



Housing and Homeless Coalition

Of Syracuse and Onondaga County

2012

10-Year Plan to End Homelessness



Prepared by the 10-Year
Planning Committee

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INTRODUCTION

In 1986, the Syracuse Common Council convened a group of local agencies that provided services to homeless and housing vulnerable residents in the City of Syracuse. The Common Council tasked the committee to identify community needs and gaps in services and charged them to use that information to develop strategies for addressing homelessness in our community.

Today, the call for developing and implementing effective strategies to combat homelessness is even more urgent. Steadily increasing numbers of individuals and families struggle to maintain safe, healthy and affordable places to live. For many, meeting the basic need of having a decent place to live is out of reach.

The community effort that began in 1986 developed over time into a successful and vital resource in local efforts to combat and prevent homelessness. In 2011, members of that group formed so long ago, and now referred to as the Housing and Homeless Coalition (HHC) of Syracuse and Onondaga County, established the 10-Year Planning Committee to develop a solution-driven plan to end homelessness. To achieve this goal, the Committee familiarized itself with the guidance contained in the *“2010 Opening Doors: Federal Strategic Plan to Prevent and End Homelessness”* and researched best practices among similar communities. The resulting plan is a living, flexible document that addresses the causes that contribute to homelessness and housing vulnerability and outlines a coordinated service response for those who experience homelessness.

Homelessness affects the entire community. It will take collaboration between local businesses, non-profit agencies, government, and community organizations to combat its impact. This plan defines specific strategies to increase employment, develop affordable housing options, and develop a strong system of support services to address people who are homeless/housing vulnerable in Syracuse and Onondaga County.

DEFINITION OF TERMS

This document uses terms that may be unfamiliar to those who are not part of the existing housing and service delivery system for homeless individuals and families. Even among those who work within this system, terms have varying meanings. For example, the definition of “homelessness” differs among the Federal and New York State agencies that fund programs that serve this population. This section provides definitions to clarify the meaning of terms used in the 10-Year plan.

Affordable Housing

The generally accepted definition of affordability is for a household to pay no more than 30 percent of its annual income on housing. Families who pay more than 30 percent of their income for housing are considered cost burdened and may have difficulty affording necessities such as food, clothing, transportation and medical care. An estimated 12 million renter and homeowner households now pay more than 50 percent of their annual incomes for housing, and a family with one full-time worker earning the minimum wage cannot afford the local fair-market rent for a two-bedroom apartment anywhere in the United States.

Annual Homeless Assessment Report (AHAR)

The AHAR relies on data from two sources: single-night, point-in-time counts of both sheltered and unsheltered homeless populations reported on the Continuum of Care applications to HUD; and counts of the sheltered homeless population over a full year provided by a sample of communities based on data in their local Homeless Management Information Systems (HMIS).

Continuum of Care (CoC)

A CoC is a collaborative funding and planning approach that helps communities plan for and provide, as necessary, a full range of emergency, transitional, and permanent housing and other service resources to address the various needs of homeless persons. HUD also refers to the group of service providers involved in the decision making processes as the “Continuum of Care.”

Emergency Housing

Emergency housing is either short-term housing provided in response to a housing crisis, offered in emergency shelters (congregate facilities used for this purpose) or motel rooms funded as emergency housing by either a public or a not-for-profit agency.

Emergency Solutions Grant (ESG)

The Emergency Solutions (formerly "Shelter") Grants (ESG) Program provides outreach, shelter, rapid re-housing, homelessness prevention and related services to persons experiencing homelessness, or for persons in danger of becoming homeless.

Homeless Definitions

Chronic Homelessness: This document uses the definition provided by the U. S. Department of Housing and Urban Development (HUD). The HUD definition of a chronically homeless person is “an unaccompanied single adult with a disabling condition who has been continuously homeless for one

year or who has experienced four or more episodes of homelessness within the last three years.” Please note that this definition excludes families and homeless youth, even though many families and persons under the age of 18 may have experienced similar long-term homelessness.

Literally Homeless: Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: (i) has a primary nighttime residence that is a public or private place not meant for human habitation. (ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by Federal, state and local government programs); or (iii) Is exiting an institution where (s) he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

Imminent Risk of Homelessness: Individual or family who will imminently lose their primary nighttime residence provided that: (i) Residence will be lost within 14 days of the date of application for homeless assistance; (ii) Has not identified a subsequent residence; and (iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing.

Homeless under other Federal statutes: Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who: (i) Are defined as homeless under the other listed Federal statutes; (ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application; (iii) Have experienced persistent instability as measured by two moves or more during the preceding 60 days; and (iv) Can be expected to continue in such status for an extended period of time due to special needs or barriers.

Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act

The HEARTH Act amends and reauthorizes the McKinney-Vento Homeless Assistance Act with substantial changes; including a consolidation of HUD's competitive grant programs; the creation of a Rural Housing Stability Assistance Program; a change in HUD's definition of homelessness and chronic homelessness; a simplified match requirement; an increase in prevention resources; and, an increase in emphasis on performance.

Homeless Management Information System (HMIS)

HMIS is an electronic data collection system specifically designed to capture client-level, longitudinal, system-wide information on the characteristics and services needs of men, women, and children experiencing homelessness.

Homeless Prevention and Rapid Re-housing Program (HPRP)

HPRP provided homelessness prevention assistance to households that would otherwise become homeless, and provided rapid re-housing assistance to persons who were homeless as defined by section 103 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11302). HPRP assisted households at or below 50 percent of Area Median Income (AMI) that were in need of temporary assistance to end or prevent homelessness, but whom had the capacity to maintain stable housing upon

the conclusion of the assistance. HPRP funds, totaling \$1.5 billion, were awarded on a formula basis to cities, counties, states, and territories. HPRP funds were allocated in spring 2009 with a three-year grant term. Grantees were required to expend 100 percent of their funds within three years of the date HUD signed the grant agreement. The Onondaga County grant concluded services in July 2012.

Housing Choice Voucher (HCV)

Housing assistance secured from a local housing authority or other authorized provider, in the form of direct payments to landlords, that low-income people can use to rent apartments and homes on the private market (formerly known as the “Section 8 Program”).

HUD-Veterans Affairs Supportive Housing Program (HUD-VASH)

This program combines Housing Choice Voucher (HCV) rental assistance for homeless Veterans with case management and clinical services provided by the Department of Veterans Affairs (VA). VA provides these services for participating Veterans at VA medical centers (VAMCs) and community-based outreach clinics.

Low-Income Housing

Housing that is affordable to those who are at or below 30% of the median income for the area in which they live. This is housing for very impoverished persons, many of whom are reliant on Supplemental Security Income (SSI) or temporary assistance through the Department of Social Services as their only income.

McKinney-Vento Homeless Assistance Act (McKinney-Vento)

This Act was first signed into law on July 22, 1987. Reauthorized in 2001 as part of the NO CHILD LEFT BEHIND ACT the McKinney – Vento Act was the first, *and remains the only* major Federal legislative response to homelessness. The 1990 amendments specified the obligations of states and local educational agencies in assuring the access of homeless children to public education and implementing the law. The provisions of the 2001 reauthorization of the McKinney-Vento Homeless Assistance Act became effective July 1, 2002.

Permanent Housing

A tenant can occupy permanent housing for an indefinite period, as long as the tenant complies with lease requirements. One type of permanent housing is *permanent supportive housing*, which is permanent housing accompanied by ongoing supportive and treatment services. Many persons with disabilities require permanent supportive housing in order to remain stably housed.

Point-in-Time (PIT)

HUD requires CoCs to undertake a community-wide effort to collect information on the number and characteristics of individuals and families experiencing homelessness on a single night. The CoC must conduct one-night counts, called point-in-time counts (PIT), at least every two years (in odd calendar years) during the last ten days in January, according to HUD’s standards. The PIT count also includes estimates of particular homeless subpopulations, such as chronically homeless people, Veterans, and unaccompanied children.

Single Point of Access (SPOA)

SPOA is a process that is utilized to coordinate access to the most intensive mental health services, as well as supportive community services that is available in Onondaga County. SPOA strives to match a child and family's needs and strengths to the most appropriate resources available. SPOA is a collaboration of multiple-child-serving systems and agencies in Onondaga County.

Social Security Disability Insurance (SSDI)

SSDI is a federally funded wage-replacement program administered by the Social Security Administration, for those who have a disability meeting Social Security rules and who have paid FICA taxes. SSDI is financed with Social Security taxes paid by workers, employers, and self-employed persons. SSDI benefits are payable to disabled workers, widows, widowers, and children or adults disabled since childhood who are otherwise eligible.

Supplemental Security Income (SSI)

SSI is a federal income supplement program funded by general tax revenues and designed to help aged, blind, and disabled people, who have little or no income. The program provides cash to meet basic needs for food, clothing, and shelter.

Transitional Housing

Housing coupled with supportive and treatment services provided on a time-limited basis (in most cases, not exceeding 24 months) is considered transitional. The primary distinction between transitional housing and permanent housing is that in transitional housing, the program, not the participant, determines the length of stay.

U.S. Department of Housing and Urban Development (HUD)

HUD is a cabinet-level agency of the Federal government whose mission is to increase homeownership, support community development and increase access to affordable housing free from discrimination. HUD is the primary Federal funder of low-income housing for homeless persons.

EXECUTIVE SUMMARY

On any given day in Onondaga County, over 424 individuals/families are homeless and reside in shelters¹. These figures do not account for people who live in transitional housing or those who are “couch surfing” - staying with relatives or friends until they can get back on their feet. Couch surfing is most common among children and young adults. Over 1,700 young people in Onondaga County² do not have a permanent home.

The Homeless and Housing Vulnerable Taskforce (HHVTF), created in 1986 as a standing committee of the Syracuse Common Council, assessed community needs, identified gaps in service and developed a strategy to work as a community to solve homeless and housing issues. Although initially established as a standing committee of the Syracuse Common Council, the HHVTF functioned independently in the community-wide planning and response to homeless and homelessness prevention services. In 1994, the HHVTF collaborated on the development and submission of the first Federal request for United States Housing and Urban Development (HUD) homeless services funding. Over the last 18 years, the HHVTF collaborated on the annual Continuum of Care application resulting in a comprehensive array of homeless/housing vulnerable services.

May 2009, the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act substantially amended the McKinney-Vento Homeless Assistance (McKinney-Vento) Act, the primary legislation defining and guiding the delivery of homeless shelter and homelessness prevention services. The HEARTH Act placed a greater emphasis on formalizing the structures of homeless networks, especially for those networks that submitted an annual Continuum of Care (CoC) application.

In August 2011, in response to the HEARTH Act’s emphasis on creating a unified community response to ending homelessness, the HHVTF evolved once more, becoming the Housing and Homeless Coalition of Syracuse and Onondaga County (HHC). The formation of the HHC allows greater success with compliance with HUD’s requirements to:

- Create and implement a 10-Year Plan to End Homelessness
- Become a collaborative applicant for the development and submission of the CoC application
- Increase reliance on HUD’s Homeless Management Information System (HMIS) to ensure greater accountability by placing an emphasis on data-driven decision-making
- Ensure grantees meet all HUD’s audit and reporting requirements
- Align efforts with Emergency Solutions Grant (ESG) activities

¹ Number based on HMIS data

² Estimate based on national figures according to cities similar in population size

Over the past two years, the HHC developed several subcommittees and work groups, including the 10-Year Planning Committee, whose primary charge was to develop this guidance document. This Committee identified five overarching goals to guide local planning efforts toward ending homelessness in our community. The Committee selected these goals based on the Federal Interagency Council on Homelessness *Opening Doors* Plan, the national federal plan outlining successful strategies to prevent and end homelessness by 2020. This document also includes data obtained from the local Homeless Management Information System (HMIS), the annual Gaps and Needs assessment, the Continuum of Care (CoC) Exhibit 1 document, and the CoC Action Plan, an internal work plan detailing the specific activities needed to achieve our stated goals.

The following five goals will guide our planning efforts and decision-making process:

- 1) Increase leadership, collaboration and civic engagement
- 2) Increase access to stable, healthy, and affordable housing
- 3) Increase economic security
- 4) Improve health and stability
- 5) Retool the homeless crisis response system

The HHC's primary focus is to create a unified community response to homelessness for all of Greater Syracuse and Onondaga County. This document outlines the collaborative, community-wide planning model developed by the HHC members over the past two years. The group focused on developing a model that would ensure a systematic approach to the coordination, delivery, monitoring, and evaluation of housing and homeless services. As a result, the 10-Year Plan key outcomes are to:

Improve the delivery of services through the outreach and continual assessment of homeless individuals and families

Educate the community about the impact of homelessness

Engage community members in the community-wide effort to combat homelessness

Empower individuals and families to access and sustain safe, healthy, and affordable housing options

Homelessness is a complex issue and this document does not attempt to solve the causes of homelessness. However, this document does outline specific activities that form the strategic framework for the community to meet its objective: **ending homelessness in ten years!**

THE CURRENT SITUATION

The Housing and Homeless Coalition (HHC) of Syracuse and Onondaga County conducted a Gaps and Needs Assessment in September 2011. The assessment included three different methods of data collection: Point-in-Time (PIT) data reports from HMIS, a review of Syracuse Housing Authority Survey data, and qualitative data gathered through a community Gaps and Needs exercise. The reports compared results from 2009 to 2011 to identify trends and changes. Additional information is available in Appendix C.

A combined analysis of data from the PIT, Syracuse Housing Authority Survey and the Gaps and Needs exercise identified three common areas of need:

- Affordable housing
- Education, training, vocational and employment services
- Counseling and behavioral health treatment services

According to the available data, the need for more safe, healthy, and accessible housing rose slightly from 2009 to 2011 and remained the greatest way respondents thought they could improve their quality of life.

The data documents a high need for educational and vocational services. According to the surveys, while skills training participation increased by 2%, other educational participation decreased dramatically -- by more than 22% (GED – 6.4%, Schooling – 16%). Despite this decrease in participation, respondents indicated an 8% increase in desire to obtain these services (GED – 2%, Schooling – 6%). The community Gaps and Needs exercise also identified the need for vocational and educational services, specifically including direct employer communication and increased accessibility for educational services in the need statement.

Finally, there is a common trend indicating the need for counseling and behavioral health treatment services. The community Gaps and Needs exercise specifically identified an ongoing need for intensive case management support for consumers with dual diagnoses of mental health and substance use disorders. This trend is also apparent through participant surveys. Although the survey showed that respondents' interest in counseling decreased by 10%, respondents also identified counseling as the second greatest need to improve their quality of life.

GOALS

Goal 1: Increase Leadership, collaboration and civic engagement

Objective #1: Provide and promote collaborative leadership at all levels of government and across all sectors to inspire and energize community members to commit to preventing and ending homelessness.

2012 Plan

Invite local government officials to an informational meeting to present the local 10-Year Plan to End Homelessness.

Develop a one-page summary on how governments and agencies working with people who are homeless/housing vulnerable can work collaboratively to address homelessness.

Develop a workshop for educational professionals on local resources for homeless children.

2021 10-Year Plan

Educate the public on the scope, causes, and costs of homelessness, the Federal Strategic Plan to Prevent and End Homelessness, and the reasons for taking strategic action.

Engage state, local, and tribal leaders in a renewed commitment to prevent and end homelessness in their communities.

Involve citizens, including people with first-hand experience with homelessness, the private sector (e.g., businesses, nonprofits, faith-based organizations, foundations), and volunteers in community efforts to prevent and end homelessness.

Attend to the unique needs of a diverse community, ensuring that rural and tribal communities are included in a planned response to homelessness. Develop effective strategies and programs that use best practices that contribute to housing stability and prevent and end homelessness on American Indian lands, in rural/frontier areas and urban centers.

Target Outcomes

2012:

Establish a membership baseline based on historical attendance.

Invite /recruit at least one member each from the City, County, rural and tribal leadership to attend and participate in the Homeless and Housing Coalition meetings, workgroups, and committees.

Invite /recruit citizens to attend at least 60% of the scheduled Homeless and Housing Coalition meetings.

Invite /recruit people from the business community to attend at least 60% of the Homeless and Housing Coalition meetings.

2016 (5-Years): Numbers to be determined per 2012 membership baseline

XX # of City, County, rural and tribal leaders will attend at least 60% of the Homeless and Housing Coalition meetings.

XX # of citizens will attend at least 60% of the Homeless and Housing Coalition meetings.

XX # of people from the business community will attend at least 60% of the Homeless and Housing Coalition meetings.

2021 10-Year Plan: To be determined.

OBJECTIVE #2: Strengthen the capacity of public and private organizations by increasing knowledge about collaboration, homelessness, and successful interventions to prevent and end homelessness.

2012 Plan

Develop a website and utilize other social media venues to “get the word out”.

Develop a one-page outline about the impact of HPRP funding, the Single Point of Entry (SPOE) and other initiatives in our community to media outlets.

Hold an annual Gaps and Needs workshop to gather data from CoC providers, community based organizations and other stakeholders.

Develop an annual report to the community and incorporate a “Homeless Awareness Day”.

2021 10-Year Plan

Improve and Increase access to information about homelessness and coordinate efforts of local public and private organizations and individuals in fighting homelessness.

Research successful models and best practices and incorporate strategies for service delivery and homelessness prevention into the CoC services available to all member agencies.

Create effective collaboration between all levels of government and public/private sectors.

Target Outcomes

2012: HHC website is operational and offers 24-hour access to information to the public.

2016 (5-Years): Develop target outcomes.

2021 (10-Years): Meet stated target outcomes.

Goal 2: Increase access to stable and affordable housing

OBJECTIVE # 1: Create new permanent housing beds for chronically homeless persons.

2012 Plan

Catholic Charities received a bonus-funding project that will house 40 homeless individuals and families.

Continue working with the City of Syracuse Department of Neighborhood and Business Development and the Onondaga County Community Development Division to encourage private development of affordable housing, including units for large families, using HOME Investment Partnerships Program funds, Tax Credits and other strategies.

Obtain additional HUD-VA Supported Housing (HUD-VASH) vouchers for chronically homeless Veterans in FY12 and encourage qualified agencies to apply for Shelter Plus Care vouchers based on HMIS data, the PIT and HUD recommendations.

2021 10-Year Plan

Permanent housing providers will continue to demonstrate significant success in assisting disabled participants to retain CoC funded permanent housing.

The HUD-VASH program will continue to provide customized supports to newly housed formerly homeless disabled Veterans to help these individuals and families retain their permanent housing.

CoC/ESG providers will continue to provide financial and other supports for those recently housed who may be in imminent danger of becoming (or returning to) homelessness.

Target Outcomes

2012: 158 permanent housing beds designated for chronically homeless persons will be available for occupancy.

2016 (5-Years): 159 permanent housing beds designated for chronically homeless persons will be available for occupancy.

2021 (10 Years): 159 permanent housing beds designated for chronically homeless persons will be available for occupancy.

OBJECTIVE # 2: Increase the percentage of participants remaining in CoC-funded permanent housing projects for at least six months to 77 percent or higher.

2012 Plan

Permanent housing providers will continue to demonstrate significant success in assisting disabled participants to retain CoC funded permanent housing.

The HUD-VASH program will continue to provide customized supports to newly housed formerly homeless disabled Veterans to help these individuals and families retain their permanent housing.

CoC/ESG providers will continue to provide financial and other supports for those recently housed who may be in imminent danger of becoming (or returning to) homelessness.

2021 10-Year Plan

The CoC will work with agencies, public, and private organizations to increase meaningful and sustainable employment for people experiencing or most at risk of homelessness. Improving access to mainstream programs and services and integrating primary and behavioral health care services with homeless assistance programs and housing services will reduce people's financial vulnerability to homelessness. The action steps are as follows:

- Develop client profiles detailing the service needs of people who are homeless.
- Survey businesses/employers regarding market demand for full-time, entry-level positions and identify skill sets needed by employment candidates.
- Collaborate with CNY Works and JOBS Plus! to review entry assessment forms to develop questions to assess the needs of clients who are homeless/housing vulnerable.
- Target services to meet needs of clients who are at homeless/housing vulnerable.

Target Outcomes

- 2012: 88%** of participants will reside in CoC-funded permanent housing projects for at least six months.
- 2016 (5-Years): 89%** of participants remaining in CoC-funded permanent housing projects for at least six months.
- 2021 (10 Years): 89%** of participants remaining in CoC-funded permanent housing projects for at least six months.

OBJECTIVE #3: Increase the percentage of participants in CoC-funded transitional housing that move into permanent housing to 65 percent or more.

2012 Plan

In 2011, the percentage of participants moving from transitional housing into permanent housing dropped to 59%. This decrease may be attributed to a variety of factors, including the lack of affordable housing, the need for a higher level of supportive services, lack of employment opportunities, and the need to refine our data collection tool to improve the accuracy of data obtained. The action steps are as follows:

- Create a Transitional Housing Workgroup to maximize the use of this unique housing option.
- Educate HMIS users on the HUD definition of permanent housing.
- Train HMIS users to collect and input accurate data.

2021 10-Year Plan

The CoC is working to develop affordable housing options for people who either experience or are most at risk of homelessness. The action steps are as follows:

- Support the continuation of rental subsidies utilizing HUD tenant based subsidy programs and community stipend programs to maintain and increase stable independent housing.
- Expand the number of affordable rental units by identifying and accessing funding available for the development of affordable permanent housing.
- Increase availability of supportive services needed to access and maintain permanent housing.

Improve access to affordable housing units by implementing and updating the housing database.

Increase the availability of service-enriched housing by utilizing HMIS to collect and analyze data on program outcomes, and to facilitate inter-agency case management and information sharing for meeting the needs of people experiencing or most at risk of homelessness.

Target Outcomes

2012: 65% of participants in CoC-funded transitional housing will move to permanent housing.

2016 (5-Years): 66% of participants in CoC-funded transitional housing will move to permanent housing.

2021 (10 Years): 67% of participants in CoC-funded transitional housing will move to permanent housing.

Objective #4: Decrease the number of homeless households with children and youth.

2012 Plan

The CoC will continue to use several successful strategies developed with the locale's HPRP funding:

Develop fact sheets and other materials to increase awareness about homeless children and youth.

CoC providers will receive ongoing training and resources from New York State Technical and Educational Assistance Center for Homeless Children and other similar agencies.

Create an education and advocacy resource to educate the public officials about this growing problem, especially local school boards, to redirect resources to this issue.

Monitor program to ensure all McKinney-Vento funded programs adhere to regulations.

2021 10-Year Plan

The CoC will provide ongoing resources, advocacy, and education about the issue of homeless children with the focus on prevention:

Strengthen CoC relationships with local school districts and the McKinney-Vento homeless advocates.

Use the SPOE to allow for quick identification of homeless/housing vulnerable families and provide a "web" of services and resources including rental and utility payment assistance, legal representation, advocacy service, etc.

Decrease episodes of homelessness for households with children and youth by working collaboratively with community based agencies, faith-based organizations, public safety officials, schools, etc. by identifying those families most at risk.

Target Outcomes

2012: 35 homeless households with children as reported on the 2012 PIT count.

2016 (5-Years): 30 homeless households with children as reported on the 2016 PIT count.

2021 (10 Years): 25 homeless households with children as reported on the 2021 PIT count.

Goal 3: Increase economic security

Objective #1: Increase meaningful and sustainable employment opportunities for people experiencing or most at risk of homelessness.

2012 Plan

Reaching the employment target continues to be difficult in this down economy. However, all the CoC agencies understand the importance of employment in maintaining permanent housing.

Develop an Economic Security Workgroup.

Work with the Department of Social Service Jobs Plus! Program, CNY Works, Parent Success Initiative, and Green Jobs NY to provide support and training for homeless/housing vulnerable clients.

Collaborate with agencies that provide wrap-around support services to assist formerly incarcerated persons to obtain and maintain employment.

Research existing (employment assistance services/economic recovery/jobs programs) groups/activities and invite key stakeholders to participate in the Economic Security Workgroup. Participate in the regional economic council established by Governor Cuomo to identify ways to increase available employment opportunities for homeless people in the area.

Research best practices and promising strategies and incorporate into the 10-Year plan.

2021 10-Year Plan

Collaborate with economic recovery and jobs programs to ensure that job development and training strategies focus attention on people who are experiencing or most at risk of homelessness.

Review Federal program policies, procedures, and regulations to identify educational, administrative, or regulatory mechanisms to improve access to work support.

Develop and disseminate to CoC funded agencies best practice strategies for helping people with histories of homelessness and barriers to employment enter the workforce, including strategies that take into consideration transportation needs, childcare, child support, domestic violence history, criminal justice history, disabling conditions, and age.

Improve coordination and integration of employment programs with homelessness assistance programs, victim assistance programs, transitional housing, and permanent supportive housing. Increase opportunities for work and support recovery for Veterans with barriers to employment, especially Veterans returning from active duty, Veterans with disabilities, and Veterans in permanent supportive housing.

Target Outcomes

2012: 20% of participants in all CoC-funded projects will have employment at program exit.

2016 (5-Years): 21% of participants in all CoC-funded projects will have employment at program exit.

2021 (10-Years): 22% of participants in all CoC-funded projects will have employment at program exit.

Objective #2: Improve access to mainstream programs and services to reduce people's financial vulnerability to homelessness.

2012 Plan

The Monitoring Committee conducts site visits of CoC funded agencies to determine their access and use of mainstream resources. The monitoring visit includes reviews of Annual Homeless Assessment Reports (AHAR), client surveys, and data from other external sources (i.e. HUD visit, ESG audit, etc.) The Monitoring Committee shares its findings with the Advisory Board.

Use monitoring visit findings to identify agencies that need to increase access and use of mainstream resources.

Provide information, training, and other resources for case managers, probation officers, and other agency personnel on available mainstream resources.

2021 10-Year Plan

Improve outreach to homeless assistance providers and collaborate with government and community nonprofits to facilitate electronic application processing and submission. SSI/SSDI Outreach, Access and Recovery Initiative (SOAR), and the Homeless Outreach and Projects and Evaluation Initiative (HOPE).

Review county and local program policies, procedures, and regulations to identify administrative or regulatory mechanisms that could remove barriers and improve access to income supports. Ensure all Veterans and their families know they can obtain homelessness prevention assistance from the VA or other places in their community.

Collaborate to review program eligibility and termination criteria across the range of programs that serve people who are homeless/housing vulnerable. Identify changes needed to create incentives for work, and for earning and retaining income while maintaining access to health coverage, housing assistance, and childcare assistance benefits.

Prepare for Medicaid expansion to enroll people who are homeless/housing vulnerable.

Target Outcomes

2012:

96% of case managers systematically assist clients in completing applications for mainstream benefits.

96% of homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.

96% of homeless assistance providers use a single application form for four or more mainstream Programs: (Form LDSS-2921) Food Stamps, Medicaid, Temporary Cash Assistance and Child Care.

96% of homeless assistance providers have staff systematically follow-up to ensure participants receive mainstream benefits.

2016 (5-Years):

97% of case managers systematically assist clients in completing applications for mainstream benefits.

97% of homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.

97% of homeless assistance providers use a single application form for four or more mainstream programs: (Form LDSS-2921) Food Stamps, Medicaid, Temporary Cash Assistance and Child Care.

97% of homeless assistance providers have staff systematically follow-up to ensure participants receive mainstream benefits.

2021 (10-Years):

100% of case managers systematically assist clients in completing applications for mainstream benefits.

100% of homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.

100% of homeless assistance providers use a single application form for four or more mainstream programs: (Form LDSS-2921) Food Stamps, Medicaid, Temporary Cash Assistance, and Child Care.

100% of homeless assistance providers have staff systematically follow-up to ensure participants receive mainstream benefits.

Goal 4: Improve health and stability

Objective #1: Integrate primary and behavioral health care services with homeless assistance programs and housing to reduce people's vulnerability to and minimize the impacts of homelessness.

2012 Plan

Each hospital has dedicated discharge-planning staff that attend Discharge Planning Committee meetings and are responsible for assessing the adequacy of an individual's living arrangements upon discharge and making referrals as needed. Staff members from housing agencies meet people while they are still in hospitals to prevent them from going into shelter.

Provide consultation from the Department of Mental Health Single Point of Access (SPOA) Coordinators to discharge planners for any homeless disabled person with housing challenges. Increase coordination of individuals with identified health and behavioral issues to supportive and permanent housing and stabilizing those already in permanent supportive housing units by referring to the appropriate supports and services.

2021 10-Year Plan

Assist individuals in identification of health and behavioral health issues through intake screenings in programs serving people who are homeless/housing vulnerable by screening individuals using brief health surveys and behavioral health screening.

Refer individuals with identified issues to health and behavioral health programs by utilizing case management and supportive services.

Provide people who are homeless/housing vulnerable with ongoing screenings and intervention (if needed) with ongoing/recurrent health and behavioral health issues by utilizing case management and supportive services.

Stabilize individuals already engaged in permanent supportive housing units by providing concurrent health and behavioral health treatment as appropriate by collaborating with programs to assist homeless individuals in engaging or re-entering housing during/after appropriate intervention.

Target Outcomes

2012:

Utilize data obtained from the Intensive Case Managers and the SPOA regarding the number of homeless individuals identified in psychiatric inpatient units and number of connections to housing and support services.

Utilize data in HMIS to capture the referral coordination of individuals in permanent supportive housing with identified health and behavioral issues.

2016 (5-Years):

Increase by 10% from 2012 the number of homeless individuals identified in psychiatric inpatient units with existing connections to housing and support services.

Increase by 5% from 2012 the number of individuals in permanent supportive housing with identified health and behavioral issues benefitting from referral coordination to support services.

2021 (10-Years): To be determined

Objective #2: Advance health and housing stability for youth aging out of systems such as foster and juvenile justice.

2012 Plan

Four of the CoC programs primarily serve homeless youth between the ages of 16-21 by providing transitional and permanent housing. The services available for homeless youth also include an emergency shelter for 13-17 year-old runaway and homeless youth as well as case management and crisis intervention services. All of the above programs submit client-related data to the CoC HMIS system, allowing the CoC to monitor the entire continuum of homeless services for youth.

Educate the community about youth issues, program information, program performance, and challenges.

Coordinate planning sessions and focus groups aimed at improving a system-wide solution to emergency housing and transitional living for homeless youth. (Catholic Charities opened 8 new supervised independent living beds for youth out of foster care in Jan 2012).

Utilize the ACCESS team, a multi-system team involving the mental health, juvenile justice systems and child welfare, to collaborate to find safe and permanent housing for transition-aged youth.

Identify housing vulnerable transition-aged youth for case management through the Office of Mental Health and NYS Office of Temporary and Disability Assistance (OTDA).

Collaborate with the Syracuse Housing Authority to use four housing vouchers per month for transition-aged youth.

2021 10-Year Plan

Meet with Systems of Care to develop connections with Child Welfare and Probation departments to improve communication.

Increase the number of beds in the community available for youth. Expand on current permanent supportive housing in the community.

Utilize current youth outreach services in the community to connect with youth ages 18-25, work with Runaway and Homeless Youth Advisory (RHY) Committee on plans to target youth.

Target Outcomes

2012:

The RHY Advisory Committee in collaboration with OCM BOCES will create and make available two webinars specifically targeting education professionals, especially “gatekeepers” within school districts, on McKinney-Vento provisions regarding the role of the McKinney-Vento liaison and the requirements ensuring educational continuity for homeless youth.

The RHY Advisory Committee will create and adopt a policy for ensuring that Onondaga County school districts, community based organizations serving homeless families and youth, and other homeless assistance providers fulfill the requirements of the McKinney-Vento Act to ensure educational opportunities for homeless youth.

The RHY Advisory Committee will coordinate at least four focus groups involving homeless youth to ascertain the needs of and gaps in serving this population.

The RHY Advisory Committee will hold a “homeless awareness” activity during the month of November.

2016 (5-Years): To be determined.

2021 (10-Years): To be determined.

Objective #3: Advance health and housing stability for people experiencing homelessness that have frequent contact with hospitals and the criminal justice system.

2012 Plan

The 2011 merger of NYS Department of Corrections and NYS Division of Parole into the newly created NYS Department of Corrections and Community Supervision (DOCCS) ended duplication, created a transition plan from entry to discharge, and provided health/mental health treatment in facilities. Parole and Justice Center staff participate on the Discharge Planning Committee.

Identify parolees with Serious and Persistent Mental Illness (SPMI) and assist with application for Medicaid prior to release.

Identify parolees with health/mental health conditions and link to forensic case management.

Identify Veteran parolees with SPMI and assist with application for VA health care and benefits.

Create transition plans to ensure parolees have an approved residence prior to release.

Coordinate efforts with the Onondaga County Re-entry Taskforce.

2021 10-Year Plan

Prevent discharge of persons living in institutions and residential programs into inappropriate housing or the street.

Design and implement a hospital discharge planning committee to develop increased training and communication surrounding discharge planning policies.

Work toward ending Parole’s domestic violence release policy.

Address treatment needs of parolees with substance use disorder and mental health issues.

Provide education to those discharged from hospitals/jails.

Identify any barriers preventing parolees from getting mainstream resources.

Increase representative payee services.

Target Outcomes

2012:

Reduce the number of parolees that transition to shelter by 20%.

Eighty percent of parolees will complete and submit applications for mainstream resources and benefits.

2016 (5-Years): To be determined.

2021 (10-Years): To be determined.

Goal 5: Retool the homeless crisis response system

Objective #1: Transform existing homeless services system into a crisis response system that prevents homelessness and rapidly returns people who experience homelessness to stable housing.

2012 Plan

Expand use of the Self Sufficiency Matrix, which measures client status in various domains on a continuum from “in-crisis” to “thriving” to transitional and permanent housing at initial entry and periodically to measure progress (six months, twelve months, final exit, and follow-up).

2021 10-Year Plan

Coordinate and centralize the assessment process for those at risk of homelessness and those that are homeless. Explore the use of HELPLINE as the vehicle for Single Point of Entry.

Create a community-wide process to maximize client diversion from emergency shelters.

Identify new and optimize current opportunities to utilize mainstream resources to provide housing stabilization assistance to clients who are homeless or at high risk of homelessness and those who do not meet DSS guidelines.

Coordinate homelessness prevention and rapid re-housing strategies with education for homeless children and youth, and incorporate within federal place-based strategies to improve neighborhoods and schools, including Promise Neighborhoods and Choice Neighborhoods.

Develop implementation strategies for the HEARTH Act—especially the new Emergency Solutions Grant—that sustain best practices learned from the Homelessness Prevention and Rapid Re-Housing Program and the Rapid Re-Housing Demonstration.

Target Outcomes

2012: Reduce the number of persons and families that become homeless by 5%.

2016 (5-Years): Reduce the number of persons and families that become homeless by 10%.

2021 (10-Years): Reduce the number of persons and families that become homeless by 20%.

ADDENDUM A: HHC Structure and Membership

2012 HHC ADVISORY BOARD

Jim Taylor, *Chair*

Tamara Goodacre, *At Large Member*

Sarah Merrick, *Onondaga County Department of Social Services Rep.*

Babette Baker, *City of Syracuse Department of Neighborhood and Business Development Rep.*

Tony Discenza, *Onondaga County Community Development Division Rep.*

Sonja Gottbrecht, *Monitoring Committee Chair*

Liddy Hintz, *Data Administrators Committee Chair*

Dan Sieburg, *Public Relations Committee Chair*

Raymond Wright, *Strategic Planning/10 Yr. Plan Committee Chair*

Marilyn Woyciesjes, *HCC staff/non-voting Member*

MEMBER ORGANIZATIONS

AIDS Community Resources

ARISE, Inc. Catholic

Charities Chadwick

Residence City of

Syracuse

Central New York Services, Inc.

Cloudburst Group

CNY Works

Covenant House

Fair Housing

Greater Syracuse Tenants Network

Legal Aid Society of Mid-New York

Liberty Resources, Inc.

Onondaga County Department of Aging & Youth

Onondaga County Health Department

Onondaga Case Management

Onondaga County Community Development
Division

Onondaga County Department of Mental Health

Phoenix Philosophies

Rescue Mission

Salvation Army

Samaritan Center

Spanish Action League

Syracuse Behavioral Healthcare

Syracuse Housing Authority

Syracuse Police

Syracuse VA Medical Center

Transitional Living Services

Vera House

YMCA

YWCA

2012 HHC COMMITTEE AND WORKGROUP MEETING SCHEDULE

10-Year Plan Committee

Location: Syracuse VA BHOC, 620 Erie Blvd W
Contact: Raymond Wright
E-mail: RaymondW@sbh.org
Schedule: Fourth Thursday of each month

Data Administrators Committee

Location: Salvation Army Conference Room
Contact: Liddy Hintz
E-mail: liddy.hintz@use.salvationarmy.org
Schedule: First Thursday of each month

HHC Executive Committee

Location: Catholic Charities
Contact: Jim Taylor
E-mail: syracusetaskforce@gmail.com
Schedule: Second Thursday of each month

Affordable Housing Workgroup

Location: Park Central Presbyterian Church
Contact: Sharon Sherman
E-mail: SyracuseTenant@aol.com
Schedule: Second Friday of each month

Onondaga County Runaway and Homeless

Youth Advisory Workgroup

Location: Civic Center 13th Fl. Conference Rm.
Contact: Marnie Annese
E-mail: marnieannese@ongov.net
Schedule: Second Friday every other month

Coordinated CoC Discharge Planning Workgroup

Location: Onondaga Case Management
Contact: Jan Moag
E-mail: jmoag@ocmsinc.org
Schedule: Second Tuesday of each month

HHC Monthly Meeting

Location: McMahon Ryan Child Advocacy Ctr.
Contact: Jim Taylor
E-mail: syracusetaskforce@gmail.com
Schedule: Third Wednesday of each month

Public Relations Committee

Location: Rescue Mission
Contact: Dan Sieburg
E-mail: Dan_Sieburg@rmsyr.org
Schedule: Third Thursday of each month

Economic Security Workgroup

Location: Syracuse VA BHOC, 620 Erie Blvd W.
Contact: Nathan Rauscher
E-mail: nathanr@sbh.org
Schedule: Third Tuesday of each month

Monitoring Committee

Location: Catholic Charities
Contact: Sonja Gottbrecht
E-mail: sgottbrecht@ccoc.us
Schedule: Monthly/as needed basis

ADDENDUM B: 2009/2011 Survey Comparisons

Point in Time Data (October 2009-July 2011)

- 38% increase in homeless families living in transitional housing
- 260% increase in homeless families living in emergency shelters
- 57% increase in homeless single adults living in transitional housing while the number of individuals in shelters remained constant (296 individuals)
- The total number of homeless individuals and total households increased between each PIT count
- 25% increase in total homeless households
- 32% increase in total homeless individuals

SYRACUSE HOUSING AUTHORITY SURVEY

(Previous 12 months) Resident Participation in:	2009	2011	+/-
GED	9%	2.6%	-6.4%
Counseling	46%	48%	+2%
Skills Training	6%	8%	+2%
Schooling	23%	7%	-16%
Rehab	8%	8%	-0-
Employment	13%	8%	-5%
(Next 12 months) Residents want to participate in:	2009	2011	+/-
GED	5%	7%	+2%
Counseling	53%	43%	-10%
Skills Training	6%	17%	+11%
Schooling	7%	13%	+6%
Rehab	10%	6%	-4%
Employment	14%	9%	-5%
What residents feel would improve quality of life:	2009	2011	+/-
Better job	23%	18%	-5%
Better place to live	41%	42%	+1%
More counseling	41%	40%	-1%
More training	24%	30%	+6%
Schooling	33%	25%	-8%
Rehab	7.7%	8%	+.3%

GAPS AND NEEDS EXERCISE

Common themes from 2009 and 2011

Recurring Needs (Permanent Housing):	
Increase Housing	Need for more safe, healthy, and accessible housing Need for available Section 8 housing Need for additional childcare options for low-income working parents
Behavioral Health	Need for intensive case management support for consumers with mental health/chemical dependency needs
Vocation	Increase in job readiness trainings Assistance needed in direct job placement Increase in direct contact with employers for both pre and post hire support/assistance Need for an increase in overall employment preparation and services assistance for homeless
Education	Lack of access to education for homeless individuals on all levels
Supportive Services	Need for an increase in the following supportive services: <ul style="list-style-type: none">○ Financial○ Vocational○ Mental Health○ Chemical Dependency○ Life Skills