

## Before Starting the CoC Application

The CoC Consolidated Application is made up of three parts: the CoC Application, the Project Listing, and the Project Applications. The Collaborative Applicant is responsible for submitting two of these sections. In order for the CoC Consolidated Application to be considered complete, each of these two sections **REQUIRES SUBMISSION**:

- CoC Application
- Project Listing

Please Note:

- Review the FY2013 CoC Program NOFA in its entirety for specific application and program requirements.
- Use the CoC Application Detailed Instructions while completing the application in e-snaps. The detailed instructions are designed to assist applicants as they complete the application forms in e-snaps.
- As a reminder, CoCs are not able to import data from the 2012 application due to significant changes to the CoC Application questions. All parts of the application must be fully completed.
- All questions marked with an asterisk (\*) are mandatory and must be completed in order to submit the application.

For Detailed Instructions click [here](#).

## 1A. Continuum of Care (CoC) Identification

### Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**1A-1 CoC Name and Number:** NY-505 - Syracuse/Onondaga County CoC

**1A-2 Collaborative Applicant Name:** NY 505 Syracuse/Onondaga County CoC

**1A-3 CoC Designation:** CA

## 1B. Continuum of Care (CoC) Operations

### Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

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

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

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

**1B-4 For members who are homeless or formerly homeless, what role do they play in the CoC membership?** Organizational employee  
Select all that apply.

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

1B-5.1 Written agendas of CoC meetings?	Yes
1B-5.2 Centralized or Coordinated Assessment System?	Yes
1B-5.3 Process for Monitoring Outcomes of ESG Recipients?	Yes
1B-5.4 CoC policies and procedures?	Yes
1B-5.5 Written process for board selection?	Yes
1B-5.6 Code of conduct for board members that includes a recusal process?	Yes
1B-5.7 Written standards for administering assistance?	Yes

## 1C. Continuum of Care (CoC) Committees

### Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

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

	Name of Group	Role of Group (limit 750 characters)	Meeting Frequency	Names of Individuals and/or Organizations Represented
1C-1.1	HMIS Data Administrators	This committee shall analyze HMIS data collected during the annual Point-in-Time survey to complete the gaps and needs analysis, collect data for update of the Housing Inventory Count, complete the HMIS chart and report on implementation status. The committee conducts the Annual PIT Survey and Housing Inventory Count and also serves as a workgroup for the CoC Planning Group and also serves in an advisory capacity for the HMIS.	Monthly	Catholic Charities CNY Services Chadwick YWCA YMCA Salvation Army Syracuse Brick House Onondaga Case Management Spanish Action League Rescue Mission Greater Syracuse Tenants Network Legal Aid Society, Contact, Onondaga County City of Syracuse
1C-1.2	Community Relations	This committee shall work to inform and educate the public to increase awareness of the issues related to homelessness and housing vulnerability and to recommend advocacy action to the HHC to promote systems change and other strategies to alleviate homelessness.	Monthly	Rescue Mission, Onondaga County Youth Bureau, Greater Syracuse Tenants Network, Contact Community Services, Catholic Charities, The Salvation Army
1C-1.3	Operations	This committee shall establish the policies and the process to evaluate and assess the performance of projects seeking CoC renewal funding; review APR data from funded agencies, conduct surveys, site visits and/or request reports to inform the HHC of factors needed for project rating and ranking	Monthly	Catholic Charities, CNY Services, The Salvation Army, Onondaga Case Management, Contact, Liberty Resources, Chadwick, Arise, Rescue Mission
1C-1.4	Strategic Initiatives	This committee shall evaluate existing goals and objectives of the CoC, to establish priorities, develop the overall strategic plan and longer term plan for the HHC and provide a link to broader community planning efforts.	Monthly	Syracuse Behavioral Health, Onondaga County Health Department and Department of Social Services, City Neighborhood Development, The Salvation Army, Veterans Administration

1C-1.5	Discharge Planning	Promotes cooperative and collaborative working relationships, networking and resource sharing to better serve persons who are homeless and housing vulnerable by identifying and seeking input from a diverse group of service providers (i.e. hospitals, foster care, criminal justice, veterans, etc.)	Monthly	Onondaga County Health Department, Rescue Mission, Salvation Army, Catholic Charities, Onondaga Case Management, St. Joseph's Health Center
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**1C-2 Describe how the CoC considers the full range of opinions from individuals or organizations with knowledge of homelessness or an interest in preventing and ending homelessness in the geographic area when establishing the CoC-wide committees, subcommittees, and workgroups.  
(limit 750 characters)**

The Housing and Homeless Coalition (HHC), which is the formal governing body of the CoC, issues open invites to the general public to attend the monthly meetings which occur the third Wednesday of each month in the same location. Additionally, potential members are encouraged to attend committee or workgroup meetings in their particular area of interest.

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

### **Instructions:**

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

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

The ranking and selection process is decided by utilizing the Operations Committees matrix tool and scoring sheet as well as a review of community needs. The guidelines and monitoring tool are posted on the Housing and Homeless Coalition Website at HHCCNY.org. Each CoC agency was given a copy of the tool and had an opportunity to ask for clarification on the tools use prior to the monitoring visit. The committee visited each project during the calendar year. Each project was sent the score sheet by email for their project.

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

The CoC reviews the project utilizing the project quality threshold criteria as noted in the ranking criteria document attached to this application. The criteria is a combination of the HUD monitoring tool, Annual Performance Report data and HMIS data quality reports. The tool reviews length of stay, prior residence, earned income and service planning. The HMIS report card is a data completeness tool for the HUD Universal Data Elements. Projects are also scored on whether or not families are assisted with enrolling children in school and connected to appropriate services. If the project received any findings from a recent HUD monitoring visit the score would be reduced.

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

The Housing and Homeless Coalition(HHC) Facilitator used the local newspaper, email blasts and the HHC agency mailing list to notify providers of the availability of CoC funding and the application process. In addition, the HHC Facilitator offered one on one pre-application consults with interested agencies. All agencies received notification to whether the applicant would proceed to the next step.

**1D-4 On what date did the CoC post on its website all parts of the CoC Consolidated Application, including the Priority Listings with ranking information and notified project applicants and stakeholders the information was available? Written documentation of this notification process (e.g., evidence of the website where this information is published) must be attached to the application.** 01/17/2014

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

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

**1D-6.1 If no, briefly describe each of the specific changes that were made to the GIW (without HUD approval) including any addition or removal of projects, revisions to line item amounts, etc. For any projects that were revised, added, or removed, identify the applicant name, project name, and grant number. (limit 1000 characters)**

**1D-7 Were there any written complaints received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the last 12 months?** No

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

## 1E. Continuum of Care (CoC) Housing Inventory

### Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

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



## **2A. Homeless Management Information System (HMIS) Implementation**

### **Intructions:**

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

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

The HMIS Data Administrators Committee meets once a month. A regular agenda item is to review compliance with the CoC program interim rule, the 2010 Data Standards and related HUD notices. Agency Administrators are required to sign up to receive HUD HMIS notices so agencies can stay abreast of notices. Agencies have been given access to the Homeless Data Exchange to allow for review of HIC, PIT and AHAR data.

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

Yes

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

The HMIS Data Administrators group consisting of all CoC and ESG funded agencies reviews each of the plans annually and whenever there are changes to the HUD HMIS Standards. The HMIS lead facilitates this group. The Privacy and Security Plans were first developed in 2003 when the CoC began using a web-based HMIS system. Each agency using the system signs an agreement to follow these policies and procedures concerning security and privacy of the data collected. In 2004 a data quality plan was developed and the document is reviewed annually. The processes of the data plan are in place for monthly review of HMIS data quality.

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

Service Point

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

**2A-6 Does the CoC plan to change the HMIS software within the next 18 months?** No

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

**2B-1 Select the HMIS implementation coverage area:** Single CoC

**2B-2 Select the CoC(s) covered by the HMIS:** NY-505 - Syracuse/Onondaga County CoC  
(select all that apply)

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

### 2B-3.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$133,611
ESG	\$0
CDBG	\$0
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$133,611

### 2B-3.2 Funding Type: Other Federal

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

### 2B-3.3 Funding Type: State and Local

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

#### 2B-3.4 Funding Type: Private

Funding Source	Funding
Individual	\$0
Organization	\$33,460
Private - Total Amount	\$33,460

#### 2B-3.5 Funding Type: Other

Funding Source	Funding
Participation Fees	\$0
Other - Total Amount	\$0

2B-3.6 Total Budget for Operating Year	\$167,071
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#### 2B-4 How was the HMIS Lead selected by the CoC? Other

##### 2B-4.1 If other, provide a description as to how the CoC selected the HMIS Lead. (limit 750 characters)

In 2001 the CoC lead agency specifically requested The Salvation Army to act as the HMIS Administrator due to the expertise of the agency. The agency has dedicated a highly qualified and knowledgeable staff person to oversee the project. The CoC will continue to use The Salvation Army as the HMIS Administrator.

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

### Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**2C-1 Indicate the HMIS bed coverage rate (%) for each housing type within the CoC. If a particular housing type does not exist anywhere within the CoC, select "Housing type does not exist in CoC" from the drop-down menu:**

* Emergency shelter	86%+
* Safe Haven (SH) beds	Housing type does not exist in CoC
* Transitional Housing (TH) beds	86%+
* Rapid Re-Housing (RRH) beds	86%+
* Permanent Supportive Housing (PSH) beds	86%+

**2C-2 How often does the CoC review or assess its HMIS bed coverage?** Annually

**2C-3 If the bed coverage rate for any housing type is 64% or below, describe how the CoC plans to increase this percentage over the next 12 months.  
(limit 1000 characters)**

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

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

### Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

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

Type of Housing	Average Length of Time in Housing
Emergency Shelter	18
Transitional Housing	11
Safe Haven	0
Permanent Supportive Housing	52
Rapid Re-housing	2

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

Universal Data Element	Percentage
Name	0%
Social security number	3%
Date of birth	2%
Ethnicity	2%
Race	3%
Gender	1%
Veteran status	1%
Disabling condition	1%
Residence prior to program entry	1%
Zip Code of last permanent address	1%
Housing status	1%
Head of household	0%

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

HMIS is used to generate all CoC HUD APR reports and for monitoring purposes. HMIS is being used to pull reports for use in the quarterly ESG reports. The database has reports embedded in it as well as data warehouse reports that assist with the collection of data for all the HUD required reports.

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

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

The HMIS Administrator uses monthly meetings and small group trainings as tools to educate agencies and improve data quality. The agencies also receive "report cards". Each report card identifies an agency's data quality and outlines areas for improvement. Agencies can also request individualized assistance and training. The HMIS Administrator also conducts training on newly released HUD requirements/regulations as needed.

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

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

### Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

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

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



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

### **Instructions:**

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

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

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

In the HMIS Policy and Procedure Manual page 22 includes information regarding accuracy of capturing all UDE's and program entry and exit dates in HMIS.

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

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

### Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**2G-1** Indicate the date of the most recent sheltered point-in-time count (mm/dd/yyyy): 01/23/2013

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

**2G-3** Enter the date the CoC submitted the sheltered point-in-time count data in HDX: 04/23/2013

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

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

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

At the Point in Time in January there was a slight increase in both individuals and families served over the 2012 count. There was no change in the number of unaccompanied youth. It was an extremely cold night which may be the reason why the shelter counts were up and the unsheltered count was down. The cold weather is likely the reason for the variance from 2012 to 2013. The CoC started in 2013 to complete a second PIT in July. The numbers were significantly higher for unsheltered and for sheltered families.

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

### Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

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

Survey providers:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Extrapolation:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

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

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

All providers are currently using HMIS. Service Point has a report for the PIT count. The report was sent to shelters to verify accuracy of the report.

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

### Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

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

HMIS:	<input checked="" type="checkbox"/>
HMIS plus extrapolation:	<input type="checkbox"/>
Sample of PIT interviews plus extrapolation:	<input type="checkbox"/>
Sample strategy: (if Sample of PIT interviews plus extrapolation is selected)	
Provider expertise:	<input checked="" type="checkbox"/>
Interviews:	<input checked="" type="checkbox"/>
Non-HMIS client level information:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

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

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

HMIS data is regularly checked for accuracy. The system collects all the subpopulation data. The PIT report in Service Point is reviewed and client detail data is reviewed for accuracy. If there are any discrepancies providers are contacted to confirm information. Clients are interviewed if there is a concern that shelter numbers are not accurate.

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

### Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

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

Training:	<input checked="" type="checkbox"/>
Follow-up	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Non-HMIS de-duplication :	<input type="checkbox"/>
Other:	<input type="checkbox"/>

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

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

During the HMIS System Administrators meeting prior to the PIT HUD guidelines were reviewed and the guidance document was shared with the group. After the data is reviewed HMIS staff follow up with providers to confirm the numbers and quality of the data provided.

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

### **Instructions:**

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**2K-1 Indicate the date of the most recent unsheltered point-in-time count:** 01/23/2013

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

**2K-3 Enter the date the CoC submitted the unsheltered point-in-time count data in HDX:** 04/23/2013

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

The 2013 point-in-time unsheltered count was lower by 3 individuals than the 2012 point-in-time count. The evening was extremely cold and the night prior had been extremely cold as well. This may account for the decrease in unsheltered persons.

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

### Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

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

Public places count:	<input checked="" type="checkbox"/>
Public places count with interviews on the night of the count:	<input checked="" type="checkbox"/>
Public places count with interviews at a later date:	<input checked="" type="checkbox"/>
Service-based count:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

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

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

Several CoC providers were out the night of the count looking in locations where persons that are staying in places not meant for human habitation might be. Hospital Emergency Rooms, bus station, train station were all places that were checked and persons were interviewed to determine if they were homeless. The large meal providers in the community asked persons who came in for meals the next day where they spent the night last night. This verified names but no new names were found in this method. Persons who were provided services at the outdoor soup kitchen were asked if they had shelter for the night and the next evening where did they stay the night before. HMIS was used to verify that the persons stating they were unsheltered had not made their way to a shelter during the night of the count.

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

### **Instructions:**

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**2M-1 Indicate where the CoC located unsheltered homeless persons during the 2013 point-in-time count:** A Combination of Locations

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



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

### Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

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

Training:	<input checked="" type="checkbox"/>
"Blitz" count:	<input checked="" type="checkbox"/>
Unique identifier:	<input checked="" type="checkbox"/>
Survey question:	<input checked="" type="checkbox"/>
Enumerator observation:	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

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

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

All providers were trained and given a spreadsheet to document names and subpopulation data for the count. Housing and Homeless Coalition members went out and counted everyone and then HMIS staff verified the data with the shelters and the other providers who counted individuals the night of the point-in-time. If persons were observed to be in a location not meant for human habitation as much information as could be gathered on the person was completed.

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

### Objective 1: Increase Progress Towards Ending Chronic Homelessness

#### Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY 2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). The first goal in Opening Doors is to end chronic homelessness by 2015. Creating new dedicated permanent supportive housing beds is one way to increase progress towards ending homelessness for chronically homeless persons. Using data from Annual Performance Reports (APR), HMIS, and the 2013 housing inventory count, complete the table below.

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

	Proposed in 2012 CoC Application	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-1.1a For each year, provide the total number of CoC-funded PSH beds not dedicated for use by the chronically homeless that are available for occupancy.		1,039	1,045	1,050
3A-1.1b For each year, provide the total number of PSH beds dedicated for use by the chronically homeless.	145	160	165	170
3A-1.1c Total number of PSH beds not dedicated to the chronically homeless that are made available through annual turnover.		182	185	185
3A-1d Indicate the percentage of the CoC-funded PSH beds not dedicated to the chronically homeless made available through annual turnover that will be prioritized for use by the chronically homeless over the course of the year.		17%	18%	19%
3A-1.1e How many new PSH beds dedicated to the chronically homeless will be created through reallocation?		0	5	5

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

The CoC has been adding beds for chronically homeless persons through CoC funding for several years. We will continue to focus our goal to move chronically homeless individuals and families into permanent housing. Available non dedicated permanent housing beds will be prioritized for chronically homeless. In 2013 30 Medicaid Redesign Beds became available through Medicaid reallocation. Our community focused on the chronically disabled population to fill these beds. Although the beds do not require a person to be homeless, many individuals in this population have had several episodes of homelessness. The MRT funds will continue to be key to providing a housing resource for chronically homeless persons and to meet the proposed numeric goals as indicated above. In addition a project is currently planned to provide additional permanent beds for chronically homeless women. An agency is working with a local housing provider to secure funds from New York State through HHAP, Medicaid redesign and NYS Office of Mental Health Supportive Housing to build 15 additional units for chronically homeless women. A local men's shelter will be adding 4 permanent supportive housing beds in 2014.

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

The Strategic Initiatives committee will be responsible for implementing the goals of increasing the number of permanent supportive housing beds for persons experiencing chronic homelessness. This committee includes persons from the City of Syracuse Neighborhood and Business Development, Onondaga County Department of Social Services, Veterans affairs, HMIS System Administrator and several provider agencies.

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

### Objective 2: Increase Housing Stability

#### Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Achieving housing stability is critical for persons experiencing homelessness. Using data from Annual Performance Reports (APR), complete the table below.**

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

#### 3A-2.2 Objective 2: Increase Housing Stability

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-2.2a Enter the total number of participants served by all CoC-funded permanent supportive housing projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013:	1076	1090	1100
3A-2.2b Enter the total number of participants that remain in CoC-funded funded PSH projects at the end of the operating year PLUS the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination.	1018	1045	1060
3A-2.2c Enter the percentage of participants in all CoC-funded projects that will achieve housing stability in an operating year.	95%	96%	97%

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

At 95%, the CoC has exceeded HUD's goal for objective 2 to increase housing stability. We will continue to monitor the status of this objective. The permanent housing projects provide the necessary supports to participants that help to support their housing stability.

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

The Affordable Housing Committee will support permanent housing providers to continue to demonstrate significant success in assisting disabled participants to retain permanent housing.

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

### Objective 3: Increase project participants income

#### Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Assisting project participants to increase income is one way to ensure housing stability and decrease the possibility of returning to homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-3.1 Number of adults who were in CoC- 2016  
 funded projects as reported on APRs  
 submitted during the period between October  
 1, 2012 and September 30, 2013:

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

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-3.2a Enter the percentage of participants in all CoC-funded projects that increased their income from employment from entry date to program exit?	29%	29%	30%
3A-3.2b Enter the percentage of participants in all CoC-funded projects that increased their income from sources other than employment from entry date to program exit?	32%	34%	35%

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

Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-3.1	
Earned Income	349	17.31	%
Unemployment Insurance	53	2.63	%
SSI	626	31.05	%

SSDI	349	17.31	%
Veteran's disability	10	0.50	%
Private disability insurance	1	0.05	%
Worker's compensation	11	0.55	%
TANF or equivalent	299	14.83	%
General Assistance	421	20.88	%
Retirement (Social Security)	19	0.94	%
Veteran's pension	12	0.60	%
Pension from former job	5	0.25	%
Child support	84	4.17	%
Alimony (Spousal support)	2	0.10	%
Other Source	38	1.88	%
No sources	678	33.63	%

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

The CoC has developed an economic security work group that will focus on efforts to increase the number of persons that move from public assistance to social security and other non-employment sources. The Department of Social Services Transition Unit provides assistance to disabled persons involving the SOAR application to expedite the process.

**3A-3.5 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes through employment from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above.  
(limit 1000 characters)**

The CoC will continue to work on connecting CoC funded projects with employment focused programs to improve access to employment and vocational services for program participants. The economic security work group will assist with facilitating these connections with our community partners. The CoC will work with the Department of Social Services' Jobs Plus Program, CNY Works, and Green Jobs NY to provide supports for homeless/housing vulnerable clients to meet and exceed the proposed numeric achievements for employment.

**3A-3.6 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC-funded projects that increase income from entry date to program exit.  
(limit 1000 characters)**

The Economic Security workgroup and the Discharge Planning workgroup will focus their energies on increasing the rate of project participants to increase income from entry date to program exit.



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

### Objective 4: Increase the number of participants obtaining mainstream benefits

#### Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Assisting project participants to obtain mainstream benefits is one way to ensure housing stability and decrease the possibility of returning to homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-4.1 Number of adults who were in CoC- 2016  
 funded projects as reported on APRs  
 submitted during the period between October  
 1, 2012 and September 30, 2013.

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

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-4.2a Enter the percentage of participants in ALL CoC-funded projects that obtained non-cash mainstream benefits from entry date to program exit.	83%	84%	85%

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

Non-Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-4.1
Supplemental nutritional assistance program	1372	68.06 %
MEDICAID health insurance	1131	56.10 %
MEDICARE health insurance	135	6.70 %
State children's health insurance	1	0.05 %
WIC	91	4.51 %

VA medical services	37	1.84	%
TANF child care services	4	0.20	%
TANF transportation services	1	0.05	%
Other TANF-funded services	3	0.15	%
Temporary rental assistance	6	0.30	%
Section 8, public housing, rental assistance	45	2.23	%
Other Source	39	1.93	%
No sources	128	6.35	%

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

An economic security work-group was formed to address the barriers participants face in accessing mainstream benefits. This work-group is tasked with the following activities:  
Collaborate with agencies that provide wrap-around support services to assist formerly incarcerated persons to obtain and maintain mainstream resources.  
Research existing groups/activities and invite key stakeholders to participate in the development or redesign of programming.  
Identify best practice strategies for helping people with histories of homelessness and barriers to mainstream resources.  
Improve coordination and integration of mainstream resources with homelessness assistance programs, victim assistance programs, transitional housing, and permanent supportive housing.  
Increase opportunities for Veterans with barriers to employment, especially Veterans returning from active duty, Veterans with disabilities, and Veterans in permanent supportive housing.  
Each of these groups works closely with Onondaga County's Division for Economic Security to access mainstream resources for project participants.

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

The Economic Security Workgroup and Discharge Planning Committee have all taken on components of this objective to provide a connection to each of the areas providing services to project participants.

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

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

#### Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Rapid re-housing is a proven effective housing model. Based on preliminary evidence, it is particularly effective for households with children. Using HMIS and Housing Inventory Count data, populate the table below.

#### 3A-5.1 Objective 5: Using Rapid Re-housing as a method to reduce family homelessness.

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-5.1a Enter the total number of homeless households with children per year that are assisted through CoC-funded rapid re-housing projects.	0	0	40
3A-5.1b Enter the total number of homeless households with children per year that are assisted through ESG-funded rapid re-housing projects.	0	10	15
3A-5.1c Enter the total number of households with children that are assisted through rapid re-housing projects that do not receive McKinney-Vento funding.	30	45	65

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

The CoC will continue to work with families to improve stability in housing by linking families to aftercare supports and mainstream resources. The CoC hopes to add additional permanent housing beds in the community to support the need for family housing. The CoC will be reallocating funds in the 2013 application to add a family rapid rehousing project. If approved this will increase RRH beds to 40 in 2015.

**3A-5.3 Identify by name the individual, organization, or committee that will be responsible for increasing the number of households with children that are assisted through rapid re-housing in the CoC geographic area. (limit 1000 characters)**

The Strategic Initiatives committee will monitor the use of RRH funds in the community and be responsible for increasing the number of households assisted through rapid rehousing funds. Working with the OTDA, ESG and SSVF projects will work with the new project to increase the number of families served.

The CoC has decided to reallocate three of it's SSO projects to Rapid Rehousing. This provider for the new rapid rehousing project currently provides emergency shelter services to homeless families in the Continuum of Care geographic area. The shelter is listed in HMIS and works with the Housing and Homeless Coalition to best connect families to services.

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

The CoC will be using the Vulnerability Index to prioritize eligible households to receive rapid rehousing assistance. The tool was just added to our web based data system. This will allow us to document the decision and make sure the most suitable households will benefit from this intervention Housing size and type will be based on family size and current income. HUD Fair Market Rent rates will be utilized. Family size will also determine initial rental assistance amount, ranging from \$100-400 dollars per month and contingent on participation in life skill workshops, monthly meetings and goal plans.

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

Current NYS OTDA and SSVF funded Rapid Rehousing case managers meet at a minimum once a month with households. With the reallocation there will be an RRH project in the CoC if approved and in Year 40 in ESG. These case managers will meet with families at least once a month for case management services.

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

The current RRH providers are planning to follow up with families to ensure they do not experience additional returns to homelessness. The new reallocated rapid rehousing project will also provide this follow up for families.

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

### **Instructions:**

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

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

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

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

The CoC's Discharge Planning Committee(DPC)actively collaborates with institutional care providers and monitors discharge outcomes. In 2008-09, CoC members contributed to the development of OnCare, a System of Care for youth with serious emotional and behavioral problems funded by SAMHSA. DPC committee members participate in monthly OnCare meetings. OnCare operates ACCESS, a multi-system team involving mental health, Juvenile justice, children's division child welfare staff, and Parent Partners. ACCESS locates services and safe housing for participants. The county and state funds 50 case management slots and housing for transitioning youth. Case managers connect with youth while in care to ensure proper placement upon exit. Each youth in foster care receives a handbook (publication # 5028-2010) that includes their rights and examples of choices for their future living plan. New regulations were created providing the option for youth to return to foster care 2 times between age 18 and 21.

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

Collaborating stakeholders include OCFS, DSS Children's Division, Probation, Jobs Plus, OnCare, Contact Crisis Services, Onondaga County Department of Mental Health (DMH), The Salvation Army (TSA), Catholic Charities (CC), Elmcrest, Hillside, Liberty Resources, Aurora, PEACE Inc, Vera House, Onondaga Case Management Services (OCMS), Syracuse Housing Authority (SHA), BOCES, Upstate Medical Center (UMC), Berkshire Farms, Rescue Mission (RM), St.Joesph's Hospital (SJHHC), Unique Perspectives, Sunrise Recovery Center, CNY Services, Park Central Presbyterian Church, Bethany Baptist Church, McMahon Ryan Child Advocacy Center, Center for Community Alternatives, Syracuse Behavioral Healthcare (SBH), Family Tapestry, Arise, Brownell, Syracuse University, New Justice Services, Westcott Center, VESID/Access VR, private practitioners.

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

### **Instructions:**

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

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

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

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

Discharge Planning Committee(DPC) has collaborative relationships with key staff at area hospitals. The SPOA Coordinator/DPC chair assists with plans for difficult discharges for clients with co-morbid conditions and behavioral health issues. Strategic Response Team LGU cross-systems, client/SO meetings occur when the needs exceed services, to create new solutions and facilitate discharge

NYS Medicaid Redesign Team: Effective 7/1/13 persons with 2+ chronic conditions/high costs are assigned a Health Home Care Manager, includes in reach at hospitals. HH Case Management enrollment quadrupled in 6 months and continues to grow. 40 new MRT beds were filled by people being d/c from hospitals or corrections.

Most are discharged to home or stay with family/friends while recuperating. A small percentage are admitted to specialty programs such as short term rehab, adult care facilities, group homes, halfway houses, etc. A weekly vacancy report reflects beds available in housing programs that are not listed in HMIS, is distributed to discharge planners and made available online by SPOA. The CoC website provides links to affordable and/or subsidized housing.

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



The stakeholders include discharge planners and hospital social workers with inpatient units and emergency departments at SJHHC, Crouse hospital, UMH, HPC, chemical dependency treatment providers: SBH, Commonwealth, Conifer Park; government agencies: OCDMH, OCDSS, OMH, OASAS, nonprofit providers: OCMS, CNYS, TSA, RM, Catholic Charities, Loretto Health, outpatient providers, Brownell, Arise, Center for Independent Living, Department of Health (DOH) adult care facilities, Peter Young Industries, primary health care SJ's Family Practice, Syracuse Community Health Center. Staff from CoC funded agencies go to hospitals to meet people who were homeless prior to admission, review alternatives and screen for admission to housing programs to avoid a return to shelter. Magellan BHO provides quarterly outcome reports regarding hospital discharges review. The Homeless Outreach Committee has reorganized to meet monthly and plan strategies for outreach to homeless individuals who are reluctant to engage.

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

### **Instructions:**

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

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

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

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

A variety of initiatives assist in preventing homelessness wherever possible. Specifically, "in-reach coordination" occurs with Health Home Case Managers visiting area inpatient MH and CD units on a weekly basis to discuss housing options and assist with the discharge planning process prior to discharge. In-reach is geared to those who are not currently enrolled and makes special effort to connect with persons who were admitted to inpatient from shelter. In-reach CM's also connect with people who are going to court for discharge despite not having a place to live. Through in reach, outreach and engagement, the number lost to contact after d/c has decreased.

The Housing First Model has been used for 20 new OMH funded MRT apartments targeted for high cost Medicaid clients released from hospitals and prison MH units. The State and County provide a significant amount of OMH funded residential, housing and support services to assist with meeting the mental health needs of the community. As a result, many individuals are served by Medicaid Rehabilitative OMH Community Residences and Apartments, OMH Enriched Services Single Room Occupancies, and Supportive Housing.

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

Since 2012, NYS has contracted with Magellan BHO HMO to monitor outcomes for Medicaid patients including discharge planning. DPC has direct contact with the BHO and inpatient social workers to improve planning and outcomes. OCDMH initiated Level of Care Transition work groups to improve connections between inpatient, outpatient and residential services. Local psychiatric inpatient hospital units are represented by St. Joseph's Hospital, Upstate Hospital and Hutchings Psychiatric Center. Outpatient providers are represented by Brownell, Central New York Services, Crouse Chemical Dependency, OCMS, Arise, Syracuse Behavioral Healthcare and St. Joseph's Hospital. Residential providers include Central New York Services, Transitional Living Services, Syracuse Behavioral Healthcare and The Salvation Army. Additional governmental representation is involved from the Onondaga County Department of Social Services, OCDMH Director of QI, Contract Specialist, SPOA and Dual Recovery Coordinators, and several faith based housing initiatives.

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

### **Instructions:**

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

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

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

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

The DPC partners with NYS Department of Corrections and Community Supervision (DOCCS) to address barriers to parolees accessing housing. Cross system Strategic Planning meetings are held for high need individuals. Individualized plans are developed for high risk parolees include AOT, ACT, and OMH funded transitional housing. Prisons make referrals to OMH funded OCMS Forensic CM (FCM) program which assists incarcerated individuals with serious and persistent mental illness (SPMI) to transition to community. DPC/FCM works with corrections to initiate Medicaid and SSI applications prior to release. The DCP worked with DSS and Central New York Services (CNYS), expanded the representative payee program and facilitates individuals coming out of incarceration who are SSI/SSD eligible to access housing. DOCCS and DPC share members with the County Re-Entry Task Force. DOCCS contracts the Parole Stabilization housing programs. All parolees have an approved housing plan prior to release. Specifically individuals from DOCCS and CMC BHU are released to housing and treatment programs licensed by OMH, OASAS, parole contract housing, faith based housing and family.

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

Agencies responsible for ensuring that individuals are not routinely discharged into homelessness include: DOCCS (includes Parole who has a steady presence at the DPC), CMC's BHU discharge planners, OMH Satellite Unit Staff, County DSS, OCDMH, Center for Community Alternatives, Catholic Charities, The Rescue Mission, The Salvation Army, Syracuse Behavioral Healthcare, Central New York Services, Hutchings Psychiatric Center, Onondaga Case Management Services (including SPOA and Forensic Case Management) and Peter Young Housing Industry including the director of Altamont. Each of these programs brings their own unique specialties to the table and works together to explore housing options for individuals being released from incarceration. The DPC, DSS, and SPOA monitor the number of parolees in shelter on a weekly basis. Noncompliance has been identified as the main factor contributing to a parolee being in shelter over 30 days. In these instances, the parolee is often referred to Housing First at Catholic Charities.

## 3C. Continuum of Care (CoC) Coordination

### Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

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

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

This Housing and Homeless Coalition has identified five overarching goals to guide local planning efforts toward ending homelessness in our community. The Committee selected these goals based on the Federal Interagency Council on Homelessness Opening Doors Plan, the national federal plan outlining successful strategies to prevent and end homelessness by 2020. This document also includes data obtained from the local Homeless Management Information System (HMIS), the annual Gaps and Needs assessment, the Continuum of Care(CoC) Exhibit 1 document, and the CoC Action Plan, an internal work plan detailing the specific activities needed to achieve our stated goals.

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

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

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

Both the City of Syracuse and County of Onondaga have representatives that sit on the HHC Executive Committee and the City acts as the CoC Lead. Because of this, the jurisdictions have firsthand knowledge of programming and funding decisions within the CoC which immediately impact decision-making in the allocation of ESG funding. This past year, the CoC's annual needs/gaps assessment, APRs and HMIS data informed ESG funding decisions. Also, updates from these ESG jurisdiction representatives are a standing agenda item at monthly HHC meetings.

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

The ESG funds this year were dedicated to Rapid Rehousing, Outreach and Homeless Prevention. The city ESG funds in year 39 utilized 81% of the funds for Homeless Prevention and 19% of the funds for Rapid Rehousing. The Coordinated Assessment project was partially funded through City ESG funds. 17% of the funds were designated for direct financial assistance for individuals and families to prevent homelessness and move them quickly out of shelter.

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

The CoC has developed several strategies in its 10 Year Plan to prevent homelessness. These strategies include: developing an online affordable housing database, assisting clients in accessing mainstream benefits or employment to increase income; developing partnerships with private landlords to increase housing options; and coordinating with institutions to ensure planning is complete prior to discharge. Additional information is available in the 10 Year Plan or the CoC Action Plan.

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

All entities serving the homeless are currently involved in the Housing and Homeless Coalition (HHC). When new initiatives come into the community they are invited to become a part of the coalition.

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

The Syracuse Housing Authority is a member of the Housing and Homeless Coalition. SHA has been involved in the CoC and with homeless service providers prior to the inception of the CoC.

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

The CoC regularly assesses barriers present in CoC and ESG funded projects during routine monitoring and through client feedback. When barriers are identified the CoC works with the project agency to reduce or remove the barrier. We encourage adoption of the Housing First Model for all projects. A representative from the Fair Housing Council participates in the Housing and Homeless Coalition and contributes to the strategic initiatives committee.

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

In 2013 all CoC permanent supportive housing projects have adopted a housing first approach.

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

The CoC has a standardized intake form and assessment tools that ensure the homeless are placed in appropriate housing and are provided appropriate services based on their level of need. The data system is equipped with an eligibility module to allow the case managers to direct clients to services that would meet their needs. There is a high degree of cooperation among service providers and through their regular meetings and committee work available resources are promoted and utilized.

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

The CoC has developed and is currently implementing a marketing plan to reach the community at large. This includes a dedicated website and a housing database of local safe and affordable housing options. The CoC is also identifying other ways to share information with the community at large including fliers distributed at community based food pantries, school based events and other grassroots venues. Strategies to market affordable housing programs include: advertisements purchased in minority newspapers, public service announcements, and cable TV ads on the local access channel. All advertisements contain the equal housing logo. Additionally, the City and County subcontract with the Onondaga County Health Department Lead Poisoning Control Program (LPCP) for education, outreach and promotion of lead poisoning prevention funded by HUD through a lead hazard control grant.



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

Each provider will have a written plan that will identify a specific person to ensure that educational services and other appropriate services are provided or arranged for homeless children and youth during the initial stages of the Intake and Assessment process.

Educational services will be initiated immediately to prevent an interruption or gap in attendance. The Written Plan will ensure that homeless children will be referred and connected to appropriate services beyond school programming including health, mental health, counseling, etc. Whenever possible, providers will house families and youth as close as possible to their school of origin. If out of district placement is necessary, the provider will ensure that families and unaccompanied youth are aware of their educational rights for continued enrollment in their school of origin or transportation to and from their school of choice, as dictated by the McKinney-Vento Homeless Assistance Act. Service providers will assist clients through the completion of this process.

Annual monitoring visits by the Operations Committee of the HHC will ensure compliance of these HUD regulations and HHC policies.

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

The Onondaga County Runaway and Homeless Youth Advisory (RHY) Committee is a sub-group of the Housing and Homeless Coalition (HHC), made up of HHC homeless providers, school officials, law enforcement, social service agencies, government staff and youth. Primary Homeless Liaisons in schools in Onondaga County regularly attend the RHY Committee, with additional Homeless Liaisons attending as able. The RHY Committee serves as a resource for the HHC and Local Education Authorities (LEA) by providing monthly information on McKinney-Vento requirements through meetings, emails, trainings, inservices and phone consultation. The RHY Committee is also an active conduit for the HHC, LEA's and NYS TEACHS (funded by the Department of Education to provide advocacy and training regarding educational rights). The RHY Committee conducts annual meetings with school officials, the Department of Social Services and HHC agencies to review the process for distributing posters, brochures, and client rights information. Youth serving programs within the HHC maintain signed MOA's with the Syracuse City School District outlining policies and services for homeless students.

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

Homeless services in Onondaga County start through a single point of entry at the Department of Social Services (DSS), a process which emphasizes the importance of maintaining the integrity of the family unit and creating normalcy by establishing proximity to the school of origin or the school of choice as quickly as possible. HHC agencies collaboratively agree with decisions made by DSS and adhere to these best practice policies regarding the housing placement of families and children. During the placement process, both DSS and the HHC agencies inform families and youth of their educational rights as dictated by the McKinney-Vento Homeless Assistance Act. Through our carefully crafted Continuum of Care, the HHC is able to provide shelter or long-term housing for any variety of family constructs, preventing family members from being separated from one another. Where outlying school involvement may be required, the HHC agencies and the LEA;s adhere to the regulations which require that homeless students receive transportation to and from school activities within a 50-mile radius, ensuring uninterrupted school attendance.

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

The rapid rehousing projects are monitoring families who have exited through phone calls, home visits and personal contacts with other support workers. The case managers provide the exiting families with contact information in case of crisis.

The CoC will monitor long term recidivism through HMIS.

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

No

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

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

No

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

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

### **Instructions:**

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**In 2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP).**

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

The CoC established the 10-Year Planning Committee to develop a solution driven plan to end homelessness. The Committee familiarized itself with the guidance contained in the "2010 Opening Doors: Federal Strategic Plan to Prevent and End Homelessness" and researched best practices among similar communities. The resulting plan is a living, flexible document that addresses the causes that contribute to homelessness and housing vulnerability and outlines a coordinated service response for those who experience homelessness.

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

Through the Single Point of Entry families are screened for need and directed to legal assistance if they are being evicted for homeless prevention services. The Coordinated Assessment project will connect with families prior to homelessness and connect them to homeless prevention services. In 2014 the Coordinated Assessment will be fully operational. The CoC will be able to track success in the coming months.

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

The CoC has a domestic violence agency that provides shelter and support to victims, including families. The services provided include a safe shelter location, case management services and counseling to support. The shelter is funded through the County Department of Social Services. The individuals and families also receive support from support services only projects that assist with housing search and direct client assistance with security deposits and furniture requests.

**3D-4 Describe the CoC's current efforts to address homelessness for unaccompanied youth. Response should include a description of services and housing from all funding sources that are available within the CoC to address homelessness for this subpopulation. Indicate whether or not the resources are available for all youth or are specific to youth between the ages of 16-17 or 18-24. (limit 1000 characters)**

Since its creation in the mid-1980's, the CoC has always included unaccompanied youth programs as part of its HUD funded core group of services. In addition to HUD funded programming, other additional funded youth programs have also maintained active involvement in the CoC. A complete list of these CoC unaccompanied youth programs and resources for all age groups include:

Booth House – ages 13-17 (RHY)  
Barnabas House – ages 16-21 (co-ed)  
Barnabas TILP – ages 16-21 (males)  
Barnabas Shelter – ages 18-24 (co-ed)  
TAPC – ages 16-21 (pregnant/parenting)  
State Street Apartments – ages 18-26 (mental health)

Throughout the past three decades, outreach activities, publicity events, decision making and long-term planning within the CoC have included the input, creativity and awareness of all of these unaccompanied youth programs. Additional funding for the youth programs listed above include the Department of Health and Human Services, Emergency Solutions Grant, NYS RHY, NYS Supportive Housing Program, NYS Alternatives to Detention, and reimbursement provided by the local Department of Social Services.

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

Multiple service providers regularly check for individuals who routinely sleep on the streets or in other places not meant for human habitation. When identified the homeless are encouraged to come to shelter and/or engage in services. The CoC Geographic area has an ESG project to provide daily outreach. A nurse from a faith based group provides health assessments a few times a week to street homeless. A VA homeless case manager regularly visits known locations to check for homeless veterans.

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

The Syracuse VA GPD transitional housing program doubled in size, increasing its capacity from 12 to 24 beds and met the goal of discharging over 60% of Veterans to permanent housing. The HUD-VASH program increased from 95 to 115 vouchers and met the target goal of 88% Veterans leased in permanent housing. The HUD-VASH program also piloted a "Housing First" initiative to rapidly house 25 Veterans who were chronically homeless. The program provided intensive case management services to help participating Veterans maintain housing and engage in treatment. In 2014 the Syracuse VA homeless program includes: expanding the "Housing First" concept to the entire HUD-VASH program; partnering with a local housing developer to build a 50-unit apartment complex for homeless and low-income Veterans; and increasing community engagement and employment opportunities for homeless Veterans. The Salvation Army and Catholic Charities also received sub grants(SSVF) from the VA to provide emergency financial assistance to prevent veteran homelessness or to rapidly rehouse. In 2013 Catholic Charities added 8 permanent housing beds for veterans.

## 3E. Reallocation

### Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**3E-1 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new permanent supportive housing projects dedicated to chronically homeless persons?** No

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

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

The COC needs for chronic homelessness is currently being met by the medicaid redesign funds in New York State. There was an increase of 30 MRT beds in 2013 and more are expected in 2014. The COC is currently pursuing an opportunity with MRT and HHAP funds to provide an additional 15 chronic beds for women in 2014. The chronic population has shown a decrease since the COC has continually dedicated bonus projects to house the chronically homeless. Since 2010 the COC has seen a 27% increase in homeless families with children in the past year. The COC does not currently have an RRH project in the COC. The two projects that are being reallocated currently serve families. The reallocation will allow them to serve families for a longer period of time and with a longer subsidy option than a support services only project could.

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

### 3F. Reallocation - Grant(s) Eliminated

**CoCs planning to reallocate into new permanent supportive housing projects for chronically homeless individuals may do so by reducing one or more expiring eligible renewal projects. CoCs that are eliminating projects entirely must identify those projects.**

Amount Available for New Project: (Sum of All Eliminated Projects)				
\$202,943				
Eliminated Project Name	Grant Number Eliminated	Component Type	Annual Renewal Amount	Type of Reallocation
HALE	NY0077L2C051205	SSO	\$117,647	Regular
Shelter Transiti...	NY0086L2C051204	SSO	\$85,296	Regular



### 3F. Reallocation - Grant(s) Eliminated Details

**3F-1 Complete each of the fields below for each grant that is being eliminated during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.**

**Eliminated Project Name:** HALE

**Grant Number of Eliminated Project:** NY0077L2C051205

**Eliminated Project Component Type:** SSO

**Eliminated Project Annual Renewal Amount:** \$117,647

**3F-2 Describe how the CoC determined that this project should be eliminated.  
(limit 750 characters)**

This project is currently an SSO that no longer meets the allowable expenses for Support Service Only Projects.

### 3F. Reallocation - Grant(s) Eliminated Details

**3F-1 Complete each of the fields below for each grant that is being eliminated during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.**

**Eliminated Project Name:** Shelter Transitional Services

**Grant Number of Eliminated Project:** NY0086L2C051204

**Eliminated Project Component Type:** SSO

**Eliminated Project Annual Renewal Amount:** \$85,296

**3F-2 Describe how the CoC determined that this project should be eliminated.  
(limit 750 characters)**

This SSO provides aftercare for newly housed families and fits well with the RRH model. It was reallocated to provide a stronger rapid rehousing project since this project would be meeting the same need.

### 3G. Reallocation - Grant(s) Reduced

CoCs that choose to reallocate funds into new rapid rehousing or new permanent supportive housing for chronically homeless persons may do so by reducing the grant amount for one or more eligible expiring renewal projects.

Amount Available for New Project (Sum of All Reduced Projects)					
\$0					
Reduced Project Name	Reduced Grant Number	Annual Renewal Amount	Amount Retained	Amount available for new project	Reallocation Type
This list contains no items					

## 3H. Reallocation - New Project(s)

**CoCs must identify the new project(s) it plans to create and provide the requested information for each project.**

Sum of All New Reallocated Project Requests  
(Must be less than or equal to total amount(s) eliminated and/or reduced)

\$202,943

Current Priority #	New Project Name	Component Type	Transferred Amount	Reallocation Type
1	HALE RRH for...	PH	\$202,943	Regular

## **3H. Reallocation - New Project(s) Details**

**3H-1 Complete each of the fields below for each new project created through reallocation in the FY2013 CoC Program Competition. CoCs can only reallocate funds to new permanent housing—either permanent supportive housing for the chronically homeless or rapid re-housing for homeless households with children.**

**FY2013 Rank (from Project Listing):** 1

**Proposed New Project Name:** HALE RRH for Families

**Component Type:** PH

**Amount Requested for New Project:** \$202,943

### 3I. Reallocation: Balance Summary

**3I-1** Below is the summary of the information entered on forms 3D-3H. and the last field, "Remaining Reallocation Balance" should equal "0." If there is a balance remaining, this means that more funds are being eliminated or reduced than the new project(s) requested. CoCs cannot create a new reallocated project for an amount that is greater than the total amount of reallocated funds available for new projects.

#### Reallocation Chart: Reallocation Balance Summary

Reallocated funds available for new project(s):	\$202,943
Amount requested for new project(s):	\$202,943
Remaining Reallocation Balance:	\$0

## **4A. Continuum of Care (CoC) Project Performance**

### **Instructions**

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

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

The Operations Committee operates as a sub-committee of the Housing Coalition/CoC, reviewing project performance and compliance as outlined by HUD. Objective monitoring tools are utilized in conjunction with site visits, evaluating HMIS data collection/reports, verification documentation and environmental standards. Specifically, project renewal applications are compared with HMIS outcome reports to assess progress in goal areas.

Additionally, the Data Committee/HMIS Administrator provides monthly reports relative to performance goals, indicates areas that need improvement and works directly with projects/grantees relative to improvement strategies.

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

The Operations Committee provides the findings of the monitoring visit as feedback, offering insight into areas that did not meet full potential. The projects/grantees are provided the opportunity to make their own corrections, as well as request technical assistance either from the Operations Committee, the CoC Lead, or the Advisory Committee. Additionally, each year's monitoring visit assesses and scores a project relative to findings from the previous year, and the efforts made to correct the findings. If needed, a mentor is assigned to monitor the applicants progress.

HUD HRE and OneCPD are monitored continuously for priorities, initiatives and areas of focus. This information is shared in the Monthly Housing Coalition/CoC meetings with discussion on local applicability and strategies to improve use to meet community needs. This includes collaborations to make full use of community resources for the benefit of the program participants and the service providers.

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

Under-performing projects/grantees are identified based on data reports and/or monitoring visits. Management and administrators of these programs/agencies are engaged in discussion by the Operations Committee or an Advisory Committee representative regarding the reports and information that identifies them as under-performing. Discussions involve adequate documentation/reporting and systematic problems that are contributing to the lack of performance. Technical support is offered through the CoC, collaborations are offered to enhance services to participants and a review of the program/community needs is considered. Full disclosure is provided relative to the impact on project rating and the risk of being defunded. If appropriate, suggestions may be discussed relative to re-defining or reallocating the project to best meet community needs, HUD priorities and ensure success in goal areas.

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

Agency collaborations improve referral processes. These are promoted through monthly Housing Coalition/CoC meetings with presentations on community services/resources by both Coalition/CoC member and non-member agencies, with a specific effort in areas identified through gaps & needs assessments. In-reach strategies have been adopted, in which program representatives are visiting shelters to explain services available and to initiate the referral process.

Consolidated Assessment efforts have created a one-stop resource for individuals seeking housing services. This effort best identifies individual needs with program eligibility and openings. Direct contacts are made to connect the individual to services immediately. This service is made available through a 24 hour/7 days a week hot-line service.

HMIS data is reviewed monthly by the Advisory Committee and DSS regarding the length of time a client may be homeless. This information is also presented at the monthly meetings and, if necessary, additional supports or strategies are identified and provided.

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

A focus of attention has been placed on affordable housing as being a significant factor in individuals and families' abilities to maintain housing stability. Rental stipends and engagement with landlords are two methods used to ensure housing costs remain affordable.

Housing First strategies are utilized to maintain housing, while attempting to mitigate issues that may have previously resulted in eviction. The community works with local ESG funded programs to prevent homelessness whenever possible. The local DSS works closely with the CoC to prevent re-entry into shelter by preventing evictions and/or working with landlords to mitigate tenancy issues. This includes using TRA's to offer to pay for damage that may have been done by the client.

Effective Supportive Services are offered as individuals and families leave shelter to provide guidance and teach life skills. Continued efforts by the Discharge Planning sub-committee with hospitals and institutions address discharge practices and increase collaborations to avoid a return to homelessness.

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

The Housing Coalition/CoC has a history of utilizing project services to canvass the streets, identifying homeless individuals and engaging with them to seek services. A providers group meets periodically to address services and strategies to get individuals off the streets and out of the shelters. Increased shelter beds have improved connection and engagement with individuals in need of housing services.

The CoC maintains a website where information is posted to share with providers and community members alike. The Affordable Housing Committee works with landlords to educate them on accepting the homeless population. Our community also utilizes a number of providers, which go out into the streets daily to reach out to unsheltered individuals and families.



## **4B. Section 3 Employment Policy**

### **Instructions**

\*\*\* TBD \*\*\*

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

**4B-1.1 If yes, which activities will the project(s) undertake to ensure employment and other economic opportunities are directed to low or very low income persons? (limit 1000 characters)**

The new rapid rehousing project application case managers will connect with employment agencies and groups such as Visions for Change. Visions for Change provides job training in soft skills to low income persons and assists them in securing employment. The case managers will be trained to recognize and refer head of households to programs that will increase their income and allow them to leave the program with increased income and reduced risk of homelessness.

**4B-2 Are any of the projects within the CoC requesting funds for housing rehabilitation or new constructions?** No

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

## 4C. Accessing Mainstream Resources

### Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

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

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

* Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	95%
* Homeless assistance providers use a single application form for four or more mainstream programs.	100%
* Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	80%

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

**4C-3.1 If yes, indicate the most recent training date:** 01/31/2013

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

The CoC has had presentations from the NYS Navigators throughout the community to stay informed on healthcare enrollment and issues relating to the new Affordable Care Act. There is a navigator available at two of the agencies that are currently ESG recipients. The Continuum project recipients and sub recipients have been informed through public meetings, webcasts and public announcements. Information has been handed out and projects have provided this information to eligible households.

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

The community has accessed several funding sources to cover services provided by supportive services projects such as Support Services for Veteran Families (SSVF), Office of Mental Health (OMH) supportive housing funding, Emergency Solutions Grant (ESG), NYS Office of Temporary Disability Assistance (OTDA), United Way and the Department of Social Services. Each of these projects assist individuals with connection to mainstream resources.

Information for grant opportunities are sent out to Coalition members by email. Recipients are advised to seek out grant opportunities by subscribing to listserves that provide resources for homeless services.

## Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	County And City C...	01/29/2014
CoC Governance Agreement	No	CoC Governance Ag...	01/18/2014
CoC-HMIS Governance Agreement	No	COC and HMIS Lead...	01/03/2014
CoC Rating and Review Document	No	Ranking Criteria	01/16/2014
CoCs Process for Making Cuts	No		
FY2013 Chronic Homeless Project Prioritization List	No		
FY2013 HUD-approved Grant Inventory Worksheet	Yes	HUD approved 2013...	01/27/2014
FY2013 Rank (from Project Listing)	No	Project Priority ...	01/29/2014
Other	No	COC HMIS Policy a...	01/03/2014
Other	No	Monitoring Tool	01/16/2014
Other	No	Public Soliciatin...	01/21/2014
Projects to Serve Persons Defined as Homeless under Category 3	No		
Public Solicitation	No		

## **Attachment Details**

**Document Description:** County And City Certificate

## **Attachment Details**

**Document Description:** CoC Governance Agreement

## **Attachment Details**

**Document Description:** COC and HMIS Lead Agreement 2013

## **Attachment Details**

**Document Description:** Ranking Criteria

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:** HUD approved 2013 GIW

## **Attachment Details**

**Document Description:** Project Priority List

## **Attachment Details**

**Document Description:** COC HMIS Policy and Procedures revised  
10.1.13

## **Attachment Details**

**Document Description:** Monitoring Tool

## **Attachment Details**

**Document Description:** Public Soliciatin and Notice for Ranking

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## Submission Summary

Page	Last Updated
1A. Identification	No Input Required
1B. CoC Operations	01/22/2014
1C. Committees	01/23/2014
1D. Project Review	01/29/2014
1E. Housing Inventory	01/22/2014
2A. HMIS Implementation	01/22/2014
2B. HMIS Funding Sources	01/22/2014
2C. HMIS Beds	01/22/2014
2D. HMIS Data Quality	01/27/2014
2E. HMIS Data Usage	01/22/2014
2F. HMIS Policies and Procedures	01/23/2014
2G. Sheltered PIT	01/23/2014
2H. Sheltered Data - Methods	01/22/2014
2I. Sheltered Data - Collection	01/22/2014
2J. Sheltered Data - Quality	01/22/2014
2K. Unsheltered PIT	01/22/2014
2L. Unsheltered Data - Methods	01/22/2014
2M. Unsheltered Data - Coverage	01/22/2014
2N. Unsheltered Data - Quality	01/22/2014
Objective 1	01/29/2014
Objective 2	01/22/2014
Objective 3	01/29/2014
Objective 4	01/29/2014
Objective 5	01/22/2014
3B. CoC Discharge Planning: Foster Care	01/22/2014
3B. CoC Discharge Planning: Health Care	01/22/2014
FY2013 CoC Application	Page 71
	01/29/2014

<b>3B. CoC Discharge Planning: Mental Health</b>	01/22/2014
<b>3B. CoC Discharge Planning: Corrections</b>	01/22/2014
<b>3C. CoC Coordination</b>	01/29/2014
<b>3D. Strategic Plan Goals</b>	01/23/2014
<b>3E. Reallocation</b>	01/23/2014
<b>3F. Grant(s) Eliminated</b>	01/22/2014
<b>3G. Grant(s) Reduced</b>	No Input Required
<b>3H. New Project(s)</b>	01/22/2014
<b>3I. Balance Summary</b>	No Input Required
<b>4A. Project Performance</b>	01/22/2014
<b>4B. Employment Policy</b>	01/22/2014
<b>4C. Resources</b>	01/22/2014
<b>Attachments</b>	01/29/2014
<b>Submission Summary</b>	No Input Required



**Certification of Consistency  
with the Consolidated Plan****U.S. Department of Housing  
and Urban Development**

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Syracuse/Onondaga County Homeless Continuum of Care NY-505

Project Name: NY 505 Homeless Assistance Continuum of Care

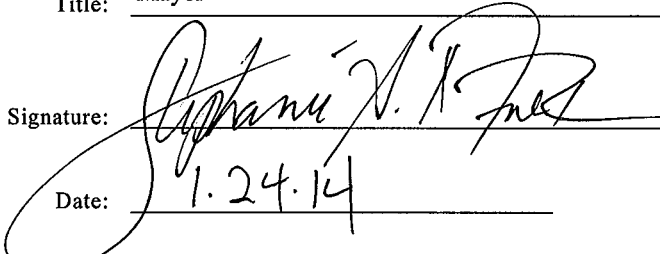
Location of the Project: Onondaga County, including the City of Syracuse  
(various locations throughout the county/city)

Name of the Federal  
Program to which the  
applicant is applying: US Department of HUD continuum of Care Homeless Assistance Program

Name of  
Certifying Jurisdiction: City of Syracuse

Certifying Official  
of the Jurisdiction  
Name: Stephanie Miner

Title: Mayor

Signature: 

Date: 1.24.14

**Certification of Consistency  
with the Consolidated Plan****U.S. Department of Housing  
and Urban Development**

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Syracuse/Onondaga County Homeless Continuum of Care NY-505

Project Name: NY 505 Homeless Assistance Continuum of Care

Location of the Project: Onondaga County, including the City of Syracuse  
(various locations throughout the county/city)

Name of the Federal  
Program to which the  
applicant is applying: US Department of HUD continuum of Care Homeless Assistance Program

Name of  
Certifying Jurisdiction: Onondaga County

Certifying Official  
of the Jurisdiction  
Name: Joanne M. Mahoney

Title: County Executive

Signature: Joanne M. Mahoney

Date: 1-21-14

<b>Applicant Name</b>	<b>EIN</b>	<b>Project Name</b>
Catholic Charities of the Roman Catholic Diocese of Syracuse	15-0532085	Permanent Housing for the Homeless 2
Catholic Charities of the Roman Catholic Diocese of Syracuse	15-0532085	Permanent Housing for the Chronically Homeless 1
Catholic Charities of the Roman Catholic Diocese of Syracuse	15-0532085	Permanent Housing for the Chronically Homeless 2
Catholic Charities of the Roman Catholic Diocese of Syracuse	15-0532085	Permanent Housing for the Chronically Homeless 3
Catholic Charities of the Roman Catholic Diocese of Syracuse	15-0532085	Permanent Housing for the Chronically Homeless 4
Catholic Charities of the Roman Catholic Diocese of Syracuse	15-0532085	Permanent Housing for Homeless Veterans
Catholic Charities of the Roman Catholic Diocese of Syracuse	15-0532085	PHH: Housing First for Individuals and Families
The Salvation Army, a New York Corporation	13-5562351	Homeless Resource Services
The Salvation Army, a New York Corporation	13-5562351	Shelter Transitional Services
The Salvation Army, a New York Corporation	13-5562351	Homeless Management Information System (HMIS)
The Salvation Army, a New York Corporation	13-5562351	Housing Assistance and Life Skills Education
Central New York Services, Inc.	16-1364106	Gateway SRO 3
Central New York Services, Inc.	16-1364106	Genesee Street SRO 2
Central New York Services, Inc.	16-1364106	Homestead SRO 4

Central New York Services, Inc.	16- 136410 6	Recovery Permanent Supportive Housing Program
Central New York Services, Inc.	16- 136410 6	Recovery Permanent Supportive Housing Program II
Central New York Services, Inc.	16- 136410 6	Susan's House
Onondaga Case Management Services, Inc.	16- 136341 3	Comprehensive Case Management Services for Homeless Individuals and Families
Syracuse Brick House Inc.	15- 053228 8	North Garden Permanent
Syracuse Brick House Inc.	15- 053228 8	Grove Point
Syracuse Brick House Inc.	15- 053228 8	K.E.E.S. II
Syracuse Brick House Inc.	15- 053228 8	K.E.E.S.
Syracuse Brick House Inc.	15- 053228 8	Hickory House
Syracuse Brick House Inc.	15- 053228 8	Women and Children's Residence
Syracuse Brick House Inc.	15- 053228 8	Harriet May Mills
Syracuse Brick House Inc.	15- 053228 8	North Garden Transitional
Syracuse Brick House Inc.	15- 053228 8	200 Highland Street
Syracuse Brick House Inc.	15- 053228 8	713 Hickory Street
The Salvation Army, a New York Corporation	13- 556235 1	Barnabas House
The Salvation Army, a New York Corporation	13- 556235 1	State Street Apartments
The Salvation Army, a New York Corporation	13- 556235 1	Barnabas TILP
The Salvation Army, a New York	13-	Transitional Apartments and Parenting Center

Corporation	556235 1	
Syracuse Housing Authority	15- 600122 4	SPC RENEWAL 2012-47
Syracuse Housing Authority	15- 600122 4	SPC RENEWAL 2012-46
Catholic Charities of the Roman Catholic Diocese of Syracuse	15- 053208 5	Practical Assistance: Moving, Storage and Household Goods
The Rescue Mission Alliance of Syracuse, NY	15- 053214 6	Supportive Transitional Establishment Program
Liberty Resources, Inc.	16- 112967 5	DePalmer House Transitional Residence
Catholic Charities of the Roman Catholic Diocese of Syracuse	15- 053208 5	Housing Connections
YWCA of Syracuse & Onondaga County, Inc.	15- 053227 7	YWCA Women's Residence Program, Permanent Housing
Chadwick Residence, Inc.	22- 280559 7	Supportive Housing
Chadwick Residence, Inc.	22- 280559 7	Supportive Services Only
Spanish Action League of Onondaga County, Inc.	16- 102335 2	Housing Project Renewal 2012
The Salvation Army, a New York Corporation	13- 556235 1	CNYHMIS 2
Syracuse\Onondaga County Project Applicant	15- 600041 6	Planning Project

# COC HMIS Partnership Agreement

This agreement is entered into on the 1st day of October, 2013, between Onondaga County/Syracuse/Town of Clay NY-505 Continuum of Care and The Salvation Army of Syracuse, regarding access and use of the Central New York Homeless Management Information System,

## I. Introduction

The Central New York HMIS, a shared homeless database, allows authorized personnel at Provider Agencies throughout the geographic area of the County to input, use, and receive information concerning their own clients and to supply aggregate data of the community.

Central New York HMIS Goals include:

- a) Improved coordinated care for and services to homeless people
- b) Automated processes to replace manual processes (when practical)
- c) Meeting reporting requirements including U.S. Department of Housing and Urban Development (HUD) and non-HUD reports
- d) Minimally impacting automated systems of current providers
- e) Complying with all state and federal requirements regarding client/consumer confidentiality and data security (HIPAA, etc.)
- f) Delivering timely, credible, quality data about services and homeless people to the community
- g) Expansion to include new providers
- h) HMIS Participation by all homeless providers in the Central New York geographic area
- i) A user-friendly system for providers and clients

The Salvation Army will :

- a. Serve as a liaison/primary contact between end-users on all issues related to technology
  - Provide training and technical assistance to end-users;
  - Assist participating agencies to understand and implement requirements related to security.

The Salvation Army administers the Central New York HMIS, and contracts for an agency to house the HMIS database central server and limits Provider Agencies access to the HMIS database. The Salvation Army intends to protect, to the utmost of its ability, the Central New York HMIS data from accidental or intentional unauthorized modification, disclosure, or destruction.

Designed to benefit multiple stakeholders, the Central New York HMIS, when used correctly and faithfully, will improve knowledge about homeless people--their services and service needs, and may result in a more effective and efficient service delivery system.

  
Continuum of Care Lead Representative

  
The Salvation Army Executive Director

12.10.13  
Date

12/18/13  
Date

## **Before Starting the Project Listings for the CoC Priority Listing**

Collaborative Applicants must rank or reject all Project Applications –new projects created through reallocation, renewal projects, CoC planning projects, and UFA Costs projects - submitted through e-snaps from project applicants prior to submitting the CoC Project Listings.

Additional training resources are available online on the CoC Training page of the OneCPD Resource Exchange at: <https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>.

### **Things to Remember**

- There are four separate forms in e-snaps that make up the Priority Listings, which lists the new projects created through reallocation, renewal, CoC planning, and UFA Costs project applications that the Collaborative Applicant intends to submit on behalf of the CoC. The Priority Listing ranks the projects in order of priority and identifies any project applications rejected by the CoC. All renewal and new projects created through reallocation, CoC planning, and UFA Costs project applications must be accepted and ranked or rejected by the Collaborative Applicant. Ranking numbers must be unique for each project application submitted.
- Collaborative Applicants are strongly encouraged to list all project applications on the FY2013 CoC Ranking Tool located on the OneCPD Resource Exchange to ensure a ranking number is used only once. The FY 2013 CoC Ranking Tool will assist the Collaborative Applicant during the ranking process among the four Project Listings.
- Any project applications rejected by the Collaborative Applicant must select the reason for rejection.
- Collaborative Applicants are required to notify all project applicants no later than 15 days before the application deadline regarding whether their project applications would be included as part of the CoC Consolidated Application submission.
- If the Collaborative Applicant needs to amend a project for any reason after ranking has been completed, the ranking of other projects will not be affected; however, the Collaborative Applicant must be sure to rank the amended project once it is returned to the Project Listing and verify that the rank number assigned has not been assigned to another project on a different Project Listing.
- Only 1 CoC Planning project can be ranked on the CoC Planning Project Listing.
- Only 1 UFA cost project can be ranked on the UFA Cost Project Listing.

**The Collaborative Applicant MUST submit both this CoC Project Listing  
AND the CoC Application by the HUD submission deadline in order for the  
CoC Consolidated Application submission to be considered complete**

## 1A. Continuum of Care (CoC) Identification

### Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the One CPD Resource Exchange Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**Collaborative Applicant Name:** NY 505 Syracuse/Onondaga County CoC



## Continuum of Care (CoC) New Project Listing

### Instructions:

Prior to starting the CoC New Project Listing, Collaborative Applicants should carefully review the "CoC Priority Listing Instructions" and the "CoC Project Listing" training module, both of which are available at: <https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>

To upload all new project applications that were created through reallocation and have been submitted to this CoC Project Listing, click on the "Update List" button. This process may take a few minutes based upon the number of new projects created through reallocation that need to be located in the e-snaps system. The Collaborative Applicant may update each of the Project Listings simultaneously. The Collaborative Applicant can wait for the Project Listings to be updated or can log out of e-snaps and come back later to view the updated list(s). To review a project on the New Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If there are errors identified by the Collaborative Applicant, the project can be amended back to the project applicant to make the necessary changes by clicking on the amend icon.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Rank	Comp Type
HALE RRH for Fami...	2014-01-22 12:48:...	1 Year	The Salvation Arm...	\$202,943	R1	PH

## Continuum of Care (CoC) Renewal Project Listing

### Instructions:

Prior to starting the CoC Renewal Project Listing, Collaborative Applicants should carefully review the "CoC Priority Listing Instructions" and the "CoC Project Listing" training module, both of which are available at: <https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>

To upload all renewal project applications that have been submitted to this CoC Project Listing, click on the "Update List" button. This process may take a few minutes based upon the number of renewal projects that need to be located in the e-snaps system. The Collaborative Applicant may update each of the Project Listings simultaneously. The Collaborative Applicant can wait for the Project Listings to be updated or can log out of e-snaps and come back later to view the updated list(s). To review a project on the Renewal Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If there are errors identified by the Collaborative Applicant, the project can be amended back to the project applicant to make the necessary changes by clicking on the amend icon.

**The Collaborative Applicant certifies that there is a demonstrated need for all renewal permanent supportive housing and rapid re-housing projects listed on the Renewal Project Listing.**

X

**The Collaborative Applicant does not have any renewal permanent supportive housing or rapid re-housing renewal projects.**

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Rank	Comp Type
Supportive Housing	2013-12-24 20:26:...	1 Year	Chadwick Residenc...	\$255,723	W8	PH
Practical Assista...	2013-12-23 10:52:...	1 Year	Catholic Charitie...	\$174,459	W36	SSO
Permanent Housing...	2013-12-23 10:49:...	1 Year	Catholic Charitie...	\$114,108	W13	PH
Permanent Housing...	2013-12-23 10:42:...	1 Year	Catholic Charitie...	\$115,557	W16	PH
Barnabas TILP	2013-12-20 14:37:...	1 Year	The Salvation Arm...	\$53,795	W28	TH
Transitional Apar...	2013-12-20 14:53:...	1 Year	The Salvation Arm...	\$225,266	W30	TH
Homeless Resource...	2013-12-20 14:42:...	1 Year	The Salvation Arm...	\$52,407	W37	SSO

State Street Apar...	2013-12-20 14:50:...	1 Year	The Salvation Arm...	\$245,264	W26	PH
Permanent Housing...	2013-12-23 10:44:...	1 Year	Catholic Charitie...	\$630,929	W9	PH
Permanent Housing...	2013-12-23 10:46:...	1 Year	Catholic Charitie...	\$228,047	W11	PH
Barnabas House	2013-12-20 14:56:...	1 Year	The Salvation Arm...	\$166,349	W32	TH
Homeless Manageme...	2013-12-20 14:47:...	1 Year	The Salvation Arm...	\$101,838	W27	HMIS
Permanent Housing...	2014-01-14 15:23:...	1 Year	Catholic Charitie...	\$227,817	W10	PH
PHH: Housing Firs...	2014-01-14 15:25:...	1 Year	Catholic Charitie...	\$478,601	W17	PH
Permanent Housing...	2014-01-14 15:24:...	1 Year	Catholic Charitie...	\$53,026	W12	PH
K.E.E.S.	2014-01-16 10:42:...	1 Year	Syracuse Brick Ho...	\$287,000	W4	PH
K.E.E.S. II	2014-01-16 10:43:...	1 Year	Syracuse Brick Ho...	\$112,320	W6	PH
Harriett May Mills	2014-01-16 10:40:...	1 Year	Syracuse Brick Ho...	\$190,996	W34	TH
Grove Point	2014-01-16 10:31:...	1 Year	Syracuse Brick Ho...	\$102,409	W5	PH
Hickory House	2014-01-16 10:41:...	1 Year	Syracuse Brick Ho...	\$189,184	W22	PH
713 Hickory Street	2014-01-16 10:30:...	1 Year	Syracuse Brick Ho...	\$107,352	W31	TH
Housing Connections	2014-01-16 09:26:...	1 Year	Catholic Charitie...	\$68,327	W35	SSO
Women and Childre...	2014-01-16 10:47:...	1 Year	Syracuse Brick Ho...	\$118,019	W24	PH
North Garden Tran...	2014-01-16 10:45:...	1 Year	Syracuse Brick Ho...	\$85,589	W33	TH
200 Highland Street	2014-01-16 10:29:...	1 Year	Syracuse Brick Ho...	\$97,067	W29	TH
North Garden Perm...	2014-01-16 10:44:...	1 Year	Syracuse Brick Ho...	\$234,782	W3	PH
Supportive Transi...	2014-01-17 09:36:...	1 Year	The Rescue Missio...	\$102,000	W38	SSO
Spanish Action Le...	2014-01-17 12:23:...	1 Year	Spanish Action Le...	\$33,881	W39	SSO
Genesee Street SRO 2	2014-01-17 10:57:...	1 Year	Central New York ...	\$91,875	W18	PH
Supportive Servic...	2014-01-17 09:48:...	1 Year	Chadwick Residenc...	\$31,957	W40	SSO
Susan's House	2014-01-17 10:49:...	1 Year	Central New York ...	\$115,929	W25	PH

Recovery Permanen...	2014-01-17 10:23:...	1 Year	Central New York ...	\$301,589	W14	PH
Gateway SRO 3	2014-01-17 12:25:...	1 Year	Central New York ...	\$105,000	W23	PH
YWCA Women's Resi...	2014-01-17 13:47:...	1 Year	YWCA of Syracuse ...	\$173,680	W7	PH
Homestead SRO 4	2014-01-17 13:42:...	1 Year	Central New York ...	\$105,000	W19	PH
Comprehensiv e Cas...	2014-01-17 16:17:...	1 Year	Onondaga Case Man...	\$234,486	W41	SSO
Housing Assistanc...	2014-01-22 12:40:...	1 Year	The Salvation Arm...	\$117,647	X	SSO
Shelter Transitio...	2014-01-22 13:19:...	1 Year	The Salvation Arm...	\$85,296	X	SSO
SPC Renewal 2013-46	2014-01-28 09:10:...	1 Year	Syracuse Housing ...	\$1,833,828	W21	PH
SPC Renewal 2013-47	2014-01-28 09:04:...	1 Year	Syracuse Housing ...	\$749,940	W20	PH
Recovery Permanen...	2014-01-28 13:33:...	1 Year	Central New York ...	\$147,962	W15	PH
DePalmer House Tr...	2014-01-28 15:47:...	1 Year	Liberty Resources...	\$64,562	W42	TH

## Continuum of Care (CoC) Planning Project Listing

### Instructions:

Prior to starting the CoC Planning Project Listing, Collaborative Applicants should carefully review the "CoC Priority Listing Instructions" and the "CoC Project Listing" training module, both of which are available at: <https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>

To upload the CoC planning project application that has been submitted to this CoC Project Listing, click on the "Update List" button. This process may take a few minutes as the project will need to be located in the e-snaps system. The Collaborative Applicant may update each of the Project Listings simultaneously. The Collaborative Applicant can wait for the Project Listings to be updated or can log out of e-snaps and come back later to view the updated list(s). To review the CoC Planning Project Listing, click on the magnifying glass next to view the project details. To view the actual project application, click on the orange folder. If there are errors identified by the Collaborative Applicant, the project can be amended back to the project applicant to make the necessary changes by clicking on the amend icon.

If more than one CoC planning project was submitted, the Collaborative Applicant can only approve one CoC planning project (which must be submitted by the Collaborative Applicant) and reject all other CoC planning projects.

Project Name	Date Submitted	Project Type	Applicant Name	Budget Amount	Grant Term	Rank	Comp Type
Planning Project	2014-01-27 21:09:...	--	Syracuse\Onondaga...	\$113,207	1 Year	C2	CoC Planning Proj...