

NY-505 Plan for Serving Individuals and families Experiencing Homelessness with Severe Service Needs

Overview

The Housing and Homeless Coalition of Central New York, NY-505, has developed this plan to serve individuals and families experiencing homelessness with severe service needs, specifically those with histories of unsheltered homelessness and those experiencing homelessness in rural areas of the CoC. This plan was developed by the CoC staff, the Lived Experience Boards of the CoC, and the following community partners: Cayuga Community Health Network, Chapel House Inc, Unity House, Syracuse Jewish Family Services, YMCA of Central New York, Oswego County Opportunities, Liberty Resources, ARISE, Rescue Mission, A Tiny Home for Good, Helio Health, Catholic Charities of Onondaga County, Allyn Family Foundation, Salvation Army Syracuse Area Services, Vera House, ACR Health, City of Syracuse, City of Auburn, and Onondaga County Community Development.

Plan Objectives

The following is the list of goals and strategies outlined in this plan:

- Leveraging Housing Resources through State and Local investment
- Recruiting landlords and developing a tool to assist in identifying available units in real time
- Developing varied housing options, tailored to specific needs and preferences of people experiencing homelessness
- Expanding medical care to people experiencing unsheltered and rural homelessness, specifically to those least likely to seek assistance
- Providing low barrier shelter and low barrier housing to all who need it
- Requiring and promoting the Housing First Approach in all housing programs in the CoC
- Advancing equity to end systemic racism and injustice in the homelessness and housing systems
- Prioritizing the voices of people with Lived Expertise in all decision-making and project development in the CoC

A: Leveraging Housing Resources

The CoC will use myriad strategies to leverage affordable housing resources to support the homelessness service system and house people with service needs. These strategies, outlined below, include landlord engagement, leveraging new affordable housing units, and the identification of promising and new practices that have proven successful in the Central New York region.

1. Efforts to Increase the Number of Permanent Housing Units Available

Leveraging New York State Investment

Empire State Supportive Housing Initiative: Pairing affordable housing with supportive housing through state investment, the CoC has added 122 units of supportive housing specifically serving people experiencing homelessness in the past five years. These projects use Coordinated Entry to fill vacancies. This investment has been and will continue to be leveraged to provide housing for the most vulnerable people, especially those with mental health and substance use disorders, partnering with the statewide agencies, to connect with services. This model is often paired with affordable housing development including tax credit projects and capital funding from New York State resulting in mixed-use buildings with dedicated supportive units, as well as providing on-site case management services.

Partnering with Public Housing Authorities

The CoC has had success in partnering with local Public Housing Authorities (PHAs) to administer Emergency Housing Vouchers. The CoC uses its Coordinated Entry System to refer eligible households for these vouchers from emergency shelters including domestic violence shelters, street outreach programs, and used vouchers for moving on from rapid rehousing and permanent supportive housing projects. The moving on strategy has been incredibly successful in opening intensive case management subsidy programs for vulnerable people currently experiencing homelessness while allowing people who have stabilized with a housing subsidy to remain in their units.

The CoC plans to replicate this promising model, partnering with Syracuse Housing Authority to leverage 30 additional vouchers for people experiencing homelessness. The vouchers will be paired with Rapid Rehousing case management to assist with housing search and the transition to permanent housing.

Permanent, Scattered-Site Tiny Homes

Tiny Homes have been a proven strategy to house some of the community's most vulnerable and service resistant in the CoC. Partnering with the local Landbank, vacant lots scattered throughout the City of Syracuse have been purchased to support the construction of tiny homes. Tiny homes are paired with supportive services and responsive property management services to support tenants. Currently, vacancies are filled by people in permanent supportive housing or rapid rehousing projects through Coordinated Entry. Supportive services are provided by CoC-funded projects.

Using vacant lots spread throughout the city rather than building large-scale Tiny Home neighborhoods provide choice to people and promotes dignity by reducing any stigma associated with mass tiny home neighborhoods dedicated to people experiencing homelessness. This tiny home model allows for people to be integrated into the neighborhoods they choose. The model also allows for higher density on vacant lots than if single-family homes are built, allowing for more units to be added.

HOME ARP

The CoC is partnering with the City of Syracuse to leverage HOME ARP units to provide new housing opportunities for people experiencing homelessness. The City of Syracuse is dedicating at least 30% of newly developed units to this funding opportunity.

The CoC plans to pair RRH with new units developed through HOME ARP using the Coordinated Entry System. This will pair the supportive services of Rapid Rehousing for up to six months while HOME ARP will provide new, safe affordable units to project participants.

Affordable Housing Development and Advocacy

The CoC will continue to advocate for affordable housing development in the CoC region. The CoC has developed an Affordable Housing sub-committee of its Program Planning and Advocacy Committee. This committee is working to frame the CoC's goals for local development. The committee will be creating a report outlining development priorities to be released to the public over the next year.

The CoC has been actively working with Affordable Housing providers to fill units using the Coordinated Entry System to fill vacancies. The CoC has diversified its Advisory Board to include representatives from Affordable Housing providers, as well as Public Housing Authorities, to foster partnership and buy-in to the CoC homelessness service system.

2. Landlord Recruitment

Current Strategy to Recruit Landlords

Landlords are currently recruited through a variety of methods- direct contact by case managers & agency staff, informational sessions, and training. Currently the bulk of the landlord recruitment responsibility falls on individual organizations doing housing search.

One county in the CoC has had landlord education and recruitment opportunities. This model provides training to landlords while also educating landlords about partnerships with non-profit organizations. Providing useful training and education like fair housing, lead safety, tenant rights, and fire safety to landlords encourages them to work closely with projects.

Landlord recruitment remains challenging in areas of the CoC with limited housing stock. CoC partners have been able to provide landlord engagement training but not at the CoC-wide level.

Identifying New Practices/Lessons Learned

Proactive Landlord Engagement

One new practice being utilized by the CoC is proactive landlord engagement and response. CoC funded agencies have greatly improved relationships with landlords by being responsive and on-site frequently. CoC project staff have built relationships not only landlords but building maintenance staff and property managers who are more likely to have face to face contact with

tenants. Giving property management and maintenance staff, as well as property owners, a direct line to program staff eases issues and allows the project to intervene if issues arise.

CoC projects will continue to use this model to be responsive with repairs and mitigate tenant issues directly. The CoC has also had success with master leasing with healthy operating budgets to relieve the burden of client damages.

The CoC will use planning funds associated with this funding opportunity to formalize training about proactive landlord engagement.

Using Planning Funding to Expand Landlord Education and Outreach

The CoC will use the planning funding to expand landlord education and outreach, providing CoC-wide educational opportunities about CoC programming as well as educational tools that are mutually beneficial for both landlords and tenants.

This strategy has proven successful in one of the counties of the CoC and using planning dollars, these efforts could be expanded throughout the rest of the CoC's geographic area. These efforts would be especially useful in leveraging new landlords in rural geographic areas with limited housing options.

The CoC will use this strategy to centralize landlord recruitment, putting the responsibility on the CoC to coordinate recruitment. This will further assist organizations serving people in areas with limited housing stock, such as rural areas of the CoC, as well as assist smaller agencies that do not have as much housing search capacity as larger organizations, promoting equity and continuity of services across CoC and ESG-funded organizations. Continuity of services and equity in service delivery has been a focus of the Lived Experience Boards of the CoC. This strategy will directly address some of the concerns that have been voiced.

Using Data to Update Landlord Recruitment Strategy

On-site Case Management in Housing with High Eviction Rates

A pilot program funded by the City of Syracuse used eviction court data to identify the landlords most frequently evicting tenants. The City funded on-site case management directly in buildings with high eviction rates to do early intervention case management. The project was duplicated in other buildings, including public housing, and each landlord partner evicted fewer people and saw real cost savings from not having to process evictions. Some landlords have chosen to continue funding case management on-site after the pilot had ended, using the cost savings of decreasing evictions to fund the positions.

Landlord Database and Mapping

The CoC has previously used a landlord database that will be repurposed and brought up to date using planning dollars associated with this opportunity. The database project had been abandoned when funding to maintain the database was lost. By dedicating planning funding, the CoC hopes to reinstitute the database to assist in centralizing landlord recruitment. The database

will show in as close to real time as possible available units for case managers and Coordinated Entry staff to find landlords willing to work with CoC member organizations.

Landlords will be recruited to use the database through landlord engagement training and the database will be maintained by the CoC staff.

The CoC will use database to map available units to best allow people experiencing homelessness to select neighborhoods of their choice. Mapping will also allow the CoC to identify gaps in landlord recruitment and allow for targeted recruitment sessions in areas that are not accessible through the landlord database.

The identification of gaps using mapping will also assist the CoC's advocacy efforts in siting affordable housing development.

B: Leveraging Healthcare Resources

Leveraging Healthcare Resources

House Calls for the Homeless

In the CoC, ESG-CV dollars were used to purchase a medical van to provide acute medical services to people experiencing homelessness, especially those experiencing unsheltered homelessness. This investment is expanding a street medicine effort that has been in existence for the past five years. Providing acute medical care has fostered relationships with those who are most service resistant by allowing for immediate health concerns to be addressed while street outreach housing case managers can focus on long term housing plans.

The CoC will use this funding opportunity to expand these services, pairing street outreach case management with medical care five days a week to people experiencing unsheltered homelessness and people utilizing drop-in centers and emergency congregate shelters that are open during the day.

Bringing healthcare directly to people experiencing unsheltered homelessness has alleviated health issues associated with homelessness, such as treating infection and infected wounds, testing, and vaccinating during the COVID pandemic, medical concerns relating to exposure, especially during winter months, prescribing and administering needed medications, as well as connection to primary care for ongoing care. This has helped people experiencing homelessness avoid unnecessary emergency room visits as well as providing dignity through on-site healthcare.

Partnerships with Federally Qualified Health Centers (FQHCs)

The CoC has partnerships with FQHCs and will work to bring healthcare services to people experiencing homelessness, including pursuing funding opportunities to the intersection between healthcare and housing. Housing being a social determinant of health will be used to leverage healthcare investment in people experiencing homelessness.

Street outreach and rapid rehousing programs in Cayuga County will partner with the local FQHC to provide medical care, behavioral healthcare, dental care, pediatric care, and substance use disorder services with people being brought directly to services, assisting with the issue of transportation and access that has been identified as a barrier to care, especially in rural communities.

Mental Health Crisis Response

The CoC plans to improve and expand its partnerships with mobile crisis teams to assist in outreach efforts, especially to people experiencing unsheltered homelessness having mental health crises.

The CoC currently has a partnership with mobile crisis teams to respond to crises for people experiencing unsheltered homelessness. The mobile crisis teams attend case conferencing meetings monthly to ensure that both homelessness street outreach and mobile crisis teams are providing the highest level of care and support to people experiencing homelessness.

Peer Support and Substance Use Programming

Through the rural set aside in this opportunity, the CoC also plans to leverage substance use treatment, partnering with a Rapid Rehousing program. The treatment provider will offer OMH Certified Peer Specialists (CPS) and OASAS Certified Peer Recovery Advocates (CPRA), one on one peer support, wellness and recovery plans, transportation to and from treatment, Medication Assisted Treatment, and support group services to all Rapid Rehousing program participants who qualify and choose to engage in those services. Access to treatment, especially in rural areas has been a significant barrier voiced by both service providers and people with lived experience.

C: Current Strategy to Identify Shelter and Housing Individuals and Families Experiencing Unsheltered Homelessness

Current Outreach Strategy

The CoC maintains an Outreach Committee that meets monthly to develop coordinated strategies for providing outreach, including the development of local policies and procedures of conducting outreach as well as case conferencing people experiencing unsheltered homelessness. This Committee is made up of CoC staff, homeless street outreach providers, mobile crisis teams, substance use and mental healthcare providers, permanent housing providers, local police, the Downtown Committee which is the business district of the urban area of the CoC, and city and county officials.

Outreach is conducted seven days a week and on an on-call basis during Code Blue months. The CoC also uses its local 211 to coordinate the on-call and to accept reports from community members of people who may be experiencing unsheltered homelessness. This has proven extremely useful in identifying people who may be in rural areas or areas not easily visible and who may not be encountered during outreach visits to known locations.

All Street Outreach case managers are trained to be Coordinated Entry assessors and able to provide immediate access and transportation to shelter. Street outreach case managers are also trained in trauma-informed care, motivational interviewing, and equal access, among other trainings to ensure that outreach services are culturally appropriate. The CoC also has specific Street Outreach teams dedicated to serving youth who are experiencing unsheltered homelessness.

Outreach teams are focused on making connections and building relationships to ultimately move people into permanent housing. People experiencing unsheltered homelessness are almost as likely to exit homelessness to permanent housing (31%) as they do to emergency shelter (35%).

Street Outreach providers have hired people who have experienced homelessness with lived expertise to conduct street outreach. This has assisted greatly in the building of relationships between street outreach providers and people currently experiencing homelessness.

Current Strategy to Provide Low Barrier Shelter

The CoC has been successful in moving people from unsheltered locations into low barrier emergency shelters. 35% of all people engaged with street outreach exit to emergency shelters; with 31% exiting directly to permanent housing, the CoC has a 66% success rate for people exiting street outreach. This success has been a result of emergency shelters operating under a low barrier model with immediate access available 24 hours a day, seven days a week.

The CoC promotes Equal Access to Emergency Shelter, allowing people experiencing homelessness to have access to shelter regardless of gender identity or sexual orientation. The CoC provides free annual training about Equal Access, as well as non-discrimination and trauma informed care to ensure that Emergency Shelters are culturally competent and safe for residents.

Housing Focused, Low Barrier Shelter

All emergency shelters in the CoC are housing focused shelters that maintain low barrier access. People needing emergency shelter are not denied due to substance use, mental health issues, income, or any perceived barriers. Housing case managers are employed in all congregate shelters and work with shelter residents to make resident-guided housing plans. Case managers in shelters are all trained in Coordinated Entry assessment and can refer people into the Coordinated Entry System.

Expansion of Non-Congregate Sheltering

The CoC has expanded non-congregate sheltering from the beginning of the COVID-19 pandemic. Two counties in the CoC maintain significantly more non-congregate shelter options than congregate shelters.

Non-congregate sheltering has been used as a response to the COVID-19 pandemic but also as the primary shelter model in two of the three counties in the CoC region. The CoC has added 115 non-congregate shelter beds since 2020.

Transitional Housing

The CoC has transitional housing models for specific populations that provide culturally appropriate access to accommodations. The CoC has transitional housing available for youth, survivors of domestic violence, veterans, people re-entering the system from jail/prison, and people living with HIV/AIDs. Transitional housing is maintained in the CoC only for specialized populations and all transitional housing projects are focused on permanent housing.

New After-Hours Intake Center & Transportation

An organization in the CoC has recently opened an after-hours Intake Center that can provide case management, transportation to emergency shelter, or placement in non-congregate shelter if needed. The Center is open 24/7 for walk-ins and can provide diversion services and connection to programming if someone can be diverted from shelter and provided with homelessness prevention services.

Warming Centers During Code Blue

Warming Centers have also been opened in the rural areas of the CoC in the past two years to provide temporary shelter. This model has been successful in assisting people who had not sought assistance through traditional shelter models. The Warming Centers are open during Code Blue, typically operating November through April, and can provide respite from the winter weather, a place to sleep, and connection to services with no requisites.

Lessons Learned

In expanding non-congregate sheltering, for the model to be successful, it requires on-site assistance, transportation options, and flexibility in providing meals. Relationships from contracted hotel/motel owners are similar to building relationships with landlords, the relationship needs to be proactive and fostered through attention and engagement.

Transportation and after-hours services are necessary to ensure people who need emergency shelter services are provided access and safety at any hour of the day. Emergencies do not always occur during business hours, and the homelessness system needs to adapt and be able to respond when emergencies do occur. Ensuring that the CoC's has buy-in from all after hours crisis response systems, including the local 211 helpline, the police, and hospitals, has been critical in ensuring that people are directed toward emergency shelter rather than unsheltered locations.

Current Strategy to Provide Immediate Access to Low Barrier Permanent Housing

Housing First

The CoC maintains the Housing First Approach as one of its core values, knowing that every person experiencing homelessness is 'housing ready' and that housing is a human right, not to be withheld as a reward.

All CoC and ESG projects currently funded have adopted a Housing First Approach and Housing First is a threshold requirement for all new funding.

Training in Housing First provided by the CoC to all CoC-funded agencies and CES assessors. All CoC and ESG projects are monitored through case plans, case notes, and project policies to ensure projects are following a Housing First Approach.

Housing Individuals and Families who have Histories of Unsheltered Homelessness

People who are in unsheltered locations have the same access to CoC and ESG permanent housing programming as people in congregate or non-congregate settings. CoC Permanent Supportive Housing and Rapid Rehousing houses people directly from unsheltered situations. For example, ESG-CV was used during the COVID-19 pandemic for a Rapid Rehousing program administered by one of the providers of street outreach case management.

New Housing Practices

The CoC has used investment from New York State to create affordable housing projects with set-aside units dedicated to supportive housing through the Empire State Supportive Housing Initiative (EESHI). The model has dedicated case management onsite to assist tenants. The supportive units are filled through the Coordinated Entry System. The CoC has also added Emergency Housing Vouchers and permanent Tiny Homes beds that are filled by the Coordinated Entry System.

Having new and varied housing models available through the Coordinated Entry Systems has created a system that is responsive to not only the needs of participants but also the preferences of participants. Scattered site permanent supportive housing and rapid rehousing are extremely successful models, but some participants prefer having a single structure with a tiny home or prefer to have case management onsite through the ESSH program. Having choice provides dignity leading to the long-term success of people thriving in permanent housing.

D. Updating the CoCs Strategy to Identify, Shelter, and Housing Individuals Experiencing Unsheltered Homelessness with Data and Performance

Street Outreach Performance

All current street outreach activities are tracked in HMIS and new expanded services funded through this NOFO will also be required to be tracked in HMIS. All street outreach teams have a trained CES assessor and can assess and refer people experiencing unsheltered homelessness to CES. The CoC tracks permanent housing placement as well as returns to homelessness for all street outreach programs. The CoC has seen improved outcomes in both permanent housing placement and returns to homelessness through its coordinated approach to street outreach.

Currently, law enforcement attends the CoC's street outreach meeting and the CoC has written procedures on how law enforcement and street outreach teams interact when clearing an encampment or moving someone inside. With the funding through this opportunity, the CoC will fund more street outreach programs, including in rural communities, that can extend partnerships with law enforcement currently not involved in the CoC.

In the major urban area of the CoC, law enforcement works with street outreach to limit moving along responses. Law enforcement will not clear an encampment or a person's sleeping

arrangements until the people in the encampment have vacated to an emergency shelter or to permanent housing. Street outreach works with people to ensure that belongings are collected and that people are in a stable situation before clearing a sleeping quarter. Street outreach teams are trained to assist people to make a smooth, self-guided transition to permanent housing or emergency shelter. This practice has led to a reduction in people returning to homelessness once permanently housed because time is given to make the successful transition to permanent housing.

The CoC hopes to use this funding to extend this model through expanded outreach services.

Improving Access to Low Barrier Shelter

Two projects submitted under this NOFO are to expand street outreach services in organizations that currently provide them in a limited area of the CoC. This expansion will assist in transporting people to emergency shelters and increasing access to low barrier shelters. Transportation and system navigation have been identified as barriers consistently by people experiencing homelessness, the Lived Experience Boards of the CoC, as well as service providers. The CoC hopes through this NOFO, it will be able to extend services into rural areas of the CoC, as well as eliminate barriers to accessing low-barrier shelter.

New Strategies for Housing Placement

The CoC hopes to use the framework of the Emergency Housing Vouchers to rapidly house individuals and families with histories of unsheltered homelessness by partnering with local PHAs. This model would place people experiencing homelessness into rapid rehousing programs to assist with housing search services, case management, connection to benefits, and security deposits. The individual or family is prioritized for a housing voucher to assist in the ongoing affordability of a housing unit.

Through this funding opportunity, the CoC will fund the Tiny Home project to allow for the current Tiny Home developer to also become a service provider and doing direct case management for people experiencing homelessness. Vacancies will be filled using Coordinated Entry.

E. Identify and Prioritize Households Experiencing or with Histories of Unsheltered Homelessness.

Coordinated Entry Prioritization

The existing coordinated entry list currently pulls in data on street outreach staff interactions with the unsheltered population in our community through service transactions. The data provides the number of months homeless an unsheltered person has through these service transactions, and shelter entries and exits if the client has spent time in the shelter. The CoC's plan is to utilize this data and identify households that have a history of unsheltered homelessness so that they can be prioritized for housing projects.

The CoC will add having a history of unsheltered homelessness to our priority population for housing projects. With this new priority status, households with a history of unsheltered homelessness will be matched with housing projects prior to eligible clients without unsheltered histories. The CoC will also add a question in our existing assessment to identify households with a history of unsheltered homelessness that may not have interacted with the street outreach teams within our community during their time outside. By checking the service transactions and self-reported information from the client, the CoC can capture the most accurate data possible when looking at the unsheltered homeless population.

Connection to Housing Resources

All street outreach case managers will be trained to connect people to CES as well as with landlords directly. The CoC will use planning funds through this NOFO to increase the identification of housing opportunities through landlord engagement and leveraging affordable housing units dedicated to serving people with severe service needs.

People who are unsheltered or who have histories of unsheltered homelessness will be prioritized for new housing opportunities, including stability vouchers and HOME ARP units.

Improving Pathways to Housing & Services

Outreach programming funded through this NOFO will connect people with histories of unsheltered homelessness with healthcare and supportive services, including healthcare provided in unsheltered locations.

The focus of programming funded through this NOFO is to limit any barriers to permanent housing or services required for people experiencing homelessness by providing transportation, having house options readily available, and strengthening relationships with healthcare providers to ensure that people who are unsheltered are safe, housed quickly, and their self-identified needs are met.

The CoC works with the Office of Mental Health Single Point of Access (SPOA) team to de-duplicate waiting lists from the Coordinated Entry System, ensuring that people who are in unsheltered locations have access to housing through avenues outside of the Coordinated Entry System. Outreach teams coordinate with the CoC, Coordinated Entry teams, and SPOA team to ensure people in unsheltered locations do not lose access to services.

F. Involving Individuals with Lived Experience of Homelessness in Decision Making

The CoC supports and maintains two Lived Experience Boards (LEBs), the Client Advisory Board and Youth Action Board. Both have been actively involved in decision-making since February 2019. Both LEBs elect two representatives each to sit on the CoC Advisory Board, making up 15% of the voting power. In addition to the four representatives from the LEBs on the CoC Advisory Board, another 15% of board members have experienced homelessness or housing insecurity, resulting in 30% of members having lived expertise.

Representatives of the LEBs also sit on all funding review committees, assisting in local funding determinations. The LEBs not only review local funding applications but are responsible for writing 20% of the questions asked in the funding application itself.

Prior to each Board meeting, the LEBs receive the agenda for the upcoming meeting to review, discuss, and clarify agenda items ensuring that LEB members are informed of policy changes and that representatives of the LEBs on the CoC Advisory Board hear the opinions and considerations of all LEB members prior to casting votes.

All CoC funded projects are required to integrate people with lived experience in program delivery, including encouraging hiring people with lived experience of homelessness. The CoC requires projects to have policies and practices for capturing and implementing client feedback as well as monitoring that CoC organizations have representation of people on the Board of Directors or another decision-making body.

The CoC included people with lived experience in the development of the service plan as well as funding decision and ranking of projects submitted for this opportunity. The LEB representatives on the funding review committee included people with experience with unsheltered homelessness.

G. Supporting Underserved Communities and Supporting Equitable Community Development

Identifying Disparities

The CoC assesses its data annually for inequities in the homelessness system as related to race, ethnicity, age, and gender. Specialized populations such as veterans, people experiencing chronic homelessness, people with SUD/SMI, youth, survivors of domestic violence, and families are also assessed and tracked, with some populations tracked through workgroups designed to limit inequity of service.

Every three years, the CoC conducts a comprehensive racial disparity report, including statistical analysis of the inflow and outflow of the homelessness service system. The report analyzes disparities of HMIS data in the overall population, living situations prior to entering homelessness, length of time homeless, exits to permanent housing including exits with and without subsidies, exits to homeless situations, and returns to homelessness within 6 months of exit to permanent housing. The CoC also uses STELLA to disaggregate housing outcomes annually to track progress in limiting disparities. The CoC identified key findings from the racial equity assessment. The first key finding is that upstream causes of homelessness disproportionately affect Black/African American households, specifically that Black/African American households are represented disproportionately in emergency shelters. The report also found that Black/African American households arrive at emergency shelters more often after staying with friends or family and that Black/African American households are more likely to exit to permanent housing with some form of subsidy and are less likely to exit to homelessness.

Black/African American and Latinx households have substantially higher rates of returns to permanent housing than white households.

Reshaping Coordinated Entry to Promote Equity

Over the past year, the CoC has developed a new assessment for Coordinated Entry, moving away from the VI-SPDAT. The CoC elected to create its own assessment guided by a task force of street outreach providers, emergency shelter providers, housing providers, and all of the members of both of the CoC's Lived Experience Boards. The task force decided to create an assessment using VI-SPDAT questions that had no statistically significant difference in responses based on race, ethnicity, or gender.

The change in the assessment is an attempt to make the Coordinated Entry process more equitable and more likely to engage underserved populations by making the assessment itself shorter and less likely to create unintentional bias.

Serving People in Rural Areas

As mentioned previously in the plan, the CoC has also grappled with issues of rural areas with limited access to transportation to homelessness services. With the expansion of outreach services and changes to Coordinated Entry, the CoC will be able to minimize the burden of seeking services for people experiencing homelessness. People in extremely rural areas without transportation, especially those with qualified disabilities who live in places not meant for human habitation have had limited access to the sheltering system.

Non-congregate sheltering has been an effective tool when used to provide shelter stays in rural areas, limiting the burden of households needing to secure transportation. However, vast geographic area can still be a burden on individuals and families experiencing homelessness.

Serving People with Severe and Persistent Mental Illness

The CoC has seen a 6% increase in the past year of people with Severe Mental Illness in emergency shelters and in unsheltered locations. The CoC currently partners with its Single Point of Access team to de-duplicate the Coordinated Entry System from the waiting list for Office of Mental Health housing. However, there is still a gap in the housing available who need high levels of care that are present in the homelessness system. The CoC's partnerships with healthcare providers, as well as the expansion of varied housing opportunities will assist housing people with SPMI who may need healthcare services paired with permanent housing.

Conclusion

If successful in the funding opportunity, the CoC will be able to address barriers associated with rural homelessness and people with severe service needs through affordable housing development, landlord engagement and recruitment, improving access to low barrier shelter and permanent housing, and tailoring systems to promote housing justice.

The CoC has continuously improved its homelessness service system by advancing equity, monitoring performance, and elevating the expertise of people with lived experience of homelessness.

The CoC has reduced homelessness by 18% since 2016, when the CoC was fully merged. This was done by creating systems that work for the most vulnerable members of the community. This opportunity would advance those efforts making substantial change in the number of people experiencing homelessness in Central New York.