Before Starting the Special CoC Application

You must submit both of the following parts in order for us to consider your Special NOFO Consolidated Application complete:
1. the CoC Application, and
2. the CoC Priority Listing.

The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

- Special Notice of Funding Opportunity to Address Unsheltered and Rural Homelessness
- 24 CFR part 578
- Special NOFO CoC Application Navigational Guide
- Section 3 Resources
- Frequently Asked Questions

As the Collaborative Applicant, you are responsible for reviewing the following:
1. The Special Notice of Funding Opportunity (Special NOFO) for specific application and program requirements.
2. The Special NOFO Continuum of Care (CoC) Application Detailed Instructions for Collaborative Applicants which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

CoC Approval is Required before You Submit Your CoC's Special NOFO CoC Consolidated Application
- 24 CFR 578.9 requires you to compile and submit the Special NOFO CoC Consolidated Application on behalf of your CoC.
- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

Answering Multi-Part Narrative Questions
Many questions require you to address multiple elements in a single text box. Number your responses to correspond with multi-element questions using the same numbers in the question. This will help you organize your responses to ensure they are complete and help us to review and score your responses.

Attachments
Questions requiring attachments to receive points state, "You must upload the [Specific Attachment Name] attachment to the 4A. Attachments Screen." Only upload documents responsive to the questions posed–including other material slows down the review process, which ultimately slows down the funding process. Include a cover page with the attachment name.
- Attachments must match the questions they are associated with–if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.
- We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

1A. Continuum of Care (CoC) Identification

The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

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1A-1. CoC Name and Number: NY-505 - Syracuse, Auburn/Onondaga, Oswego, Cayuga Counties CoC

1A-2. Collaborative Applicant Name: United Way of Central New York

1A-3. CoC Designation: CA

1A-4. HMIS Lead: United Way of Central New York

1A-5.	New Projects	
	Complete the chart below by indicating which funding opportunity(ies) your CoC applying for projects under. A CoC may apply for funding under both set asides; however, projects funded through the rural set aside may only be used in rural areas, as defined in the Special NOFO.	
1.	Unsheltered Homelessness Set Aside	Yes
2.	Rural Homelessness Set Aside	Yes

1B. Project Capacity, Review, and Ranking–Local Competition

The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

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1B-1.	Web Posting of Your CoC Local Competition Deadline–Advance Public Notice. (All Applicants)	
	Special NOFO Section VII.B.1.b.	
	You must upload the Local Competition Deadline attachment to the 4A. Attachments Screen.	
	Enter the date your CoC published the deadline for project application submission for your CoC's local competition.	08/10/2022

1B-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. (All Applicants)	
	Special NOFO Section VII.B.1.a.	
	You must upload the Local Competition Scoring Tool attachment to the 4A. Attachments Screen.	
	Select yes or no in the chart below to indicate how your CoC ranked and selected new project applications during your CoC's local competition:	
1.	Established total points available for each project application type.	Yes
2.	At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).	Yes
3.	At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).	Yes

1B-3.	Projects Rejected/Reduced–Notification Outside of e-snaps. (All Applicants)	
	Special NOFO Section VII.B.1.b.	
	You must upload the Notification of Projects Rejected-Reduced attachment to the 4A. Attachments Screen.	
1.	Did your CoC reject or reduce any project application(s)?	Yes
2.	Did your CoC inform the applicants why their projects were rejected or reduced?	Yes
3.	If you selected yes, for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, list the latest date of any notification. For example, if you notified applicants on 6/26/22, 6/27/22, and 6/28/22, then you must enter 6/28/22.	09/29/2022

1B-3a.	Projects Accepted–Notification Outside of e-snaps. (All Applicants)	
	Special NOFO Section VII.B.1.b.	
	You must upload the Notification of Projects Accepted attachment to the 4A. Attachments Screen.	
	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New Priority Listings in writing, outside of e-snaps. If you notified applicants on various dates, list the latest date of any notification. For example, if you notified applicants on 6/26/22, 6/27/22, and 6/28/22, then you must enter 6/28/22.	09/29/2022

1B-4.	Web Posting of the CoC-Approved Special NOFO CoC Consolidated Application. (All Applicants)	
	Special NOFO Section VII.B.1.b.	
	You must upload the Web Posting–Special NOFO CoC Consolidated Application attachment to the 4A. Attachments Screen.	
	Enter the date your CoC posted its Special NOFO CoC Consolidated Application on the CoC's website or affiliate's website–which included: 1. the CoC Application, and 2. Priority Listings.	10/18/2022

2A. System Performance

The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

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2A-1.	**Reduction in the Number of First Time Homeless–Risk Factors.**	
	Special NOFO Section VII.B.2.b.	

	Describe in the field below:
1.	**how your CoC determined which risk factors your CoC uses to identify persons becoming homeless for the first time;**
2.	**how your CoC addresses individuals and families at risk of becoming homeless; and**
3.	**provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time or to end homelessness for individuals and families.**

(limit 2,500 characters)

1.The CoC's Program Planning and Advocacy committee, along with the Lived Experienced Boards were consulted to create questions for the CoC's Annual Gaps and Needs Survey, which collects information about antecedents to homelessness. The Data Administrator Committee approves locally collected data elements to examine upstream causes of homelessness from data collected in HMIS. The CoC used this data to create an assessment for use in ESG-CV homeless prevention projects. The assessment included risk factors identified by both the Gaps and Needs surveys and data reported in HMIS.

2.The CoC has three primary strategies for preventing first-time homelessness:
A) Early intervention and prevention for people at imminent risk of homelessness: Using ESG Homelessness Prevention funds, legal services are provided to low-income households at eviction court. Input from our Lived Experience Boards has suggested that eviction leads to doubling up with friends or family, which then leads to homelessness if conflict occurs between family members. The CoC also assisted in raising awareness of the Emergency Rental Assistance funds to limit as many people as possible affected by COVID from entering emergency shelter.
B) Diversion from shelter: Intake workers at local departments of social services and staff at the 2-1-1 human services referral hotline are trained to connect clients requesting emergency shelter with family and community resources and refer to emergency shelter only when appropriate networks have been exhausted.
C) Advocacy for increased affordable housing resources as primary prevention: The CoC continues to advocate for prevention funding and services at all levels of government. The CoC also takes an active role in creating local governments' Consolidated Plans to increase affordable housing. Even during the COVID-19 pandemic, the CoC saw steady decreases in the number of people experiencing homelessness for the first time (30% decrease in FY2020, and a 7% decrease in FY2021).

3.The CoC's Program Planning and Advocacy Committee is responsible for overseeing strategies to reduce first-time homelessness.

2A-2.	**Length of Time Homeless–Strategy to Reduce. (All Applicants)**	
	Special NOFO Section VII.B.2.c.	

	Describe in the field below:
1.	**your CoC's strategy to reduce the length of time individuals and persons in families remain homeless;**
2.	**how your CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and**
3.	**provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the length of time individuals and families remain homeless.**

(limit 2,500 characters)

1.The CoC's primary strategy for reducing the length of time individuals and persons in families remain homeless is to ensure that all emergency shelter residents and street outreach participants are rapidly assessed and referred to housing resources. Clients with the longest lengths of time homeless are prioritized for PSH and RRH programs, but housing case managers in emergency shelters and street outreach programs help clients seek housing resources from a variety of mainstream sources. A second strategy is to reduce barriers to housing programs by providing case management at emergency shelters who provide warm handoffs to housing programs and assist with housing search and placement. Local shelters review any cases of individuals and families residing in emergency shelters for over 30 days. Though lengths of stay in emergency shelter increased in FY2020 due to the COVID-19 pandemic, they have decreased by 6.8% in FY2021, suggesting that the strategies put in place by the CoC are effective and resilient to disruptions from events like COVID-19. Lastly, the CoC works to expand housing opportunities for people experiencing homelessness by coordinated landlord engagement, affordable housing development, and homeless priorities in existing housing projects.

2.The CoC uses HMIS data and client self-reported time homeless to identify individuals and families with the longest lengths of time homeless. CES assessors are trained at least once a year on the standards of evidence for self report of homelessness. Once a month, inconsistencies between HMIS records and self-reported lengths of time homeless are examined and rectified during case conferencing in the Chronic Homelessness Taskforce meeting and through follow-ups with shelter and outreach staff. The Coordinated Entry workgroup and Chronic Homelessness Taskforce case-conference individuals and families with lengths of stay over 90 days to ensure prioritization for housing.

3.The CoC staff at the Collaborative Applicant and the Coordinated Entry Workgroup are responsible for the CoC's strategy to reduce length of time homeless.

2A-3.	Successful Permanent Housing Placement or Retention. (All Applicants)	
	Special NOFO Section VII.B.2.d.	

	Describe in the field below how your CoC will increase the rate that individuals and persons in families residing in:
1.	emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations; and
2.	permanent housing projects retain their permanent housing or exit to permanent housing destinations.

(limit 2,500 characters)

1.The CoC uses its Coordinated Entry System to ensure that all individuals and persons in families experiencing homelessness are assessed within 14 days of entering homelessness. Case managers at emergency shelters and street outreach programs ensure that people are connected to appropriate services and that people experiencing homelessness are able to choose a permanent housing placement that meets their needs. All emergency shelters, transitional housing, and street outreach programs are housing focused and low barrier, allowing for better opportunities for people experiencing homelessness to exit to permanent housing. For all individuals and families experiencing homelessness, assistance is provided to access mainstream housing subsidies and medical assistance. For housing subsidies, eligible applicants receive assistance applying to mainstream housing resources. For clients who need long-term medical care, the CoC advocates with hospitals and medical facilities not to discharge clients into homelessness and to coordinate access to appropriate long-term care facilities. All families and individuals are connected to community support services and benefits like state temporary assistance, SNAP, Medicaid, childcare subsidies, primary medical care, mental health and substance use services, and more to help them stabilize their housing situation after leaving transitional housing and rapid rehousing.

2.The CoC works closely with permanent housing providers to ensure that participants retain or exit to permanent housing. The CoC monitors discharges from permanent supportive housing programs during CoC Monitoring and case conferences potential exits from permanent housing programs. CoC projects link clients to resources that help them to maintain safe stable housing, including employment resources, health resources, and mainstream cash and non-cash benefits. The CoC provides regular trainings on how to access these resources for caseworkers. The CoC also facilitates transfers between PSH programs to allow project participants to work with another agency if there is a reason that another agency would be successful in assisting the client. The CoC has a 96% placement and retention rate in permanent supportive housing projects.

2A-4.	Returns to Homelessness–CoC's Strategy to Reduce Rate. (All Applicants)	
	Special NOFO Section VII.B.2.e.	

	Describe in the field below:
1.	how your CoC identifies individuals and families who return to homelessness;
2.	your CoC's strategy to reduce the rate of additional returns to homelessness; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the rate individuals and persons in families return to homelessness.

(limit 2,500 characters)

1.The CoC uses system performance measure reports in HMIS to identify returns to homelessness. These reports are reviewed on a quarterly basis to identify data quality issues. The CoC also collects data on where individuals and families are coming from as they enter emergency shelter.

2.One strategy is to advocate for increased affordable housing resources across the CoC's geographic area. Given the limited quantity of rental assistance, the majority of clients who exit shelter services to permanent destinations do so with very little or no ongoing assistance. The CoC advocates for an increase in affordable housing options for people experiencing homelessness, including leveraging state investment into supportive housing as well as advocating for homelessness preferences in housing development. The CoC reviews both quantitative and qualitative data and reports on the trends in returns to homelessness across time to the CoC's Program Planning and Advocacy committee. The Chronic Homelessness Taskforce and Coordinated Entry Workgroups facilitate case conferencing and identify people who have returned to homelessness after being permanently housed in CoC projects. These discussions include common barriers to remaining housed and are an opportunity for providers to share best practices and strategies to address those barriers. The Coordinated Entry Workgroup also facilitates permanent supportive housing transfers for clients needing services. Lastly, homelessness prevention projects funded through ESG-CV prioritize clients who have previously experienced homelessness. The CoC's Racial Equity committee also create strategies to address the disparity in people of color having a higher rate of return to homelessness, including increasing cross-sector collaboration to bring services to people least likely to access healthcare services and creating affordable housing strategies and zoning recommendations with a racial justice lens.

3. The Program planning and advocacy committee is responsible for overseeing the CoC's strategy to reduce the rate individuals and persons in families return to homelessness.

2A-5.	**Increasing Employment Cash Income–Strategy. (All Applicants)**	
	Special NOFO Section VII.B.2.f.	

	Describe in the field below:
1.	**the strategy your CoC has implemented to increase employment cash sources;**
2.	**how your CoC works with mainstream employment organizations to help individuals and families increase their cash income; and**
3.	**provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase income from employment.**

(limit 2,500 characters)

1.The CoC attempts to connect all able persons to employment services to increase employment income. The CoC uses partnerships and trainings to keep CoC member organizations connected with employment services. The CoC projects are monitored and scored on the ability to increase cash income for projects.

2.CoC projects make direct referrals to CNY WORKS, New York State's ACCES-VR program for supported employment, and agencies that work with Local Departments of Social Services (LDSS) provide job search assistance or vocational training. The CoC provides information to project directors and frontline staff about available employment resources through monthly trainings and announcements in a weekly newsletter transmitted to the entire CoC Membership. There are numerous training opportunities for residents of permanent housing including, connection with vocational rehab, job training programs, and employment specialists designed to connect those able to work to employment opportunities to further their recovery and well-being.

3.The Program Planning and Advocacy committee is responsible for overseeing the CoC's strategy to increase jobs and income from employment.

2A-5a.	Increasing Non-employment Cash Income–Strategy. (All Applicants)	
	Special NOFO Section VII.B.2.f.	

	Describe in the field below:
1.	the strategy your CoC has implemented to increase non-employment cash income;
2.	your CoC's strategy to increase access to non-employment cash sources; and
3.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase non-employment cash income.

(limit 2,500 characters)

1. Local Departments of Social Services (LDSS) in the three counties are actively involved in the CoC, participating in the CoC Advisory Board, General Membership Meetings, Coordinated Entry Workgroup meetings, and Planning and Advocacy Committee meetings. LDSS administer federal and state nonemployment cash benefits. This allows for case managers and LDSS staff to ensure a continuation of benefits and planning for future income. Emergency shelters connect residents with no income to state and federal non-employment cash benefits. LDSS have designated staff members that clients, shelter or CoC housing program case managers can contact if special accommodations are needed in the application process. LDSS staff also communicate with CoC partners about changes to state, federal, and local regulations, and changes in their organizational structure through CoC Membership and Committee meetings. The CoC hosts trainings on best practices to connect clients to nonemployment cash income, like the SOAR method. The CoC encourages agencies during Membership meetings to access trainings hosted by the regional SOAR TA provider and provides meeting space and access to SOAR TA trainers.

2. Local Department of Social Services has created an online portal to increase access to nonemployment cash sources. Case managers assist clients with gaining access to the portal by providing technological support when needed.

3.The Program Planning and Advocacy Committee is responsible for overseeing the CoC’s strategy to increase non-employment cash income.

2B. Coordination and Engagement–Inclusive Structure and Participation

The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

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2B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry. (All Applicants)	
	Special NOFO Sections VII.B.3.a.(1)	

	In the chart below for the period from May 1, 2021 to April 30, 2022:
1.	select yes or no in the chart below if the entity listed participates in CoC meetings, voted–including selecting CoC Board members, and participated in your CoC's coordinated entry system; or
2.	select Nonexistent if the organization does not exist in your CoC's geographic area:

	Organization/Person	Participated in CoC Meetings	Voted, Including Electing of CoC Board Members	Participated in CoC's Coordinated Entry System
1.	Affordable Housing Developer(s)	Yes	Yes	No
2.	Agencies serving survivors of human trafficking	Yes	Yes	Yes
3.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
4.	CoC-Funded Victim Service Providers	Yes	Yes	Yes
5.	CoC-Funded Youth Homeless Organizations	Yes	Yes	Yes
6.	Disability Advocates	Yes	Yes	No
7.	Disability Service Organizations	Yes	Yes	No
8.	Domestic Violence Advocates	Yes	Yes	No
9.	EMS/Crisis Response Team(s)	Yes	No	No
10.	Homeless or Formerly Homeless Persons	Yes	Yes	No
11.	Hospital(s)	Yes	Yes	No
12.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	No	No	No
13.	Law Enforcement	Yes	No	No
14.	Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ+) Advocates	Yes	Yes	No
15.	LGBTQ+ Service Organizations	Yes	Yes	Yes
16.	Local Government Staff/Officials	Yes	Yes	No
17.	Local Jail(s)	Yes	No	No
18.	Mental Health Service Organizations	Yes	Yes	Yes
19.	Mental Illness Advocates	Yes	No	No

20.	Non-CoC Funded Youth Homeless Organizations	Yes	Yes	No
21.	Non-CoC-Funded Victim Service Providers	Yes	Yes	No
22.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	Yes
23.	Organizations led by and serving LGBTQ+ persons	Yes	Yes	Yes
24.	Organizations led by and serving people with disabilities	Nonexistent	No	No
25.	Other homeless subpopulation advocates	Yes	Yes	No
26.	Public Housing Authorities	Yes	Yes	Yes
27.	School Administrators/Homeless Liaisons	Yes	No	No
28.	Street Outreach Team(s)	Yes	Yes	Yes
29.	Substance Abuse Advocates	Yes	Yes	No
30.	Substance Abuse Service Organizations	Yes	Yes	Yes
31.	Youth Advocates	Yes	No	No
32.	Youth Service Providers	Yes	Yes	Yes
	Other:(limit 50 characters)			
33.				
34.				

By selecting "other" you must identify what "other" is.

2B-2.	Open Invitation for New Members. (All Applicants)	
	Special NOFO Section VII.B.3.a.(2), V.B.3.g.	

	Describe in the field below how your CoC:
1.	communicated the invitation process annually to solicit new members to join the CoC;
2.	ensured effective communication with individuals with disabilities, including the availability of accessible electronic formats;
3.	conducted outreach to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join your CoC; and
4.	invited organizations serving culturally specific communities experiencing homelessness in the geographic area to address equity (e.g., Black, Latino, Indigenous, other People of Color, persons with disabilities).

(limit 2,500 characters)

1. The CoC holds its Annual Housing & Homeless Coalition Membership Meeting in June of each year. Leading up to that meeting, potential new members are solicited through a variety of methods including in the CoC's Weekly newsletter, communication via listserv, the CoC's website, and social media. The CoC also solicits and accepts new members year-round. The CoC staff also provides presentations about the coalition and extends training opportunities to new or potential members. New partners are also invited to give presentations of their services in CoC meetings.

2. CoC announcements are posted in PDF or DOCX format that include searchable and machine-readable text. In addition, the CoC's data dashboard was designed with a color scheme visible to people with color blindness. The CoC also has partnerships to translate documents to Braille, if requested.

3. The CoC conducts outreach to encourage formerly homeless and persons experiencing homelessness to join the CoC year-round. The CoC lived experience boards created flyers to spread awareness and recruit new members to join. The CoC staff solicits in agency meetings. The CoC encourages new members to join by announcing board recruitment in its weekly newsletter.

4. The CoC has many member organizations that serve culturally specific communities including Black/African American, Latino, LGBTQ+, and persons with disabilities. The CoC continues to reach out to organizations to extend membership. These efforts have included conducting demographic surveys of the CoC Board to identify gaps in representation of culturally specific communities to ensure that board recruitment and CoC membership are reflective of the communities served in the homelessness system.

2B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness. (All Applicants)	
	Special NOFO Section VII.B.3.a.(3)	

	Describe in the field below how your CoC:
1.	solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness or an interest in preventing and ending homelessness;
2.	communicated information during public meetings or other forums your CoC uses to solicit public information; and
3.	took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.

(limit 2,500 characters)

1.The CoC solicits and considers opinions from a broad array of organizations by targeting board recruitment to sectors both directly and indirectly involved in ending and preventing homelessness. This includes but is not limited to board representation from local government, the health sector, private foundations, Lived Experience Boards, fair housing, legal services, public housing authorities and other affordable housing providers. Voting members of the general CoC include housing service providers, victim service providers, and youth service providers. The CoC holds various committees, most of which are open to the public to discuss strategies for ending and preventing homelessness. The CoC also has two Lived Experience boards, one comprised of youth, and one comprised of adults with lived expertise to guide community strategies to end homelessness. The CoC solicits opinions from stakeholders in committees and the Advisory Board in all decision-making, including but not limited to Coordinated Entry policies, HMIS policies, and governance policies. The CoC also routinely surveys members and non-members to solicit feedback.

2.The CoC's general membership meetings are open to the public and accessible to all who are interested. The CoC has an open listserv to communicate these meetings. The CoC also uses social media to announce meetings and activities. The CoC also sends out a weekly newsletter with meeting times, dates, and updates on efforts to end and prevent homelessness. The CoC opens all policies annually for edits and feedback from the community. This includes an annual gaps and needs survey to solicit feedback from people who have experienced homelessness in the past or are currently experiencing homelessness. The CoC uses a variety of methods to capture stakeholder feedback such as using surveying tools, open discussions, presentations, and online collaboration tools like Mural.

3.The CoC debriefs from all meetings and public forums in the advisory board and general membership meetings. Decisions regarding policies created by the CoC are discussed openly and require vote and approval from CoC member organizations, Lived Experience Boards, and CoC advisory board when changing policies or processes in the homelessness system. Minutes and audio/video recordings are kept on all CoC board meetings and available to the public.

2B-4.	Public Notification for Proposals from Organizations Not Previously Funded. (All Applicants)	
	Special NOFO Section VII.B.3.a.(4)	

	Describe in the field below how your CoC notified the public:
1.	that your CoC's local competition was open and accepting project applications;
2.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;
3.	about how project applicants must submit their project applications;
4.	about how your CoC would determine which project applications it would submit to HUD for funding; and
5.	how your CoC effectively communicated with individuals with disabilities, including making information accessible in electronic formats.

(limit 2,500 characters)

1. On August 10, 2022, the Collaborative Applicant released the notice that it was accepting and considering proposals for new and renewal applications. The notice was posted on the CoC's website, sent to its listserv, and announced on social media.

2. The CoC staff hosted two sessions, open to the public, reviewing the RFPs, funding priorities, and review of the ranking and reallocation protocols. The release of the materials communicated that the CoC was accepting proposals from agencies that have previously not been funded. This year, the CoC had five non CoC-funded organizations submit applications.

3. Application instructions, SNOFO schedule, and ranking protocols were released alongside the funding opportunity. Agencies applying for new funding were asked to submit narrative RFPs, project budgets, proof of financial stability, and match documentation to the CoC Collaborative Applicant. Responses to all narrative applications were due September 23, 2022. All RFPs were submitted by email to the CoC Collaborative Applicant.

4. As outlined in the publicly posted CoC Ranking and Rating Protocol, new applications are scored by the Performance Evaluation and Selection committee of the CoC. The Committee is made up of CoC Board Members whose agencies are not directly funded by CoC or ESG, including members from the Lived Experience Boards. The Committee confirms that a project application meets all threshold criteria which includes being an eligible project applicant, commitment to using HMIS or a comparable database, using the CoC's Coordinated Entry system, CoC Membership, commitment to housing first, and proof of agency's good fiscal management. Projects meeting all threshold requirements are then scored based on narrative responses regarding project design, community need, agency's capacity, ability to serve intersectional identities, performance measures, and cost effectiveness. The top scoring applications are ranked in the submission to HUD until the funding threshold. Any projects that do not score high enough to be submitted to HUD are notified and provided technical assistance to prepare the organization for submission in the following year's competition.

5. The CoC posted all funding materials on its website in accessible formats, including written and video/audio postings of the informational funding sessions.

2C. Coordination / Engagement–with Federal, State, Local, Private, and Other Organizations

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2C-1.	Coordination with Federal, State, Local, Private, and Other Organizations. (All Applicants)	
	Special NOFO Section VII.B.3.b.	

	In the chart below:
1.	select yes or no for entities listed that are included in your CoC's coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or
2.	select Nonexistent if the organization does not exist within your CoC's geographic area.

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with Planning or Operations of Projects
1.	Funding Collaboratives	Yes
2.	Head Start Program	Yes
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Yes
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Yes
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	No
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving LGBTQ+ persons	Yes
13.	Organizations led by and serving people with disabilities	Yes
14.	Private Foundations	Yes
15.	Public Housing Authorities	Yes
16.	Runaway and Homeless Youth (RHY)	Yes
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	
18.		

2C-2.	CoC Consultation with ESG Program Recipients. (All Applicants)	
	Special NOFO Section VII.B.3.b.	

	Describe in the field below how your CoC:
1.	consulted with ESG Program recipients in planning and allocating ESG funds;
2.	participated in evaluating and reporting performance of ESG Program recipients and subrecipients;
3.	provided Point-in-Time (PIT) count and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area; and
4.	provided information to Consolidated Plan Jurisdictions to address homelessness within your CoC's geographic area so it could be addressed in Consolidated Plan update.

(limit 2,500 characters)

1.The CoC and ESG Administrators collaborate on both ESG and ESG-CV funding. The CoC Director and Deputy Director review funding applications in the ESG process. The CoC and ESG Administrators collaborated to design and implement ESG-CV funding including reviewing data, creating a committee to discuss funding priorities, and collaborating on the plan submitted to HUD. CoC Staff and ESG Administrators meet at minimum bi-weekly to review ESG-CV implementation.

2. The CoC HMIS Administrator assists the ESG recipients in evaluating performance of subrecipients using data from the HMIS, including tracking returns to shelter and other system performance measures. The CoC provides ESG recipients with up-to-date data analysis about community needs in order to inform funding decisions based on local data. The CoC also monitors ESG projects during HMIS monitoring and monitors adherence to Coordinated Entry policies and procedures.

3. The CoC provides reports of localized PIT and HIC data to the Consolidated Planning jurisdictions, including analysis of need as well as the raw data.

4. The CoC Director assists in developing and updating the Consolidated Plans for its Consolidated Plan Jurisdictions. The CoC Director provides data on gaps and needs and trends in homelessness to update the plan. The CoC uses meetings and its listserv to assist jurisdictions in gathering information to inform the Consolidated Plan. The CoC also provides written priorities for use in the Consolidated Plans.

2C-3.	Discharge Planning Coordination. (All Applicants)	
	Special NOFO Section VII.B.3.c.	

	Select yes or no in the chart below to indicate whether your CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs.	
1.	Foster Care	Yes
2.	Health Care	Yes
3.	Mental Health Care	Yes
4.	Correctional Facilities	Yes

2C-4.	CoC Collaboration Related to Children and Youth–SEAs, LEAs, School Districts. (All Applicants)	
	Special NOFO Section VII.B.3.d.	

	Select yes or no in the chart below to indicate the entities your CoC collaborates with:	
1.	Youth Education Provider	Yes
2.	State Education Agency (SEA)	No
3.	Local Education Agency (LEA)	Yes
4.	School Districts	Yes

2C-4a.	CoC Collaboration Related to Children and Youth–SEAs, LEAs, School Districts–Formal Partnerships. (All Applicants)	
	Special NOFO Section VII.B.3.d.	

	Describe in the field below:
1.	how your CoC collaborates with the entities checked in Question 2C-4; and
2.	the formal partnerships your CoC has with the entities checked in Question 2C-4.

(limit 2,500 characters)

1. CoC members and Staff regularly attend trainings, advocacy meetings and quarterly McKinney-Vento Liaison meetings comprised of liaisons from across the CoC region. These RHY Advisory Committees are attended by school district McKinney-Vento liaisons, educational and workforce development providers, juvenile justice personnel, and homeless services providers. During each RHY Advisory Committee meeting, McKinney-Vento liaisons give updates regarding overall federal and state policies and procedures or provide information regarding changes and events taking place within their own specific school district. Problem solving occurs during Committee meeting as issues such as eligibility and transportation are discussed among the McKinney-Vento liaisons and RHY service providers. The Onondaga County Youth Bureau Coordinator currently acts as Chair of the CoC advisory board. The CoC also works with school district McKinney Vento liaisons in school districts to share data during the Point in Time and Youth Needs Assessment. The RHY Coordinator and members of the various RHY programs also attend annual training events conducted by NYS TEACHS, the McKinney-Vento Advocacy Program contracted by the NYS Department of Education. NYS TEACHS provides CoC staff and RHY staff with in-depth individual assistance when dealing with families seeking to maintain their educational status despite being homeless. RHY staff also provide clients and family members with direct NYS TEACHS contact information so families can also understand and advocate as they so choose.

2. The CoC has formal partnerships with LEAs in its Runaway and Homeless Youth (RHY) Advisory Committee membership in each of its three counties, designed to provide collaboration and coordination related to ending youth homelessness.

2C-4b.	CoC Collaboration Related to Children and Youth–Informing Individuals and Families Experiencing Homelessness about Eligibility for Educational Services. (All Applicants)	
	Special NOFO Section VII.B.3.d.	

Describe in the field below written policies and procedures your CoC adopted to inform individuals and families who become homeless of their eligibility for educational services

(limit 2,500 characters)

All emergency shelters have policies and systems in place to ensure children receive educational services via the McKinney-Vento Act. Family shelters work closely with the school districts to coordinate bussing and enrollment so that students miss the fewest possible days of school while experiencing homelessness. Shelter staff transport students as early as day one to their home school until bussing has been arranged. For families who are placed in emergency hotels, case managers facilitate buses. School districts have three business days to ensure children can attend school while experiencing homelessness. Every CoC funded agency also has a designated staff person to educate families and children about their rights regarding accessing school.

2C-5.	Mainstream Resources–CoC Training of Project Staff. (All Applicants)	
	Special NOFO Section VII.B.3.e.	

Indicate in the chart below whether your CoC trains project staff annually on the following mainstream resources available for program participants within your CoC's geographic area:

	Mainstream Resource	CoC Provides Annual Training?
1.	Food Stamps	Yes
2.	SSI–Supplemental Security Income	Yes
3.	TANF–Temporary Assistance for Needy Families	Yes
4.	Substance Abuse Programs	Yes
5.	Employment Assistance Programs	Yes
6.	Other	

You must select a response for elements 1 through 6 in question 2C-5.

2C-5a.	Mainstream Resources–CoC Collaboration with Project Staff Regarding Healthcare Organizations. (All Applicants)	
	Special NOFO Section VII.B.3.e.	

	Describe in the field below how your CoC:
1.	systemically provides up-to-date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within your CoC's geographic area;

2.	works with project staff to collaborate with healthcare organizations to assist program participants with enrolling in health insurance;
3.	provides assistance to project staff with the effective use of Medicaid and other benefits; and
4.	works with projects to promote SOAR certification of program staff.

(limit 2,500 characters)

1.Quarterly CoC membership meetings have standing agenda items for updates to available mainstream resources, including updates from all local departments of social services and local governments. Providers, agencies, or other coalitions are welcome to present latest information about programs at these meetings. These meetings have included updates on new substance use resources, expanded SNAP benefits, and changes to access for the Social Security Administration. Each county of the CoC also maintains a county-level committee that meet bi-monthly to update county-specific services and changes to mainstream benefits. These meetings also keep standing agenda items for county and city representatives to give updates.

2.The CoC has started a Health & Housing sub-committee of its Program, Planning, and Advocacy Committee. This committee is comprised of CoC program staff and representatives from healthcare organizations, including substance use and mental health treatment providers. This committee works to identify gaps in program participants receiving healthcare services and creates pathways for better service delivery. The committee has created a list of strategic goals to improve healthcare services.

3. The CoC uses planning dollars to provide training to front line staff in mental health first aid and harm reduction strategies in an effort to improve staff ability to assist with healthcare navigation.

4. The CoC has hosted a CoC-wide SOAR implementation meeting to improve the community’s rate of SOAR applications. This implementation meeting was hosted by the SAMHSA SOAR Technical Assistance Center. The CoC brought together agency leadership as well as county department of health and human services representatives to create a plan to implement SOAR communitywide. CoC Agencies work to have all front-line staff trained in SOAR.

3A. New Projects With Rehabilitation/New Construction Costs

The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

- Special Notice of Funding Opportunity to Address Unsheltered and Rural Homelessness
- 24 CFR part 578
- Special NOFO CoC Application Navigational Guide
- Section 3 Resources
- Frequently Asked Questions

3A-1.	**Rehabilitation/New Construction Costs–New Projects. (Rural Set Aside Only).**	
	Special NOFO Section VII.A.	

If the answer to the question below is yes, you must upload the CoC Letter Supporting Capital Costs attachment to the 4A. Attachments Screen.	
Is your CoC requesting funding for any new project(s) under the Rural Set Aside for housing rehabilitation or new construction costs?	No

3B. Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes

The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

- Special Notice of Funding Opportunity to Address Unsheltered and Rural Homelessness
- 24 CFR part 578
- Special NOFO CoC Application Navigational Guide
- Section 3 Resources
- Frequently Asked Questions

3B-1.	Designating SSO/TH/Joint TH and PH-RRH Component Projects to Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes. (Rural Set Aside Only)	
	Special NOFO Section VII.C.	

Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?	No

3B-2.	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes. (Rural Set Aside Only)	
	Special NOFO Section VII.C.	
	You must upload the Project List for Other Federal Statutes attachment to the 4A. Attachments Screen.	
	If you answered yes to question 3B-1, describe in the field below:	
1.	how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and	
2.	how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act.	

(limit 2,500 characters)

4A. Attachments Screen For All Application Questions

	Please read the following guidance to help you successfully upload attachments and get maximum points:
1.	You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.
2.	You must upload an attachment for each document listed where 'Required?' is 'Yes'
3.	We prefer that you use PDF files, though other file types are supported–please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images and reduces file size. Many systems allow you to create PDF files as a Print Option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.
4.	Attachments must match the questions they are associated with.
5.	Only upload documents responsive to the questions posed–including other material slows down the review process, which ultimately slows down the funding process.
6.	If you cannot read the attachment, it is likely we cannot read it either. - We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time). - We must be able to read everything you want us to consider in any attachment.
7.	Open attachments once uploaded to ensure they are the correct attachment for the required Document Type.

Document Type	Required?	Document Description	Date Attached
1B-1. Local Competition Announcement	Yes	Local Competition...	10/17/2022
1B-2. Local Competition Scoring Tool	Yes	Local Competition...	10/17/2022
1B-3. Notification of Projects Rejected-Reduced	Yes	Notification of P...	10/17/2022
1B-3a. Notification of Projects Accepted	Yes	Notification of P...	10/17/2022
1B-4. Special NOFO CoC Consolidated Application	Yes		
3A-1. CoC Letter Supporting Capital Costs	No		
3B-2. Project List for Other Federal Statutes	No		
P-1. Leveraging Housing Commitment	No	Leveraging Housin...	10/18/2022
P-1a. PHA Commitment	No	PHA Commitment	10/17/2022
P-3. Healthcare Leveraging Commitment	No	Healthcare Levera...	10/18/2022
P-9c. Lived Experience Support Letter	No	Lived Experience ...	10/17/2022
Plan. CoC Plan	Yes	CoC Plan	10/18/2022

Attachment Details

Document Description: Local Competition Announcement

Attachment Details

Document Description: Local Competition Scoring Tool

Attachment Details

Document Description: Notification of Projects Rejected-Reduced

Attachment Details

Document Description: Notification of Projects Accepted

Attachment Details

Document Description:

Attachment Details

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Document Description:

Attachment Details

Document Description: Leveraging Housing Commitment

Attachment Details

Document Description: PHA Commitment

Attachment Details

Document Description: Healthcare Leveraging Commitment

Attachment Details

Document Description: Lived Experience Support Letter

Attachment Details

Document Description: CoC Plan

Submission Summary

Ensure that the Special NOFO Project Priority List is complete prior to submitting.

Page	Last Updated
1A. CoC Identification	10/11/2022
1B. Project Review, Ranking and Selection	10/18/2022
2A. System Performance	10/14/2022
2B. Coordination and Engagement	10/14/2022
2C. Coordination and Engagement–Con't.	10/14/2022
3A. New Projects With Rehab/New Construction	No Input Required
3B. Homelessness by Other Federal Statutes	10/14/2022
4A. Attachments Screen	Please Complete
Submission Summary	No Input Required

From: Housing & Homeless Coalition

Bcc: tmartin@cnyfairhousing.org; jijohnson@nycourts.gov; latishaburke@ongov.net; director@samcenter.org; christopherwhite259@gmail.com; scarmichael@oco.org; cogibbons@nycourts.gov; sarmstrong@communityalternatives.org; erin.felix@use.salvationarmy.org; jrodriguez@ywca-syracuse.org; kherard@ccoc.us; kpeterson@ccoc.us; crodrigues@ccoc.us; mary.rathbun@dfa.state.ny.us; cherese.peck@ariseinc.org; sgottbrecht@ccoc.us; natalie.gallagher@dfa.state.ny.us; dperkins@scsd.us; aimeed@sbh.org; rshoff@syracusepolice.org; zoe.ricks@use.salvationarmy.org; gary.mann@auburnrescuemission.org; hneider@oco.org; afears@acrhealth.org; hilary.weyant@use.salvationarmy.org; amstark@ccoc.us; bsanderson@verahouse.org; nfink@cir.care; outreach@uumcsyracuse.org; smcmahon@syrgov.net; pamela.alderman@use.salvationarmy.org; david.carr2@va.gov; mreed@liberty-resources.org; cgeer@ccoc.us; mhaskins@ccoc.us; sgriffith@lscny.org; dpasinski@verizon.net; mthorley@communityalternatives.org; cmmartynski@ccoc.us; nputman@ywca-syracuse.org; pdunn@cnycf.org; mkelley@ccsi.org; amber.vanderploeg@rmsyr.org; ckarins@ccoc.us; smcintyre@scsd.us; jkarasek@ariseinc.org; gidget.stevens@oswegocounty.com; cfridmann@ccoc.us; hillary.oddo@use.salvationarmy.org; jmanuel@caphelps.org; jbrooks@wesoldieron.org; pprehn@ariseinc.org; psullivan@snccsyr.org; ssantangelo@cnyfairhousing.org; tmyers@chapelhouseshelter.org; teresa.lazarek@oswegocounty.com; roxanna.gillen@yahoo.com; ncook@ccoc.us; monica.brown@dfa.state.ny.us; HMIS; sferguson@ccoc.us; erin.reed@oswegocounty.com; hbenson@ccoc.us; suzanne.dianetti@warriorsalute.com; kzettlemoyer@caphelps.org; slclark@ccoc.us; kdunn@chapelhouseshelter.org; Miranda Eddy; gdewan@hlalaw.org; dgill@cnycf.org; raquel.viel@dfa.state.ny.us; jemiller@helio.health; rgrobosky@ccoc.us; Sarah Schutt; dcornwell@caphelps.org; dszemkow@ccoc.us; dcondliffe@communityalternatives.org; liddy.hintz@wellsky.com; edavis@ccoc.us; kgonzalez@communityalternatives.org; fatuma.mohammed@use.salvationarmy.org; ktull3@scsd.us; ezaremba@hlalaw.org; Cassandra Montressor; dcruz@helio.health; cbennett@caphelps.org; ethompson@oco.org; mhicks@ccoc.us; ncastillo-lugo@ccsi.org; rosalia.hernandez@rmsyr.org; sharon@syracusetenant.org; martinskahen@ongov.net; khubel@ccsi.org; michaellaflair@ongov.net; adavis@477home.org; christina.thornton@use.salvationarmy.org; lzender@vlpcny.org; stacy.alvord@oswegocounty.com; svpcpastor@gmail.com; rexfordbeverage@yahoo.com; spasquale@allynfoundation.org; tim.griffin@dfa.state.ny.us; benjamin.rowe@va.gov; nmirra@cir.care; lzolkowski@hslccny.org; rreynolds@oco.org; mikefps15@gmail.com; cobrien@verahouse.org; eric.boye@accesscny.org; m.murphy@ongov.net; ewierbinski@housingvisions.org; lrobinson@verahouse.org; pam@ccoc.us; sfrance@oco.org; jennifer.l.bordonaro@omh.ny.gov; kjones@caphelps.org; andrea@nehda.org; sweiss@cayugahealthnetwork.org; jdaughton@scsd.us; rschryver@acrhealth.org; allison.brooks@use.salvationarmy.org; cgill@oco.org; jnicolucci@caphelps.org; liz@auburnha.org; malobaidi@ifwcny.org; trodriguez@ccoc.us; rclark@helio.health; jblackwell@ccoc.us; ladyhawk924@gmail.com; mmcrobbietaru@scsd.us; rdetor88@gmail.com; bmorel@verahouse.org; agerlorrie@yahoo.com; bfarranto@ccoc.us; Ray Manassa; kbequer@acrhealth.org; rjensen@auburnny.gov; Nancy Eaton; timmy5710@yahoo.com; smeidenbauer@cnyservices.org; denglish@acrhealth.org; amy.sholes@ariseinc.org; cgreen@liberty-resources.org; holley.sharer@use.salvationarmy.org; kwhite@contactsyracuse.org; dlockhart@ccoc.us; jacquelyn.robinson@oswegocounty.com; crystalc@homehq.org; tom.roshau@use.salvationarmy.org; cgriffinharris@verahouse.org; sfernandez@ccocus.onmicrosoft.com; ntalev@hlalaw.org; sfitzgerald2@scsd.us; mdurkin@liberty-resources.org; dcurrier@oco.org; joeking@ongov.net; katie.meyer@oswegocounty.com; Megan Stuart; mhernandez@ccoc.us; cdoody@lscny.org; wbrown@wesoldieron.org; meisenstadt@syracuse.com; swilson@acrhealth.org; pmanirarora@ifwcny.org; rkreis@scsd.us; bkarpinska@ariseinc.org; tpatton@liberty-resources.org; dnevidomsky@caphelps.org; maggie.hohm@use.salvationarmy.org; andrew.osborne@rmsyr.org; mcdonaldmaria71@gmail.com; jmcnary@verahouse.org; kweaver@atinyhomeforgood.org; ajandrew@ariseinc.org; hwise@ymcacny.org; janmoag@ongov.net; development@responsivecommunity.org; ngee@cayugahealthnetwork.org; aeversley@cnyfairhousing.org; heatherrose.austin@gmail.com; jgriffey@oco.org; tbutts@ccoc.us; oplangeland@ccoc.us; igalan@wesoldieron.org; casemanagement@samcenter.org; ddaby@oco.org; brumfib@gmail.com; amy.cunningham@dfa.state.ny.us; shordge@ccoc.us; jmoran@verahouse.org; Sherrain Clark; klabarge@oco.org; jenniferfeliciano@ongov.net; rrubinstein@hlalaw.org; scurran@onvlp.org; jessica.horning@va.gov; ccurry@ccoc.us; khaskins@ariseinc.org; edvel37@gmail.com; lparrilla@ywca-syracuse.org; jbutts@ccoc.us; cgourley@ccoc.us; nathan.emmons@oswegocounty.com; heather.renda@use.salvationarmy.org; lrolnick@onvlp.org; jdyke@helio.health

Subject: NY-505 CoC NOFO and SNOFO have been released!

Date: Wednesday, August 10, 2022 4:45:00 PM

Attachments: image001.png

Good afternoon,

The HHC has published its Request for Proposals for the Fiscal Year 2022 Continuum of Care NOFO Competition and the Fiscal Year 2022 Supplemental NOFO Competition.

The HHC encourages RFP submissions from both currently funded agencies as well as new agencies.

Copies of the RFPs, Application Instructions and Rating Protocols can be found on our website, at: http://www.hhccny.org/coc/coc-funding-competition/

Please do not hesitate to reach out with any questions.

All the best- the HHC Team

hhc
Housing & Homeless Coalition
Of Central New York

Housing and Homeless Coalition of Central New York
Published by Megan Stuart · 1m ·

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The HHC has opened its local competition for Continuum of Care funding for the NOFO and Supplemental NOFO. Interested in applying? Visit our website: hhccny.org/coc/coc-fundin...

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United States government official

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2022 NOFO Schedule

Monday, August 1, 2022	HUD CoC NOFO Application Available
Monday, August 8, 2022, 2 pm	NOFO Workgroup meeting Purpose: Review renewal process and Ranking Protocol Zoom: https://us06web.zoom.us/j/86870923295
Tuesday, August 9, 2022, 2 pm	Performance Evaluation and Selection Committee Meeting to review Local Application (New and Renewal) and Instructions as well as reallocation and transfer discussions. Zoom: https://us06web.zoom.us/j/83180336854
Wednesday, August 10, 2022, 11 am	In-Person Informational NOFO/SNOFO meeting with instructions Salt City Market Community Room
Wednesday, August 10, 2022, 5 pm	NOFO and SNOFO Local applications and competition reports sent to listserv and funded agencies.
Thursday, August 11, 2022, **10 am**	Virtual Informational NOFO/SNOFO meeting with instructions Zoom: https://us06web.zoom.us/meeting/register/tZMtc-GhrjssHtae0F9NnmAtveTGZhHguf42
Wednesday, August 17th, 2022 10 am	SNOFO Severe Service Needs Planning Meeting Zoom: https://us06web.zoom.us/j/88300731796
Friday, August 26, 2021, 5 pm	Local Applications Due (Renewals and New) to HHC Director for Ranking and Rating Committee to Review All Projects Submitted in E-SNAPS (to allow time to review and amend for any changes)
Wednesday, August 31, 2022 10 am	SNOFO Severe Service Needs Planning Meeting Zoom: https://us06web.zoom.us/j/88300731796
Wednesday, August 31, 5pm	E-SNAPS applications due

Housing & Homeless Coalition Of Central New York

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Thursday, September 8, 2022, 1 pm	NOFO Workgroup Meeting Purpose: To review Consolidated Application as well as assign reviewers for New Applications Zoom: https://us06web.zoom.us/j/87551676257
Friday, September 16, 2022, 5 pm	SNOFO Applications & E-snaps applications are due
Monday, September 12, 2022, 2 pm	Performance Evaluation and Selection Committee Meeting (United Way) Program acceptance & ranking Zoom: https://us06web.zoom.us/j/83546152891
Wednesday, September 21, 2022, 10 am	SNOFO Severe Service Needs Planning Meeting Zoom: https://us06web.zoom.us/j/88300731796
Wednesday, September 21, 2022 2 pm	NOFO Workgroup Meeting – To review Consolidated Application and any last final edits Deadline to Appeal: See ranking protocol for Appeal Process Zoom: https://us06web.zoom.us/j/81837559348
Friday, September 23, 2022	All E-SNAPS finalized
Monday, September 26, 2022	Final application & priority list posted publicly on hhccny.org
Wednesday, September 28, 2022, 10 am	SNOFO Severe Service Needs Planning Meeting Zoom: https://us06web.zoom.us/j/88300731796
Wednesday, September 28, 2022	Target NOFO Submission Date

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Thursday, September 29, 2022, 2 pm	PES committee to review and rank SNOFO applications Zoom: https://us06web.zoom.us/j/87531568516
Friday, September 30, 2022	NOFO Application due to HUD – submitted on E-SNAPS
Wednesday, October 12, 2022 10 am	SNOFO Severe Service Needs Planning Meeting Zoom: https://us06web.zoom.us/j/88300731796
Friday, October 14, 2022	Post final SNOFO application on website
Tuesday, October 18, 2022	Target submission for SNOFO
Thursday, October 20, 2022	Final SNOFO Deadline

RED denotes a deadline, **GREEN** denotes Performance Evaluation and Selection Committee meeting, **BLUE** denotes NOFA workgroup meeting, **ORANGE** denotes SNOFO meetings, **BLACK** denotes a deadline for the HHC staff

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HHC LOCAL COMPETITION NEW PROJECT APPLICATION INSTRUCTIONS

The Housing and Homeless Coalition of Central New York is opening its local competition for Supplemental Continuum of Care funding.

Due: September 9, 2022 at 5pm

ALL APPLICATION MATERIALS MUST BE SUBMITTED TO HHC@UNITEDWAY-CNY.ORG BY THE APPLICATION DUE DATE. MISSING APPLICATION MATERIALS WILL NOT BE ACCEPTED AFTER THE DUE DATE.

FY2022 HUD Funding Availability

Unsheltered Funds: $7,990,921

Rural Funds: $332,885

Funding Requests

Projects may submit new project applications for either the Unsheltered or Rural Funds but funding pots may not be combined for one project.

Projects submitted for Rural Funds MUST serve Cayuga County ONLY.

It is encouraged that projects submit budgets that can be scaled up or down, with the understanding that the number of people served would scale alongside the funding. If the project is selected for funding, the funding amount will be communicated immediately with the project making the decision of whether to accept the new funding amount.

Eligible Project Types

For the FY2022 SNOFO funding competition, the HHC is accepting applications of the following component types for funding priority:

1. Rapid Rehousing (RRH)
2. Supportive Services Only (SSO)- Coordinated Entry
3. Supportive Services Only (SSO)- Street Outreach
4. Permanent Supportive Housing (PSH)
5. Homeless Management Information System (HMIS)
6. Transitional to Rapid Rehousing (Th-RRH)

Application Structure

I. Threshold Requirements
II. Narrative
III. Performance Measures
IV. Budget Questions

I. Threshold Requirements

Applicants must meet all threshold requirements to be selected for funding. Applicants must be a non-profit organization with active 501C3 status. The applicant must agree to use HMIS, or a comparable database if serving survivors of domestic violence, to capture project data. The applicant organization must agree to become a voting member of the HHC as evidenced by an MOU. the agency must agree to filling 100% of projects beds through the Coordinated Entry System and agree to operate project under a Housing First model.

The agency must also provide the Management Letter from its most recent fiscal audit to prove the agency is in good financial standing.

The project must also have a partnership in place with a healthcare provider, evidenced by an attached MOU.

II. Narrative

Applicants must answer all narrative questions regarding program design, implementation, capacity, and program delivery. Each narrative question is worth 5 points. Narrative questions are designed to use objective criteria to assess the agency's capacity to administer the project, as well as assess service delivery and the cultural competency of the agency. Narrative questions

are also designed to capture whether the project is aligned with the community's Plan to Serve People with Severe Service Needs.

III. Performance Measures

Performance Measure questions are narrative questions structured to assess how well agencies are at specific HUD System Performance Measures. Using data from projects the agency currently administer is strongly encouraged.

IV. Budget

The CoC budget and questions are designed to assess the fiscal responsibility of the agency, the feasibility of the project, as well as the cost effectiveness. Budgets must encompass the three year time-frame of the grant.

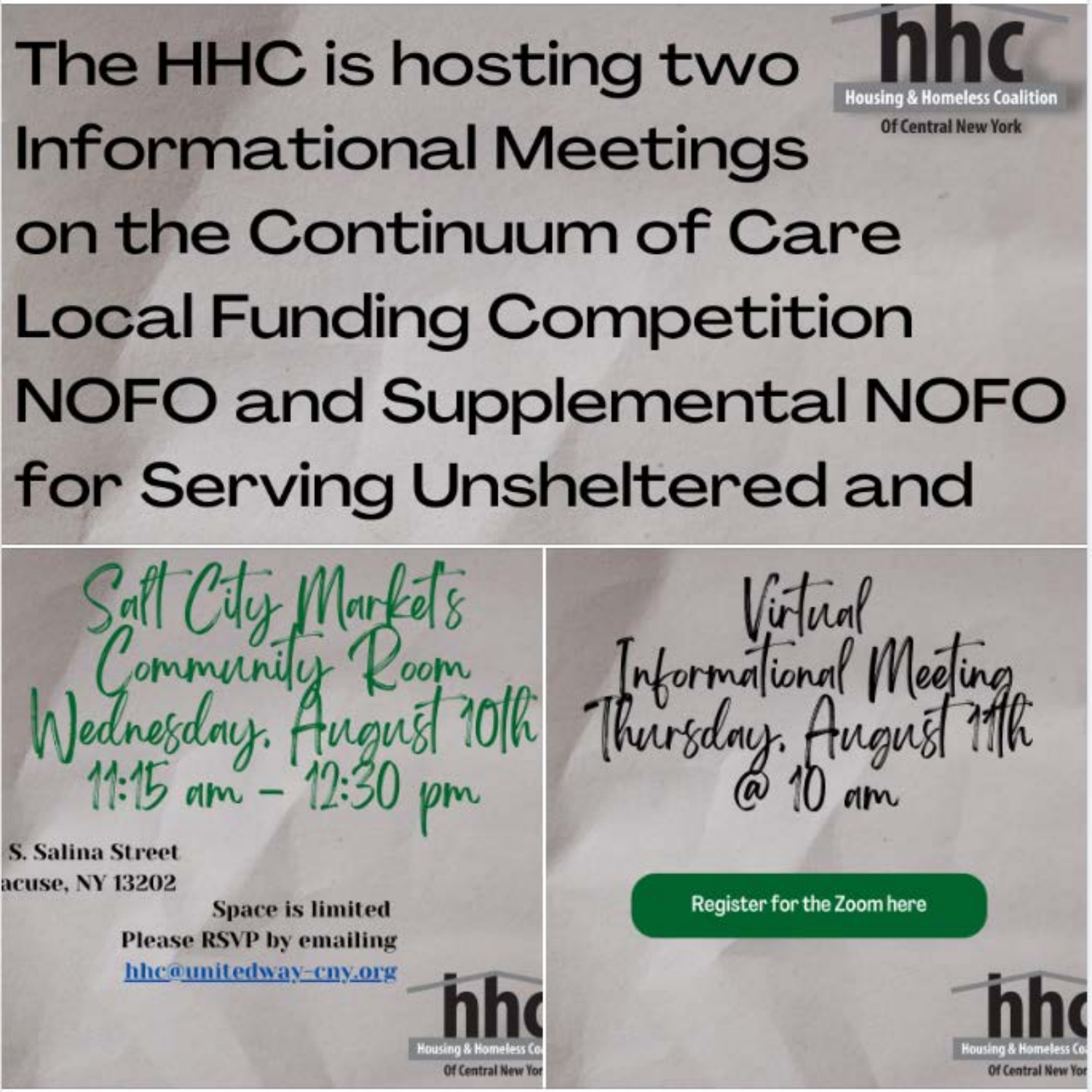
Budget line items must comply with the Continuum of Care Code of Federal Regulations (24 CFR 578) which can be found at: https://www.govinfo.gov/content/pkg/CFR-2017-title24-vol3/xml/CFR-2017-title24-vol3-part578.xml#seqnum578.99

Required Attachments

- Management Letter from the agency's most recent fiscal audit
- Program Budget
- MOUs for Healthcare investment

Housing and Homeless Coalition of Central New York
Published by Miranda Joy · 16h ·

With two separate meetings, please be sure to attend one and RSVP to the in-person meeting on Wednesday via email @ hhc@unitedway-cny.org
or by registering for the Thursday virtual informational session here:
https://us06web.zoom.us/.../tZMtc...



10:11 AM
8/9/2022

Fiscal Year 2022 NOFO and Supplemental NOFO Local Funding Competition

HHC Opening Local Funding Competition

The HHC announces that it is opening its local funding competition for **TWO** funding opportunities:

- Regular CoC NOFO
- Special Unsheltered & Rural NOFO

Grant Opportunities

- Regular NOFO:
  - Continuum of Care: Renewal Grants
  - Continuum of Care: Bonus/New Grants
  - Continuum of Care: Domestic Violence Bonus Grants

- SNOFO:
  - Supplemental Grants: Rural Opportunities
  - Supplemental Grants: Unsheltered Opportunities

Local Competitions vs Consolidated Applications

- The HHC hosts its local competition for funding to be submitted to HUD in a priority listing for federal funding
- Simultaneously, the HHC is working on a communitywide application called the Consolidated Application to be submitted for a national competition
- Priority listing and Consolidated Applications are submitted together to HUD for both funding opportunities
- Federal awards are based on the score of the communitywide application

Local Process

- Agencies submit local application by email as well as project application in e-snaps
- Applications are reviewed and scored by the HHC's Performance Evaluation and Selection (PES) Committee
- The PES Committee accepts, rejects, or reduces project applications
- The PES Committee then makes a Priority List of all accepted projects and submits alongside the communitywide application

E-SNAPS Applications

- Allowing projects to immediately submit project applications in e-snaps to reduce timeframe burden
- Materials to navigate e-snaps will be sent out
- PLEASE double check that you are submitting new projects under the correct NOFO opportunity

Review Schedule

Regular NOFO

- CoC NY-505 (Onondaga, Oswego, Cayuga Counties) receives approximately $11.38M annually for Permanent Supportive Housing, Rapid Rehousing, Transitional to Rapid Rehousing, and Homeless Management Information System (HMIS) funding
- Projects currently funded are put through the competition as renewal funding
- New applications are being accepted for bonus funding in single year grants
- **All Regular NOFO projects DUE: August 26th, 5pm**

NOFO Funding Overview

- Tier 1: 95% of Annual Renewal Demand
- Tier 2: 5% plus bonus and reallocation amounts
- Bonus Amounts are still unknown. We do know that there will be both regular bonus and DV bonus funding available

Renewals

- Renewal projects will receive competition reports August 10th
- Will return competition report and narrative responses by August 26th
- Reallocation decisions will be made Friday, the 12th
- Ranked will be based on the combination of two scores

Regular Bonus/New

- New projects will be accepted in the following components:
  - Rapid Rehousing
  - Permanent Supportive Housing
  - Transitional to Rapid Rehousing
  - Supportive Services Only- Coordinated Entry

DV Bonus Funding

- CoC may apply for the following types of projects to serve DV: RRH, Joint TH and RRH, SSO projects (for CE position)
- If the project **IS** selected, projects below will be moved up in ranking
- If the project **IS NOT** selected, projects will be funded as listed in the ranking

Healthcare Projects

- HUD is giving bonus points to CoCs who apply for projects that partners with healthcare institutions
- For substance use treatment providers: Project must provide access for all participants who qualify and choose those services
- For all other healthcare: must secure an amount that is equivalent to 25% of the funding will be covered by healthcare provider
- Must have written agreements that include:
  - Value of the commitment
  - Dates the healthcare resources will be provided

Housing Resource Projects

- Project combining funding other than CoC or ESG to create affordable housing
- Can be state, local, HOME, faith based or PHA funding
- Project needs to utilize housing subsidies
- PSH: Must be provided at least 25% of units in project
- RRH: Serve at least 25% of program participants

Coordinated Entry Project (SSO)

- Must demonstrate that the centralized or coordinated assessment system is available/reachable for all persons within the CoC's geographic area
- Must have a strategy for advertising that is designed to reach people with highest barriers
- Must have standardized assessment process
- Ensures program participants are directed to appropriate housing and services that fit their needs

Review of New NOFO Application

Supplemental Notice of Funding Opportunity

- $322 million in re-captured HUD funds to create new grant opportunity from HUD to address unsheltered homelessness & people experiencing homelessness in rural areas
- Extremely competitive national competition

SNOFO Funding Overview

- Supports Three Year Grants
- DUE: September 9, 2022 at 5pm
- Unsheltered New: $7,990,921
- Rural New: $332,885
- Eligible Components:
  - Rapid Rehousing
  - Permanent Supportive Housing
  - Transitional to Rapid Rehousing
  - Homeless Management Information Systems
  - Supportive Services Only- Coordinated Entry
  - Supportive Services Only- Street Outreach

Review of SNOFO Applications

Housing & Homeless Coalition
Of Central New York

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Onondaga/Oswego/Cayuga County Continuum of Care
2022 Local SNOFO Application
Applications are due September 9th, 2022, at 5pm.
Applications and all attachments must be submitted in a single PDF to the HHC via email: hhc@unitedway-cny.org

Agency and Project Information

Agency Name:			
Program Name:			
Application Contact Person:			
Amount Requesting:		Projected Number Served:	
Component Type:	☐ RRH ☐ PSH ☐ SSO (Coordinated Entry) ☐ Th-RRH ☐ SSO (Street Outreach)		
County Serving*: * Projects serving Cayuga County will receive 2 additional bonus points	☐ Cayuga ☐ Onondaga ☐ Oswego ☐ Multi-County		
Please indicate which funding opportunity you are applying for (check only one)	☐ Unsheltered ☐ Rural		
Is this project partnering with a healthcare service?		☐ Yes ☐ No	
Is this project a subsidy partnership project?		☐ Yes ☐ No	

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Threshold Requirements	
Applicant is a Non-Profit organization with active 501(c)3 status, public housing authority, or local government organization	☐ Yes ☐ No
Agree to use HMIS (or comparable database if DV)	☐ Yes ☐ No
HHC Membership- has a current MOU or agrees to enter MOU with HHC	☐ Yes ☐ No
Applicant agrees to using the Coordinated Entry System to fill 100% of beds	☐ Yes ☐ No
Applicants agrees to adopt Housing First model	☐ Yes ☐ No
Will an amount that is equivalent to 50% of the funding being requested for the project(s) be covered by a healthcare organization?	☐ Yes ☐ No
Provide management letter from agency's most recent fiscal audit demonstrating that agency is in good standing. ☐ Attached	
If the answer is no to any of the above questions, please explain below.	
If agency does not meet threshold requirements, stop scoring. Agency is not eligible for CoC funding.	

Narrative Questions	
Program Design:	Provide a general description of the program including the population served, bed/unit configuration. (500 words)
Healthcare Partnership: 5 points	Describe how your program will partner with organizations that provide healthcare services, including mental health services to individuals and families experiencing homelessness who have HIV/AIDS and other severe needs according to the community health plan . (250 words)
4-5 points: Agency has actionable practices to connect participants to healthcare services. Examples of actionable practices can include partnerships with healthcare organizations through MOU, providing navigation services, addressing transportation barriers to healthcare services, etc. 2-3 points: Agency provides connections to healthcare services, but connection is limited. 0-1 points: Agency does not have a clear strategy for connecting participants with healthcare services.	
Housing Partnership: 5 points	Describe how your program will leverage affordable housing units and how your project will engage landlords. (250 words)
4-5 points: Agency has actionable practices to leverage affordable housing units and a feasible plan for landlord engagement. Examples of actionable practices can include partnerships with housing organizations through MOU, maintaining landlord relationship strategies, etc. 2-3 points: Agency provides connections to housing or landlord relationships, but connection is limited.	

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0-2 points: Agency does not have a clear strategy for landlord engagement and/or no existing partnerships with affordable housing providers.	
Community Need: 5 points	Using local data on homelessness, how does this project support the HHC's goals of ending chronic, youth, family or homelessness for all persons? Please include agency's unique ability to serve the population. (250 words)
4-5 points: Narrative uses local HMIS data from CoC data sheet or from HHC-CNY Fact Sheet Dashboard to support project goals. Rationale for project is clearly related to HMIS data. Agency has demonstrated leadership in serving this population 2-3 points: Either narrative does not use HMIS/ HHC dashboard data OR Agency does not demonstrate evidence of leadership in serving population 0-1 points: Narrative does not use HMIS/HHC Dashboard data AND agency does not demonstrate evidence of leadership in serving proposed population	
Capacity: 5 points	Please describe housing programs the agency currently administers and describe success of the programs. If agency currently or has received CoC funding in the past, address, if any, programs fell into Tier 2 or been reallocated. (250 words)
4-5 points: Agency demonstrates experience operating housing programs, addresses any issues with past performance issues with plan to improve in the future. Application uses currently funded housing project data to demonstrate capacity. 2-3 points: Has some experience operating housing programs 0-1 points: Agency has little or no experience operating housing programs	
Project Implemenation: 5 points	Describe your detailed plan for rapid implementation of the program, documenting how the program will be ready to begin housing the first program participant. Please discuss agency timelines for staffing the project and otherwise complying with CoC Program deadline.
4-5 points: Agency has resources in place to immediately begin program including staffing structures, concrete timeline for hiring, and a plan to fill beds within 90 days of program start. 2-3 points: Agency has a limited plan without concrete details for project implementation. 0-1 points: Agency does not have a clear strategy for project implementation.	
Client-Centered Practice: 5 points	Describe how your program will support client-centered practice and provide appropriate case management to meet the needs of each client, including those with histories of unsheltered homelessness and those who do not traditionally engage with supportive services (250 words)
4-5 points: Agency has actionable practices to provide ongoing supportive services throughout the duration of the project. Examples of practices include centering the participant in goal planning, creative engagement strategies, and case management training. 2-3 points: Agency provides supportive services but has limited examples of specific practices. 0-1 points: Agency does not have a clear strategy for providing ongoing services or services described are not person-centered.	
Racial Equity: 5 points	Describe how your agency promotes racial equity practices and how this project will address racial disparities in the homelessness system. (250 words)

4-5 points: Agency has promising goals for promoting racial equity. The answer clearly demonstrates how this project will ensure equity and address racial disparities. This could include practices to assess data and outcomes disaggregately, training program staff in anti-racism and other relevant trainings, agency identifies other practices that eliminate disparities. 2-3 points: Agency is committed to equity but has no clear actionable practices. 0-1 points: Agency does not have clear commitment to racial equity.	
Elevating Lived Experience: 5 points	Describe how your program plans to elevate the voices of and employ people with lived experience of homelessness to create better support for your clients. (250 words)
4-5 points: Agency has actionable practices to employ and elevate people with lived experience, including employment and HR strategies, board representation, and/or intentional feedback. 2-3 points: Agency incorporates feedback from participants in project design or conducts feedback surveys. 0-1 points: Agency does not have a clear strategy for elevating the voices of people with lived experience. Examples of actionable practices: - Policies to ensure that all clients are able to access services at the level of their need - People with lived experience of homelessness, including people from BIPOC communities, are represented on the board of the organization - Client feedback on the project is requested and a process is in place to examine and improve client satisfaction - Outcome data is collected, disaggregated for race and ethnicity, and used to inform policy decisions - Training for frontline staff to provide high-quality services - Recruiting staff with lived experience of homelessness - Services include peer support positions - Mentorship and training for frontline staff interested in management positions)	
Serving Intersectional Identities: 5 points	Describe how your program will provide consistent help across intersectional identities. (e.g. LGBTQIA+, youth, BIPOC, etc.) (250 words)
4-5 points: Agency has a strategy to provide consistent services for people with intersectional identities. Strategies could include staff training, hiring people who represent the people served, etc. 2-3 points: Agency commits to providing consistent service but does not identify any clear strategies. points: Agency does not outline strategies to provide consistent service to people across intersectional identities.	

Performance Measures	
Employment & Income Growth: 15 points	Describe how clients will be assisted in obtaining employment, income, and mainstream health resources to maximize their ability to live independently. (250 words)
12-15 points: Agency describes their ability and commitment to helping clients in each of the three areas described. Specific strategies include: Job coaching, Connections with specific named	

workforce development agencies or programs (e.g., JobCorps, CNYWorks), SOAR training for staff members, Medicaid enrollment, Connections with specifically named Health homes agencies, Connections with specificlly named primary care providers, Connections with specifically named substance abuse treatment providers, Motivational Interviewing. 8-11 points: Specific strategies are named, but do not include all three resource areas. 4-7 points: All three resource areas are described, but specific strategies are not described. Strategies are vague. 0-3 points: Answer is not applicable to the question or does not give any detail	
Housing Placement & Retention: 15 points	How will the project assist participants in obtaining safe, affordable housing quickly? How will the program ensure that participants will exit to or remain in permanent housing? (250 words)
12-15 points: Describes commitment to moving or transferring clients with complex challenges along with specific strategies to serve these clients. Agency describes experience negotiating with landlords and advocating for clients, and doing appropriate discharge planning. Agency also describes supportive services provided to ensure housing stability. 8-11 points: Agency describes commitment to ensuring participants remain in or exit to permanent housing but strategies are unclear or limited. Agency has limited experience retaining clients in permanent housing 4-7 points: Agency commits to ensuring participants will exit or remain in permanent housing but does not include strategies for achieving the goal. 0-3 points: Answer is not applicable to the question or does not give details.	
Returns to Homelessness: 15 point	How will projects ensure that clients will not return to homelessness after project exit?
12-15 points: Describes agency practices relating to supportive services and stability plans. Agency has 'moving on' strategies to ensure participants are stable at program exit. Agency addresses how it will ensure participants have long term stability including access to ongoing supportive services, affordable housing/subsidies, etc. 8-11 points: Agency describes commitment to ensuring participants do not return to homelessness but strategies are unclear or limited. Agency has limited experience in stabilizing clients. 4-7 points: Agency commits to ensuring participants will not return to homelessness but does not give any concrete details. 0-3 points: Answer is not applicable to the question or does not give details.	

Budget Questions

Please attach a project budget to prove that expenses are reasonable, allocable, and allowable as well as 25% match documentation. (5 points) ☐ Budget Attached
Budget must include: no line items outside of the categories of: Leasing, Rental Assistance, Supportive Services, Operations, and Administration. Admin cannot be over 10% unless agency has an approved cost rate.

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Budgets must be three year budgets.	
Cost Effectiveness (5 points)	Annual budget will be divided by number of beds. Community averages are as follows: Rapid Rehousing: $7,391/bed Permanent Supportive Housing: $13,341/bed Transitional-Rapid Rehousing: $31,734/bed SSO (Coordinated Entry): N/A
5 points: Project is under community averages by 10% 3 points: Project is within 10% of community averages 0 points: Project cost is 10% or more over averages	

From: Megan Stuart
To: sweiss@cayugahealthnetwork.org
Subject: CCHN SNOFO Applications
Date: Tuesday, October 4, 2022 4:10:00 PM

Good afternoon,

I am writing to let you know that the Performance Evaluation and Selection Committee met Thursday, September 29th and has decided to approve your new Unsheltered applications for the following Cayuga County Community Health Network projects at an adjusted amount:

CCHN Rapid Rehousing- $967,930
CCHN Street Outreach & Advocacy- $636,515

The application submitted by Cayuga County Community Health Network Rapid Rehousing project was not selected for Rural funding at this time. The application was not selected because another project application was more cost effective.

Your applications will be ranked on October 11th. Please update e-snaps by October 12th.

Megan Stuart
(she/her)
Director, Housing & Homeless Coalition of Central New York
Office: 315-428-2224 | Cell: 315-481-6633
Visit our website: www.hhccny.org

From: Megan Stuart
To: Katie Weaver
Subject: A Tiny Home for Good SNOFO Application
Date: Tuesday, October 4, 2022 4:12:00 PM

Good afternoon,

I am writing to let you know that the Performance Evaluation and Selection Committee met Thursday, September 29th and has decided to approve your new Unsheltered application for the following A Tiny Home for Good PSH project at the requested amount:

Supportive Housing Case Management & Tenant Rent Support- $670,665

You project will be ranked on October 11th. Please update e-snaps, if needed, by Wednesday, October 12th.

Megan Stuart
(she/her)
Director, Housing & Homeless Coalition of Central New York
Office: 315-428-2224 | Cell: 315-481-6633
Visit our website: www.hhccny.org

From: Megan Stuart
To: sweiss@cayugahealthnetwork.org
Subject: CCHN SNOFO Applications
Date: Tuesday, October 4, 2022 4:10:00 PM

Good afternoon,

I am writing to let you know that the Performance Evaluation and Selection Committee met Thursday, September 29th and has decided to approve your new Unsheltered applications for the following Cayuga County Community Health Network projects at an adjusted amount:

CCHN Rapid Rehousing- $967,930
CCHN Street Outreach & Advocacy- $636,515

The application submitted by Cayuga County Community Health Network Rapid Rehousing project was not selected for Rural funding at this time. The application was not selected because another project application was more cost effective.

Your applications will be ranked on October 11th. Please update e-snaps by October 12th.

Megan Stuart
(she/her)
Director, Housing & Homeless Coalition of Central New York
Office: 315-428-2224 | Cell: 315-481-6633
Visit our website: www.hhccny.org

From: Megan Stuart
To: kdunn@chapelhouseshelter.org
Cc: Rick Hansinger (Rhansinger@chapelhouseshelter.org)
Subject: Chapel House SNOFO Rural Application
Date: Tuesday, October 4, 2022 4:06:00 PM

Good afternoon,

I am writing to let you know that the Performance Evaluation and Selection Committee met Thursday, September 29th and has decided to approve your new Rural application for the following Chapel House Rapid Rehousing project at the requested amount:

Rapid Rehousing- $332,883

You project will be ranked on October 11th. Please update e-snaps by Wednesday, October 12th.

Megan Stuart
(she/her)
Director, Housing & Homeless Coalition of Central New York
Office: 315-428-2224 | Cell: 315-481-6633
Visit our website: www.hhccny.org

From: Megan Stuart
To: Christina Thornton (Christina.Thornton@use.salvationarmy.org)
Cc: Allison Brooks (allison.brooks@use.salvationarmy.org)
Subject: FW: HALE SNOFO
Date: Tuesday, October 4, 2022 4:00:00 PM

Good afternoon,

I am writing to let you know that the Performance Evaluation and Selection Committee met Thursday, September 29th and has decided to approve your new Unsheltered application for the following The Salvation Army Rapid Rehousing project at an adjusted amount:

HALE RRH Plus- $2,159,370

You project will be ranked on October 11th. Please update e-snaps by Wednesday, October 12th.

Megan Stuart
(she/her)
Director, Housing & Homeless Coalition of Central New York
Office: 315-428-2224 | Cell: 315-481-6633
Visit our website: www.hhccny.org

From: Megan Stuart
To: Amber VanderPloeg (amber.vanderploeg@rmsyr.org)
Cc: Cosentino, Crystal
Subject: Rescue Mission SNOFO Application
Date: Tuesday, October 4, 2022 4:04:00 PM

Good afternoon,

I am writing to let you know that the Performance Evaluation and Selection Committee met Thursday, September 29th and has decided to approve your new Unsheltered application for the following Rescue Mission Street Outreach project at an adjusted amount:

Rescue Mission Homeless Intervention Services Team- $539,878

You project will be ranked on October 11th. Please update e-snaps by Wednesday, October 12th.

Megan Stuart
(she/her)
Director, Housing & Homeless Coalition of Central New York
Office: 315-428-2224 | Cell: 315-481-6633
Visit our website: www.hhccny.org

From: Megan Stuart
To: Melissa Marrone
Cc: john@inmyfatherskitchen.org
Subject: SNOFO Application
Date: Tuesday, October 4, 2022 4:04:00 PM

Good afternoon,

I am writing to let you know that the Performance Evaluation and Selection Committee met Thursday, September 29th and has decided to approve your new Unsheltered application for the following In My Father's Kitchen Street Outreach project at an adjusted amount:

House Calls for the Homeless Program- $968,132

You project will be ranked on October 11th. Please update e-snaps by Wednesday, October 12th.

Megan Stuart
(she/her)
Director, Housing & Homeless Coalition of Central New York
Office: 315-428-2224 | Cell: 315-481-6633
Visit our website: www.hhccny.org

From:	Megan Stuart
To:	Megan Stuart
Cc:	Sherrain Clark; Sarah Schutt
Subject:	UW SNOFO Applications
Date:	Tuesday, October 4, 2022 4:07:00 PM

Good afternoon,

I am writing to let you know that the Performance Evaluation and Selection Committee met Thursday, September 29th and has decided to approve your new Unsheltered application for the following United Way planning project and HMIS project at an adjusted amount:

HMIS- $176,179
Planning- $183,560

You project will be ranked on October 11th. Please update e-snaps by Wednesday, October 12th.

Megan Stuart
(she/her)
Director, Housing & Homeless Coalition of Central New York
Office: 315-428-2224 | Cell: 315-481-6633
Visit our website: www.hhccny.org

DEPARTMENT OF NEIGHBORHOOD & BUSINESS DEVELOPMENT

CITY OF SYRACUSE, MAYOR BEN WALSH

October 17, 2022

Commissioner
Michael Collins

Deputy Commissioner of Neighborhood Development
Michelle Sczpanski

Deputy Commissioner of Business Development
Eric Ennis

Megan Stuart
Director, Housing & Homeless Coalition of CNY
980 James Street
Syracuse New York 13203

Dear Megan,

In consideration of a successful application by the Continuum of Care of CNY to HUD's Supplemental Notice of Funding Opportunity to Serve Unsheltered Homelessness, the City of Syracuse Department of Neighborhood and Business Development will dedicate 30% of the newly constructed or rehabbed units through HOME ARP to projects funded through the award. These units will be filled using the Coordinated Entry System and prioritize people with histories of unsheltered homelessness. The projects funded under this opportunity align with the goals set in the Consolidated Plan for the City of Syracuse.

Please accept this letter as the City of Syracuse's support for the Housing and Homeless Coalition of Central New York's application for the Supplemental NOFO.

Sincerely,

Michael Collins
Commissioner of Neighborhood and Business Development
City of Syracuse

Department of Neighborhood & Business Development
201 E Washington Street
Suite 600
Syracuse, NY 13202

Office 315 448 8100
Fax 315 448 8036

www.syrgov.net

Executive Director
William J. Simmons

SYRACUSE HOUSING AUTHORITY

Building Neighborhoods, Growing Dreams.

October 13, 2022

To Whom it May Concern,

Syracuse Housing Authority is partnering with the Continuum of Care to dedicate 30 Stability Vouchers to projects funded through HUD's Supplemental Notice of Funding Opportunity to Serve Unsheltered Homelessness. These units will be filled using the Coordinated Entry System and prioritize people with histories of unsheltered homelessness who are being served in Rapid Rehousing programs.

Please accept this letter as the Syracuse Housing Authority's support for the Housing and Homeless Coalition of Central New York's application for the Supplemental NOFO.

Sincerely,

William J. Simmons

Executive Director

Syracuse Housing Authority

516 Burt Street

Syracuse NY 13202

Tele: (315) 470-4216

Fax: (315) 470-4203

Cayuga County Community Mental Health Center

146 North Street, Auburn, NY 13021-1831
Phone: (315) 253-0341 **Fax**: (315) 253-1687

8/26/2022

Dr. Shari Weiss, Executive Director
Cayuga Community Health Network
2119 West Genesee St. Rd.
Auburn, New York 13021

Dear Dr. Weiss,

I am writing on behalf of Cayuga County Community Mental Health Center (CCCMHC) in support of your application for the Rapid Rehousing Project at Cayuga Community Health Network.

The mission of Cayuga County Community Mental Health Center is to provide quality mental health services to Cayuga County residents. Our professionals treat, monitor, and support individuals with mental health needs toward the goal of improving quality of life while serving the needs of the community. We provide individual counseling, group therapy, family therapy, case management, and psychiatric services to our county residents.

As the community's safety-net provider- accepting Medicaid, Medicare, and offering a sliding scale discount program for uninsured and underinsured individuals, we have a capacity to provide any of the above services to each of your participants annually. Our total average cost per therapy visit is $171.00 and our average psychiatric medication management visit cost is $136.00.

Conservatively, we would see each of your participants at least once per month receiving a combination of therapy and medication management services. As such, the estimated value of our services would be approximately $2,000 annually per participant. Based on estimates you provided, we will deliver services that value $30,000 for up to 15 participants respectively.

Sincerely,

Lauren J. Walsh, LCSW-R
Director of Community Services
Cayuga County

EAST HILL
MEDICAL CENTER

144 Genesee Street, Suite 500
Auburn, New York 13021

Telephone: 315.253.8477
Fax: 315.515.3191
www.easthillmedical.com

An Exceptional Patient Experience

Dr. Shari Weiss, Executive Director
Cayuga Community Health Network
2119 West Genesee Street Rd.
Auburn, NY 13021

Dear Dr. Weiss,

I am writing on behalf of East Hill Medical Center in support of your application for HUD funding to establish a supportive housing and rapid rehousing program at Cayuga Community Health Network.

As you know, East Hill Medical Center is a Federally Qualified Health Center with a mission of building local community partnerships to improve the health of individuals and families in our community. We provide Adult and Family Medicine, Behavioral Health, Dental, Pediatrics, and Substance Use Disorder Services at two locations in the city of Auburn.

In our most recent 2021 Uniform Data Systems (UDS) report that we submitted to Health Resources and Services Administration (HRSA) in February of 2022, our total medical care cost per visit is $216.43. As the community's safety-net provider - accepting Medicaid, Medicare, and offering a sliding-scale discount program for uninsured and underinsured individuals, we have the capacity to provide any of our above listed services to each of your participants throughout the 12-month project period.

Conservatively, we would see each of your participants at least 6 times annually to ensure proper health care (at a cost of $216.43/visit). As such, the total estimated value of our services would be approximately $1,300 annually per participant. Based on estimates you provided, we will provide services that value $23,400 for up to 18 participants respectively.

Sincerely,

April Miles

April Miles, MHA, RN
President & CEO

LETTER OF AGREEMENT
between
EAST HILL FAMILY MEDICAL, INC.
and
CAYUGA COMMUNITY HEALTH NETWORK

The undersigned acknowledges that a referral system has been established between East Hill Family Medical, Inc. (East Hill) and Cayuga Community Health Network (Network).

A referral order will be issued to Network electronically or printed from the patient's electronic medical record for the purpose of providing services, including but not limited to case management and health education programs provided by Network for patients of East Hill who have not had or are in need of the above listed services.

Network will accept all East Hill patients regardless of their ability to pay (subject to capacity limitations). Network agrees to be solely responsible for billing and collecting all payments from appropriate third party payers for their provided services, and will provide all services at no additional charge to any patient, regardless of their family size or income level.

East Hill agrees to maintain the responsibility for East Hill patient's overall treatment plan, including managing and monitoring such treatment, and to furnish appropriate follow-up care to health center patients who are referred back to the health center. East Hill agrees to be solely responsible for billing and collecting all payments from appropriate third party payers, funding sources, and as applicable, patients, for follow-up care rendered by East Hill.

Professional Qualifications: Network assures that Network employees are not required to hold professional qualifications, licensure, or certification as a requisite to provide the services covered under this agreement. Network also agrees to provide East Hill assurances that the employees are qualified to provide services hereunder, with appropriate training, education and experience in their particular program; and when indicated are eligible to participate in federal health care programs including Medicaid and Medicare.

Referral Back to East Hill: Network agrees to refer East Hill patients back to the health center at the conclusion of the service program or another mutually agreed upon timeframe, which shall be determined on a case-by-case basis for each individual health center patient. Consistent with Network's policies and procedures for coordination of care, Network will record attendance and activity notes and will provide the health center with a written disposition for appropriate follow-up care to be furnished by the health center.

Medical Records: Network agrees to establish and maintain records regarding the provision of

referral services to the East Hill patients which records shall be the property of Network. To ensure continuity of care, the health center, East Hill patients, and Network agree to cooperate in developing a method by which records and other clinical notes can be shared between the parties, which may include, but is not limited to, health center's reasonable access to the patient records developed by Network, subject to all applicable federal and state laws and regulations and the policies and procedures of each party.

Insurances: Network represents and warrants that it is covered by a professional liability insurance policy (malpractice, errors and omissions) providing sufficient coverage against professional liabilities that may occur as a result of furnishing referral services to East Hill patients under this agreement. Network understands and agrees that, as the provider of record, of the referral services provided to East Hill patients under this agreement, Network is solely liable for such services, and that East Hill will not be liable, whether by way of contribution or otherwise, for any damages incurred by East Hill patients or arising from any acts or omission In connection with the provision of such services.

Provider Judgement and freedom of choice: All East Hill and health related professionals employed by or under contract with either party shall retain sole and complete discretion, subject to any valid restrictions imposed by participation in a managed care plan, to refer patients to any and all provider(s) that best meet the requirements and individual choices of such patients.

Volume or value of referrals: Nothing in this agreement requires, is intended to require, or provides payment or benefit of any kind (directly or indirectly) for the referral of individuals or business to either party. Neither party shall track such referrals for purposes relating to setting the compensation of the professionals influencing their choice.

Confidentiality: The parties (and their directors, officers, employees, agents and contractors) shall maintain the privacy and confidentiality of all information regarding the personal facts and circumstances of all East Hill patients, in accordance with all applicable federal and state laws and regulations (including but not limited to, the Health Insurance Portability and Accountability Act and its implementing regulation set forth at 45 C.F.R. Part 160 and part 164) and East Hill's policies and procedures regarding privacy and confidentiality of such Information. The parties (and their directors, officers, employees, agents and contractors) shall: 1) not use or disclose patient information, other than as permitted or required by this agreement for the proper performance of its duties and responsibilities here under; 2) use appropriate safeguards to prevent use or disclosure of patient information, other than as provided under this agreement; and 3) notify the other immediately In the event that the party becomes aware of any use or disclosure of patient information that violates the terms and conditions of this agreement or applicable federal and state laws or regulations.

Agreement with other providers: East Hill retains the authority to contract with other parties, if to the extent that, East Hill reasonably determines that such contracts are necessary In order to implement East Hill policies and procedures, or as otherwise may be necessary to ensure appropriate collaboration with other local providers (as required by Section 330 (k)(3)(B)), to enhance patient freedom of choice, and/or to enhance accessibility, availability, quality, and comprehensiveness of care.

Term and Termination:

The term of this agreement shall commence on June 27, 2022.

The referral agreement will remain in effect until either Network or East Hill submits a notice to terminate. This Agreement may be terminated with or without cause by one party upon a thirty (30) days' written notice to the other party. "Cause" shall Include, but, is not limited to the following: 1) a material breach of any terms of the agreement, subject to a 30 day notice to cure and a failure to cure by the end of the 30 day period; 2) the loss of the required insurance by Network; 3) any material change In the financial condition of Network, which reasonably indicates that Network will be unable to furnish referral services; 4) the loss or suspension of any license or other authorization to do business necessary for Network to furnish referral services; 5) the good faith determination by East Hill that the health, welfare and/or safety of patients from Network is jeopardized by the continuation of this agreement.

This Agreement constitutes the entire agreement of the parties relating to the subject matter addressed in this Agreement. This Agreement supersedes all prior communications, contracts, or agreements between the parties with respect to the subject matter addressed in this Agreement, whether oral or written.

IN WITNESS WHEREOF, the parties have duly executed this Agreement as of the first day written above. By:

East Hill Family Medical, Inc.

April Miles

April Miles
President & CEO
6/22/22
Date

Cayuga Community Health Network

Shari Weiss
Executive Director
6/22/22
Date

b. Services to be rendered by Nick's Ride 4 Friends include:

-Peer Support Services-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 or court appointments
-Same day linkage to Medication Assisted Treatment
-Support accessing formalized treatment and related evaluations
-Support Group Services

Resources

The partners will endeavor to have final approval and secure any financial necessary to fulfill their individual financial contributions at the start of the planning for the development of the project.

a. Chapel House, Inc. agrees to provide the following financial, material and labor resources in respect to the project: provide referrals and transportation to and/or from their appointments to Nick's Ride 4 Friends.

b. Nick's Ride 4 Friends hereby agrees to provide the following financial, material and labor resources of the project: promoting education of recovery and rehabilitation to the individuals we serve. The services provided by Certified Recovery Peer Specialists are valued at $85,800 over three years.

Terms

The arrangements made by the Partners of this Memorandum shall remain in place from September 7, 2022 to December 31, 2023. The term can be extended only by agreement of each Partner.

Amendment

This Memorandum may be amended or supplemented in writing, if the writing is signed mutually agreed upon by both parties obligated under this Memorandum.

Understanding

It is mutually agreed upon and understood by and among the partners of this Memorandum that:

a. Each Partner will work together in a coordinated fashion for the fulfillment of the project.
b. In no way does this agreement restrict involved partners from participating in similar agreements with other public or private agencies, organizations, and individuals.
c. To the extent possible, each Partner will participate in the development of the project.
d. This Memorandum will be effective upon the signature of both Partners.
e. Any Partner may terminate its participation in this Memorandum by providing written notice to other Partner.

The following Partners support the goals and objectives of the Rapid Re-Housing Program:

Signatories

This Agreement shall be signed on behalf of Chapel House, Inc. by Kimberley Dunn, Operations Director and on behalf of Nick's Ride 4 Friends by Ashley Short, its Advanced Executive Director. This Agreement shall be effective as of the first date written above.

By: _____ Date: 9/9/2022

Chapel House, Inc.

Kimberley Dunn, Operations Director

By: _____ Date: 9/9/2022

Nick's Ride 4 Friends

Ashley Short, Advanced Executive Director

CLIENT ADVISORY BOARD
OF CENTRAL NEW YORK

YAB
Youth Action Board
Of Central New York

September 29, 2022

Housing and Homeless Coalition of Central New York
NY-505 Continuum of Care
980 James Street
Syracuse, NY 13203

To Whom It May Concern:

The letter is a show of support for the NY-505 CoC, known as the Housing and Homeless Coalition of Central New York, in their efforts in applying for the Supplemental Notice of Funding Opportunity for Unsheltered and Rural populations. The HHC has shown a dedication to prioritizing individuals and families with severe service needs and histories of unsheltered homelessness, which I also experienced. I speak for the Client Advisory Board and the Youth Action Board in our support of the work of the HHC in applying for unsheltered and rural individuals in our geographic area.
The lived experience boards have been included in this process, by writing questions for the local application, giving feedback on the local severe service needs plan, reviewing applications, and providing the HHC Advisory Board with funding recommendations.

Sincerely, Rexford Beverage

Rexford Beverage, Chair
Client Advisory Board

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 uses 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 ESSHI 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 in 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.