requests that CoCs conduct a count annually if resources allow. The last required count was in January 2007. Data entered in this chart must reflect a point-in-time count that took place during the last 10 days of January in 2007 or 2008, unless a waiver was received by HUD.

There are six (6) categories of homeless populations on this form. They are:

Households with Dependent Children - Sheltered Emergency  
 Households with Dependent Children - Sheltered Transitional  
 Households with Dependent Children - Unsheltered

Households without Dependent Children - Sheltered Emergency  
 Households without Dependent Children - Sheltered Transitional  
 Households without Dependent Children - Unsheltered

For each category, the number of households must be less than or equal to the number of persons. For example, in Households with Dependent Children - Sheltered Emergency, the number entered for ?Number of Households? must be less than or equal to the number entered for ?Number of Persons (adults with children).?

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

**Indicate the date of the last PIT count:** 01/26/2007

**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		2	5		2	9
Number of Persons (adults and children)		4	8		5	17
		Households without Dependent Children				
		Sheltered			Unsheltered	Total
		Emergency	Transitional			
Number of Households		51	99		32	182
Number of Persons (adults and unaccompanied youth)		51	99		32	182
		All Households/ All Persons				
		Sheltered			Unsheltered	Total
		Emergency	Transitional			
Total Households		53	104		34	191

Binghamton/Union Town/Broome County CoC			COC_REG_v10_000220	
<b>Total Persons</b>	55	107	37	199

## 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 data from a point-in-time count conducted during the last ten days of January 2007 or January 2008. 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.

**Complete the following information for the most recent point-in-time (PIT) count conducted using statistically reliable, unduplicated counts or estimates of homeless persons. Completion of the "Unsheltered" column is optional for all subpopulations, except for Chronically Homeless.**

	Sheltered	Unsheltered	Total
* Chronically Homeless (Federal definition)	46	20	66
* Severely Mentally Ill	56	11	67
* Chronic Substance Abuse	115	8	123
* Veterans	11	9	20
* Persons with HIV/AIDS	3	0	3
* Victims of Domestic Violence	24	0	24
* Unaccompanied Youth (under 18)	1	2	3

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

### Instructions:

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%.

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

**Annually (every year); Biennially (every other year); Semi-annually (every six months)**

**How often will the CoC conduct a PIT count?** Semi-annually

**Enter the date in which the CoC plans to conduct its next annual point-in-time count:** 01/21/2009  
(mm/dd/yyyy)

**Indicate the percentage of providers supplying population and subpopulation data 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:

#### 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 most emergency shelters and transitional housing programs.

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

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

<b>Survey Providers:</b>	<input checked="" type="checkbox"/>
<b>HMIS:</b>	<input checked="" type="checkbox"/>
<b>Extrapolation:</b> (Extrapolation attachment is required)	<input type="checkbox"/>
<b>Other:</b>	<input type="checkbox"/>

**If Other, specify:**

**Describe how the sheltered population data was collected and the count produced. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the sheltered count.**

Survey sheets were mailed out to the necessary agencies and all HMIS data is collected in real-time and summarized by the HMIS Program Manager following the close of the period. In addition, visits were made to the appropriate agencies to verify data.

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

### Instructions:

#### HMIS:

Only HMIS used for subpopulation data on sheltered persons (no extrapolation for missing data).

#### HMIS plus extrapolation:

Extrapolation to account for missing HMIS data and HUD's extrapolation tool completed.

#### Sample of PIT interviews plus extrapolation:

Interviews conducted with a random or stratified sample of sheltered adults and unaccompanied youth and appropriate HUD extrapolation tool completed.

#### Interviews:

Interviews conducted with every person staying in an emergency shelter or transitional housing program on the night of the point-in-time count.

#### Non-HMIS client level information:

Providers used individual client records to provide subpopulation data for each sheltered adult and unaccompanied youth for the night of the point-in-time count.

#### Other:

CoC used a combination of methods.

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

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

	<b>HMIS</b>	<input checked="" type="checkbox"/>
	<b>HMIS plus extrapolation:</b>	<input type="checkbox"/>
<b>Sample of PIT interviews plus extrapolation:</b> <b>(PIT attachment is required)</b>		<input type="checkbox"/>
	<b>Sample Strategy:</b>	
	<b>Provider Expertise:</b>	<input checked="" type="checkbox"/>
	<b>Non-HMIS client level information:</b>	<input checked="" type="checkbox"/>
	<b>None:</b>	<input type="checkbox"/>
	<b>Other:</b>	<input checked="" type="checkbox"/>

### If Other, specify:

On-site visits; Client records provided by agencies; comparison of agency records with HMIS.

**Describe how the sheltered subpopulation data was collected and the count produced. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the sheltered subpopulation counts, particularly the chronically homeless count.**

Survey sheets were mailed out to the necessary agencies and all HMIS data is collected in real-time and summarized by the HMIS Program Manager following the close of the period. In addition, visits were made to the appropriate agencies to verify data. Real-time data was collected via the HMIS. A PIT count was carried out on both sheltered and unsheltered populations. Our program managers and systems administrator applied an algorithm against the PIT data to delete duplicated counts within the HMIS to ensure accuracy.

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

### Instructions:

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

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

<b>Instructions:</b>	<input checked="" type="checkbox"/>
<b>Training:</b>	<input checked="" type="checkbox"/>
<b>Remind/Follow-up</b>	<input checked="" type="checkbox"/>
<b>HMIS:</b>	<input checked="" type="checkbox"/>
<b>Non-HMIS de-duplication techniques:</b>	<input type="checkbox"/>
<b>None:</b>	<input type="checkbox"/>
<b>Other:</b>	<input checked="" type="checkbox"/>

### If Other, specify:

Data collection instrument was reviewed and improved from previous years to improve the administration of the count. Many hours were spent coordinating participants of the count. Following the count, all data was reviewed and verified to determine accuracy.

**Describe the non-HMIS de-duplication techniques (if Non-HMIS de-duplication was selected):**

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

### Instructions:

Public places count:

Count conducted based on observation of unsheltered persons without interviews

Public places count with interviews:

Interviewed either all unsheltered persons encountered during public places count or a sample

Service-based count:

Counted homeless persons using non-shelter services based on interviews.

HMIS:

HMIS used to collect, analyze or report data on unsheltered persons.

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

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

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

**If Other, specify:**

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

### Instructions:

#### Complete coverage:

Every part of a specified geography (e.g. entire city, downtown area, etc.) is covered by enumerators.

#### Known locations:

Counting in areas where unsheltered homeless people are known to congregate or live.

#### Combination:

Conducting counts for every block in a portion of the jurisdiction (e.g. central city) AND conducting counts in other portions of the jurisdiction where unsheltered persons are known to live.

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

**Indicate the level of coverage of the PIT count of unsheltered homeless people:** Known Locations

**If Other, specify:**

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

### Instructions:

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

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

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

If Other, specify:

**Describe the techniques used to reduce duplication.**

Counters were trained to identify counted individuals and reports were collected and centrally counted. Because of the low number of individuals counted, this was relatively easy to achieve.

**Describe the CoCs efforts, including outreach plan, to reduce the number of unsheltered homeless households with dependent children.**

We have outreach workers who canvas looking for the unsheltered.

**Describe the CoCs efforts to identify and engage persons routinely sleeping on the streets and other places not meant for human habitation. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the unsheltered population (especially the chronically homeless and families with children).**

# Attachment Details

## Document Description:

# Attachment Details

## Document Description:

### 3A. Continuum of Care (CoC) 10-Year Plan, Objectives and Action Steps

Click on the icon and add requested information for each of the national objectives.

Objective
Create new PH beds for chronically homeless persons
Increase percentage of homeless persons staying in PH over 6 months to at least 71.5%
Increase percentage of homeless persons moving from TH to PH to at least 63.5%
Increase percentage of homeless persons employed at exit to at least 19%
Decrease the number of homeless households with children

## CoC 10-Year Plan, Objectives and Action Steps Detail

### Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

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

**Select Objective:** Create new PH beds for chronically homeless persons

### Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

#### 2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Apply for funding to expand Binghamton Housing Authority/Opportunities for Broome (BHA/OFB) Shelter+ Care/SRO beds by 7 chronically homeless beds	Tim Grippen
Action Step 2	Apply to create 20 new permanent chronically homeless beds at the Volunteers of America (VOA)	Ruth Nieboer
Action Step 3		

#### Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	65
Numeric Achievement in 12 months	27
Numeric Achievement in 5 years	40
Numeric Achievement in 10 years	60

## CoC 10-Year Plan, Objectives and Action Steps Detail

### Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

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

**Select Objective:** Increase percentage of homeless persons staying in PH over 6 months to at least 71.5%

## Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

### 2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	OFB will provide ongoing case management to 100% of their clients to support long-term success	Tim Grippen
Action Step 2	YWCA will provide ongoing case management to 100% of their clients to support long-term success	Nancy Johnson
Action Step 3	Fairview Recovery Services will provide ongoing case management to 100% of their clients to support long-term success	Michele Napolitano

### Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	92
Numeric Achievement in 12 months	92
Numeric Achievement in 5 years	93
Numeric Achievement in 10 years	93

## CoC 10-Year Plan, Objectives and Action Steps Detail

### Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

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

**Select Objective:** Increase percentage of homeless persons moving from TH to PH to at least 63.5%

## Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

### 2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Fairview Recovery Services will	Michele Napolitano
Action Step 2	YWCA will	Nancy Johnson
Action Step 3	. Homeless Coalition will encourage non-HUD funded programs to attain 63.5% transition or greater	Steve Randall

### Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	62
Numeric Achievement in 12 months	64
Numeric Achievement in 5 years	65
Numeric Achievement in 10 years	70

## CoC 10-Year Plan, Objectives and Action Steps Detail

### Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

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

**Select Objective:** Increase percentage of homeless persons employed at exit to at least 19%

## Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

**2008 Local Action Steps**

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	FRS Supportive Living will continue to require 100% of clients participate in FRSs Career Choices Unlimited and/or Broome-Tioga Workforce NY	Michele Napolitano
Action Step 2	YWCA will continue to require 100% of clients participate with World of Work Workshops and/or Broome-Tioga Workforce NY	Nancy Johnson
Action Step 3	OFB/BHA will continue to require 100% contact with Family Development and/or Broome-Tioga Workforce NY	Tim Grippen

**Proposed Numeric Achievements**

	%/Beds/Households
Baseline (Current Level)	35
Numeric Achievement in 12 months	38
Numeric Achievement in 5 years	43
Numeric Achievement in 10 years	45

**CoC 10-Year Plan, Objectives and Action Steps Detail**

**Instructions:**

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

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

**Select Objective:** Decrease the number of homeless households with children

**Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing**

**2008 Local Action Steps**

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

Broome County/Binghamton/Union Town		COC_REG_v10_000220
Action Step 1		
Action Step 2		
Action Step 3		

**Proposed Numeric Achievements**

	%/Beds/Households
Baseline (Current Level)	
Numeric Achievement in 12 months	
Numeric Achievement in 5 years	
Numeric Achievement in 10 years	

## 3B. Continuum of Care (CoC) Discharge Planning Protocols: Level of Development

### Instructions:

Pursuant to the McKinney-Vento Act, to the maximum extent practicable, persons discharged from publicly funded institutions or systems of care should not be discharged into homelessness. For each system of care, the CoC should indicate the level of development for its discharge planning policy.

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

**Foster Care Discharge Protocol:** Formal Protocol Implemented  
**Health Care Discharge Protocol:** Formal Protocol Implemented  
**Mental Health Discharge Protocol:** Formal Protocol Implemented  
**Corrections Discharge Protocol:** Formal Protocol Implemented

## **3C. Continuum of Care (CoC) Discharge Planning Protocols: Narratives**

**For each system of care describe the discharge planning protocol. For additional instructions, refer to the detailed instructions available on the left menu bar.**

### **Foster Care Discharge**

**For Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.**

**Must attach protocol copy. Go to 3D.Discharge Planning Attachments page**

The Broome County Department of Social Services' Family Services Unit handles discharge planning for children in foster care. The Family Services Unit has six staff members available to meet with children in foster care. In accordance with New York State Law, no child is discharged into the community without at least 90-days written notice with the goal of gaining and maintaining independent living six months prior to discharge. Each child is afforded the opportunity to develop a safe housing plan prior to being discharged, and must have this plan in place before they can be released. The places children are most frequently discharged to are: a parent or other family member; an Independent Living Program (i.e. SILP - for children still in DSS custody, Catholic Charities' Teen Transitional Living Program, and YWRAP); Job Corps; College; Adoption; or on their own.

### **Health Care Discharge**

**For Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.**

**Must attach protocol copy. Go to 3D.Discharge Planning Attachments page**

Each patient is screened by a Nurse Care Manager (NCM) upon entry into the nursing unit which is within one day of admission into the hospital system. The patients chart is reviewed and he/she is assessed for the following: pre-hospital service utilization, caregiver availability/issues, environmental issues, financial issues, substance abuse, factors effecting discharge, and early identification of possible post-discharge needs. Interviews are conducted with the patient and if any of these areas are identified as a need for the patient, further inquiry is conducted with the Associate Care Manager and a plan is set in motion to complete what is needed for the individual to be successful upon discharge. No patient is discharged from inpatient mental health facilities without housing established prior to discharge as required by New York State Law. Discharge planner designated for each floor for each department of healthcare facilities to make specific calls and contacts to establish housing and provide transport door to door (for established plan). If necessary, the healthcare associates will provide cab vouchers for client transport to destinations for the establishment of housing.

**Mental Health Discharge**

**For Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.**

**Must attach protocol copy. Go to 3D.Discharge Planning Attachments page**

The discharge planning process begins as soon as the patient is admitted to one of the units. A psychosocial assessment is completed within 72 hours of admission. In addition, the social workers are responsible for making direct contact with either a family member or other social support resource involved with the patient. If family members or social supports are not available for a meeting, then a direct telephone contact is made and documented. The purpose of the initial meeting is to evaluate the patients psychosocial needs and to determine any discharge planning issues that need to be addressed. In general, there are five issues that social workers address in the discharge planning process. These include: a) verifying that the patient has a place to live; b) making sure a patient has a source of financial support or income; c) arranging for social supports to be involved in the patients aftercare; d) verifying that the patient has access to their medications; and e) making sure the patient has a follow-up appointment.

Each client is assigned a discharge planner to assess their housing needs at the time of discharge. Social Workers assigned interface with community agencies such as the YWCA, YMCA, ACC and VOA to gain housing if the client identifies that they have no family or friends to stay with at the time of discharge. This referral process has been effective in assisting clients in gaining permanent housing.

**Corrections Discharge**

**For Formal Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.**

**Must attach protocol copy. Go to 3D.Discharge Planning Attachments page**

The Broome County Jail screens each individual in regards to their needs (i.e. chemical dependency, mental health, and housing). The Broome County Jail has two discharge planners who meet with each inmate and provide information on community resources and options based upon their needs assessment. Phone and fax contact is made to the referral agencies when needed and medical follow-up is conducted for each inmate. If housing is identified as a need then the discharge planner contacts agencies with housing programs such as the YMCA, YWCA, Volunteers of America, Fairview Recovery Services and Opportunities for Broome for placement. If none of the aforementioned agencies have housing available then the discharge planner contacts local rooming housing such as the Dixie Hotel 2000 that rent week to week. The Broome County Jail welcomes outreach workers and educators from local agencies (i.e. Career Choices Unlimited, YMCA, YWCA, and Volunteers of America) and Binghamton University on a regular basis to educate inmates on employment, mental health, and chemical dependency services and housing and vocational/educational opportunities to assist inmates' reentry into the community.

### 3D. Continuum of Care (CoC) Discharge Planning Protocol: Attachments

Document Type	Required?	Document Description	Date Attached
Foster Care Discharge Protocol	No	Foster Care Disch...	10/22/2008
Mental Health Discharge Protocol	No	Mental Health	10/23/2008
Corrections Discharge Protocol	No	Corrections Disch...	10/22/2008
Health Care Discharge Protocol	No	Health	10/23/2008

## Attachment Details

**Document Description:** Foster Care Discharge Protocol

**Please Note:** Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

## Attachment Details

**Document Description:** Mental Health

**Please Note:** Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

## Attachment Details

**Document Description:** Corrections Discharge Protocol

**Please Note:** Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

## Attachment Details

**Document Description:** Health

**Please Note:** Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

### 3E. Continuum of Care (CoC) Coordination

CoCs should coordinate, as appropriate, with any existing strategic planning groups to assess the local homeless system and identify shortcomings and unmet needs. Answer the following questions regarding coordination in the CoC.

Does the CoC's Consolidated Plan include the CoC strategic plan goals to address homelessness and chronic homelessness? Yes

If yes, briefly list a few of the goals included in the Consolidated Plan: Various things.

Within the CoC's geographic area, is one or more jurisdictional 10-year plan(s) being developed or implemented (separate from the CoC 10-year plan)? No

Does the 10-year plan include the CoC strategic plan goals to address homelessness and chronic homelessness? Yes

If yes, briefly list a few of the goals included in the 10-year plan(s):

Various things.

### 3F. Hold Harmless Need (HHN) Reallocation

**Instructions:**

CoC's that are in Hold Harmless Need status may choose to eliminate or reduce one or more of their SHP grants eligible for renewal in the 2008 CoC competition. CoC's may reallocate the funds made available through this process to create new permanent housing projects or HMIS. Reallocation projects may be SHP (1, 2, or 3 years), SPC (5 years) or Section 8 SRO (10 years). CoC's that are in Preliminary Pro Rate Need (PPRN) status are not eligible to reallocate projects. Reallocated funds cannot be used for Samaritan Housing project(s).

Refer to the NOFA for additional guidance on reallocating projects.

**Is the CoC reallocating funds from one or more expiring renewal grant(s) to one or more new project(s)?** No

CoC's that are in Preliminary Pro Rata Need (PPRN) status are not eligible to reallocate projects.

## 4A. Continuum of Care (CoC) 2007 Achievements

### Instructions:

For the five HUD national objectives in the 2007 CoC application, enter the 12-month numeric achievements that you provided in Exhibit 1, Chart N of the 2007 CoC application in the first column, "Proposed 12-Month Achievement". Under "Actual 12-Month Achievement" enter the numeric achievement that you CoC attained within the past 12 months that is directly related to the relevant national objective.

Objective	Proposed 12-Month Achievement (number of beds or percentage)	Actual 12-Month Achievement (number of beds or percentage)
Create new PH beds for CH	6 Beds	0 Beds
Increase percentage of homeless persons staying in PH over 6 months to at least 71%	92 %	%
Increase percentage of homeless persons moving from TH to PH to at least 61.5%	62 %	%
Increase percentage of homeless persons employed at exit to at least 18%	33 %	%
Ensure that the CoC has a functional HMIS system	72 %	%

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

Complete the following fields using data from the last point-in-time (PIT) count and housing inventory count. For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in your CoC for each year

Year	Number of CH Persons	Number of PH beds for the CH
2006		
2007		
	66	

Indicate the number of new PH beds in place and made available for occupancy for the chronically homeless between February 1, 2007 and January 31, 2008

Identify the amount of funds from each funding source for the development and operations costs of the new CH beds created between February 1, 2007 and January 31, 2008.

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

## 4C. Continuum of Care (CoC) Housing Performance

Using data from the most recently submitted APRs for each of the projects within the CoC, provide information about the CoCs progress in reducing homelessness by helping clients move to and stabilize in permanent housing.

<b>Participants in Permanent Housing (PH)</b>	
a. Number of participants who exited permanent housing project(s)	
b. Number of participants who did not leave the project(s)	
c. Number of participants who exited after staying 6 months or longer	
d. Number of participants who did not exit after staying 6 months or longer	
e. Number of participants who did not leave and were enrolled for 5 months or less	
<b>TOTAL PH (%)</b>	
<b>Participants in Transitional Housing (TH)</b>	
a. Number of participants who exited TH project(s), including unknown destination	
b. Number of participants who moved to PH	
<b>TOTAL TH (%)</b>	

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

Using data from the most recently submitted APRs for each of the projects within the CoC, provide information about the CoCs progress in reducing homelessness by helping clients access mainstream services and gain employment.

### Total Number of Exiting Adults:

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI			%
SSDI			%
Social Security			%
General Public Assistance			%
TANF			%
SCHIP			%
Veterans Benefits			%
Employment Income			%
Unemployment Benefits			%
Veterans Health Care			%
Medicaid			%
Food Stamps			%
Other (Please specify below)			%
No Financial Resources			%

The percentage values are automatically calculated by the system when you click the "save" button.

## 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?**

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

Does the CoC systematically analyze the APRs for its projects to assess and improve access to mainstream programs? Yes

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

Does the CoC have an active planning committee that meets at least 3 times per year to improve CoC-wide participation in mainstream programs? Yes

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. Monthly or more

Does the CoC uses HMIS to screen for 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
<b>1. Case managers systematically assist clients in completing applications for mainstream benefits.</b> <b>1a. Describe how service is generally provided:</b>	

<b>2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.</b>	
<b>3. Homeless assistance providers use a single application form for four or more mainstream programs:</b> <b>3.a Indicate for which mainstream programs the form applies:</b>	

<b>4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.</b>	
<b>4a. Describe the follow-up process:</b>	

## 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]

<p><b>*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"?</b></p> <p>A local comprehensive plan means the adopted official statement of a legislative body of a local government that sets forth (in words, maps, illustrations, and/or tables) goals, policies, and guidelines intended to direct the present and future physical, social, and economic development that occurs within its planning jurisdiction and that includes a unified physical plan for the public development of land and water. If your jurisdiction does not have a local comprehensive plan with a housing element, please select No. If you select No, skip to question # 4.</p>	
<p><b>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?</b></p>	
<p><b>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?</b></p> <p>(For purposes of this notice, "as-of-right" as applied to zoning, means uses and development standards that are determined in advance and specifically authorized by the zoning ordinance. The ordinance is largely self-enforcing because little or no discretion occurs in its administration). If the jurisdiction has chosen not to have either zoning, or other development controls that have varying standards based upon districts or zones, the applicant may also enter yes.</p>	
<p><b>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?</b></p>	
<p><b>*5. If your jurisdiction has development impact fees, are the fees specified and calculated under local or state statutory criteria?</b></p> <p>If no, skip to question #7. Alternatively, if your jurisdiction does not have impact fees, you may select Yes.</p>	
<p><b>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?</b></p>	

## Part A - Page 2

<p><b>*7. If your jurisdiction has impact or other significant fees, does the jurisdiction provide waivers of these fees for affordable housing?</b></p>	
<p><b>*8. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through graduated regulatory requirements applicable as different levels of work are performed in existing buildings?</b></p> <p>Such code language increases regulatory requirements (the additional improvements required as a matter of regulatory policy) in proportion to the extent of rehabilitation that an owner/developer chooses to do on a voluntary basis. For further information see HUD publication: Smart Codes in Your Community: A Guide to Building Rehabilitation Codes (<a href="http://www.huduser.org/publications/destech/smartcodes.html">http://www.huduser.org/publications/destech/smartcodes.html</a>)</p>	
<p><b>*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.</b></p> <p>In the case of a tribe or TDHE, has a recent version of one of the model building codes as described above been adopted or, alternatively, has the tribe or TDHE adopted a building code that is substantially equivalent to one or more of the recognized model building codes?</p>	
<p>Alternatively, if a significant technical amendment has been made to the above model codes, can the jurisdiction supply supporting data that the amendments do not negatively impact affordability.</p>	
<p><b>*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?</b></p>	
<p><b>*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?</b></p>	
<p><b>*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.)</b></p>	
<p><b>*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?</b></p>	

## Part A - Page 3

<p><b>*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?</b></p> <p><b>(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.)</b></p>	
<p><b>*15. Has your jurisdiction established a single, consolidated permit application process for housing development that includes building, zoning, engineering, environmental, and related permits?</b></p> <p><b>Alternatively, does your jurisdiction conduct concurrent, not sequential, reviews for all required permits and approvals?</b></p>	
<p><b>*16. Does your jurisdiction provide for expedited or "fast track" permitting and approvals for all affordable housing projects in your community?</b></p>	
<p><b>*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?</b></p>	
<p><b>*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?</b></p>	
<p><b>*19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?</b></p>	
<p><b>*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?</b></p>	

## Continuum of Care (CoC) Project Listing

### Instructions:

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

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

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
Fairview Recovery..	2008-08-28 15:24:...	1 Year	New York State Of...	188,112	Renewal Project	S+C	SRA	U2
Intensive Indepen...	2008-10-13 13:59:...	2 Years	ywca of binghamto..	214,161	Renewal Project	SHP	PH	F3
VOA Permanent Hou...	2008-09-08 16:37:...	3 Years	Volunteers of Ame...	498,780	New Project	SHP	PH	S4
OFB/BHA Shelter+ ...	2008-10-03 16:19:...	5 Years	Binghamto n Housin...	236,460	New Project	S+C	SRA	F1
Outreach and Rete...	2008-10-13 14:02:...	2 Years	ywca of binghamto..	304,134	Renewal Project	SHP	PH	F5

## Budget Summary

<b>FPRN</b>	\$754,755
<b>Rapid Re-Housing</b>	\$0
<b>Samaritan Housing</b>	\$498,780
<b>SPC Renewal</b>	\$188,112
<b>Rejected</b>	\$0