

**Westchester County Continuum of Care Partnership for the Homeless
Monthly Meeting Minutes**

November 20, 2019

Attendees: Annette Peters-Ruvolo (Co-Chair), Karl Bertrand (Co-Chair), Dahlia Austin, Jim Coughlin, Helen Frankel, Tajae Gaynor, Nicole Granata, Angela Hyman, Joe Kenner (phone), Anahaita Kotval (phone), Doreen Lockwood (phone), Patricia Mims, Maria McGinty, Allison McSpedon, Walter Ritz, Kevin Smith, Yoav Spiegel, JoMarie Tarchoun, Craig Wong, Barbara Pose, Jane Lindau, Marlene Zarfes

Topic #1:	Discussion:
Announcements/Updates	<ul style="list-style-type: none"> • Annette Peters-Ruvolo, Co-Chair, started the meeting at 9:35 a.m. • Introductions were made. • October's meeting minutes were approved as submitted. Nicole Granata motioned/Barbara Pose seconded. All were in favor, zero opposed. • Annette and Karl reported on progress being made with Planning Associate position – resumes are being reviewed and interviews scheduled. • Craig Wong also reported on the work of his subgroup that has developed a universal Occupancy Agreement for CoC PSH projects. Each grantee should review and decide if they will also be using it for their projects. DSS and DCMH will be. • Jane Lindau of Planning presented on the Lead Safe Westchester program and encouraged providers to tell landlords about it – information was distributed. Lead Safe Westchester provides grants to improve single and multi-family housing units built before 1978 at no cost to the property owner. More info can be found at https://homes.westchestergov.com/lead-paint

Topic #2:	Discussion:
Annual meeting	<ul style="list-style-type: none"> • The date of 12/18/19 was chosen. Annette will review membership and Board member terms to prepare. Fliers will be distributed as soon as location and date are confirmed.

Topic #3:	Discussion:
SysPM Review/Plan	<ul style="list-style-type: none"> • Yoav reviewed the SysPM indicators with the Board. After discussion, the Board chose 2 PMs to focus on for 2020: Measure 2 The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness and Measure 5 Number of persons who become homeless for the first time. The Data/Systems subcommittee will begin to make a plan, spearheaded by the new Planning Associate once the position is filled.

Topic #4:	Discussion:
Ranking process review	<ul style="list-style-type: none"> • Board members have requested that we form a workgroup to review the elements used to score and rank projects during the NOFA application rank/review process.
	<ul style="list-style-type: none"> • Annette and Yoav will schedule an initial meeting in January. Meeting materials will be sent for review prior to the first meeting.

Topic #5:	Discussion:
SOTA – Special One-Time Assistance – NYC DSS	<ul style="list-style-type: none"> Board members had asked that we discuss the program recently launched by NYC DSS that provides a 12-month rent voucher to NYC residents experiencing homelessness. The voucher can be used anywhere inside or outside NYC. Board members were concerned, based on recent news articles, that this would mean an increase of homeless in Westchester in the coming months. Annette reviewed information from the NYC DSS website explaining the eligibility requirements and description of the program. After much discussion, it was clear that there is nothing preventing NYC from using funds in this manner and the only way Westchester could compete with such a program is to build one themselves.
Topic #6:	Discussion:
Volunteerism	<ul style="list-style-type: none"> We requested that Board members look to staff and consumers for volunteers for this year's PIT Count, reminding them of the many ways people can contribute their time. Board members were asked to go to and promote our website for details.
Topic #7:	Discussion:
Subcommittees	<ul style="list-style-type: none"> Education Committee – Craig reported on the recent activities of the Education committee – HUD documentation training is being scheduled for January – separate trainings will be scheduled for Housing providers and Shelter providers

Meeting was adjourned at 11:00am.

Respectfully submitted: Annette Peters-Ruvolo

Date: 12/31/2019

Next Meeting:

Date: Wednesday, 12/18/19 – immediately following the Annual Meeting

Time: 11:00am to 12:30pm

Location: TBA

LEAD SAFE WESTCHESTER (LSW)

PROGRAM	<p>The Lead Safe Westchester (LSW) Program awards grants for improvements in single and multi-family housing units that were built before 1978, at no cost to the property owner. If chipped or peeling lead-based paint and other safety hazards are identified, LSW staff will provide funds for assistance which may include: paint stabilization, door and window replacements, minor electrical repairs, installation of smoke detectors and other safety repairs. The LSW Program is federally funded by the U.S. Department of Housing and Urban Development (HUD).</p>
ELIGIBILITY	<p>Homeowners, including rental property landlords, are eligible to participate in the LSW Program. In order to qualify, residents must provide documentation that they earn at or below 80% of the Area Median Income (AMI) for Westchester County. Priority consideration will be given to households with children under 6 years old and pregnant women. Tenants concerned about lead-based paint in their homes are encouraged to ask their landlords to apply to the LSW Program.</p> <p>LSW funds are limited and will be awarded on a first come, first served basis.</p>
AREAS	<p>All areas of Westchester County are eligible.</p>
TECHNICAL ASSISTANCE	<p>LSW Staff will arrange for lead-based paint inspections, develop the scope of work, solicit bids from EPA Certified Lead Contractors, review proposals for improvements, select the lowest qualified bidder, and monitor and inspect work on behalf of property the owners.</p>
RESTRICTIONS	<p>Rental Housing: Owners of rental units are required to market LSW treated units to income eligible households for 3 years following completion of the repairs.</p> <p>Owner Occupied Housing: Homeowners may not sell or transfer their homes for at least 3 years following the completion of the LSW repairs.</p>
CONTACT INFORMATION	<p>To request an <u>application</u>, property owners, landlords and tenants call 914-995-4602 or e-mail tkr3@westchestergov.com</p> <p>https://homes.westchestergov.com/lead-paint En Español https://espanol.epa.gov/espanol/plomo</p>

LEAD AND YOUR HEALTH

Lead from paint, dust, and soil can be dangerous to your health. Lead gets into the body when it is ingested or inhaled and exposure to lead can harm children especially those under 6 years of age. Lead affects the brains and developing nervous systems of young children. Exposure to lead can result in reduced IQ, learning disabilities and behavioral problems. Even children who appear healthy can have dangerous levels of lead in their bodies. Pregnant women exposed to lead can transfer lead to their fetuses, which can affect the fetus' brain development. Lead is harmful to adults and may cause high blood pressure and hypertension.

If you are concerned about exposure to lead:

Call your doctor or the Westchester County Health Department at (914) 813-5000 to arrange for a blood test. The health department will also be able to give advice on reducing exposure to lead inside the home, child care facility or school.

Protect you and your family every day by:

Regularly clean floors, window sills and other surfaces.

Wash children's hands, bottles, pacifiers and toys often.

Wipe off or remove shoes before entering the home.

Run the cold water for 1-3 minutes in the morning before using it, if your buildings' plumbing is old.

Use only cold water for cooking, making baby formula and drinks.

Make sure children eat healthy, nutritious diets high in calcium and iron.

Go to this website for more information:

<https://health.westchestergov.com/lead-poisoning-prevention>

**SAFE
RENOVATIONS**

If there is lead-based paint in the home, but the household is not eligible for LSW assistance, it is recommended that an EPA Certified Lead Contractor is hired to perform renovations, repairs or painting (RRP) in the pre-1978 home or childcare property. EPA contractors have been trained to follow specific Lead Safe work practices to prevent further lead contamination.

**LSW
SERVICES**

The LSW Program provides: inspection services including visual surveys of the property, dust wipe sampling performed on interior surfaces, soil samples and on-site paint testing using an x-ray fluorescence (XRF) analyzer; education, outreach and training.

ADDITIONAL RESOURCES:

Parents: Learn about Lead

<https://www.epa.gov/lead/learn-about-lead>

Consumers: Find a Certified Lead Contractor

http://cfpub.epa.gov/flpp/searchrrp_firm.htm

Contractors: Training-lead safe certification/ recertification

<https://www.epa.gov/lead/getcertified>

Property Owners: Know your responsibilities

<https://www.epa.gov/lead/renovation-repair-and-painting-program-property-managers>





System Performance Improvement Briefs

Strategies for System Performance Improvement

May 2017

INTRODUCTION

HUD's System Performance Measures help communities understand how their system is functioning and if they have deployed the right combination of strategies and resources. This brief is part of a series of resources to help Continuums of Care (CoC) improve their homelessness system and build the confidence to use local data in strategic decision-making. It helps CoCs interpret their performance data, identify high-impact performance improvement strategies, and establish a year-round approach to performance management. The strategies outlined below focus on three Measures, which together summarize how well the community is helping people become quickly and stably housed:

- Length of time persons remain homeless (Measure 1)
- Extent to which persons who exit homelessness return to homelessness (Measure 2)
- Successful placement from Street Outreach and successful placement in or retention of permanent housing (Measure 7)

How to Use this Brief

This brief is for CoC leads and other key stakeholders charged with monitoring and improving system performance. It should be read in conjunction with the two companion pieces: the Data Quality and Analysis for System Performance Improvement brief which gives key steps to analyzing the System Performance Measures and troubleshooting data quality issues known to influence performance results; and the CoC Data Quality brief which provides a framework for managing and improving overall data quality year-round.

These resources can be used in different ways. CoCs may wish to conduct performance analysis prior to selecting an improvement strategy, to focus efforts on those that will yield the greatest results.

Alternatively, communities less assured about the accuracy of their data or analytics capabilities may choose to jump-start implementation of improvement strategies, while continuing to monitor and improve data quality.

HUD's System Performance Improvement Briefs

- Strategies for System Performance Improvement
- Data Quality and Analysis for System Performance Improvement
- CoC Data Quality

INTERPRETING PERFORMANCE RESULTS

After analyzing performance data, CoCs will need to take a deeper look at what is happening in the community to draw sound conclusions about the results. What patterns have emerged? Are any results surprising? Do the results lead to additional questions or a need for more data? For instance, if certain families have relatively long lengths of stay in Emergency Shelter, what are the barriers to rapid exits? If certain providers have substantially increased successful housing placements, what helped? Below are three important steps in the assessment process.

Assess: Project-level Policies and Procedures

Debrief with providers and review policies and procedures to investigate the extent to which project-level practices promote positive housing outcomes. Communities will not move the needle on homelessness until providers are focused on permanent housing and committed to working with people who have the greatest service needs. Emergency Shelters and Transitional Housing projects with a strong housing orientation actively

engage participants from day one to assess housing barriers, develop housing plans, and link households to the right types of assistance to facilitate movement back into permanent housing. Housing projects incorporate practices that help tenants regain housing stability as quickly as possible and incorporate policies and case management practices to avoid evictions and terminations at all costs. They focus intently on partnering with landlords and linking people to community resources and employment opportunities that lead to greater stability.

Assess: Coordinated Entry

Evaluate the coordinated entry process to determine if the path to permanent housing is as fast and effective as it can be. Use the Coordinated Entry Self-Assessment, evaluation tools, conversations with staff, and participant surveys to identify bottlenecks, inefficiencies, or barriers to housing and ask key questions about processes and protocols. Are complex application processes increasing wait times? Are certain providers regularly denying referrals? To what extent do participants feel their housing needs have been met? Why do certain populations or subpopulations have relatively longer paths to permanent housing?

Look at local data and information to determine if assessment tools and policies are matching households with appropriate interventions. Test whether assessors are coming up with consistent results. Examine data on returns to homelessness to investigate whether refinements to the methodology are necessary. Compare data on households served by prevention resources with households in shelter to understand if the assistance is appropriately targeted. Review prioritization policies and referrals to determine if Permanent Supportive Housing (PSH) is truly dedicated to those with the greatest service needs, and if the system is housing individuals and families with the longest histories of homelessness across interventions.

Assess: The Homeless Assistance Portfolio

Examine the housing and services that are available in the community's homeless assistance system, compared with data on the inflow program participants to identify any gaps in capacity. Assess project performance relative to the cost of permanent housing exits to identify system strengths and weaknesses. Communities should be asking: Can we accomplish more with existing resources (i.e. by reallocating funds or right-size the amount of assistance provided to individuals and families)? Can we improve coordination with other community resources to fill gaps and extend homeless investments? How should new funds be invested to scale best practices?

HIGH-IMPACT STRATEGIES TO IMPROVE SYSTEM PERFORMANCE

Every CoC's system has different strengths and challenges, and therefore, each community will need to undertake different actions to improve performance results. This section provides a set of high-impact system improvement strategies from which to choose, with links to additional resources to support implementation. CoCs should consider which areas are strong points and where there are opportunities for improvement.

Each of these components will better equip homeless systems to prevent and end homelessness and impact multiple facets of system performance. The table below summarizes the strategies in relation to the respective measures on which performance is expected to improve.

System Improvement Strategies	System Performance Measures		
	Length of Time Homeless (Measure 1)	Successful Placement and Retention of PH (Measure 7)	Returns to Homelessness (Measure 2)
1. Enhance Coordinated Entry			
Prioritize Vulnerable Households	✓	✓	
Right-size Assistance	✓	✓	✓
Incorporate Diversion Practices	✓	✓	✓
Streamline Admissions and Lower Barriers	✓	✓	
Link to Effective Outreach and In-reach	✓	✓	
Target Prevention Assistance		✓	✓
2. Strengthen Housing-Focused Practices			
Housing Focused Case Management	✓	✓	✓
Policies and Procedures to Promote Housing Stability		✓	✓
Housing Navigation	✓	✓	✓
3. Scale Permanent Housing Interventions			
Recruit Private Landlords	✓	✓	
Leverage Mainstream Housing and Services	✓	✓	✓
Reallocate Resources	✓	✓	
Build Rapid Re-Housing Capacity	✓	✓	✓

System Improvement Strategy Recommendations

1. Enhance Coordinated Entry

Fully implement Coordinated Entry and emphasize the following aspects.

Strategy	Recommendations
Prioritize Vulnerable Households	Prioritize individuals and families who have been homeless the longest and have the highest service needs across all interventions in the homeless portfolio. Identify these households <u>using active or master lists</u> , and consider case conferencing practices that hold projects accountable for housing this group. Develop admission preferences to dedicate PSH units to people who are chronically homeless and use the orders of priority set out in HUD's <u>Notice CPD-16-11</u> .
Right-Size Assistance	Maximize the number of households placed in housing by using <u>housing barriers assessments</u> to match household with the most appropriate level of assistance, and by providing assistance (move-in costs, deposits, rental assistance, etc.) in a <u>progressive and flexible manner</u> . Be responsive to changes in participants' financial circumstances or housing costs and provide more assistance where required. Continuously examine data on returns to homelessness, including comparison of assessments and assistance received, to determine if there are changes needed to coordinated entry tools or protocols.

Strategy	Recommendations
Incorporate Diversion Practices	Implement a <u>phased assessment process</u> which identifies households seeking shelter who are eligible for <u>diversion resources</u> at all coordinated entry access points. Prevent these households from becoming homeless by helping them immediately identify alternate housing arrangements and, if necessary, connecting them with services and financial assistance to resolve their housing crisis.
Streamline Admissions and Lower Barriers	Ensure tenant selection and admissions policies do not screen out participants based on factors such as rental, credit, or criminal histories, and sobriety, or income. Eliminate preconditions for acceptance to services. Standardize provider application and approval processes to help reduce wait times.
Link to Effective Outreach and In-reach	Expand outreach to people living on the street and in-reach to Emergency Shelters. <u>Explore creative approaches</u> for locating people not connected to services, building positive relationships, and engaging individuals and families in supportive services and mainstream resources that ultimately lead to stable housing.
Target Prevention Assistance	Use data on the characteristics of households in shelter to develop criteria for <u>targeting prevention assistance</u> . Identify all relevant services available in the community to determine what <u>prevention assistance</u> should be provided by the homeless system and where mainstream resources should be leveraged. Build strong partnerships with mainstream providers and get them to help identify households at risk, facilitate referrals to and from the homeless system, support participants in permanent housing, and improve discharge planning for people exiting systems of care and institutions.

2. Strengthen Housing-Focused Practices

From day one, individuals and families who enter the homeless system should be provided with support that is directly related to resolving their housing crisis and promoting housing stability.

Strategy	Recommendations
Housing Focused Case Management	All projects, including Emergency Shelters, Safe Havens, and Transitional Housing, should <u>assess barriers to housing</u> and support households, or link them to providers, to address issues that impede them from moving into permanent housing. Provide support to create a housing plan, resolve rental screening barriers, search for housing, negotiate lease terms, and mediate family conflict. <u>Promote long-term stability</u> by helping people who have been re-housed to connect with community-based resources and employment, understand their tenant rights and responsibilities, and develop plans for responding to future housing crisis.

Strategy	Recommendations
Policies and Procedures to Promote Housing Stability	Incorporate provider-level policies and procedures aimed at <u>promoting long term housing stability</u> . Remove lease provisions and participation agreements that require involvement in services or that deem things like alcohol use as a violation or grounds for eviction or termination. Build capacity to address problems, such as missed rent payments or disturbances to neighbors, through effective case management and <u>motivational interviewing practices</u> . Promote <u>landlord-provider communication</u> about program participants who are at risk of losing their housing and <u>support landlords</u> to resolve housing or lease issues before they escalate.
Housing Navigation	Beef up resources to <u>help households locate housing units</u> in the community, assess various options, and choose units that are the right fit and in desired neighborhoods, when possible. Be familiar with rental screenings used by local landlords and track vacancies, unit locations, and rental costs in the private market to inform housing navigation efforts. Promote choice and engage households in the decision-making process.

3. Scale Permanent Housing Interventions

Help more people become quickly and stably housed—optimize local resources and expand permanent housing options.

Strategy	Recommendations
Recruit Private Landlords	Expand the number of permanent housing units available through <u>outreach to new landlords</u> and cultivating long-term relationships with owners and managers. Replicate <u>proven recruitment strategies</u> , which draw on effective marketing and engagement efforts, and innovative incentives such as landlord payments or <u>damage insurance funds</u> .
Leverage Mainstream Housing and Services	Build partnerships with mainstream systems to leverage affordable housing resources and home-based services. <u>Partner with local PHAs</u> to prioritize housing subsidies for people who are chronically homeless and create meaningful preferences for people experiencing homelessness. Support people in permanent housing by linking <u>mainstream healthcare</u> , mental health, <u>employment</u> , or family services to housing subsidies. Replicate strategies <u>using Medicaid and TANF</u> to scale permanent housing interventions for individuals and <u>families</u> .
Reallocate Resources	Draw on the performance analysis and portfolio assessments outlined above to identify system strengths and weaknesses. Establish funding priorities and <u>consider re-directing investments</u> to fill gaps and expand high performing permanent housing projects.

Strategy	Recommendations
Build Rapid Re-Housing Capacity	Use local data and <u>information on best practices</u> to <u>standardize a Rapid Re-housing project model</u> and align funding sources to support expansion. Provide trainings and technical assistance on re-housing best practices. Use findings from high-performing projects to inform the project model and provide peer-to-peer learning opportunities. Link Emergency Shelters, Transitional Housing projects, and Street Outreach to Rapid Re-Housing interventions.

ONGOING PERFORMANCE MANAGEMENT

CoCs can improve their system year-round by regularly monitoring, evaluating, and acting on performance results.

Establish System-Wide Performance Goals and Benchmarks

Collaborate with a cross-section of community leaders and stakeholders to set short and long-term goals for system improvement. Consider local factors, such as a new infusion of resources, a shift in local government priorities, or a change in the homeless population to help prioritize the top one or two goals. Set local performance benchmarks to ensure everyone knows what is expected of them. Reflect on local changes in performance, priorities for system change, and national benchmarks to identify the right indicators of success. Check performance targets to ensure they are realistic and safeguard against unintended results. For example, setting a goal of 'zero' returns to homelessness is unrealistic and could lead providers to 'over-serve' households or deny those with the greatest needs. Ensure performance benchmarks are appropriate for different project types per their role in the homeless system and the target group served.

Develop a Performance Management Plan

Identify the group of individuals in the community who will oversee performance. Develop a comprehensive performance management plan which includes performance goals, baseline data, benchmarks, improvement strategies, and timelines. Include roles and responsibilities, and the process by which this group will review performance data and develop performance improvement plans.

Monitor and Communicate Performance Year-Round

Analyze performance on a quarterly or biannual basis to assess the degree to which the CoC is making progress on goals and benchmarks, and if the performance improvement strategies are having the intended impact. Meet often to discuss findings and revise strategies where required. Communicate performance at regular intervals to give providers an opportunity to use the results to inform practice and to showcase results to funders and community stakeholders.

Build Capacity and Replicate Best Practices

Use the performance monitoring process to identify providers that are exceeding performance expectations and learn more about their successful practices. Determine which providers are struggling to meet performance targets and respond to technical assistance or capacity building needs. Consider developing an annual training calendar and implement peer-to-peer learning opportunities, such as learning circles or Communities of Practice, to support replication of best practices.

Incorporate Performance into System Planning

Use performance data to inform decisions about how to optimize existing funds and strategically invest new resources to expand high-impact strategies. Set objective performance criteria for the review, ranking, and selection of projects in the CoC Competition. Explore ways to embed performance expectations in local funding agreements for targeted homeless programs, such as with performance reporting requirements, incentive payments that reward positive outcomes (such as Pay for Success Models or performance-based contracts), and selection criteria for competitive awards.

FY2019 - Performance Measurement Module (Sys PM)

Summary Report for NY-604 - Yonkers, Mount Vernon/Westchester County Coc

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than October, 1, 2012.

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

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

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

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2018	FY 2019	Submitted FY 2018	FY 2019	Difference	Submitted FY 2018	FY 2019	Difference
1.1 Persons in ES and SH	3935	4117	117	124	7	54	59	5
1.2 Persons in ES, SH, and TH	4636	4851	223	239	16	97	99	2

b. This measure is based on data element 3.17.

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

The construction of this measure changed, per HUD's specifications, between FY 2016 and FY 2017. HUD is aware that this may impact the change between these two years.

FY2019 - Performance Measurement Module (Sys PM)

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2018	FY 2019	Submitted FY 2018	FY 2019	Difference	Submitted FY 2018	FY 2019	Difference
1.1 Persons in ES, SH, and PH (prior to "housing move in")	4075	4271	220	238	18	122	134	12
1.2 Persons in ES, SH, TH, and PH (prior to "housing move in")	4766	4995	347	373	26	207	210	3

FY2019 - Performance Measurement Module (Sys PM)

Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit. After entering data, please review and confirm your entries and totals. Some HMIS reports may not list the project types in exactly the same order as they are displayed below.

Exit was from	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)	Returns to Homelessness in Less than 6 Months		Returns to Homelessness from 6 to 12 Months		Returns to Homelessness from 13 to 24 Months		Number of Returns in 2 Years	
		FY 2019	% of Returns	FY 2019	% of Returns	FY 2019	% of Returns	FY 2019	% of Returns
Exit was from SO	26	3	12%	1	4%	3	12%	7	27%
Exit was from ES	586	70	12%	33	6%	36	6%	139	24%
Exit was from TH	355	18	5%	7	2%	30	8%	55	15%
Exit was from SH	0	0		0		0		0	
Exit was from PH	396	32	8%	8	2%	25	6%	65	16%
TOTAL Returns to Homelessness	1363	123	9%	49	4%	94	7%	266	20%

FY18

27%
19%
16%
9%
17%

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

FY2019 - Performance Measurement Module (Sys PM)

This measures the change in PIT counts of sheltered and unsheltered homeless person as reported on the PIT (not from HMIS).

	January 2018 PIT Count	January 2019 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	1827	1812	-15
Emergency Shelter Total	1081	1100	19
Safe Haven Total	0	0	0
Transitional Housing Total	702	680	-22
Total Sheltered Count	1783	1780	-3
Unsheltered Count	44	32	-12

Metric 3.2 – Change in Annual Counts

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

	Submitted FY 2018	FY 2019	Difference
Universe: Unduplicated Total sheltered homeless persons	4713	4960	247
Emergency Shelter Total	4097	4283	186
Safe Haven Total	0	0	0
Transitional Housing Total	1059	1056	-3

FY2019 - Performance Measurement Module (Sys PM)

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

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

	Submitted FY 2018	FY 2019	Difference
Universe: Number of adults (system stayers)	1010	1129	119
Number of adults with increased earned income	78	88	10
Percentage of adults who increased earned income	8%	8%	0%

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

	Submitted FY 2018	FY 2019	Difference
Universe: Number of adults (system stayers)	1010	1129	119
Number of adults with increased non-employment cash income	228	295	67
Percentage of adults who increased non-employment cash income	23%	26%	3%

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

	Submitted FY 2018	FY 2019	Difference
Universe: Number of adults (system stayers)	1010	1129	119
Number of adults with increased total income	290	367	77
Percentage of adults who increased total income	29%	33%	4%

FY2019 - Performance Measurement Module (Sys PM)

Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY 2018	FY 2019	Difference
Universe: Number of adults who exited (system leavers)	310	389	79
Number of adults who exited with increased earned income	36	66	30
Percentage of adults who increased earned income	12%	17%	5%

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

	Submitted FY 2018	FY 2019	Difference
Universe: Number of adults who exited (system leavers)	310	389	79
Number of adults who exited with increased non-employment cash income	82	66	-16
Percentage of adults who increased non-employment cash income	26%	17%	-9%

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY 2018	FY 2019	Difference
Universe: Number of adults who exited (system leavers)	310	389	79
Number of adults who exited with increased total income	107	126	19
Percentage of adults who increased total income	35%	32%	-3%

FY2019 - Performance Measurement Module (Sys PM)

Measure 5: Number of persons who become homeless for the 1st time

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

	Submitted FY 2018	FY 2019	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	3604	3858	254
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	1297	1458	161
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	2307	2400	93

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

	Submitted FY 2018	FY 2019	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	4612	4818	206
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	1669	1907	238
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	2943	2911	-32

FY2019 - Performance Measurement Module (Sys PM)

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

This Measure is not applicable to CoCs in FY2019 (Oct 1, 2018 - Sept 30, 2019) reporting period.

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

Metric 7a.1 – Change in exits to permanent housing destinations

	Submitted FY 2018	FY 2019	Difference
Universe: Persons who exit Street Outreach	87	73	-14
Of persons above, those who exited to temporary & some institutional destinations	16	14	-2
Of the persons above, those who exited to permanent housing destinations	38	41	3
% Successful exits	62%	75%	13%

Metric 7b.1 – Change in exits to permanent housing destinations

FY2019 - Performance Measurement Module (Sys PM)

	Submitted FY 2018	FY 2019	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	2794	3080	286
Of the persons above, those who exited to permanent housing destinations	711	786	75
% Successful exits	25%	26%	1%

Metric 7b 2 – Change in exit to or retention of permanent housing

	Submitted FY 2018	FY 2019	Difference
Universe: Persons in all PH projects except PH-RRH	3644	4533	889
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	3595	4474	879
% Successful exits/retention	99%	99%	0%

Scoring

The 2019 Westchester CoC Project Ranking will be scored on an 85 point scale with the following breakdown:

Criteria	Source	Points
Factors related to System Performance		
Exits to Permanent Housing	SysPM 7b	0 to 10 points scored relative to other projects
Exits to Homelessness	APR Q23	0 to 5 points scored relative to other projects
Increased participant earned income	SysPM 4.1	0 to 5 points scored relative to other projects
Increased participant total income	SysPM 4.3	0 to 5 points scored relative to other projects
Project Performance factors		
Housing Utilization Rate	APR Q7b and Q8b	0 to 10 points scored relative to other projects
Length of Stay	APR Q22b	0 to 5 points scored relative to other projects
Participant Eligibility	CoC monitoring visit	0 to 5 points scored (% eligible participants x 5 points)
HMIS Data Quality	APR Q6	0 to 5 points scored relative to other projects (data element error rate 5% or above Q6a, Q6b, Q6c)
APR timeliness	SAGE	1 point per on time APR due in last two funding periods
Amount of funds recaptured by HUD	LOCCS and Project Application	0 to 5 points scored ((% funds grant spent x 5 points)
Project Characteristics		
Project serves a specialized population services or serves a population with severe needs	Project Application	5 points for serving one or more of the following: <ul style="list-style-type: none"> Youth Victims of domestic violence Families with children Persons experiencing chronic homelessness Veterans Current or past substance use Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ) status Significant health or behavioral health challenges or functional impairments
Project Component	Project Application	10 points for PSH or RHH; 5 points for TH; 0 points for SSO (except Coordinated Entry)
Low Barrier	Project Application	5 points for Low Barrier
Participation in Coordinated Entry	HMIS and CoC attendance records	3 points if all project entries since 7/1/18 are CE referrals

		2 points for <u>provider</u> attendance at most CERC meetings
CoC Board attendance	CoC attendance records	3 points for attendance at most CoC Board meetings [recipient and subrecipient]

Note: Domestic Violence services providers may self-report their data (from a comparable database) to respond to performance criteria since they do not participate in the Westchester CoC HMIS.

Projects are scored on performance criteria relative to other projects with the same component, with the highest performing project receiving full points on that measure, the worst performing project receiving 0 points, and all other projects receiving a score proportional to their performance between the worst and the best.

e.g. if the best performing project has a utilization rate of 100% (5 points), and the worst performing project has a utilization rate of 50% (0 points), then a project with 65% utilization rate would receive 1.5 points and a project with a 90% utilization rate would receive 4 points.

Project Ranking

Using the above scoring matrix, all projects seeking funding are scored and placed in numerical order, referred to as the “ranking”. Ranking places an applicant in either Tier 1 or Tier 2 based on the criteria established by HUD in the NOFA and CoC priorities.

The HMIS and Westchester Coordinated Entry projects are not scored, but automatically ranked #1 and #2 because they provide funding necessary for the functioning of the entire CoC.

First time renewal projects, without performance data available are placed in bottom spot in Tier 1

The project ranking is first shared with the Continuum of Care Board. The Board reviews the process and all scoring in order to adopt the ranking. Projects that fall into the bottom of the ranking, Tier 2, are contacted and notified of their ranking.

Bonus Projects

This year HUD has made bonus funds available through the CoC Bonus (for CoC’s that demonstrate that the CoC ranks projects based on how they improve system performance). A separate RFP will be issued by the CoC to determine subrecipients to design and submit Project Applications to HUD for the CoC Bonus

Bonus projects will be ranked below renewals



SPECIAL ONE-TIME ASSISTANCE (SOTA) PROGRAM FAQs

1. What is the Special One-Time Assistance ("SOTA") program?

The SOTA program provides one year's full rent up front for eligible DHS clients to move within New York City, to other New York State counties, or to another state, Puerto Rico, or Washington, D.C. SOTA can be accessed by working individuals and families and those who receive SSI, SSD, etc. as long as there is the future ability to make rent payments based on the household's rent not exceeding 50% of the household's income.

2. Who is eligible?

Eligibility criteria include the following:

- Families with children: The household must have been in shelter for at least 90 days.
- Single adults and adult families: The household must have been in shelter for 90 days out of the last 365 days.
- The household must be working and/or have enough income to make future rent payments based on their rent not exceeding 50% of household income. Income includes employment or SSI, SSD, etc.

If the household is moving within New York City (only), it must not be eligible for any federal, State or City rental subsidy.

3. How is the ability to pay rent determined?

In order to use SOTA, clients will be required to provide proof of income, and the rent must not be more than 50% of household income.

4. How does a household in shelter apply for SOTA?

Case managers and housing specialists identify clients who may be eligible for SOTA. In addition, clients may reach out to their case manager or housing specialist if they believe they may be eligible. Housing specialists assist clients with their housing search and clients may also identify units on their own.

5. Can SOTA be used for room rentals?

No. SOTA cannot be used for room rentals.

6. Is there an apartment review required when using SOTA?

DHS or provider staff conduct walkthroughs if the unit is within New York City, in the New York State counties of Nassau, Rockland, Suffolk, and Westchester, or in the New Jersey counties of Bergen, Essex, Hudson, Middlesex, Passaic, and Union.

7. What if the apartment fails the review?

If the apartment fails the review and corrections are made in a timely manner, the SOTA funds can be received.

8. What aftercare resources are available to clients moving out with SOTA?

When an individual or family moves within the five boroughs, they are referred to the Homebase office in their community.

9. What happens if a client leaves the apartment during the lease?

Per the terms of the SOTA landlord agreement, the landlord will be obligated to notify HRA within 30 days and return any funds in excess of the client's residency. If funds are not returned, the City will pursue legal means of recoupment.

10. If a landlord in New York City tries to evict the tenant during the first year, how can the tenant get help?

Tenants can be referred by HRA to a lawyer who can represent them in housing court. HRA will work with the lawyer to provide information on the City's rent payments to the court. As per the terms of the landlord agreement, if an eviction occurs, the landlord will be obligated to return any funds in excess of the client's residency. If funds are not returned, the City will pursue legal means of recoupment.

11. What if a DSS client returns to New York City shelter within the 12-month time frame?

DHS and HRA will work to divert the client back to the apartment. If the unit is viable (e.g., no health/safety issues), the client will be ineligible for shelter due to the existence of other housing.

12. What if an individual or family in NYC is unable to pay their portion after the 12-month time frame?

Only individuals and families who are able to afford their rent going forward based on the fact that their rent will not exceed 50% of their income will be able to move out using SOTA. If the tenant is in NYC and there is a loss of income or an issue with the housing, the tenant can go to the local Homebase program or HRA Job Center for assistance.

13. Can a client receive SOTA more than once?

No. DHS clients are only eligible for this rental assistance one time.