

1B. Continuum of Care (CoC) Operations

1B-1 How often does the CoC conduct meetings of the full CoC membership?
 Monthly

1B-2 How often does the CoC invite new members to join the CoC through a publicly available invitation?

Answer related to invitations through newspapers, websites, announcements at other local boards etc.

Monthly

1B-3 Does the CoC include membership of a homeless or formerly homeless person?

Yes

1B-4 For members who are homeless or formerly homeless, what role do they play in the CoC membership?

Select all that apply:

| | | | | | |
|--------------------|-------------------------------------|-------------------------|-------------------------------------|-----------|-------------------------------------|
| Community Advocate | <input checked="" type="checkbox"/> | Organizational Employee | <input checked="" type="checkbox"/> | Volunteer | <input checked="" type="checkbox"/> |
| Outreach | | Advisor | | None | |

1B-5 Does the CoC's governance charter incorporate written policies and procedures for each of the following:

1B-5.1 Written agendas of CoC meetings? Yes

1B-5.2 Centralized or Coordinated Assessment System? Yes (file from clark)

1B-5.3 Process for Monitoring Outcomes of ESG Recipients? No

1B-5.4 CoC policies and procedures? No

1B-5.5 Written process for board selection? Yes

1B-5.6 Code of conduct for board members that includes a recusal process? Yes

1B-5.7 Written standards for administering assistance? No

Policies will need to be attached for all items answered affirmatively

1C. Continuum of Care (CoC) Committees

1C-1 Provide information for up to five of the most active CoC-wide planning committees, subcommittees, and/or workgroups, including a brief description of the role and the frequency of meetings. Collaborative Applicants should only list committees, subcommittees and/or workgroups that are directly involved in CoC-wide planning, and not the regular delivery of services.

| Name of Group | Role of Group (limit 750 characters) | Meeting Frequency | Names of Individuals and/or Organizations Represented |
|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------------------------------------------|
| Project Review and Selection Committee | Develop local CoC application process. Create application & scoring system. Accept and review proposals from local agencies. Evaluate, score and rank proposals. Submit funding recommendations to the CoC Executive Committee | | |
| 10 year plan implementation committee | Provide oversight to implementation of strategies identified in 10 year plan. Update plan periodically. Report on plan progress. Provide information for other planning processes | | |
| CoC application review | Review exhibit 1 & exhibit 2 applications for accuracy and consistency. | | |
| PIT/PHC Committee | Organize local Point in Time Count and Project Homeless Connect Events. Provide training for PIT. Identify PIT participating agencies & encourage expanded participation. Coordinate data collection & clean-up efforts. Collect HIC information. | | |
| HMIS Partnership Committee | Review data from HMIS , PIT and other sources to evaluate community needs, program performance, data quality and system gaps. Provide quarterly reports to other committees to assist in planning efforts. Develop & evaluate local performance standards. | | |

1C-2 Describe how the CoC considers the full range of opinions from individuals or organizations with knowledge of homelessness or an interest in preventing and ending homelessness in the geographic area when establishing the CoC-wide committees, subcommittees, and workgroups. (limit 750 characters)

Describe how the CoC has ensured that the committees and workgroups are made up of persons with a wide-range of knowledge related to homelessness in the geographic area. Responses should include actual examples of one or more workgroups and the persons that are involved.

The CoC has standing sub-committees identified in the by-laws. These committees were established with feedback from the community. The committees were developed to coincide with the 10 year plan areas of focus. The CoC establishes additional workgroups according to needs and suggestions from community stakeholders and CoC membership.

The CoC established several workgroups in response to a need for new resources for services to homeless households. A workgroup of providers, advocates and the United Way was formed in order to develop a service model and application for federal funding through SAMHSA. In response to the need for increased services tied to the Housing First program, the CoC formed a workgroup which solicited participation from the State Division of Mental Health and Addiction Services and the County Department of Health to identify resources to partner with the shelter plus care Housing First Program

1D. Continuum of Care (CoC) Project Review, Ranking, and Selection

1D-1 Describe the specific ranking and selection process the CoC uses to make decisions regarding project application review and selection, based on objective criteria. Written documentation of this process must be attached to the application along with evidence of making the information publicly available. (limit 750 characters)

The CoC review committee solicits proposals from agencies interested in receiving CoC funding for new and renewal projects. The request for proposal was sent out via email to the various county list serves. The request for proposals included the application, scoring criteria, and funding priorities.

Interested agencies submitted applications containing project information, performance, agency experience and participation in the planning process. All applicants were required to attend a technical assistance session.

The review committee evaluated the applications submitted along with performance data from HMIS. The committee scored each application based on the merits of the proposal and the project performance.

1D-2 Describe how the CoC reviews and ranks projects using periodically collected data reported by projects, conducts analysis to determine each project's effectiveness that results in participants rapid return to permanent housing, and takes into account the severity of barriers faced by project participants. Description should include the specific data elements and metrics that are reviewed to do this analysis. (limit 1000 characters)

The CoC utilized data from HMIS and APRs to evaluate project performance. In addition, the review committee reviewed monitoring reports from site visits within the previous 12 months. The committee looked at HMIS and APR data from 10/1/2012 - 9/30/2013. This data is reviewed annually during the local application process.

The CoC evaluates increase in income, average length of program stay, movement to permanent housing and whether the project serves the neediest population.

Performance expectations are weighted for programs serving populations with significant barriers. In addition, the CoC looks at HMIS data quality and program utilization rates.

The HMIS Lead provides the above identified data to the review committee annually. Project performance is included on the scoring tool and directly impacts the program selection and rank.

1D-3 Describe the extent in which the CoC is open to proposals from entities that have not previously received funds in prior Homeless Assistance Grants competitions. (limit 750 characters)

The CoC's open solicitation process requested proposals from new and renewal programs interested in CoC funding. New projects were restricted to permanent housing programs seeking rental assistance, leasing or capital funds. The CoC held a mandatory technical assistance session to inform all interested applicants about the local priorities, eligible activities and how to complete the application. Agencies interested in funding for new projects must submit an application by the identified deadline. Agencies seeking CoC funds must attend a minimum of 8 CoC meetings in the 12 months prior to the application deadline. New projects are evaluated on agency experience, type of program, target population, participation in local planning and ability to leverage funds. The CoC is committed to ensuring funding opportunities for new agencies.

1D-4 On what date did the CoC post on its website all parts of the CoC Consolidated Application, including the Priority Listings with ranking information and notified project applicants and stakeholders the information was available? Written documentation of this notification process (e.g., evidence of the website where this information is published) must be attached to the application.

1/17/2014

1D-5 If there were changes made to the ranking after the date above, what date was the final ranking posted?

No

1D-6 Did the CoC attach the final GIW approved by HUD either during CoC Registration or, if applicable, during the 7-day grace period following the publication of the CoC Program NOFA without making changes?

Yes

1D-6.1 If no, briefly describe each of the specific changes that were made to the GIW (without HUD approval) including any addition or removal of projects, revisions to line item amounts, etc. For any projects that were revised, added, or

removed, identify the applicant name, project name, and grant number. (limit 1000 characters)

N/A

1D-7 Were there any written complaints received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the last 12 months?

No

1D-7.1 If yes, briefly describe the complaint(s), how it was resolved, and the date(s) in which it was resolved. (limit 750 characters)

N/A

1E. Continuum of Care (CoC) Housing Inventory

1E-1 Did the CoC submit the 2013 HIC data in the HDX by April 30, 2013?

Yes

2A. Homeless Management Information System (HMIS) Implementation

2A-1 Describe how the CoC ensures that the HMIS is administered in compliance with the CoC Program interim rule, conformance with the 2010 HMIS Data Standards and related HUD Notices. (limit 1000 characters)

The HMIS Lead agency receives all HMIS communications and updates sent by HUD through OneCPD. The HMIS Lead agency has on file the latest version of the HMIS Standards as well as the interim regulations. The HMIS policies and procedures have been updated to reflect the current standards and regulations in place. The HMIS Data Standards are used in the training and technical assistance offered to new and current HMIS users. Foothold Technology, the HMIS vendor, remains in constant communication with HUD and makes software adjustments to ensure the system is in compliance with HUD standards as information is released.

The CoC Lead is working with the HMIS Lead to develop a checklist and monitoring process that will be used in the future to ensure administration and software compliance with published HUD regulations.

2A-2 Does the governance charter in place between the CoC and the HMIS Lead include the most current HMIS requirements and outline the roles and responsibilities of the CoC and the HMIS Lead? If yes, a copy must be attached.

No

2A-3 For each of the following plans, describe the extent in which it has been developed by the HMIS Lead and the frequency in which the CoC has reviewed it: Privacy Plan, Security Plan, and Data Quality Plan. (limit 1000 characters)

The HMIS Lead has developed a Privacy Plan, Security Plan and Data Quality Plan, which govern the use of the HMIS system. The plans were developed on xx, 20xx and updated on xx, 20xx. The plans were shared with the CoC as well as with the HMIS participating agencies/programs on xx, 20xx. The CoC will review these plans on an annual basis with final approval from the executive committee required before application of these plans.

2A-4 What is the name of the HMIS software selected by the CoC and the HMIS Lead? Applicant will enter the HMIS software name (e.g., ABC Software).

AWARDS

2A-5 What is the name of the HMIS vendor? Applicant will enter the name of the vendor (e.g., ESG Systems).

Foothold Technology, Inc.

2A-6 Does the CoC plan to change the HMIS software within the next 18 months?

No

2B. Homeless Management Information System (HMIS) Funding Sources

2B-1 Select the HMIS implementation coverage area:

Single CoC

2B-2 Select the CoC(s) covered by the HMIS: (select all that apply)

Bergen County CoC

2B-3 In the chart below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.

Funding Type: Federal – HUD

| Funding Source | Funding Amount |
|-------------------------------------|----------------|
| SHP | \$82,893 |
| ESG | \$20,000 |
| CDGB | |
| HOPWA | \$0 |
| HPRP | \$0 |
| Federal - HUD - Total Amount | |

Funding Type: Other Federal

| Funding Source | Funding Amount |
|-----------------------------------------|----------------|
| Department of Education | \$0 |
| Department of Health and Human Services | \$0 |
| Department of Labor | \$0 |
| Department of Agriculture | \$0 |
| Department of Veterans Affairs | \$0 |
| Other Federal | \$0 |
| Other Federal - Total Amount | \$0 |

Funding Type: State and Local

| Funding Source | Funding Amount |
|---------------------------------------|----------------|
| City | \$0 |
| County | \$763 |
| State | \$0 |
| State and Local - Total Amount | \$0 |

Funding Type: Private

| Funding Source | Funding Amount |
|-------------------------------|----------------|
| Individual | \$0 |
| Organization | \$0 |
| Private - Total Amount | \$0 |

Funding Type: Other

| Funding Source | Funding Amount |
|--------------------|----------------|
| Participation Fees | \$0 |

| | |
|----------------------------------------|------------------|
| Total Budget for Operating Year | \$103,656 |
|----------------------------------------|------------------|

2B-4 How was the HMIS Lead selected by the CoC?

Appointed

2B-4.1 If other, provide a description as to how the CoC selected the HMIS Lead.

(limit 750 characters)

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

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

| | |
|----------------------------------|---------------------------|
| * Emergency Shelter (ES) beds | 86%+ |
| * Safe Haven (SH) beds | No beds in CoC [inactive] |
| * Transitional Housing (TH) beds | 86%+ |
| * Rapid Re-Housing (RRH) beds | 86%+ |
| * Permanent Housing (PH) beds | 86%+ |

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

Annually

If bed coverage is 0-64%, describe the CoC's plan to increase this percentage during the next 12 months: (limit 1000 characters)

N/A

2C-4 If the Collaborative Applicant indicated that the bed coverage rate for any housing type was 64% or below in the FY2012 CoC Application, describe the specific steps the CoC has taken to increase this percentage. (limit 750 characters)

N/A

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

2D-1 For each housing type, indicate the average length of time project participants remain in housing. If a housing type does not exist in the CoC, enter "0".

| Type of Housing | Average Length of Time in Housing |
|------------------------------|-----------------------------------|
| Emergency Shelter | 53.6 days |
| Transitional Housing | 6.7 months |
| Safe Haven | 0 months |
| Permanent Supportive Housing | 39.6 months |
| Rapid Re-Housing | months |

2D-2 Indicate the percentage of unduplicated client records with null or missing values on a day during the last 10 days of January 2013 for each Universal Data Element listed below.

| Universal Data Element | Percentage |
|------------------------------------|------------|
| Name | 0% |
| Social security number | .9% |
| Date of birth | 2.2% |
| Ethnicity | .9% |
| Race | .8% |
| Gender | 0% |
| Veteran status | 1.7% |
| Disabling condition | 1.2% |
| Residence prior to program entry | 1.8% |
| Zip Code of last permanent address | 0% |
| Housing status | 1% |
| Head of household | 0% |

2D-3 Describe the extent in which HMIS generated data is used to generate HUD required reports (e.g., APR, CAPER, etc.). (limit 1000 characters)

HMIS Data is used for the yearly AHAR and Point in Time Survey. All programs using HMIS use the incorporated report to secure program data, leaving only the budget information to be added from agency records. HMIS is also used for HPRP and ESG reports; previously it was used for the ARRA reports. In addition to federal reports, the HMIS is used at the State and County level for level of service and in many cases the expenditure reports for local programs

2D-4 How frequently does the CoC review the data quality in the HMIS of program level data?

From the drop-down menu, the Collaborative Applicant must select the frequency in which the CoC currently reviews the quality of program-level data to identify data quality issues such as data not being entered by an agency in over 14 days or missing client exit dates.

2D-5 Describe the process through which the CoC works with the HMIS Lead to assess data quality. Include how the CoC and HMIS Lead collaborate, and how the CoC works with organizations that have data quality challenges. (Limit 1000 characters)

HUD expects CoCs to work in collaboration with the HMIS Lead to assess data quality. The Collaborative Applicant must describe the specific ways in which the CoC and HMIS Lead collaborate in order to assess—and subsequently improve—program-level and client-level data quality. The response must also address how the CoC and HMIS Lead work with participating organizations that have challenges with their data quality.

2D-6 How frequently does the CoC review the data quality in the HMIS of client-level data?

From the drop-down menu, the Collaborative Applicant must select the frequency in

which the CoC currently reviews the quality of client-level data to identify data quality missing birth dates, gender, or race.

2E. Homeless Management Information System (HMIS) Data Usage and Coordination

2E-1 Indicate the frequency in which the CoC uses HMIS data for each of the following activities:

| | |
|----------------------------------------------------------------------------|--|
| Measuring the performance of participating housing and service providers | |
| Using data for program management | |
| Integration of HMIS data with data from mainstream resources | |
| Integration of HMIS data with other Federal programs (e.g., HHS, VA, etc.) | |

2F. Homeless Management Information System (HMIS) Policies and Procedures

2F-1 Does the CoC have a HMIS Policy and Procedures Manual? If yes, the HMIS Policy and Procedures Manual must be attached.

HUD expects CoCs to establish local policies and procedures through the development of a HMIS Policies and Procedures Manual, which detail the policies, procedures, guidelines, and standards that govern operations of a CoC’s HMIS for both the HMIS Lead and the Contributing HMIS Organizations (CHOs). This manual should outline the roles and responsibilities of all agencies and persons with access to the HMIS data and outline how HMIS data is secured and protected. The Collaborative Applicant must indicate whether it has developed an HMIS Policies and Procedures Manual. This may be as a stand-alone document or be incorporated into the CoC’s governance charter. If the Collaborative Applicant responds “Yes” to this question, it must attach the document to the FY 2013/FY 2014 CoC Application in the “Attachments” section.

2F-1.1 What page(s) of the HMIS Policy and Procedures Manual or governance charter includes the information regarding accuracy of capturing participant entry and exit dates in HMIS? (limit 250 characters)

HUD expects CoCs to have in place policies and procedures to ensure that valid program entry and exit dates are recorded in the HMIS. Program entry and exit dates should be recorded upon any program entry or exit on all participants. Entry dates should record the first day of service or program entry with a new program entry date for each period/episode of service. Exit dates should record the last day of residence in a program’s housing before the participant leaves the shelter or the last day a service was

provided. The Collaborative Applicant must indicate what page(s) such a policy can be found in the HMIS Policy and Procedures Manual or the governance charter, both of which should be attached to the FY 2013/FY 2014 CoC Application in the "Attachments" section.

2F-2 Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organizations (CHOs)?

2G. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count

2G-1 Indicate the date of the most recent sheltered point-in-time count (mm/dd/yyyy): 01/30/2013

2G-2 If the CoC conducted the sheltered point-in-time count outside of the last 10 days of January 2013, was an exception granted by HUD? Not Applicable

2G-3 Enter the date the CoC submitted the sheltered point-in-time count data in HDX: 4/30/2013

2G-4 Indicate the percentage of homeless service providers supplying sheltered point-in-time data:

| Housing Type | Observation | Provider Shelter | Client Interview | HMIS |
|----------------------|-------------|------------------|------------------|------|
| Emergency Shelters | 0% | 100% | 100% | 0% |
| Transitional Housing | 0% | 100% | 100% | 0% |
| Safe Havens | 0% | 0% | 0% | 0% |

2G-5 Comparing the 2012 and 2013 sheltered point-in-time counts, indicate if there was an increase, decrease, or no change and then describe the reason(s) for the increase, decrease, or no change. (Limit 750 characters)

Bergen County experienced a 22% decrease in the sheltered homeless population between the 2012 and 2013 PIT Count.

The Bergen County Housing Authority has worked closely with the Bergen County Center for Housing, Health, and Human Service Center (the Center) which serves as the County's one stop and shelter to quickly move homeless households into housing. Through a combination of Housing Choice Vouchers, Tenant Based Rental Assistance and Shelter Plus Care Vouchers, the Center has successfully housed hundreds of individuals within the county. The effective work of the Center has helped Bergen County to decrease the sheltered homeless population in accordance with the local ten year plan.

2H. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count: Methods

* 2H-1 Indicate the method(s) used to count sheltered homeless persons during the 2013 point-in-time count:

| | |
|-------------------|---|
| Survey providers: | X |
| Extrapolation: | |
| HMIS: | |
| Other | X |

At least one box must be checked

2H-2 If other, provide a detailed description. (limit 750 characters)

Agencies encouraged their clients to attend and inform their peers of the Project Homeless Connect Event where they could be linked to services and interviewed to be counted as part of the PIT count.

Providers completed surveys based on client files as well as in person interview with each client in the program the night of the count.

2H-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population during the 2013 point-in-time count was accurate. (limit 750 characters)

All sheltering programs participated in the Count. Agencies received a standard survey tool to collect information. Each agency conducted in person interviews with program. The survey was administered to household members with trained surveyors reading the questions and recording answers

Select programs with large numbers of scattered site hotel/motel placements completed the standard PIT survey using client records and/or phone interviews.

Homeless individuals attending project homeless connect events were interviewed by trained surveyors. Interviewers asked respondents if they completed a survey in another location prior to starting the process.

All staff and volunteers completing the surveys received extensive training to ensure full understanding of the process and accurate collection of data. A PIT user guide was available to surveyors.

2I. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count: Data Collection

* 2I-1 Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:

| | |
|--------------------------------------------------------------------------------------|----------|
| HMIS: | |
| HMIS plus extrapolation: | |
| Sample of PIT interviews plus extrapolation: | |
| Sample strategy: (if Sample of PIT interviews plus extrapolation is selected) | |
| Provider expertise: | X |
| Interviews: | X |
| Non-HMIS client level information: | X |
| Other: | |

At least one selection must be completed

2I-2 If other, provide a detailed description. (limit 750 characters)

2I-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population count during the 2013 point-in-time count was accurate. (limit 750 characters)

Definitions of homelessness and the sub-populations were provided to each PIT interviewer. All PIT interviewers received extensive training to ensure adequate knowledge and expertise to complete the survey correctly.

The PIT survey tool included questions about service use and needs as well as other personal information to determine sub-population data.

A few select providers completed surveys using case files. Sub-population information was completed on the survey based on case records.

All providers completed a PIT survey for each adult member of the household. Providers utilized their expertise as well as knowledge of the household to complete survey questions concerning sub-population information. Provider expertise was used in conjunction with interviews of homeless households.

2J. Continuum of Care (CoC) Sheltered Homeless Point-in-Time Count: Data Quality

*** 2J-1 Indicate the methods used to ensure the quality of the data collected during the sheltered point-in-time count:**

| | |
|----------------------------------|----------|
| Training: | X |
| Follow-up: | |
| HMIS: | |
| Non-HMIS de-duplication : | X |
| Other: | X |

At least one selection must be completed

**2J-2 If other, provide a detailed description.
(limit 750 characters)**

The specialized on-line database contained system features that required the completion of each survey question before agencies could successfully submit the survey. In addition, the surveys contained unique, confidential identifying information which allowed for the identification of duplicate surveys. All of the surveys were coded by agency and program to allow for follow up if necessary.

2J-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population count during the 2013 point-in-time count was accurate. (limit 750 characters)

Every provider serving the homeless was required to participate in training. The training included practice interview techniques to ensure that each PIT interviewer had the expertise and knowledge to complete the survey correctly.

All surveys were coded by agency and program/location. This coding allowed for comparison of survey data with information from HMIS to verify the data. Large discrepancies between HMIS data and survey data were flagged and the CoC lead followed up with the appropriate agencies/programs to discuss identified issues

Each survey was hand screened prior to entering information into the centralized online database. The database used unique identifying information contained on each survey to flag duplicates. All duplicate surveys were reviewed and follow-up conducted with interviewing agencies to verify the data entered. All verified duplicate surveys were removed.

2K. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time (PIT) Count

2K-1 Indicate the date of the most recent unsheltered point-in-time count:
01/30/2013

2K-2 If the CoC conducted the unsheltered point-in-time count outside of the last 10 days of January 2013, was an exception granted by HUD? Not Applicable

2K-3 Enter the date the CoC submitted the unsheltered point-in-time count data in HDX: 4/30/2013

2K-4 Comparing the 2013 unsheltered point-in-time count to the last unsheltered point-in-time count, indicate if there was an increase, decrease, or no change and describe the specific reason(s) for the increase, decrease, or no change. (limit 750 characters)

Bergen County experienced a 43% decrease in the unsheltered population between the 2012 and 2013 PIT Count. The Bergen County Center for Housing, Health and Human Services serves as the County's one-stop center as well as shelter. Through a unique partnership with the Housing Authority of Bergen County, the Center has been able to successfully house hundreds of homeless individuals. As a result of the Center's success, more homeless individuals and families are seeking assistance and being quickly placed into permanent housing. The decrease in the unsheltered population is a direct result of the local outreach efforts and the work of the Center in moving homeless households into permanent housing through a variety of voucher options.

2L. Continuum of Care (CoC) Unsheltered Point-in-Time Count: Methods

*** 2L-1 Indicate the methods used to count unsheltered homeless persons during the 2013 point-in-time count:**

| | |
|-----------------------------------------------------------------------|----------|
| Public places count: | |
| Public places count with interviews on the night of the count: | X |
| Public places count with interviews at a later date: | |
| Service-based count: | X |
| HMIS: | |
| Other: | X |

At least one selection must be completed

2L-2 If other, provide a detailed description. (limit 750 characters)

Agencies encouraged their clients to attend and inform their peers of the Project Homeless Connect Event where they could be linked to services and interviewed to be counted as part of the PIT count.

2L-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the unsheltered homeless population during the 2013 point-in-time count was accurate. (limit 750 characters)

All persons participating in the PIT count received extensive training. The training included sample interviews with currently homeless individuals as well as the homeless definition and sub-population definitions to ensure that each PIT interviewer had the expertise and knowledge to complete the survey correctly.

Special outreach teams were organized to conduct the street/public places count.

Several Project Homeless Connect sites were set up throughout the region where attendees were interviewed and received information, were connected to agencies and received give-aways.

In addition, surveys were completed at known service based locations where the unsheltered homeless are known to congregate. These locations included libraries, hospital emergency rooms, and soup kitchens/food pantries.

2M. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time Count: Level of Coverage

2M-1 Indicate where the CoC located the unsheltered homeless persons (level of coverage) that were counted in the last point-in-time count: **Known Locations**

2M-2 If other, provide a detailed description. (limit 750 characters) **N/A**

2N. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time Count: Data Quality

*** 2N-1** Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2013 unsheltered population count:

| | |
|--------------------------------|----------|
| Training: | X |
| "Blitz" count: | |
| Unique identifier: | X |
| Survey question: | X |
| Enumerator observation: | |
| Other: | x |

At least one selection must be completed

2N-2 If other, provide a detailed description. (limit 750 characters)

All surveys were entered into an online survey tool that required an answer to every question before the survey could be successfully submitted. The on-line tool stored survey information for all surveys submitted within the CoC allowing for comparison of survey responses and de-duplication.

2N-3 For each method selected, including other, describe how the method was used to reduce the occurrence of counting unsheltered homeless persons more than once during the 2013 point-in-time count. In order to receive credit for any selection, it must be described here. (limit 750 characters)

All PIT Interviewers received extensive training on the administration of the survey and understanding of definitions of homelessness and the sub-populations.

The survey included questions regarding whether the person completed the survey already or was included on another survey as well as confidential identifying information such as age, gender and the first three letters of the first and last name.

In addition, surveys were coded by agency and location to assist in the follow up process. Each survey was hand screened prior to entry in the online database. The database used the unique identifying information to flag duplicates. Surveys flagged as duplicate were evaluated to determine the consistency of answers. Utilizing the agency code information, follow-ups with agencies were conducted to determine the possibility of duplication. All surveys determined to be duplicates were removed.

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

Objective 1: Increase Progress Towards Ending Chronic Homelessness

3A-1.1 Objective 1: Increase Progress Towards Ending Chronic Homelessness

| | Proposed in 2012 CoC Application | 2013 Actual Numeric Achievement and Baseline | 2014 Proposed Numeric Achievement | 2015 Proposed Numeric Achievement |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------------------------|---------------------------------------------------------|-----------------------------------------|
| 3A-1.1a For each year, provide the total number of CoC-funded PSH beds not dedicated for use by the chronically homeless that are available for occupancy. | | 73 | 233 (based on HIC under development programs) | |
| 3A-1.1b For each year, provide the total number of PSH beds dedicated for use by the chronically homeless. | 127 | 133 | 134 | 135 |
| 3A-1.1c Total number of PSH beds not dedicated to the chronically homeless that are made available through annual turnover. | | 48 | 7 | 7 |
| 3A-1d Indicate the percentage of the CoC-funded PSH beds not dedicated to the chronically homeless made available through annual turnover that will be prioritized for use by the chronically homeless over the course of the year. | | | | |
| 3A-1.1e How many new PSH beds dedicated to the chronically homeless will be created through reallocation? | | | | |

3A-1.2 Describe the CoC's two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015. (limit 1000 characters)

Similar to Opening Doors, the CoC has prioritized ending chronic homelessness. Bergen County has seen a steady decrease in the chronically homeless population since the development of the 10 year plan and implementation of Housing First. Over the course of the next 2 years the CoC will take the following actions to increase permanent supportive housing for the chronically homeless:

1. Reallocate funding through the CoC process to the development of new PSH units for the chronically homeless. In the FY2013, FY 2014 and FY2015 applications the CoC will work to create new permanent housing units through reallocation of CoC funds. All new projects must dedicate units to the chronically homeless and may request funding for development or rental assistance
2. The CoC has about 30 units of permanent housing dedicated to the chronically homeless that are not yet leased up. Over the next 2 years the CoC will monitor the lease-up of these vouchers.

3A-1.3 Identify by name the individual, organization, or committee that will be responsible for implementing the goals of increasing the number of permanent supportive housing beds for persons experiencing chronic homelessness. (limit 1000 characters)

The CoC review committee will be responsible for identifying the amount of funding available for reallocation through review of the currently funded CoC projects. The review committee will look at program performance, compliance and budget with regards to actual costs versus total amount awarded. The review committee will determine if there are any program savings that can be repurposed for new permanent housing projects.

The Housing Authority of Bergen County will be responsible for lease-up of units currently dedicated to the chronically homeless through the community's Housing First Program

The monitoring committee will be responsible for program oversight and will oversee the program in voucher lease-up.

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

Objective 2: Increase Housing Stability

3A-2.1 Does the CoC have any non-HMIS projects for which an APR should have been submitted between October 1, 2012 and September 30, 2013?

Yes

3A-2.2 Objective 2: Increase Housing Stability

| | 2013 Actual Numeric Achievement and Baseline | 2014 Proposed Numeric Achievement | 2015 Proposed Numeric Achievement |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------|-----------------------------------------|
| 3A-2.2a Enter the total number of participants served by all CoC-funded permanent supportive housing projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013: | 152 | 188 | 230 |
| 3A-2.2b Enter the total number of participants that remain in CoC-funded funded PSH projects at the end of the operating year PLUS the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination. | 145 | 155 | 189 |
| 3A-2.2c Enter the percentage of participants in all CoC-funded projects that will achieve housing stability in an operating year. | 95 | 82 | 82 |

3A-2.3 Describe the CoC's two year plan (2014-2015) to improve the housing stability of project participants in CoC Program-funded permanent supportive housing projects, as measured by the number of participants remaining at the end of an operating year as well as the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit to 1000 characters)

The CoC is committed to maintaining housing stability for households in permanent supportive housing. The CoC has established a local goal of 82% of participants in PSH should remain stable in housing.

1. The CoC will establish a standard way of operating PSH programs and ensure there are programs with low barriers in the CoC. Work with CoC funded PSH programs to ensure requirements are appropriate for the population served
2. Require all PSH programs to identify staff designated as the housing stabilization staff responsible for ensuring housing stability, identifying issues impacting housing stability and connecting residents to appropriate services to improve stability in housing. Where necessary, assist residents in moving to permanent housing when leaving the program.
3. Engage legal services to ensure tenants' rights are preserved. As a program funded through ESG, legal services shall offer pro bono assistance on landlord tenant issues shall continue to offer accessible services through the Bergen County Housing Health and Human Service Center on a weekly basis.

3A-2.4 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of housing stability in CoC funded projects. (limit 1000 characters)

The monitoring committee will evaluate program and system performances related to housing stability on an annual basis. The results of program performance will inform the local review process during the annual project selection and ranking process.

The CoC executive committee will work closely with the permanent housing programs as well as legal services to ensure every effort is made to maintain participant housing stability.

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

Objective 3: Increase project participants' income

3A-3.1 Number of adults who were in CoC funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013:

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3A-3.2 Objective 3: Increase project participants' income

| | 2013 Actual Numeric Achievement and Baseline | 2014 Proposed Numeric Achievement | 2015 Proposed Numeric Achievement |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------|-----------------------------------------|
| 3A-3.2a Enter the percentage of participants in all CoC-funded projects that increased their income from employment from entry date to program exit? | 20 | 20 | 20 |
| 3A-3.2b Enter the percentage of participants in all CoC-funded projects that increased their income from sources other than employment from entry date to program exit? | 21 | 54 | 54 |

3A-3.3 In the table below, provide the total number of adults that were in CoC-funded projects with each of the cash income sources identified below, as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013.

| Cash Income Sources | Number of Participating Adults | Percentage of Total in 3A-3.1 | |
|------------------------------|--------------------------------|-------------------------------|---|
| Earned Income | 104 | 25 | % |
| Unemployment Insurance | 13 | 3 | % |
| SSI | 63 | 15 | % |
| SSDI | 101 | 24 | % |
| Veteran's disability | 5 | 1 | % |
| Private disability insurance | 0 | 0 | % |

| | | | |
|------------------------------|-----------|-----------|---|
| Worker's compensation | 0 | 0 | % |
| TANF or equivalent | 1 | 0 | % |
| General Assistance | 68 | 16 | % |
| Retirement (Social Security) | 7 | 2 | % |
| Veteran's pension | 3 | 1 | % |
| Pension from former job | 3 | 1 | % |
| Child support | 1 | 0 | % |
| Alimony (Spousal support) | 1 | 0 | % |
| Other Source | 2 | 0 | % |
| No sources | 78 | 19 | % |

3A-3.4 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes from non-employment sources from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table (3A-3.2) above. (limit to 1000 characters)

The CoC will work to ensure all program participants are connected with sources of non-employment income for which they are eligible. The CoC has established a goal of 54% of program participants exit programs with non-employment income. The following strategies and actions will be employed to ensure the CoC meets this standard:

1. develop a local SOAR program (mental health department organizing SOAR program)
 - a. ensure there are at least two SOAR trainers in the CoC
 - b. require every agency to have one identified SOAR trained benefits specialist
 - c. identify one agency to serve as the SOAR benefits coordinator for the CoC
 - d. Identify point person for CoC at the State SSA office
2. Require every service providing agency to have a benefits specialist or designate one agency in the CoC to serve as the benefits specialist for all homeless households in the CoC.
3. Work with the local Board of Social Services to identify staff designated to process applications for homeless households in an effort to speed the enrollment process

3A-3.5 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes through employment from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above.

The CoC has established a local goal of ensuring 20% of program participants have employment income at program exit. In order to achieve/maintain this standard, the CoC will implement the following strategies and action steps:

1. Expand use of WIB satellite office in the Housing Health and Human Service Center. Ensure all community programs access services available through the Center and provide the support necessary to help participants access the Center.
2. Work closely with the WIB to ensure the employment and training programs offered are tailored to the specific needs of the homeless households accessing their services through

the Center.

3. Expand Alternate Workforce Solutions, an employment mentoring program offered through CarePlus and funded through CDBG. Work with CarePlus to ensure easy access to this program through the single point of entry in the Housing Health and Human Service Center.

3A-3.6 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC funded projects that increase income from entry date to program exit.

The CoC shall work closely with the Bergen County Mental Health Department, the agency responsible for the local SOAR implementation and trainings.

The CoC monitoring committee shall evaluate program performance related to earned and non-earned cash income on an annual basis. The results of the performance monitoring shall inform the project selection and ranking process.

The Bergen County Board of Social Services is an active member of the CoC and will be responsible for identifying ways of streamlining the process to access benefits.

The Bergen County Housing Health and Human Service Center shall work closely with CarePlus and the Workforce Investment Board to ensure access to employment and training opportunities offered to the community.

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

Objective 4: Increase the number of participants obtaining mainstream benefits

3A-4.1 Number of adults who were in CoC funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013.

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3A-4.2 Objective 4: Increase the number of participants obtaining mainstream benefits

| | 2013 Actual Numeric Achievement and Baseline | 2014 Proposed Numeric Achievement | 2015 Proposed Numeric Achievement |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------|-----------------------------------------|
| 3A-4.2a Enter the percentage of participants in ALL CoC-funded projects that obtained non-cash mainstream benefits from entry date to program exit. | 65 | 56 | 56 |

3A-4.3 In the table below, provide the total number of adults that were in CoC-funded projects that obtained the non-cash mainstream benefits from entry date to program exit, as reported on APRs submitted during the period between October 1, 2013 and September 30, 2013.

| Non-Cash Income Sources | Number of Participating Adults | Percentage of Total in 3A-3.1 | |
|----------------------------------------------|--------------------------------|-------------------------------|---|
| Supplemental nutritional assistance program | 184 | 44 | % |
| MEDICAID health insurance | 143 | 35 | % |
| MEDICARE health insurance | 79 | 19 | % |
| State children's health insurance | 1 | 0 | % |
| WIC | 0 | 0 | % |
| VA medical services | 12 | 3 | % |
| TANF child care services | 0 | 0 | % |
| TANF transportation services | 0 | 0 | % |
| Other TANF-funded services | 1 | 0 | % |
| Temporary rental assistance | 1 | 0 | % |
| Section 8, public housing, rental assistance | 15 | 4 | % |
| Other Source | 6 | 1 | % |
| No sources | 43 | 35 | % |

3A-4.4 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that access mainstream benefits from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit to 1000 characters)

The CoC works to ensure all participants enrolled in programs are connected with the mainstream benefits for which they are eligible. The CoC will employ the following strategies over the next two years to increase access to mainstream benefits:

1. Require every program to utilize a benefits specialist who assists households in determining the benefits for which they are eligible.
2. Ensure each household assisted in the CoC accesses the NJHelps website to prescreen for benefits and complete applications
3. Work with the local board of social services to identify point person to assist homeless households in accessing mainstream benefits

3A-4.5 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC-funded projects that access non-cash mainstream benefits from entry date to program exit. (limit to 1000 characters)

The Monitoring committee shall be responsible for evaluating program performance on an annual basis. Results of performance monitoring will be shared with the rank and review committee and will impact the selection and ranking process.

The Board of Social Services shall be responsible for improving access to non-cash mainstream benefits.

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

Objective 5: Using Rapid Re-Housing as a method to reduce family homelessness

| | 2013 Actual Numeric Achievement and Baseline | 2014 Proposed Numeric Achievement | 2015 Proposed Numeric Achievement |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------|-----------------------------------------|
| 3A-5.1a Enter the total number of homeless households with children per year that are assisted through CoC-funded rapid rehousing projects. | 0 | 0 | 0 |
| 3A-5.1b Enter the total number of homeless households with children per year that are assisted through ESG-funded rapid rehousing projects. | 1 | 3 | 6 |
| 3A-5.1c Enter the total number of households with children that are assisted through rapid re-housing projects that do not receive McKinney-Vento funding. | 1 | 5 | 10 |

3A-5.2 Describe the CoC’s two year plan (2014-2015) to increase the number homeless households with children assisted through rapid rehousing projects that are funded through either McKinney-Vento funded programs (CoC Program, and Emergency Solutions Grants program) or non-McKinney-Vento funded sources (e.g., TANF). Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit 1000 characters)

The CoC recognizes the success of rapid re-housing and will work to expand the use of rapid re-housing in the community to increase the number of households accessing that resource. Steps to expand rapid re-housing include:

1. The CoC will work with ESG grantees to ensure an adequate level of ESG funds are set aside for rapid re-housing programs.
2. The CoC will begin conversations with the Board of Social Services to develop a process to utilize TANF & GA funds to create rapid re-housing
3. The CoC will partner with the local SSVF programs operated by Community Hope, Soldier On and North Hudson Community Action Corporation to ensure homeless veteran families are referred to the program and accessing rapid re-housing through that source of funds
4. The CoC will adopt rapid re-housing standards designed to maximize the number of families served. The new standards will include a cap on the amount of assistance per family, a cap on the number of months households can be served with rapid re-housing funds

3A-5.3 Identify by name the individual, organization, or committee that will be responsible for increasing the number of households with children that are

assisted through rapid re-housing in the CoC geographic area. (limit 1000 characters)

The Bergen County Division of Community Development will be responsible for ensuring an appropriate level of ESG funds are used for Rapid Re-Housing purposes. The Division of Community Development will partner with the CoC to conduct monitoring of rapid re-housing programs in the community and ensure they are making their services equally accessible to families. Greater Bergen Community Action Program and the Housing Development Corporation operating out of the Housing Health and Human Service Center shall be responsible for direct administration of the ESG funded rapid re-housing programs.

Soldier On, Community Hope and North Hudson Community Action Corporation shall be responsible for ensuring homeless veteran families are connected to SSVF resources.

3A-5.4 Describe the CoC's written policies and procedures for determining and prioritizing which eligible households will receive rapid re-housing assistance as well as the amount or percentage of rent that each program participant must pay, if applicable. (limit 1000 characters)

The CoC has worked with the ESG grantee to establish Rapid Re-Housing policies and procedures. Program eligibility is based on eligibility requirements established by the funding source. Rapid Re-housing assistance is targeted towards those ineligible for any other financial assistance programs in Bergen County. The second level of priority is for those needing a small amount of assistance to move into permanent housing and enrolled in other programs. The third level of priority are those households without certifiable disabling conditions and not requiring long-term support services.

Eligible households must complete an initial assessment and provide documentation of legal status, homelessness and income. Enrolled households will receive up to 6 months of assistance with the program covering 100% of the housing costs during the time of the household enrollment in the program. The length of program enrollment will be determined after a full financial assessment.

3A-5.5 How often do RRH providers provide case management to households residing in projects funded under the CoC and ESG Programs? (limit 1000 characters)

How often do Rapid Re-housing case managers work with enrolled participants to provide case management services? How do case managers connect with participants (in person, in participant home, at office, over phone, via email etc)? What type of assessment is used to determine household progress & determination of continued program enrollment? Are there any other standards for all RRH providers with regards to case management?

Rapid Re-housing providers must complete a full assessment and develop a housing stabilization plan upon household enrollment in the program. All program participants must meet with the case management staff on at least a monthly basis while enrolled and must be connected with the Bergen County Housing Health and Human Services Center. Case management staff determine the level of services provided according to the individual household assessment. Household enrolled for 6 months of assistance must be reassess every 3 months.

Case managers examine progress in meeting the goals developed in the housing stabilization plan on a regular basis. In addition, the case managers complete financial assessments every 3 months to determine the progress in long-term sustainability. Typically case management and services are provided in person at the Bergen Housing Health and Human Services Center. Case managers are flexible and meet with program participants at other appropriate locations including their home when meeting at the Center is not feasible.

3A-5.6 Do the RRH providers routinely follow up with previously assisted households to ensure that they do not experience additional returns to homelessness within the first 12 months after assistance ends? (limit 1000 characters)

What is the process for follow up with households assisted through RRH? How long after program exit are follow up services provided? What form do follow up services take (phone contact, in person visit)? What type of assistance is provided if housing instability is detected? If no routine follow up is in place what steps does the CoC take through other programs to support the stability of former RRH participants?

The CoC has not developed a specific standard for follow-up with households that have exited the Rapid Re-Housing program. The CoC is currently examining the characteristics of households turned away from programs and as part of that study will examine households that re-enter the system after program exit. It is the intention of the Executive Committee to develop a CoC policy around follow-up for those who have existed Rapid Re-Housing programs.

While no standard policy is in place, the CoC has a variety of homeless prevention and housing stabilization services available to former rapid re-housing participants. Participants are connected with energy assistance programs, childcare subsidy programs and food pantries to ensure additional resources are available to sustain the household. In addition, all program participants are connected to the mainstream benefits for which they are eligible. All program participants are welcome to continue the use of the Housing Health and Human Service Center including the participation in services at the center such as the feeding program, employment services, legal services, medical services, AA & NA and a variety of other community services.

3B. Continuum of Care (CoC) Discharge Planning: Foster Care

3B-1.1 Is the discharge policy in place mandated by the State, the CoC, or other?
State Mandated Policy

3B-1.1a If other, please explain. (limit 750 characters) N/A

3B-1.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge. (limit 1000 characters)

The NJ Division of Child Protection and Permanency (DCPP) that oversees the foster care system, adheres to the state discharge policy which prevents discharges from facilities without the immediate provision of shelter. The State's plan guarantees no persons will be discharged from any institutional setting into homelessness.

CoC agencies work closely with DCPP to ensure youth aging out of foster care are connected to community resources. Aging out youth are eligible for the Transition for Youth program that connects youth to services that will increase self-sufficiency through housing stability, educational resources, job-readiness skills, financial literacy, emotional & physical wellness and relationship building. Youth transitioning out of foster care may access services through Children's Aid and Family Services or Youth Consultation Service.

Youth may also participate in state funded transitional and permanent housing programs. Youth are assisted in obtaining market rate and/or subsidized units in the community.

3B-1.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness. (limit 1000 characters)

The NJ Division of Family Development and New Jersey Division of Child Protection and Permanency are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness. DCPP are an active member of the Bergen CoC and they work cooperatively with the CoC to ensure that no one is discharged into homelessness. Children's Aid and Family Services, Youth Consultation Service and the Bergen County Division of Family Guidance provide community based support to assist in the transition of youth leaving foster care.

3B. Continuum of Care (CoC) Discharge Planning: Health Care

3B-2.1 Is the discharge policy in place mandated by the State, the CoC, or other?
State Mandated Policy

3B-2.1a If other, please explain. (limit 750 characters) N/A

3B-2.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge. (limit 1000 characters)

All hospitals within Bergen County have discharge protocols that prevent discharge to unknown locations. The CoC member agencies work closely with hospital social work staff to ensure patients are discharged to appropriate locations and sufficient effort is made to connect them with stable housing. Hospital social workers work with patients to identify housing options and contact the local welfare boards and community service providers when homeless patients are discharged in less than 90 days. For patients staying in the hospital for longer than 90 days, the hospital social work staff connects patients to friends and family, hospices or other housing opportunities upon discharge.

3B-2.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness. (limit 1000 characters)

The private hospitals in Bergen County are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness. The Bergen County Housing Health and Human Services Center works closely with all local hospitals to ensure appropriate discharge planning occurs prior to hospital exit.

3B. Continuum of Care (CoC) Discharge Planning: Mental Health

3B-3.1 Is the discharge policy in place mandated by the State, the CoC, or other?
State Mandated Policy

3B-3.1a If other, please explain. (limit 750 characters) N/A

3B-3.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge. (limit 1000 characters)

The State of New Jersey's psychiatric hospitals follow state guidelines that prohibit the discharge of any individual into homelessness. All persons being discharged must have

a place to live or they remain in the hospital until an appropriate permanent, stable housing placement is secured. The state of New Jersey Department of Mental Health and Addiction Services is responsible for overseeing all discharges from the state hospital. Typically those discharged from the hospital are placed with friends and family where possible or in state funded permanent supportive housing programs. The CoC has made and will continue to make permanent housing leasing funds targeted to the homeless with disabilities available to agencies providing support services to this clientele. There are a number of state licensed mental health service agencies such as Advance Housing and Vantage Health Systems. Both agencies have state funding to provide transitional and permanent supportive housing services to persons exiting the state mental health institutions.

3B-3.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness. (limit 1000 characters)

Many of the agencies licensed by the state to operate supportive housing programs and receiving state funding to do so are members of the continuum of care. Reports are provided quarterly on the status of state discharges as well as new funding opportunities to provide additional supportive housing. The Mental Health Board monitors the process locally to ensure successful placements.

3B. Continuum of Care (CoC) Discharge Planning: Corrections

3B-4.1 Is the discharge policy in place mandated by the State, the CoC, or other?
State mandated Policy

3B-4.1a If other, please explain. (limit 750 characters) N/A

3B-4.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge. (limit 1000 characters)

The Bergen County correctional facilities have established protocols for discharge including an interview by the social work staff in which they ask those about to be discharged where the individual will be living upon release. For those with no address/home to return to, the social work staff has an established procedure with the County Board of Social Services and the Homeless Hotline who then work together to identify and secure appropriate housing placement.

In addition, the county correctional institutions work with HOPE for Ex-offenders, which offers a re-entry program for interested persons exiting the correctional institution. The HOPE for Ex-offenders Program provides referral and linkages to housing, employment and mainstream benefits services.

3B-4.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness. (limit 1000 characters)

Hope for Ex-offenders works closely with the sheriff's office to periodically review the local discharge procedure and ensure persons are connected to resources prior to discharge and not exiting local jails into homelessness.

3C. Continuum of Care (CoC) Coordination

3C-1 Does the Consolidated Plan for the jurisdiction(s) within the CoC's geography include the CoC's strategic plan goals for addressing and ending homelessness?

Yes

3C-1.1 If yes, list the goals in the CoC strategic plan. (limit 1000 characters)

1. Development of Permanent Housing for the chronically homeless
 - a. Develop diversified funding resources
 - b. Expand housing stock
 - c. Streamline local planning and approval process
 - d. Increase capacity of local developers
2. Increase availability and improve delivery of services
 - a. Create a Single Point of Entry
 - b. Increase and re-align funding for services
 - c. Increase agency linkages through partnerships and HMIS
3. Develop comprehensive discharge procedures
4. Educate community and advocate for the homeless population
5. Restructure County funding
 - a. Create a single point of access for homeless service and housing funding
 - b. Develop standard application and monitoring process
 - c. Provide oversight for plan implementation.
6. Ensure the success of model programs
 - a. Develop Housing First program
 - b. Develop Rapid Re-Housing for families program
 - c. Create a Single Point of Entry

3C-2 Describe the extent in which the CoC consults with State and local government Emergency Solutions Grants (ESG) program recipients within the CoC's geographic area on the plan for allocating ESG program funds and reporting on and evaluating the performance of ESG program recipients and sub recipients. (limit 1000 characters)

How did CoC consult with ESG recipient for 2012 & 2013 funding? What is the collective plan that has been developed for reporting and evaluation?

i.e.

The CoC lead and ESG sub-recipient developed a collective sub-committee to evaluate the most appropriate ways to prioritize CoC funding and ESG funding for maximum impact in the community. The sub-committee determined the amount of funding to allocate to each eligible activity under the ESG program. The sub-committee also served as the ESG applicant review committee that made funding allocations for the 2012 and 2013 ESG funds.

The sub-committee developed the reporting and evaluation standards for ESG & CoC programs. The reporting and evaluation requirements are as follows:

1. All ESG & CoC recipients must enter all client information in HMIS. ESG recipients must capture all of the HUD CoC required fields in HMIS.
2. Programs will be evaluated using HMIS data for performance
3. The monitoring committee will pull performance data from HMIS on an annual basis. Programs will receive a copy of their monitoring report. Poor performing programs must develop a quality improvement plan and will be re-evaluated at six month intervals.
4. Specific performance standards include:
 - a. Housing Stability – xx% of participants remain stable in permanent housing through end of operating year; and/or xx% of participants exit into permanent housing
 - b. Income Growth – xx% of participants exit program with employment income or have employment income at end of operating year; or xx% of participants exit program with non-earned cash income or have non-earned cash income at end of operating year; and xx% of participants have non-cash mainstream benefits at program exit or end of operating year.
 - c. Reduce returns to homelessness – XX% of participants exit program to homelessness

3C-3 Describe the extent in which ESG funds are used to provide rapid rehousing and homelessness prevention. Description must include the percentage of funds being allocated to both activities. (limit 1000 characters)

The joint ESG-CoC subcommittee evaluated funding available for all homeless service activities within the CoC. Based on the established community priorities, CoC & ESG funds will be directed towards activities that will end homelessness, specifically rapid rehousing and permanent supportive housing. The committee examined how different funding sources worked together to fund various parts of the homeless service system and determined that the best use of ESG funds would be for Emergency Shelter, HMIS and prevention and rapid rehousing activities. For the FY2012 allocation of ESG funds 45% was set aside for shelter 2.5% for HMIS, 24% for prevention and 21% for rapid rehousing. For the FY2013 allocation of ESG funds 45% was set aside for shelter, 3% for HMIS, 23% for prevention and 22% for rapid rehousing.

3C-4 Describe the CoC's efforts to reduce the number of individuals and families who become homeless within the CoC's entire geographic area. (limit 1000 characters)

Within the CoC there are several programs that provide homelessness prevention services. The Bergen County Community Action Program provides a host of financial management, childcare, utility assistance and rental assistance services to help at risk households maintain their housing. The legal services organization provides pro-bono legal services to households in landlord tenant court to assist them in maintaining their units when illegal eviction proceedings are employed. The Center for Food Action provides utility assistance to individuals at risk of homelessness in addition to the food pantry services. The local board of social services is the biggest prevention agency providing rental assistance, childcare and transportation to those individuals and families eligible for TANF or General Assistance. In addition to these services Greater Bergen Community Action Program administers state homelessness prevention funds which provide rental assistance and utility assistance to households at risk of homelessness. The CoC holds regular committee meetings between all programs administering prevention funding to discuss barriers to services and issues as they arise. All programs providing prevention services enter information in HMIS.

3C-5 Describe how the CoC coordinates with other Federal, State, local, private and other entities serving the homeless and those at risk of homelessness in the planning and operation of projects. (limit 1000 characters)

The CoC regularly evaluates all funding sources providing resources to the homeless service system. At monthly meetings discussions center around eligible activities, the level of resources available, duplication of services and barriers faced by households trying to access resources.

City of Paterson is the designated entity administering HOPWA funds for the CoC. The CoC reviews HMIS data along with information from the Ryan White service providers to determine the size of the population eligible for HOPWA services and develop a streamlined referral system. NJ Buddies is the local service provider working with this program and operates through the Center to identify homeless persons eligible

The Board of Social Services attends monthly CoC meetings and provides information about available programs, eligibility requirements and ways to streamline the process for accessing services.

There are no agencies in the CoC that receive RHY. Greater Bergen CAP is one of the primary youth service providers and is active in the monthly CoC meetings.

Philanthropic organizations & foundations – the United Way is an active member of the CoC and served on the steering committee, which developed the community's 10 year

plan. The routinely attend CoC meetings and participate in strategic planning to advance the goals of the 10 year plan

3C-6 Describe the extent in which the PHA(s) within the CoC's geographic area are engaged in the CoC efforts to prevent and end homelessness. (limit 1000 characters)

The Housing Authority of Bergen County is an active partner in the CoC's efforts to end homelessness. HABC embraced the goals of the 10 year plan to end homelessness and as a result created a preference for homeless households and set aside 20% of turnover vouchers to homeless households. As a result HABC has housed 54 homeless individuals with housing choice vouchers and 44 homeless persons through the Tenant Based Rental Assistance Program funded through HOME funds in the last 3 years. HABC manages the centralized intake system and shelter for homeless individuals in the community and implements the prevention and rapid rehousing program for the community. HABC has been active in developing the centralized intake process for individuals and actively works with the CoC to set priorities and refine the structure. HABC administers rental assistance programs for the CoC utilizing a housing first model and manages 172 rental assistance vouchers awarded through the CoC. With the collaborative efforts of HABC, the centralized intake system has placed over 200 individuals and families in permanent housing over the past 3 years. HABC has pledged to continue active involvement in the CoC planning process and is a key partner in developing new permanent housing opportunities. HABC is currently working to purchase and renovate new permanent housing units dedicated to the homeless and is one of the strong partners in the CoC

3C-7 Describe the CoC's plan to assess the barriers to entry present in projects funded through the CoC Program as well as ESG (e.g. income eligibility requirements, lengthy period of clean time, background checks, credit checks, etc.), and how the CoC plans to remove those barriers. (limit 1000 characters)

The individual emergency shelter program in the CoC does not have program entry requirements aside from completion of an assessment. The center is operated on a low barrier model in which there are no admission requirements.

The transitional housing programs in the county require background checks and sobriety.

The majority of the permanent housing programs in the CoC operate under a housing first model and have minimal barriers for program entry. They run background checks and only screen out for particular offenses such as those convicted of sexual offences against children. Rather each applicant is evaluated on a case by case basis.

The CoC is working with its transitional housing programs and non-housing first permanent housing programs to evaluate barriers to program entry. Each agency will meet with the executive committee and provide a detailed explanation of how and why the program eligibility requirements were created. The CoC will examine HMIS data concerning the population served in the programs and determine whether adjustments are needed in eligibility requirements to increase access for the hardest to serve.

3C-8 Describe the extent in which the CoC and its permanent supportive housing recipients have adopted a housing first approach. (limit 1000 characters)

The CoC has identified Housing First as its primary approach for ending homelessness. The 10 Year Plan included adoption of a housing first approach and development of a housing first program to end chronic homelessness. Since the development of the 10 year plan, the CoC has devoted new funding to permanent housing programs implementing housing first. Currently the CoC has 144 CoC funded beds dedicated to the housing first program. All homeless individuals accessing services through the centralized intake system operated by the Bergen County Housing Health and Human Service Center will have an opportunity to access permanent housing using a housing first approach. Individuals going through the center are initially assessed to determine what they are eligible for. Subsequently they meet with a housing coordinator to determine the most appropriate type of housing and to begin the process of collecting the required documentation for accessing housing programs. Once all required documentation is gathered, individuals are connected with a service provider who assists them in locating housing in the community. Services are wrapped around the individual once they have been established in housing. The CoC is working to ensure all of the funded programs operate from a housing first approach.

3C-9 Describe how the CoC's centralized or coordinated assessment system is used to ensure the homeless are placed in the appropriate housing and provided appropriate services based on their level of need. (limit 1000 characters)

What type of coordinated assessment process does the CoC intend to create (no wrong door, single point of entry, one stop center with one location, one stop center with several locations)? What implementation strategy will be used (phase in for one population, pilot agencies or in a particular geographic area)?

The Bergen County Housing Health and Human Services Center serves as the one stop location for housing and services in Bergen County. The Center is centrally located in the County's largest city in close proximity to many of the community service providers and accessible by public transportation. Persons entering the Center receive a full assessment to determine service needs and are matched to appropriate programs and services on-site or in close proximity to the Center. The center provides emergency

shelter and direct placement into permanent housing.

The Center utilizes a universal assessment form to determine which programs households in need of assistance are eligible for. The form captures basic information to determine program eligibility and is used in conjunction with the HMIS intake survey. Oversight of the coordinated system is provided through the HMIS system operated by the Bergen County Department of Human Services.

3C-10 Describe the procedures used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to request housing or services in the absence of special outreach. (limit 1000 characters)

The CoC requires all funded programs to make services accessible and available to all persons regardless of race, color, religion, gender, age, familial status or disability. All housing and service programs in the CoC are required to submit their eligibility criteria to the CoC Lead for inclusion in the community resource guide and for the development and review of program standards. Agencies may not deny services to persons seeking services who meet the basic criteria unless there is a history of violence or other disruptive behavior that would potentially harm other program participants. All agencies are required to post program eligibility criteria and develop an affirmative marketing plan to be updated annually. The CoC review HMIS data as well as PIT data to determine the needs of populations not routinely accessing services. Once populations have been identified the CoC develops a sub-committee to further explore the reasons for their exclusion from services and to develop strategies to engage them in the service and housing system of the CoC.

3C-11 Describe the established policies that are currently in place that require all homeless service providers to ensure all children are enrolled in early childhood education programs or in school, as appropriate, and connected to appropriate services within the community. (limit 1000 characters)

1. The Educational Supervisor must evaluate the educational needs of all children in the program.
2. The educational supervisor must contact the homeless liaison for each school youth are enrolled in.
3. No child shall be required to change schools based on the location of their temporary placement. Children may remain in their school of origin should they choose.
4. Participation in after-school programs provided by shelters or transitional programs shall not prohibit students from remaining enrolled in their school of origin
5. Educational programs provided by shelters and transitional housing programs should be supplemental and expand on the regular education services
6. The Educational Supervisor should cooperate with homeless liaisons to connect unaccompanied youth to the state foster care system

7. Educational Supervisors should assist families with children ages 0 to 5 in accessing Head Start

3C-12 Describe the steps the CoC, working with homeless assistance providers, is taking to collaborate with local education authorities to ensure individuals and families who become or remain homeless are informed of their eligibility for McKinney-Vento educational services. (limit 1000 characters)

The Bergen CoC works closely with the Children's Inter-Agency Coordinating Council (CIACC). The McKinney Homeless Liaison contact works closely with the CoC and CIACC to build partnerships between education system partners, homeless liaisons, the behavioral healthcare system, child protective services and the homeless service system to enhance the identification of students and their needs, and strengthen collaboration and coordination of services to fully address the needs of homeless students.

CIACC offers cross training on homeless definitions, compliance and requirements, support systems for the homeless and effective collaborative models to increase partnerships between local schools and community service providers. CIACC has developed a standardized intervention model for use in school settings to effectively determine the service needs of homeless children and connect them to appropriate providers in the community.

The CoC will develop MOUs between the CoC and area school districts on protocols for identification and school enrollment, including procedures for information-sharing and a joint 'release of information' forms for parents, so shelters and schools can share appropriate information, including provisions for liaisons to refer families and youth to HUD programs.

3C-13 Describe how the CoC collaborates, or will collaborate, with emergency shelters, transitional housing, and permanent housing providers to ensure families with children under the age of 18 are not denied admission or separated when entering shelter or housing. (limit 1000 characters)

The CoC intends to create written standards for emergency shelter, transitional housing and permanent housing programs within the next two year which will standardize the way in which these programs operate in the CoC. Currently there are two emergency shelter programs and 8 transitional housing programs serving homeless families. These programs do not have any regulations in place which allow families to be separated upon admission into the program. In order to solidify this unwritten policy of keeping families in tact, the CoC will establish a standard for all sheltering and housing programs which prohibits families from being separated based on family composition. This standard will be written into the CoC policies manual and all programs providing shelter or housing services within the geographic region will be required to sign an MOU indicating their participation in the local system and adherence to the written standards developed by the system.

3C-14 What methods does the CoC utilize to monitor returns to homelessness by persons, including, families who exited rapid rehousing? Include the processes the CoC has in place to ensure minimal returns to homelessness. (limit 1000 characters)

The CoC currently utilizes HMIS to track returns to homelessness for people exiting rapid re-housing, transitional housing and permanent housing programs. Currently the HMIS system provides information about household destination at discharge. This information is reviewed annually during the program monitoring process. The CoC is working with the HMIS lead to explore more effective ways of capturing information about returns to homelessness and to track returns over time.

The CoC has unofficially established a standard that no more than 5% of people exiting programs leave to homeless destinations such as emergency shelters, on the streets or temporarily doubled up. The CoC is currently exploring strategies to assist programs in reducing returns to homelessness and is considering funding for follow services, provision of community case management for at risk households and connection of permanently housed participants with prevention programs prior to issues arising.

3C-15 Does the CoC intend for any of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes?

No

3C-15.1 If yes, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 1000 characters)

3C-16 Has the project been impacted by a major disaster, as declared by President Obama under Title IV of the Robert T. Stafford Act in the 12 months prior to the opening of the FY 2013 CoC Program Competition?

3C-16.1 If 'Yes', describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD. (limit 1500 characters)

3D. Continuum of Care (CoC) Coordination with Strategic Plan Goals

3D-1 Describe how the CoC is incorporating the goals of Opening Doors in local plans established to prevent and end homelessness and the extent in which the CoC is on target to meet these goals. (limit 1000 characters)

The Bergen County 10 year plan, developed in 2008, set a goal of ending chronic homelessness through the creation of permanent housing, easing access to services and coordinating resources to address homelessness. Since the development of the plan, the CoC has worked to ensure the strategies implemented align with Opening Doors.

The CoC has worked to end chronic homelessness by first implementing a housing first program operated by the Housing Authority of Bergen County. Since 2007, the CoC has prioritized funding for chronically homeless individuals and has created new rental assistance vouchers for the Housing First program. To date the CoC has developed 133 units for the chronically homeless.

The CoC works to end veterans homelessness within Bergen County. The CoC has provided funding to a transitional housing program for homeless veterans and has worked closely with VA partners and Soldier On, the agency providing SSVF services in the community. The CoC is actively working to standardize access to veteran's services and SSVF and HUD VASH in particular

The CoC has adopted rapid re-housing as the primary method for ending family homelessness. 23% of ESG funds have been prioritized for rapid rehousing which is run through the Bergen County Housing Health and Human Services Center. In addition to rapid re-housing funds, in the 2011 CoC competition the CoC prioritized funding for new leasing vouchers to serve homeless families

The CoC continues to work to set a path to ending all forms of homelessness. The first step has been the development of a single point of access system through the Housing Health and Human Services Center. The County has also coordinated all County controlled funding for homeless services through the development of an advisory council which ensures funding is in line with the 10 year plan and is coordinated across various funding streams.

3D-2 Describe the CoC's current efforts, including the outreach plan, to end homelessness among households with dependent children. (limit 750 characters)

The primary point of contact for homeless households is through the Board of Social Services. Households in need of assistance are assessed for eligibility in mainstream benefits programs. Those households in need of immediate shelter are connected with local family shelters or placed in hotel/motels should all of the local shelter beds be filled. In addition, The CoC has XX family success centers that provide services to families in need within the community. Other outreach activities include efforts of the local school system connecting with homeless families through the homeless liaisons in the school.

In 2008, the Bergen County Department of Human Services in collaboration with the Bergen County Board of Social Services opened Florence Court Housing, a transitional housing program for homeless families on Temporary Assistance for Needy Families (TANF). This 31 unit transitional housing program has helped to stabilize homeless families in Bergen County and assist them in the move to permanent housing solutions.

The Bergen County Housing Health and Human Service Center has successfully reduced the number of unsheltered homeless households with dependent children by serving as the County's single point of entry and centralized intake. The Center is managed by the Housing Authority of Bergen County and has improved access to an array of available health and human services in the county.

Upon intake, households are assessed and referred to appropriate programs including Bergen County Rapid Re-Housing, and Florence Court Housing. Once a housing plan is established, a team of the county's homeless service providers mobilize housing and supportive services through community partners to assist clients in attaining self sufficiently.

Bergen County saw an XX% decrease in un-sheltered households over the last two years in large part due to the successful implementation of rapid re-housing strategies and the creation of a single point of entry and service system in the Bergen County Housing, Health and Human Service Center.

3D-3 Describe the CoC's current efforts to address the needs of victims of domestic violence, including their families. Response should include a description of services and safe housing from all funding sources that are available within the CoC to serve this population. (limit 1000 characters)

Shelter Our Sisters (SOS) provides services to victims of domestic violence within the CoC. Available services include the domestic violence hotline, emergency shelter, transitional housing, counseling services, advocacy, outreach and education. SOS works closely with the local police departments to help connect victims of domestic violence to the above identified services and the safe house. Currently two transitional housing programs operated by SOS are funded through the CoC. These programs do not report client information in the local HMIS but rather provide aggregate information for reporting purposes. The location of the emergency shelter, transitional housing and permanent housing is not disclosed. SOS' administrative offices are used for all correspondence related to the programs so as to ensure the safety of program participants and program locations.

3D-4 Describe the CoC's current efforts to address homelessness for unaccompanied youth. Response should include a description of services and housing from all funding sources that are available within the CoC to address homelessness for this subpopulation. Indicate whether or not the resources are

available for all youth or are specific to youth between the ages of 16-17 or 18-24. (limit 1000 characters)

What agencies serve homeless youth in the community?

What type of outreach occurs to identify homeless youth

Describe the housing and services available to homeless youth

Are the services & housing different for youth 16-17 & 18-24

Greater Bergen CAP, Zoe's Place for homeless pregnant teens, Advance Housing are the primary agency serving unaccompanied youth in the CoC. XX agency works with children in the child welfare system as well as unaccompanied homeless youth not connected to the child welfare system. Within the CoC there is a youth shelter, transitional housing for youth and permanent housing opportunities for youth age 18 – 24. In addition to shelter/housing opportunities, unaccompanied youth connected with XX agency may receive education/training services, drug & alcohol treatment, counseling services, family counseling/re-unification services, life skills, financial management services and employment services. All of these services are available to youth aged 16-21 who are currently engaged in the child welfare system and youth up to 24 who are not part of the child welfare system.

XX agency does regular street outreach to identify and engage unaccompanied homeless youth. In addition XX agency works closely with the local school system to identify at risk youth or those who may be homeless and still in school. As the designated youth service agency for the CoC, the police routinely connect homeless youth to the agency for services once identified or picked up.

3D-5 Describe the efforts, including the outreach plan, to identify and engage persons who routinely sleep on the streets or in other places not meant for human habitation. (limit 750 characters)

Who conducts street outreach?

Where is outreach completed? (known locations, service based such as libraries and soup kitchens, regular sweeps of wooded areas, train stations, abandoned buildings)

How often do outreach teams go out?

Who do teams connect with while doing outreach (police, homeless/formerly homeless, hospital staff)

What is the scope of outreach? (metropolitan areas, known locations, entire county, service areas)

The CoC has a two-pronged method of conducting outreach to identify and engage persons that routinely sleep on the streets or other places not meant for human habitation.

The first phase is the street outreach undertaken by the PATH team that is managed by CBHCare. They undertake aggressive outreach on the streets and other known

locations where homeless persons congregate. The outreach team routinely visits camp sites of known tent city locations. The outreach team engages the assistance of homeless and formerly homeless individuals in conducting outreach and identifying unsheltered locations where individuals routinely sleep. The outreach teams conduct a sweep of locations throughout the county with outreach vans and outreach on foot. The teams conduct service based outreach at local soup kitchens, libraries, and hospitals, as well as searching out unsheltered locations such as camp sites, government owned land, train and bus stations and the streets of metropolitan areas. The outreach teams work closely with local police stations throughout the county to help identify locations where homeless individuals congregate as well as connect with any individuals picked up by the police.

In addition to traditional outreach, the CoC holds annual project homeless connect events in easily accessible and highly visible locations in the community. Extensive advertising is conducted prior to the event in order to ensure wide publicity of the event. Project homeless connect events provide an opportunity to connect unsheltered individuals with services in the community.

3D-6 Describe the CoC's current efforts to combat homelessness among veterans, particularly those are ineligible for homeless assistance and housing through the Department of Veterans Affairs programs (i.e., HUDVASH, SSVF and Grant Per Diem). Response should include a description of services and housing from all funding sources that exist to address homelessness among veterans. (limit 1000 characters)

The Bergen County CoC is committed to ending veteran's homelessness by 2015. CoC member agencies participated in the annual summit on ending homelessness among veterans convened by the VA in 2012 and will participate in the 2013 summit as well.

While the number of veterans identified in HMIS and through the annual Point-in-Time Count remains relatively small, the CoC is actively working to connect those identified veterans to permanent housing.

Soldier On, Community Hope & North Hudson Community Action Corporation administer the SSVF grant and they work with the CoC and its members to provide an array of prevention and rapid re-housing services to homeless veterans. Soldier On and Community Hope work through the Housing Health and Human Service Center once a week to help identify homeless persons using the services at the County single point of entry. North Hudson works through the FQHC location to identify potentially eligible veterans.

Community Hope provides transitional housing and case management services to homeless veterans in the CoC. The County Division of Veteran's Affairs is active in the CoC and works closely with several subcommittees to include the needs of veterans in all plans that are developed.

The CoC will continue to work with agencies to more accurately identify homeless veterans and create new strategies to connect them to permanent housing opportunities.

3E. Reallocation

3E-1 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new permanent supportive housing projects dedicated to chronically homeless persons?

Yes

3E-2 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new rapid re-housing project for families?

No

3E-2.1 If the CoC is planning to reallocate funds to create one or more new rapid re-housing project for families, describe how the CoC is already addressing chronic homelessness through other means and why the need to create new rapid re-housing for families is of greater need than creating new permanent supportive housing for chronically homeless persons. (limit 1000 characters)

N/A

3E-3 If the CoC responded 'Yes' to either of the questions above, has the recipient of the eligible renewing project being reallocated been notified?

4A. Continuum of Care (CoC) Project Performance

4A-1 How does the CoC monitor the performance of its recipients on HUD established performance goals? (limit 1000 characters)

The CoC evaluates program performance on an annual basis. Project monitoring includes review of HMIS and APR data remotely. The CoC evaluates projects in the following areas:

1. Ending Chronic Homelessness – what percentage of program participants were chronically homeless at program entry. What percentage of CH participants were connected to PH. What percentage of program beds our housing placement services are set aside for CH participants
2. Increase housing stability – what percentage of program participants remain stable in housing for at least 6 months. What percentage of program participants move into PH at program exit

3. Increase participant income – what percentage of program participants had an increase of income on the last APR. What percent of participants have income versus no sources of income
4. Connection to mainstream benefits – what percentage of program participants have mainstream benefits vs. no benefits
5. Use of Rapid Re-housing – what percentage of program participants are referred to rapid re-housing programs

4A-2 How does the CoC assist project recipients to reach HUD established performance goals? (limit 1000 characters)

The CoC monitoring committee evaluates HMIS & APR data to determine program effectiveness in meeting the HUD and local goals of ending chronic homelessness, increasing housing stability, increasing participant income and connection to mainstream benefits, and increasing the use of rapid re-housing. Poor performing programs are notified in writing about their performance and must meet with the monitoring committee to discuss barriers to improving performance. During the review meeting, the monitoring committee works with the program to determine appropriate steps to help improve performance. The agency is required to develop a corrective action plan, which includes recommendations from the monitoring committee. The CoC offers technical assistance and peer support to programs struggling to improve performance. In addition the CoC works with agencies on capacity building efforts and/or connection/collaboration with strong community agencies should such steps be necessary/helpful in efforts to improve performance.

4A-3 How does the CoC assist recipients that are underperforming to increase capacity? (limit 1000 characters)

The CoC Lead agency conducts a programmatic audit with a sampling of 15% of the files and a full financial audit on an annual basis. This audit includes an on-site review of program & client files as well as agency procurement procedures as well as a review of submitted documentation. The monitoring committee reviews drawdown procedures, reporting process and activity & participant eligibility documentation. Compliance monitoring results are provided to agencies in writing within 30 days of the on-site monitoring. Poor performing programs must submit a corrective action plan within 30 days and a meeting with the CoC Lead is scheduled if necessary. The CoC Lead reviews the plan and conducts additional reviews if necessary. The CoC offers struggling programs technical assistance and facilitates connections with high performing programs and/or consultants that can assist agencies in improving their internal processes in order to meet program requirements.

4A-4 What steps has the CoC taken to reduce the length of time individuals and families remain homeless? (limit 1000 characters)

The CoC utilizes HMIS to determine the length of time households remain homeless.

Specifically, the CoC monitors the average length of program stay as well as examining the length of program stay for the top 10% longest stayers in each program. The CoC System Monitor evaluates the characteristic of households with the longest length of stay to determine if there are specific factors related to the household characteristics that impact their length of stay. The CoC holds workgroup meetings with all shelter and transitional housing providers to discuss the factors impacting length of stay for program participants. In addition the CoC hosts program participant forums to allow those participating in programs to give feedback regarding the factors impacting their ability to exit into permanent housing. The primary factors impacting length of program stay are related to the lack of affordable housing and insufficient income. The CoC is working with shelter and transitional housing programs to ensure they are connecting participants with employment opportunities and mainstream benefits. Current strategies to reduce length of homelessness include:

1. establish community standards for the average length of stay for all emergency shelter and transitional housing programs. Agency performance is evaluated on a quarterly basis
2. promote best practice models that have been proven to effectively decrease length of stay and increase stability in housing or successful exit to permanent housing.

4A-5 What steps has the CoC taken to reduce returns to homelessness of individuals and families in the CoC's geography? (limit 1000 characters)

The CoC is working with the HMIS vendor to identify an effective way of measuring returns to homelessness. Currently the CoC reviews the episodes of homelessness identified by participants at program entry along with discharge destination to get a preliminary feel for the number of households experiencing multiple bouts of homelessness and returning to programs in the system after exit.

HMIS data is analyzed to identify the characteristics of those households experiencing multiple bouts of homelessness in the community. Based on a preliminary look at HMIS data the CoC has determined the following strategies will prove effective in minimizing returns to homelessness:

1. The CoC is creating a comprehensive assessment tool that will assist programs in determining the needs of the household and indicate the likelihood of the household to require long-term support. The assessment is done at program entry, six months after program entry and annually thereafter. There is also an assessment at program exit. Should the household move to another program within the system, the exit assessment will help in development of their service plan.
2. Programs providing permanent supportive housing must prioritize beds for those households with the longest histories of homelessness and/or the most episodes of homelessness.

3. Agencies providing rapid re-housing or transitional housing assistance must make accommodations to provide at least 6 months of follow-up services to ensure households have transitioned well and remain stable in permanent housing.

4A-6 What specific outreach procedures has the CoC developed to assist homeless service providers in the outreach efforts to engage homeless individuals and families? (limit 1000 characters)

4B. Section 3 Employment Policy

4B-1 Are any new proposed project applications requesting \$200,000 or more in funding?

No

4B-1.1 If yes, which activities will the project(s) undertake to ensure employment and other economic opportunities are directed to low or very low income persons?

N/A

4B-2 Are any of the projects within the CoC requesting funds for housing rehabilitation or new constructions?

No

4B-2.1 If yes, which activities will the project undertake to ensure employment and other economic opportunities are directed to low or very low income persons:

N/A

4C. Accessing Mainstream Resources

4C-1 Does the CoC systematically provide information about mainstream resources and training on how to identify eligibility and program changes for mainstream programs to provider staff?

4C-2 Indicate the percentage of homeless assistance providers that are implementing the following activities:

| | |
|------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| * Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs. | 100% |
|------------------------------------------------------------------------------------------------------------------------------------------------------|------|

| | |
|-----------------------------------------------------------------------------------------------------------------|------|
| * Homeless assistance providers use a single application form for four or more mainstream programs. | 100% |
| * Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received. | 100% |

4C-3 Does the CoC make SOAR training available for all recipients and sub recipients at least annually? Yes

4C-3.1 If yes, indicate the most recent training date:

4C-4 Describe how the CoC is preparing for implementation of the Affordable Care Act (ACA) in the state in which the CoC is located. Response should address the extent in which project recipients and sub recipients will participate in enrollment and outreach activities to ensure eligible households are able to take advantage of new healthcare options. (limit 1000 characters)

The CoC is working to ensure all CoC member agencies are aware of and connecting with ACA resources and are actively working to enroll their clients. At the time of the roll out of ACA the County Communications Coordinator and HSAC Administrator provided information about the program to the full CoC membership. The CoC has held meetings in which the local ACA system Navigators presented information on some of the resources available and the process to access the system. System navigators have connected with local providers to process applications and help enroll program participants.

The Mental Department conducted presentation on the ACA and enrollment process. The CoC membership was invited to the presentations and strongly encouraged to attend.

4C-5 What specific steps is the CoC taking to work with recipients to identify other sources of funding for supportive services in order to reduce the amount of CoC Program funds being used to pay for supportive service costs? (limit 1000 characters)

The CoC has long recognized the need to identify additional resources to support the funding of supportive services in programs supporting homeless households. The CoC has developed several workgroups to explore the full extent of the service needs in the community. A group was pulled together to develop a service model and secure additional funding to support case management through a SAMHSA grant. Subsequent to that workgroup, the CoC has pulled together additional workgroups to identify funding for case management services tied to the rental assistance vouchers funded through the Continuum of Care. As a result of these workgroups the CoC successfully secured additional funding for services through the CDBG program and the Bergen County Homeless Trust Fund. The CoC remains committed to identifying sources of funding for services and will continue to create work groups to respond to the emerging needs.

Attachments

| Document Type | Required? | Document Description | Date Attached |
|----------------------------------------------------------------|-----------|----------------------|---------------|
| Certification of Consistency with the Consolidated Plan | Yes | | |
| CoC Governance Agreement | No | | |
| CoC-HMIS Governance Agreement | No | | |
| CoC Rating and Review Document | No | | |
| CoCs Process for Making Cuts | No | | |
| FY2013 Chronic Homeless Project Prioritization List | No | | |
| FY2013 HUD-approved Grant Inventory Worksheet | Yes | | |
| FY2013 Rank (from Project Listing) | No | | |
| Other | No | | |
| Other | No | | |
| Other | No | | |
| Projects to Serve Persons Defined as Homeless under Category 3 | No | | |
| Public Solicitation | No | | |