

**Continuum of Care Written Standard for NY-505**  
**Syracuse/Auburn, Onondaga, Oswego and Cayuga Counties**

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This document was adopted from the Homeless Alliance of Western New York by the Housing and Homeless Coalition of Central New York (CoC NY-505).

## Introduction

The Continuum of Care (CoC) Collaborative Applicant and HMIS Lead is the United Way of Central New York (UWCNY) and the Housing and Homeless Coalition of Central New York (HHC) acts as the governing body for all matters relating to the CoC. The CoC is responsible for coordinating and implementing a system to meet the needs of the population and subpopulations experiencing homelessness within the geographic area of Onondaga, Oswego and Cayuga Counties. Both the Emergency Solution Grant Rules and Regulations (ESG) and the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Continuum of Care Program Interim Rules state that the CoC, in consultation with recipients of ESG program funds within the geographic area, (1) establish and consistently follow written standards for providing Continuum of Care assistance, (2) establish performance targets appropriate for population and program type, and (3) monitor recipient and sub-recipient performance.

All programs that receive ESG or CoC funding are required to abide by these written standards. Agency program procedure should reflect the policy and procedures described in this document. The CoC strongly encourages programs that do not receive either of these sources of funds to accept and utilize these written standards.

The written standards have been established to ensure that persons experiencing homelessness who enter programs throughout the CoC will be given similar information and support to access and maintain permanent housing.

The written standards have been created in conjunction with HUD Notice CPD-16-11 issued on July 25, 2016 titled Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing that can be found online here:

<https://www.hudexchange.info/resources/documents/notice-cpd-16-11-prioritizing-persons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-persons-in-psh.pdf>

### **The Continuum of Care Written Standards will:**

- Assist with the coordination of service delivery across the geographic area and will be the foundation of the coordinated entry system;
- Assist in assessing individuals and families consistently to determine program eligibility;
- Assist in administering programs fairly and methodically;
- Establish common performance measurements for all CoC components; and
- Provide the basis for the monitoring of all CoC and ESG funded projects.

These written standards have been developed in conjunction with ESG recipients (City of Syracuse, Onondaga County) and with service providers to allow for input on the procedure of Coordinated Entry/Assessment System, standards, performance measures and the process for full implementation of the standards throughout the CoC from the perspective of those organizations that are directly providing homeless housing and services, Street Outreach (SO), Emergency Shelter (ES), Transitional Housing (TH), Permanent Supportive Housing (PSH) and Rapid Rehousing (RRH).

The CoC Written Standards have been approved by the CoC, the County and City ESG recipients and providers. The Written Standards will be reviewed and revised as needed at a minimum of once per year by the Program/Advocacy Planning Committee and the Coordinated Entry Workgroup.

## Program Requirement for All Programs

- Programs must coordinate with other homeless services within the CoC
- Programs must coordinate with, refer to, and ensure client access to mainstream resources in the CoC including housing, social services, employment, education and youth programs for which participants may be eligible
- Programs must have written policies and procedures and must consistently apply them to all participants
- Programs that serve households with children:
  - A staff person must be designated as the educational liaison that will ensure that children are enrolled in school, connected to appropriate services in the community, including early childhood program such as Head Start, Part C of the Individuals with Disabilities Education Act, and the McKinney Vento education services.
  - The age and gender of a child under age 18 must not be used as a basis for denying any family's admission to a project that provides shelter for families with children
- Programs receiving ESG and CoC funding must participate in HMIS (Homeless Management Information System), unless otherwise stated by federal regulations. Homeless programs that are not federally funded are strongly encouraged to participate in HMIS. The CoC has established an HMIS Policies and Procedures Manual. [This manual can be found here.](#)
- Programs must meet minimum HMIS data quality standards of maintaining a less than 5% error rate in all data areas that are reflected in the HUD Data Quality Framework Report in HMIS.
- Programs providing Domestic Violence services may opt out of HMIS participation but must utilize a comparable database to collect HUD required data elements.
- Programs must participate in Coordinated Entry System and use the prioritization criteria established in this document.
- Programs must conduct an initial evaluation to determine the amount and type of assistance needed to regain stability in permanent housing.
- Program rules and regulations should be designed in the spirit of inclusion rather than as grounds for denial or termination. Programs should exercise judgment and examine all extenuating circumstances in determining when violations are serious enough to warrant termination so that a program participant's assistance is terminated only in the most severe cases.
- Programs must have a formal procedure for terminating assistance to a participant that recognizes the rights of the participant(s) involved.
  - Programs must use judgment and examine all extenuating circumstances in determining that a violation should result in termination
  - Every effort should be made to allow the participant to remain in the program; termination should only be exercised in the most severe cases.
  - Termination does not necessarily preclude assistance at a future date
- Programs must make known that use of the facilities and services are available to all on a nondiscriminatory basis.
- Programs may not engage in inherently religious activities such as worship, religious instruction or proselytization as part of the programs or services funded under the CoC or

ESG. These activities can be conducted (but not supported with federal funds) but must be separate and voluntary for program participants.

- Participants must be free to decide what information they provide during any assessment process. This includes, but is not limited to the Entry assessments by shelter or housing providers that are done upon entry, and the assessment to determine program eligibility. Providers are prohibited from denying assessment or services to a participant if the participant refuses to provide certain pieces of information, unless the information is necessary to establish or document program eligibility. Providers are also prohibited from denying services to participants if the participant refuses their data to be shared via HMIS.
- The assessment and prioritization process cannot require disclosure of specific disabilities or diagnoses. Specific diagnosis or disability information may only be obtained for purposes of determining program eligibility to make appropriate referrals.
- All housing and supportive services including, but not limited to, entry points into the homeless services system will be affirmatively marketed throughout the CoC to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to apply in the absence of special outreach, and maintain records of those marketing activities. (24 CFR 5.105 (a)(2).
- All participating agencies must connect all individuals and families who require access to interpretation services.
- All participating agencies must adhere to their agency's requirements, along with the CoC's requirements for incorporating cultural and linguistic competencies surrounding all special populations; including immigrants, refugees, and other generation populations; youth; individuals with disabilities; and lesbian, gay, bisexual, transgender, queer, or questioning (LGBTQ) persons.
- Emergency Shelter and Street Outreach staff are required to thoroughly explain the program that has accepted them from the prioritization list in order for that client to make an informed decision/choice to accept that housing provider's referral. This includes, but is not limited to which program they are being referred, what the program expects of them what they can expect of the program, and evidence of the program's rate of success which is reflected in the System Performance Measure Reports.
- Emergency Shelter and Street Outreach staff should have an understanding of possible restrictions, trauma related issues, and obstacles in regard to particular housing providers or housing types. They should educate themselves in this via the assessment process. Programs working with an individual/ family that has experienced significant trauma and is triggered during the administering of the VI-SPDAT tool, that staff person can stop the assessment to allow that client a break. When the client feels comfortable and able to continue the staff can come back to finish the assessment on a later date.

### Recordkeeping Requirements for All Projects

#### **Participant Recordkeeping Requirements include:**

- All records containing personally identifying information must be kept secure and confidential
- Programs must have written confidentiality/privacy notice a copy of which should be made available to participants if requested

- Documentation of homelessness must be kept (following HUD's guidelines)
- A record of services and assistance provided to each participant
- Documentation of any applicable requirements for providing services/assistance
- Documentation of use of coordinated assessment system
- Documentation of use of HMIS
- Records must be retained for a minimum of 5 years as prescribed by HUD

**Financial Recordkeeping Requirements include:**

- Documentation for all costs charged to the grant
- Documentation that funds were spent on allowable costs
- Documentation of the receipt and use of program income
- Documentation of compliance with expenditure limits and deadlines
- Retain copies of all procurement actions as applicable
- Documentation of amount, source and use of resources for each match contribution
- Documentation of audits, financial statements, bank statements, general ledgers, and financial policies/procedures

**Occupancy Standards for All Programs**

All housing units, including scattered site programs owned and managed by private landlords, must meet HUD Housing Quality Standards (for CoC-funded projects) or Housing Habitability Standards (for ESG-funded projects).

The Program, Record Keeping and Occupancy Standards as represented above apply to all programs regardless of the type of services/housing that they provide.

**Assessor Training:**

The HMIS Administrator will provide training on the Coordinated Entry Process and Procedures at least annually and if there are any updates/changes to the policy or procedure. This is typically done via the HMIS New User and Agency Administrator Training, along with the Coordinated Entry Workgroup and Data Administrators Committee.

**Coordinated Entry Evaluation and Stakeholder Consultation:**

The CoC Collaborative Applicant will evaluate the Coordinated Entry process annually as part of the CoC's Gaps & Needs Annual Survey. This is conducted every Spring and surveys will be distributed to current individuals and families that have been housed through the Coordinated Entry system within the last year. This will be a representative sample of participating providers and households. The participants will be randomly selected via HMIS by the Collaborative Applicant and 5 individuals or families per program will be selected to be surveyed. If an individual or family is not willing to participate, a new individual or family will be selected via HMIS. The Collaborative Applicant will facilitate their participation via the Performance Specialist. The feedback that is received will be anonymously presented to the Coordinated Entry Workgroup, the HHC Advisory Board and the HHC General Body to ensure changes are made to the process if possible.

**Mainstream Resources**

The HHC has a vast membership list and has many dedicated community partners who are engaged in the process to end homelessness in our CoC. The HHC works daily on building and preserving these partnerships in an effort to ensure people are getting housed and maintaining their housing and overall well-being. For instance, the HHC connected to the local Workforce Investment Opportunity Act (WIOA) program, CNY Works, to ensure rapid rehousing providers are connecting their participants to job training programs and other services that this program offers.

The local justice system is in HMIS and having conversations with shelters and the HHC regarding which clients will be released from prison and what are the next steps to getting them housed.

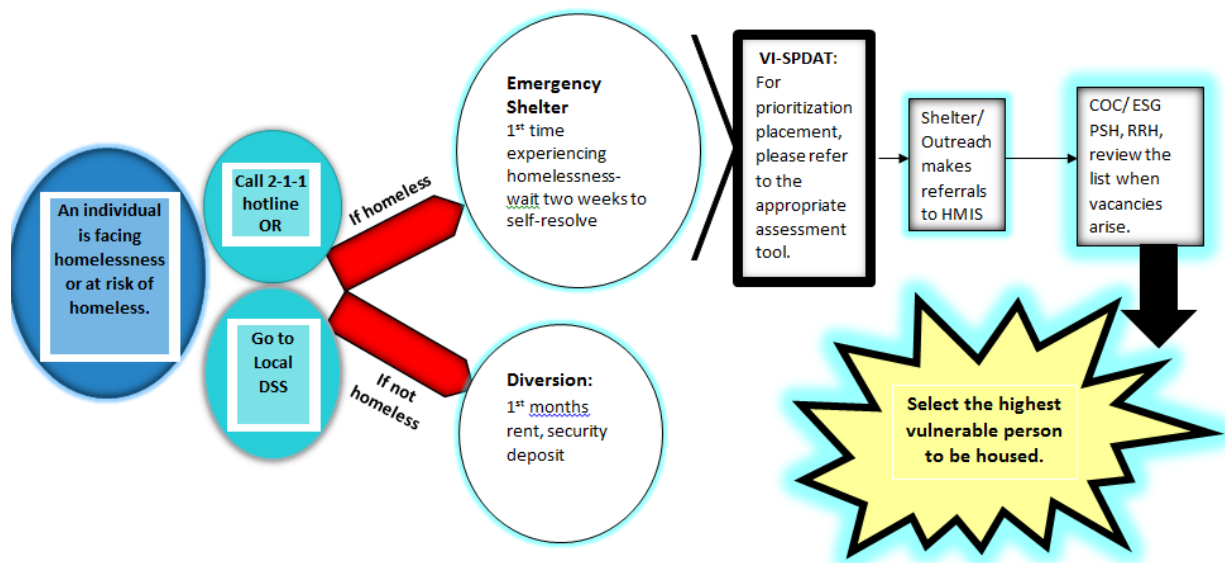
The HHC is also working with the local Public Housing Authority (PHAs) on moving out of PSH to get PSH participants connected to a housing voucher if they no longer require supportive housing as to fill that PSH opening for someone residing in shelter or on the streets.

There are many other initiatives that the HHC is actively working on in order to incorporate mainstream services into the coordinated entry process as well as the overall process to ending homelessness in the community. The HHC will communicate these initiatives at the monthly general meeting as well as in committee meetings and update this policy and procedure manual should any of these initiatives be relevant to Coordinated Entry.

**Components of the Coordinated Entry System**

**Access Points** – The coordinated entry system serves the entire geographic area of Onondaga, Oswego and Cayuga Counties through multiple access points for families and individuals seeking housing and services.

<b>County</b>	<b>Entry Point</b>	<b>Hours of Operation</b>
<b>Onondaga County</b>	<b>Onondaga County Department of Social Services</b>	<b>M-F 8am to 4pm</b>
	<b>Contact 2-1-1</b>	<b>24/7 Access; Shelter placement after hours and referrals.</b>
	<b>Vera House Crisis line</b>	<b>24/7 Access</b>
	<b>Outreach</b>	<b>7 days a week and via Contact 2-1-1</b>
<b>Oswego County</b>	<b>Oswego County Department of Social Services</b>	<b>M-F 8am to 4pm</b>
	<b>Contact 2-1-1</b>	<b>24/7 Access; Shelter placement after hours (M-F after 4:30pm and weekends)</b>
<b>Cayuga County</b>	<b>Cayuga County Department of Social Services</b>	<b>24/7 and has an afterhours line for shelter referrals</b>
	<b>Finger Lakes 2-1-1</b>	<b>24/7 Access to provide referrals and DSS After hours line for shelter</b>



The Local Department of Social Services is the primary contact during business hours to receive shelter services and to be assessed to determine whether shelter services are necessary for individuals and families (shelter diversion). In Onondaga and Oswego County, Contact Community Services is responsible for the 2-1-1 system whereby individuals contact this line for after-hours shelter services and shelter diversion – [www.211cny.com](http://www.211cny.com). In Cayuga County, the after-hours line is through DSS. Fingerlakes 211 is the help line that is operational in Cayuga County and they will refer callers back to Cayuga DSS.

All CoC and ESG programs have their intake paperwork on the HHC website ([www.hhccny.org](http://www.hhccny.org)) to help shelters provide quicker referrals and easier access to these forms. Program directors or Agency Administrators will provide updated intake paperwork when it becomes available.

All street outreach providers are required to assess persons found in places not meant for human habitation using the assessment tool per the local ESG funding requirements. Outreach providers will use hard copy forms of the VI-SPDAT and work with the individuals to complete the assessment using a client centered approach to meet them where they are at, meaning literally on the streets. Once assessed, the VI-SPDAT assessment will be entered into HMIS and the person will be referred to housing on the HMIS referral list. The street outreach worker will continue to work with their client to make other referrals for additional services as needed and to follow up on any documentation or other requirements the housing providers need to accept their client into their project.

All emergency shelter providers are required to assess persons in shelter using the assessment tools, per the Local Department of Social Services Per Diem Shelter Contracts, if they have been in shelter for two weeks or more and this is their first experience of homelessness. If this shelter stay is a return to homelessness, the shelter provider must assess the resident(s) and work with the resident to make other referrals for additional services as needed and to follow up on any documentation or other requirements the housing providers need to accept their client into the project. The coordinated entry system is publicly advertised through community websites (2-1-1, HHC, Local DSSs, local agencies),

community outreach, local press via interviews, and social media (Facebook and Twitter). The broad advertisement of the system ensures that all people within the CoC in need of homeless services will have fair and equal access to the system regardless of where or how the household presents at any entry point. Street outreach ensures that people who are sleeping on the streets are equally prioritized for assistance as anyone else presenting with service needs.

### **Assessment Tool**

All coordinated entry locations offer the same assessment approach and referrals using transparent and uniform decision-making processes. The Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT) developed by OrgCode Consulting has been approved by the CoC and will be the coordinated entry tool for single individuals, including the chronically homeless and will be used by all projects that are dedicated or prioritized for the chronically homeless. The Family SPDAT (F-SPDAT) developed by OrgCode Consulting has been approved by the CoC and will be the coordinated entry tool for families who are experiencing homelessness. The Transition Aged Youth SPDAT (TAY-SPDAT) developed by OrgCode Consulting has been approved by the CoC and will be the coordinated entry tool for unaccompanied youth (24 and under) who are experiencing homelessness. For purposes of this document, the written standards will use the term “assess” or “assessment” which will refer to these tools and will specify the types of tools as needed. All shelter and street outreach providers are responsible for conducting these assessments.

### **Referrals**

The CoC has developed one streamlined waitlist that can be found in the CoC’s HMIS:

<https://sp5.servicept.com/cnyhmis/com.bowmansystems.sp5.core.ServicePoint/index.html>

Housing providers are required to review the HMIS referral list when there is an anticipated vacancy to immediately fill the bed with a new program participant. The housing provider must select the person with the highest assessment score and the individual/family that fits the housing project’s eligibility requirements (i.e. an adult cannot be accepted for a project that only accepts unaccompanied youth).

The HMIS Administrator emails the de-identified by name list out weekly to the Coordinated Entry Workgroup. This group consists of HMIS providers of Outreach, Emergency Shelters, Transitional Housing, Rapid Rehousing, Permanent Supportive Housing, Department of Social Services (DSS), Contact 2-1-1, and the local correctional facilities, along with non-HMIS Providers, such as the Veterans Administration and Domestic Violence/ Victim Service Providers, and meets to discuss how to move shelter residents and unsheltered people into our PSH/TH/RRH programs and updating Coordinated Entry Policies and Procedures.

Projects will no longer carry their own independent waitlist as this has the potential to create “cherry-picking” and “side doors” to housing that more vulnerable individuals and families could have benefitted from. (Page 10 of CPD-17-01 – By-Name List).

### **Acceptance/Rejection Policy- Housing Provider**

Housing Providers can only reject a referral that matches their program eligibility requirements 3 times per year. These decisions will be communicated to the HHC Performance Specialist. The



individual/family that was rejected by the previous program will be taken by the (next available agency they meet requirements for) agency that has the next available bed.

#### **Acceptance/Rejection Policy- Client**

Should a housing provider select an individual or family off of the prioritization list that family can then choose to accept or reject that housing option. Should the individual or family decide to go with another housing provider, the original provider will then select the next individual or family from the list by following the prioritization process listed in this policy. If an individual or family rejects multiple housing provider placements the Coordinated Entry Workgroup will review the case and discuss reasons for rejections in order to come up with alternative housing solutions.

The two policies above will be monitored by the Performance Specialist of the HHC and they will communicate any issues or concerns to the agency in question. These matters will be reviewed and reported annually to the Program/Advocacy Committee and to the Coordinated Entry Workgroup.

In an effort to ensure that Individuals/households are not on the waitlist for longer than 90 days they will be prioritized for case conferencing during the CE Workgroup meetings . If this should occur, the HHC will communicate with the shelter/street outreach provider to get the individual or family connected with another resource outside of CoC or ESG funded providers.

A unit will be held for participants who have already been accepted to the program regardless of move-in status participants and will not be disqualified if they are able to secure a temporary housing situation in the interim wait period. However, the case will be discussed in the Coordinated Entry Workgroup monthly meeting when the client has been absent from contact for ten days.

Should an individual/household be housed via a non-ESG/CoC funded project or subsidized housing provider they should be taken off of the list by the Emergency Shelter/Street Outreach provider who made the referral. An individual/household should be taken off of the list if there is no contact or shelter stay for a period of more than 90 days, but should be marked as inactive on the list. Street outreach and shelter providers should continue to make attempts to engage those persons that have been resistant to accepting an offer of housing (PSH, RRH & TH) and these individuals and families must continue to be prioritized until they are housed. If a client Disappears that is next on the list and is no longer in shelter, the housing provider will hold that bed while the shelter or street outreach staff attempt to make contact with that client for up to 2 weeks. If there has been on contact made the housing provider can then move on to the next eligible person. If the person re-appears then they will be eligible for the next housing placement that opens up.

Participants who have already been enrolled in the program and moved into their apartment will retain their apartment unless it has been vacated without notice for more than 30 days.

#### **Permanent Supportive Housing: Eligibility and Prioritization**

For permanent supportive housing programs, households must meet both the HUD definition of homelessness under Category 1, and have a disability. Once meeting the Category I eligibility requirements, households are then prioritized by the CoC's written standards. Programs may not establish additional eligibility requirements beyond those specified in Category I and those required by funders.

### **Category I: Literally Homeless**

Households qualify as Category I if they are:

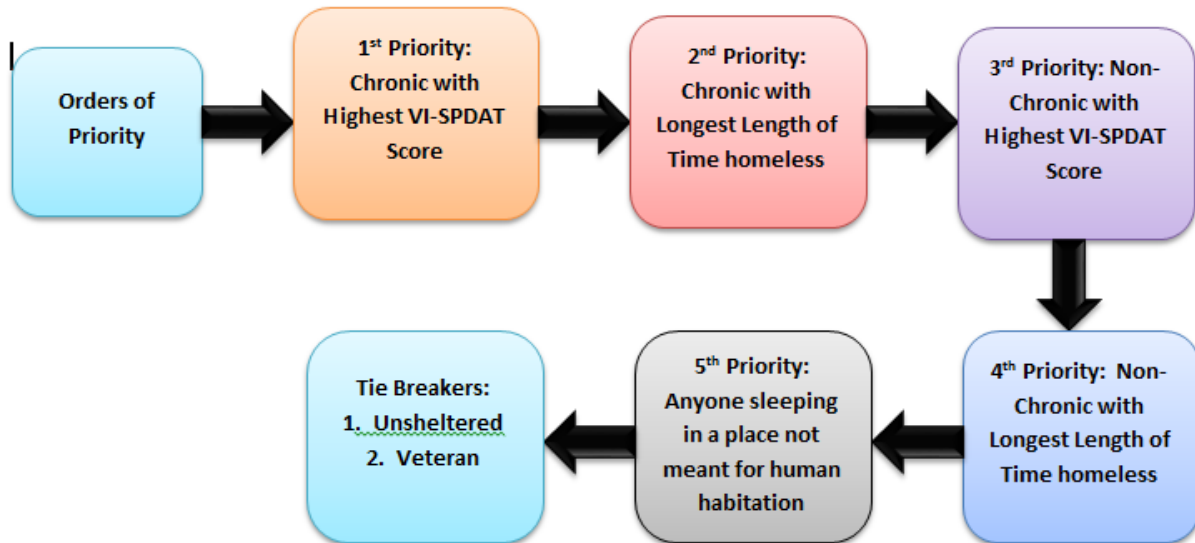
- Sleeping in a place not designed for or used as a regular sleeping accommodation, including the street, a car, park, abandoned building, bus or train station, airport, camping ground etc.
- Living in a shelter designed to provide temporary living arrangements (including emergency shelter, congregate shelters, transitional housing, hotels and motels paid for by charitable organizations or by government programs)
- Exiting an institution where they resided for  $\leq 90$  days, and were residing in an emergency shelter or place not meant or human habitation immediately prior to entering the institution

The CoC will follow the following order of prioritization for filling vacancies in PSH projects:

1. Chronically homeless individuals and families with the most severe service needs, evidenced by their assessment score on their respective SPDAT
2. Chronically homeless individuals and families with the longest histories of homelessness (suggest moving 2 to one based on community feedback? LOS within score range?)
3. All other chronically homeless individuals and families
4. Homeless individuals and families with a disability with the most severe service needs, evidenced by their assessment score on their respective SPDAT
5. Homeless individuals and families with the longest periods of continuous or episodic homelessness
6. Homeless individuals and families coming from places not meant for human habitation

Tie Breakers:

1. An individual or family who is living in an unsheltered location when the CoC's Code Blue Policy is activated.
2. Veteran status



**Anti-Discrimination Policy:**

All housing and supportive services offered through the Coordinated Entry system, including, but not limited to, entry points into the homeless services system will be affirmatively marketed and provided throughout the CoC to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to apply in the absence of special outreach, and maintain records of those marketing activities. (24 CFR 5.105 (a)(2)). All participating agencies must adhere to their agency’s requirements, along with the CoC’s requirements for incorporating cultural and linguistic competencies surrounding all special populations; including immigrants, refugees, and other generation populations; youth; individuals with disabilities; and lesbian, gay, bisexual, transgender, queer, or questioning (LGBTQ) persons. The broad advertisement of the system ensures that all people within the CoC in need of homeless services will have fair and equal access to the system regardless of where or how the household presents at any entry point. Street outreach ensures that people who are sleeping on the streets are equally prioritized for assistance as anyone else presenting with service needs.

**Appeals Process:**

Any project found in violation of this policy can file an appeal with the HHC Director for review. Any client who does not agree with a decision made based upon this policy or by a particular provider can file an appeal with the Performance Specialist. The Performance Specialist along with the other HHC staff will review the appeal and have a final decision to that provider within a week, unless there is further discussion needed with the Program/Advocacy Committee, which will occur at the next available meeting.

Appeals can be made via phone call, email or letter to the HHC Staff.

**[Onondaga County Single Point of Access \(SPOA\) –](#)**

The Onondaga County Department of Adult and Long Term Care Services (DALTC), has a New York State Office of Mental Health (OMH) funded SPOA process to determine eligibility and prioritize access to specific OMH high end services reserved for OMH priority high need individuals. Services accessed through SPOA are: OMH licensed congregate residential and apartment treatment, OMH certified supportive housing, Assertive Community Treatment (ACT Team), Forensic Enhanced Services/Case Management, and non-Medicaid care management.

SPOA has provided a brief “Optional SPOA Eligibility Screening Form” for use by shelter and non-clinical staff, to clarify when a SPOA application makes sense, and rule out when it doesn’t. We’ve learned that many of the behavioral health conditions reported by shelter guests do not meet the OMH priority level of SPMI criteria needed for the specific services accessed through SPOA for adults.

Onondaga County SPOA for adults participates with the Coordinated Entry Workgroup, and the Downtown Outreach committee. The SPOA Coordinator does in reach at HPC when a patient is exercising their civil rights and is insisting on being discharged to homelessness.

Applicants not eligible for OMH SPOA programs are redirected to alternate providers. For housing programs which are jointly funded by both OMH and HUD, SPOA assures that the applicant meets the OMH priority criteria, and the housing provider is responsible for determining HUD/CoC priority level via the Coordinated Entry process and assessment score.

#### Serving Victims of Violence:

Participants may not be denied access to the coordinated entry process on the basis that the participant is or has been a victim of domestic violence, dating violence, sexual assault or stalking.

Should an individual or family seeking shelter or services that is currently fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, and are unable to access a licensed victim service provider, a non-victim service provider should take the following steps to ensure the safety and confidentiality of the individual or family:

- Thoroughly informing the individual or Head of Household regarding the CNY HMIS Release of Information, and what information will be shared across the CoC, specifically addressing who has access to that knowledge.
- Non DV Providers will discuss the HMIS ROI in detail with a client to provide a thorough understanding of the purpose of the HMIS ROI and allow the client to make an informed decision regarding their safety in regards to data sharing.
- All records containing their PII are kept secure and confidential and the address of any family violence project not be made public.

#### Housing First:

Housing providers are required to adhere to a Housing First philosophy and implement this philosophy into their intake process as well as their program process. A Housing First philosophy and intervention must be adopted by all CoC and ESG programs, which lowers barriers to housing by ensuring applicants are not screened out due to:

- Having too little or no income

- Active or history of substance abuse
- Having a criminal history (with exceptions for state-mandated restrictions)
- History of domestic violence (lack of order of protection, period of separation from abuser, law enforcement involvement)
- Resistance to receiving services
- The type or extent of disability related services or supports that are needed
- History of evictions or poor credit
- Lease violations or history of not being a lease holder

A Housing First philosophy and intervention also ensures that residents are not terminated due to:

- Failure to participate in support services
- Failure to make progress on a service plan
- Loss of income or failure to improve income
- Domestic violence
- Any other activity not covered in a lease agreement typically found in the community

To be able to better serve persons entering housing, programs should consider using more of a harm reduction model regarding drinking and drug use in their occupancy agreements, which prevents sobriety and relapse to be a determining factor in a client obtaining or maintaining their housing. Also, programs should consider a person's legal right of choice around consuming alcohol in their own apartments if they are of legal age to do so (21 years old). It is important to encourage recovery and have a strength-based approach when working with clients. Please note that while these items are not considered Housing First to national experts that this CoC has received guidance from when developing this Coordinated Entry Plan, the CoC does understand that there are some programs that do not receive CoC and ESG funding and operate in a group home environment where Housing First may be challenging. We urge these programs to think creatively about ways that they can implement Housing First in this environment (i.e. different floors or sections for residents who require a sober living environment for their recovery, engaging with residents to seek substance abuse services if their drug/alcohol intake is affecting their housing stability).

In-person interviews prior to being admitted is allowed only in instances to determine documentation eligibility and allow the client choice of housing program. The interview should not be used to determine a person's level of compliance in the program. That type of practice is not considered to be under the Housing First philosophy.

Requiring participants to go through a non-Housing First Transitional Housing prior to entering a "Housing First" Permanent Housing program is not Housing First and is not prioritizing those beds for the chronically homeless.

Recognizing that Housing First and prioritizing those who may be harder to serve may be challenging on front line staff, staff should be receiving motivational interviewing, trauma-informed care, and any other training to support the client and themselves in doing this work. Opportunities for these types of training are regularly sent out from the HHC list serve. Please contact the CoC Director, Melissa Marrone, at [mmarrone@unitedway-cny.org](mailto:mmarrone@unitedway-cny.org) to be added to this list serve to receive this communication and for any questions, comments or concerns regarding this process.

A current, “real-time” vacancy list can be found on HMIS. Please contact the CoC’s HMIS Administrator, Sarah Schutt, at [sschutt@unitedway-cny.org](mailto:sschutt@unitedway-cny.org) to receive an HMIS license and for any needed training regarding this process and any additional HMIS trainings.

Client Centered Approach:

Emergency Shelters and Outreach Providers should also assess the strengths, goals, risk, and protective factors of all individuals and families prior to referring them to the coordinated entry prioritization list. This will allow the programs to not only identify areas of risk/concern, but also identify areas of strength that will assist the client with maintaining housing stability and increasing overall well-being.

### Definitions:

#### **HUD Chronic Homeless Definition:**

For all dedicated/prioritized chronically homeless units, participants must meet the chronically homeless definition as stated in Definition of Chronically Homeless final rule which is:

(a) A “homeless individual with a disability,” as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)), who:

- i. lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
- ii. Has been homeless and living as described in paragraph (a)(i) continuously for at least 12 months or on at least four separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (a)(i). Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering an institutional care facility;

(b) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (a) of this definition, before entering the facility;

- i. A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (a) or (b) of this definition (as described in Section I.D.2. (a) of this Notice), including a family whose composition has fluctuated while the head of household has been homeless.

If an individual or family refuses to participate in the Coordinated Entry process (answer the VI-SPDAT assessment question, engage with housing providers, etc.) they can still be prioritized in the Coordinated Entry List. They would be prioritize based upon the orders of priority list; length of time homeless, veteran status, etc. This decision for prioritization will be the responsibility of the Coordinated EntryWorkgroup.

The HUD Chronic Homelessness Final Rule can be found online:

<https://www.hudexchange.info/resources/documents/Defining-Chronically-Homeless-Final-Rule.pdf>

#### **HUD Homeless Definition:**

- (1) Individuals and families who lack a fixed, regular, and adequate nighttime residence and includes a subset for an individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or a place not meant for human habitation immediately before entering that institution;
- (2) Individuals and families who will imminently lose their primary nighttime residence;
- (3) Unaccompanied youth and families with children and youth who are defined as homeless under other federal statutes who do not otherwise qualify as homeless under this definition; or
- (4) Individuals and families who are fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member.

The HUD Homeless Definition with recordkeeping requirements can be found here:

[https://www.hudexchange.info/resources/documents/HomelessDefEligibility%20\\_SHP\\_SPC\\_ESG.pdf](https://www.hudexchange.info/resources/documents/HomelessDefEligibility%20_SHP_SPC_ESG.pdf)

For all non-dedicated/prioritized CH PSH/TH units that are CoC and ESG funded, participants must meet the homeless definition and have a disability.

#### **Severity of Needs:**

Units will be prioritized for people meeting the chronic homeless definition or participants with the highest severity of service needs which means an individual for whom at least one of the following is true:

- i. History of high utilization of crisis services, which include but are not limited to, emergency rooms, jails, and psychiatric facilities; and/or
- ii. Significant health or behavioral health challenges, substance use disorders, or functional impairments which require a significant level of support in order to maintain permanent housing.
- iii. For youth and victims of domestic violence, high risk of continued trauma or high risk of harm or exposure to very dangerous living situations.

This Severity of Needs criteria is a directive by HUD Notice CPD 16-11 titled Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing dated July 25, 2016 can be found online:

<https://www.hudexchange.info/resources/documents/notice-cpd-16-11-prioritizing-persons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-persons-in-psh.pdf>

#### **Other Federal Requirements**

The CoC and recipients of CoC and ESG program funded projects must comply with the nondiscrimination provisions of Federal civil rights laws, including, but not limited to, the Fair Housing Act, Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act, and Titles II and III of the Americans with Disabilities Act, as applicable. See 24 C.F.R. § 5.105(a). In addition, HUD Equal Access Rule at 24 CFR 5.105(a)(2) prohibits eligibility determinations in HUD-assisted or HUD-insured housing programs based on actual or perceived sexual orientation, gender identity, or marital status, including any projects funded by the CoC program, ESG program, and HOPWA program.

### Coordinated Entry Workgroup –

The Coordinated Entry Workgroup covers the entire CoC geographic region (Onondaga, Oswego and Cayuga Counties) and is primarily comprised of shelter discharge planners, permanent housing intake workers, street outreach providers and LDSS/211 staff. Agency staff determine participation based upon a list of clients that are sent out monthly by the CoC. The group meets monthly and works to case conference clients who:

- a. Return to the list (i.e. return to homelessness)
- b. Refuse to do VI-SPDAT
- c. Are on the list for longer than 90 days
- d. Are in permanent housing programs and are close to being evicted

### Veteran Services-

Every person who enters shelter, is met outdoors from street outreach, enters DSS, calls 211CNY is asked if they have ever served in the military and if so, they are asked to sign a release of information for these entities to communicate with the VA. The shelter or outreach worker refers to the VASH/SSVF coordinator who then determines if they are a Vet by requesting a DD-214 and/or looking them up in SQUARES. The shelter/ outreach staff does an assessment of that veteran's vulnerability by completing the Vi-SPDAT and makes a referral to the Coordinated Entry list. SSVF will accept the referral off of the Coordinated Entry list if the individual qualifies for their RRH program, HUD VASH, or GPD project. Veterans who are in shelter are prioritized as a vulnerable population off the list second to those who are street homeless.

The VA also receives referrals through the National Hotline for Homeless Veterans. They also assess need for shelter services or housing. They do provide referrals outside of the Coordinated Entry system, but also send clients to our Shelter Services or via SSVF providers, who will enter the data into HMIS, will assess clients for level of vulnerability using the VI-SPDAT and also send referrals to the Coordinated Entry list.

### Homeless Prevention

#### **Financial Assistance**

At the time that a person who is experiencing homelessness or at risk of homelessness apply for assistance, s/he is also screened for eligibility into other welfare and assistance programs, such as the Supplemental Nutrition Assistance Program, Temporary Assistance and other financial assistance programs.

The CoC's Local Departments of Social Services (LDSS) provide many aid programs that assist county residents in staying in their own home and thus serves as the first point of access for homelessness prevention services. Other best practices, such as attempting diversion from the homeless shelters, have been standard practice at LDSS for many years.

County ESG funds prevention programs in Onondaga County focusing on those facing issues such as eviction, including back rent and security deposits. Onondaga County Department of Social Service –



Economic Security is required to conduct face-to-face interviews before, or within 24 hours, clients are placed into shelters which have proven effective in diverting people from shelters. There is an exception for domestic violence victims and direct hospital discharges.

The programs that are dedicated to homeless prevention are Catholic Charities ESG, SSVF & Homeward Connection, Soldier On, and Salvation Army Homeless Prevention Services. All programs provide short term case management, support and advocacy, and referrals for housing related assistance to prevent homelessness.

1. Catholic Charities Homeless Prevention Programs (ESG & Homeward Connection) - Provides case management and homeless prevention services to individuals and families in Onondaga County
2. Catholic Charities SSVF Homeless Prevention Services- Provides case management and homeless prevention services to Veterans and their families in Onondaga County
3. Soldier On SSVF Homeless Prevention – provides case management and homeless prevention services to Veterans and their families in Onondaga, Oswego and Cayuga Counties.
4. The Salvation Army STEHP Homeless Prevention Program – Provides case management and homeless prevention services to individuals and families in Onondaga County AmeriCorps - Provides case management services to people in Oswego County. Volunteers are located at each one of the agencies listed above to provide direct services to homeless consumers. Clients must be TANF eligible and services provided include security deposits, back rent payments, and mattresses funded by FFFS wrap-around funding.
5. Oswego County Opportunities STEHP
6. Oswego County DSS
7. Catholic Charities
8. Oswego County Probation
9. Cayuga County Homesite Development Corporation – provides security deposit loans, renter counseling to prevent eviction
10. Options for Independence – provides a self-sufficiency program for individuals and families with disabilities in Cayuga County who are experiencing homelessness upon intake to the program in addition to case management and housing subsidies.
11. Unity House – provides rental assistance, security deposits, utility stipends, case management, budgeting and assistance with landlord relationships to individuals with mental illnesses in Cayuga County.
12. Cayuga Seneca Community Action Agency - provides assistance to homeless or near homeless individuals and their families to determine their housing needs and how they can be best addressed to provide permanent, safe and affordable housing options.

#### **Homeless Prevention Legal Services:**

1. Volunteer Lawyers Project - This agency provides homeless prevention services through our Eviction Court in Syracuse, NY, and these are same day services. They are identified, served, and exited on most occasions within the same day. This agency also provides legal services to our clients while in our Emergency Shelters who need legal advice on a variety of issues surrounding criminal, family, and other areas of law.
2. Legal Aid Society of Mid New York - Provides Civil Legal services to eligible residents of Onondaga, Oswego, and Cayuga County who are unable to afford private counsel. Services

include: legal advice and representation on landlord/tenant problems such as evictions, housing discrimination, and foreclosures.

Frank H. Hiscock Legal Aid Society - Provides Civil Legal services to eligible residents of Onondaga County who are unable to afford private counsel. Services include: legal advice and representation on landlord/tenant problems such as evictions, housing discrimination, and foreclosures.

### Emergency Shelters:

The Emergency Shelter System in the CoC is currently composed of **11 providers; a total of 505 year round beds**. Placements can also be made at LDSS contracted hotels/motels if there is no appropriate shelter available. The level of support services available to participants varies greatly from program to program. The length of stay is generally expected to be less than 30 days; extensions may be granted at some shelters in some circumstances.

Access to Emergency Shelter: Information on how to access Emergency Shelter is available 24 hours a day/7 days a week:

#### **Onondaga County Emergency Shelter Access:**

- Going directly to Onondaga Department of Social Services (DSS)
- during regular business hours (8AM – 4PM)
- Calling 2-1-1
- Vera House Crisis and Support line – 315-468-3260 (primarily for domestic and sexual violence, but can assist in other matters)
- Syracuse Booth House (Youth) – 1-800-660-6999

Currently, there is “no wrong door” (multiple entry points) into the emergency shelter system. The largest single point of entry is the Onondaga County Department of Social Services – Economic Security (DSS-ES). People experiencing homelessness or at risk of homelessness must be approved for placement by DSS before entering the program. To be obtained in the following ways:

- Person(s) experiencing homelessness must go to the 2nd floor of the Civic Center, located at 421 Montgomery Street between 8AM and 4PM and be screened for eligibility by the Emergency Housing unit.
- You may call the DSS Call Center at 315-435-2700 for information during business hours.
- After hours, weekend and holiday placements can be made by calling 211. For all callers seeking shelter 2-1-1 completes a Homeless Assessment form to determine eligibility. If person/household is eligible for and determined to be in need of shelter services the staff refer them to the appropriate shelter that has space available based on gender (male/female), age (youth vs adult) and family composition (family, single females with children, and individuals). If The Salvation Army Emergency Family shelter does not have space available the staff at the shelter will arrange for the family to be placed in a motel. All clients who have been referred to a shelter or motel after house need to report to DSS the following day.
- If determined to be eligible, a placement will be made at one of the emergency shelters or a hotel/motel placement can be made if an appropriate shelter bed(s) is not available.

- While in shelter the participant must fulfill all DSS requirements provided to them in writing; i.e. – housing search, getting additional documentation for public benefits eligibility determination, etc.
- If transportation is an issue, 2-1-1 can provide transportation to the shelter/motel.
- If denied an emergency shelter placement or placement is terminated before permanent housing is accessed, a fair hearing may be requested by calling the Fair Hearing Unit at 315-435-2585 or toll-free 1800-342-3334.

Emergency shelters include: Catholic Charities Men’s Shelter, Catholic Charities Dorothy Day House, The Salvation Army Emergency Family Shelter, The Salvation Army Women’s Shelter, The Salvation Army Barnabas Shelter, The Salvation Army Booth House, Rescue Mission Transformations and Vera House Emergency Shelter (DV only).

People experiencing homelessness access these programs by:

- Calling or going directly to the shelters to find out about bed availability
- Calling 2-1-1
- For Vera House Emergency Shelter please call 315-468-3260.

#### **Oswego County Emergency Shelter Access:**

There is currently no emergency shelter located in Oswego County with the exception of a domestic violence shelter for women and children and the Youth Shelter (16-20 years old). Oswego County DSS is located at 100 Spring Street in Mexico, NY. People who go to Oswego DSS and are eligible for emergency shelter will be placed into hotel/motels, rooming houses, SAF shelter for victims of domestic or sexual violence, or host homes for youth under age 21. Homeless persons access these programs by:

- Going directly to DSS during business hours (M-F, 8am to 4pm)
- Present at any Oswego County Opportunities building:
  - Oswego Location: 18 East Cayuga Street Oswego, NY 13126
  - Fulton Location: 239 Oneida Street Fulton, NY 13069
  - Or by calling: 315-342-1600 or 1-877-342-7618
- Calling 2-1-1

After hours, weekend and holiday placements are determined through an eligibility assessment and may be made by calling 2-1-1 CNY. For all callers seeking shelter 2-1-1 completes a Homeless Assessment form to determine eligibility. If person/household is eligible for shelter and is a female in a domestic violence situation 2-1-1 staff call Oswego County Opportunities SAF shelter to refer them to shelter and they can also connect with the Oswego County Opportunities agency or hotline as well. If there is a youth age 16 to 20 staff call Oswego County Opportunities Draper Street Shelter and make a referral. If there are no vacancies or if the person/household calling does not fit those two population types the 2-1-1 staff complete a Motel Assessment form and refer the individual/ household to the motel closest to their location. 2-1-1 does not provide transportation to the motel or shelter.

#### **Cayuga County Emergency Shelter Access:**

The only emergency shelter located in Cayuga County is Chapel House for single men with the exception of Cayuga Seneca Community Action Agency, which is a domestic violence shelter for women and children. Cayuga County DSS is located at 160 Genesee St, Auburn, NY 13021. People who go to Cayuga DSS and are eligible for emergency shelter will be placed into hotels/motels. People experiencing homelessness may access these programs by:

- Going directly to DSS
- Calling DSS after-hours: 315-255-6272
- Cayuga Seneca Community Action Agency – 315-255-6221 (primarily for domestic and sexual violence)
- Calling Fingerlakes 211

### **Permanent Supportive Housing:**

There are 1,013 Permanent Supportive Housing (PSH) beds funded by the CoC, in which 261 are dedicated to chronically homeless which is 9% of the total PSH units. All non-dedicated chronically homeless PSH projects have committed to prioritize 100% of their turnover beds to serve chronically homeless clients.

Our current percentage of chronically homeless individuals and families in our CoC is approximately 11%.

There are several non-CoC funded PSH programs. These include ACR Health HOPWA, Rescue Mission Gifford Place Independent Living Program, YMCA, CNY Services The Hawthorne & Susan's Place TH, and the Veterans Administration has HUD VASH Vouchers for Veterans. Oswego County Opportunities Backstreet Apartments. Oswego County OMH Division of Mental Hygiene Supported Housing. Many of these programs have separate eligibility requirements.

### **Rapid Rehousing:**

There are currently a total 215 Rapid Rehousing beds funded in this CoC through Catholic Charities (ESG & CoC funded), The Salvation Army HALE program (CoC and ESG Funded) and Barnabas RRH for youth, ACR Health RRH for LGBT Youth (can accept non-LGBT youth if there are no LGBT youth currently experiencing homelessness), Syracuse Behavioral Healthcare RRH for individuals, Oswego County Opportunities, and Cayuga Seneca Community Action Agency.

Prior to rental assistance, the apartment must pass the necessary inspections (habitability, and visual lead for families & pregnant individuals) and a one year lease must be provided. The rent for the apartment must also be within Rent Reasonableness Guidelines and not exceed the Short to Medium Term financial/rental assistance may be provided. Amounts may vary depending on household need. The total amount of financial assistant for one household should not exceed \$10,000. The following percentage is based on the client responsible rent, which is the actual rent minus rental allowance that the Department of Social Service provides, if there is any. The length of rental assistance should be determined by the client's need and should not be longer than 24 months with an additional 6 months of case management supportive services. The percentage of rent will be scaled if client and caseworkers determine that a briefer stay is more appropriate. The client portion does not exceed 30% of their income. A household's eligibility for this program cannot exceed 24 months.

In order to receive CoC RRH:

1. Participants must meet HUD homeless definition.
2. Household incomes less than 30% of AMI for ESG program and less than 200% of the federal poverty guidelines for CoC program.

#### **Transitional Housing (non-youth):**

There are no longer any transitional housing funded by the CoC. There are several non-CoC Transitional Housing Programs in Onondaga County: Chadwick Residence, Rescue Mission Willing to Work, The Salvation Army Women's Shelter Apartment, YMCA Residence and the YWCA Transitional Residence. The Veterans Administration has the Veterans Grant Per Diem (GPD) program for transitional housing for Veterans.

Oswego County Opportunities has Mental Health Transitional Living (MHTL), Arbor House Community Residence and the Supportive Living Program for people with substance use disorders and SAF program for people fleeing domestic violence.

The Auburn Rescue Mission has transitional housing for families. Cayuga-Seneca Community Action Agency has transitional housing for people fleeing domestic violence.

Individuals or families must meet the HUD homeless definition to be eligible for many of these programs.

#### **Transitional Housing for Youth:**

##### **Program Summary and Eligibility:**

As previously mentioned, there are no longer any transitional housing funded by the CoC. The Salvation Army Syracuse Area Services has two transitional housing programs for youth, one of which is a pregnant and parenting program, which are all ESG funded. Oswego County Opportunities called the PATH program for homeless youth. Cayuga Seneca Community Action Agency has one transitional housing program for youth

**Continuum of Care Written Standard for NY-505  
Authorization Memorandum – CoC Membership**

I have carefully assessed the Continuum of Care Written Standard for NY-505 for the Syracuse/Onondaga, Auburn/Cayuga, and Oswego Continuum of Care (CoC).

I accept the Standards as reasonable expectations for Coordinated Entry Process regarding the Syracuse/Onondaga, Auburn/Cayuga, and Oswego CoC's designated Coordinated Entry Policies and Procedures and support the adoption of this Standard.

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\_\_\_\_\_  
NY-505 Participating Agency

\_\_\_\_\_  
Agency Representative (Print Name)

\_\_\_\_\_  
Representative's Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date