

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-509 - Oswego County CoC

1A-2 Collaborative Applicant Name: Oswego County Opportunities, Inc.

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? Quarterly

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

IB-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? Advisor, Community Advocate, 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	Governing Board	The Governing Board, consisting of members elected by the full Continuum of Care, is governed by written by-laws and is responsible for directing the activities of the Continuum, including assigning responsibilities to the sub-committees. It is responsible for selecting the Continuum's Collaborative Applicant and updating the 10 year plan. It receives minutes and reports from the sub-committees. The affairs of the Continuum of Care are managed by the Board, including the establishment and revision of all the Continuum's memorandums of understanding, as well as the Continuum's policies and procedures. It receives, evaluates, ranks and selects proposals for projects and services to serve the homeless.	Bi-Monthly	Oswego Co. Opportunities ,Oswego Co. Mental Health & DSS Assistance, United Way, Salvation Army, Roxanna Gillen - Business, ARISE (DD), Operation Osw. County (economic dev.), Landlord, elected official, Diane Currier - formerly homeless
1C-1.2	Housing Sub-Committee	At the direction of the Governing Board, the Housing Sub-Committee is responsible for evaluating the status of housing in the community at large, and determines gaps and inadequacies in the available housing stock. It is responsible to develop strategies to develop additional housing to address the needs of the chronically homeless to present to the Governing Board. It provides minutes of all its meetings, and reports as requested to the Governing Board.	Monthly	Oswego Co. Opportunities,Os Co DSS - Mental Health & Assistance, DSS Commissioner, Oswego Community Development, Oswego Police Dept., OCO ESG, Catholic Charities, Oswego Co. Fair Housing

1C-1.3	HMIS Sub-Committee	At the direction of the Governing Board, the HMIS Sub-Committee is responsible for the development and maintenance of an HMIS system that complies with the expectations and requirements of HMIS, PIT and Shelter count reporting obligations. It is responsible to assure that the HMIS system accurately documents, analyzes, and maintains all data relating to the services provided to individuals who are homeless who have been served. It provides minutes of all its meetings, and reports as requested to the Governing Board.	Bi-Monthly	Oswego County Opportunities, Oswego County DSS Mental Hygiene and Assistance Programs, Catholic Charites
1C-1.4	Services Sub-Committee	At the direction of the Governing Board, the Services Sub-Committee is responsible for identifying and documenting the availability of services, as well as lack of, or deficiencies in services, to meet the needs of the chronically homeless. It will also identify barriers to access services to the homeless. It is responsible to develop strategies to address the gaps, deficiencies, and barriers to services for the homeless for recommendation to the Governing Board. It is also responsible for coordinating homeless assessment process & provides minutes of all its meetings, and reports to the Governing Board.	Bi-Monthly	Oswego Co. Opportunities, Oswego Co. DSS Mental Health & Assistance, Catholic Charities, Oswego Co. Employment & Training, Oswego Police, OCO ESG, NYS OTDA, Oswego Health, Farnham Family Services - Substance Abuse Srvs
1C-1.5	Executive Committee	The Executive Committee consists of the officers of the Governing Board, and the chairs of each of the Governing Board's Sub-Committees. This committee may act for the full Governing Board between meetings of the Board, and within the policies established by the Governing Board. Additional authority may be delegated by the Governing Board, except in those matters reserved in the Bylaws. The Executive Committee shall be responsible for coordinating all policy making of the Board. Actions made by the Executive Committee, are reviewed for approval, by the Governing Board, at its next scheduled meeting.	Bi-Monthly	Gov. Brd Officers, Chairs of Housing, HMIS, Services, and PR Sub-Committees.

**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 Continuum holds three full member meetings annually. Meetings are advertized asking anyone interested in working to address homelessness to attend. The ten year plan is reviewed, and all are asked to contribute their thoughts and ideas to modify and/or advance the plan. The roles of the committees are reviewed and all are encouraged to get or remain involved. Members are encouraged to attend Governing Board meetings. Also, news releases are made to seek representatives of homeless providers, victim services, faith-based organizations, governments, businesses, advocates, public housing, schools, social & mental health services, hospitals, universities, affordable housing developers, law enforcement, homeless veteran's services, & homeless/formerly homeless persons.

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)**

Current rating & review of applications is a function of the CoC Governing Board. Agencies submit project proposals and conduct a presentation to the CoC. The agency provides a copy of its annual audit so the Continuum can assess organizational capacity to operate proposed program. Continuum members ask clarifying questions to determine cost effectiveness, quality, capacity and reasonableness of proposals. Each proposal is ranked using a criterion tool that ranks project on a scale of 1-5 in the following: Cost, Agency Capacity & Experience, project readiness, adherence to the Continuum's 10 yr. plan. This year the only allowed project proposal to be submitted for review was due to funding was a CoC planning 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)**

he CoC has no CoC funded projects, However, homeless service providers funded bTin by other sources submit data and narrative reports quarterly to the CoC Governing Board for review. Numbers served, the time between intake and assessment and the establishment of transitional or permanent housing, outcomes of project including the number of families obtaining permanent housing, length of time in permanent housing, those who obtained employment, the number of chronically homeless served, & costs associated with the provision of services for the period are among the data elements used the compare and contrast activities and performance with the project's goals and outcomes. The reports are to be presented in person for further detail or clarification.

**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)**

All local service providers receive info about CoC meetings where info about proposals are discussed. All current prospective homeless service providers are participants and represented on the CoC. Various methods to notify providers about HUD funds are distributed via email, newspaper, personal outreach efforts and telephone contacts. Providers attend CoC meetings to discuss needs identified by the CoC and how potential proposals will meet the needs/gaps identified. Development of proposals is collaborative, and feedback is immediate and ongoing.

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. 01/23/2014

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)**

No input required.

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)**

No input required.

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)**

**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)**

Privacy Plan

**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).** Adaptive Enterprise Solutions (AES)

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

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-509 - Oswego 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	
ESG	
CDBG	
HOME	
HOPWA	
Federal - HUD - Total Amount	

2B-3.2 Funding Type: Other Federal

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

2B-3.3 Funding Type: State and Local

Funding Source	Funding
City	
County	
State	
State and Local - Total Amount	

2B-3.4 Funding Type: Private

Funding Source	Funding
Individual	
Organization	
Private - Total Amount	

2B-3.5 Funding Type: Other

Funding Source	Funding
Participation Fees	
Other - Total Amount	

2B-3.6 Total Budget for Operating Year	
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2B-4 How was the HMIS Lead selected by the CoC? Agency Volunteered

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

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	0-50%
* Safe Haven (SH) beds	Housing type does not exist in CoC
* Transitional Housing (TH) beds	0-50%
* Rapid Re-Housing (RRH) beds	Housing type does not exist in CoC
* Permanent Supportive Housing (PSH) beds	0-50%

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

**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	
Transitional Housing	
Safe Haven	0
Permanent Supportive Housing	0
Rapid Re-housing	0

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	0%
Date of birth	0%
Ethnicity	0%
Race	0%
Gender	0%
Veteran status	0%
Disabling condition	0%
Residence prior to program entry	0%
Zip Code of last permanent address	0%
Housing status	0%
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)

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

**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)**

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

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	
* Using data for program management	
* Integration of HMIS data with data from mainstream resources	
* Integration of HMIS data with other Federal programs (e.g., HHS, VA, etc.)	

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.

**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)**

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

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: 04/29/2013

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	0%	100%	100%	0%
Transitional Housing	0%	100%	100%	0%
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)

2013 emergency = 50 persons / 37 households; transitional = 6 persons / 5 households
 2012 emergency = 11 persons / 8 households; transitional = 10 persons / 8 households

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 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)**

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 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 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)**

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 type="checkbox"/>
Non-HMIS de-duplication :	<input checked="" 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)**

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: 04/29/2013

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)

Unsheltered - 2013 = 38 total persons / 19 total households
Unsheltered - 2012 = 4 persons / 4 households

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

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: Non-Shelter Services

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 type="checkbox"/>
Unique identifier:	<input 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)**

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.		0	0	4
3A-1.1b For each year, provide the total number of PSH beds dedicated for use by the chronically homeless.	0	1	1	3
3A-1.1c Total number of PSH beds not dedicated to the chronically homeless that are made available through annual turnover.		0	0	1
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.		0%	0%	1%
3A-1.1e How many new PSH beds dedicated to the chronically homeless will be created through reallocation?		0	0	0

**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)**

Oswego County's Continuum of Care Coalition (COACH) will take the following steps in the next 2 years to create future permanent supportive housing beds for the chronically homeless in Oswego County:

- 1)The Housing Sub-Committee will work with Oswego County Opportunities, Inc.,to designate (NUMBER) permanent housing bed for the chronically homeless in its existing permanent supportive apartment program for the homeless.
- 2) Housing Sub-Committee will work with low-income housing providers to establish 2 permanent housing units for the chronically homeless.
- 3)Housing Sub-Committee will assist partner agencies in applying for housing development money from NYS Homeless housing Assistance Program and HUD to establish 4 units of permanent supportive housing for the homeless.
- 4)Housing Sub-Committee will evaluate state and local plans and where necessary, meet with reps to advocate inclusion of permanent housing for the CoC Program interim rule targeted homeless populations into plans.

**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 Oswego County Continuum of Care Housing Sub-Committee is responsible for implementing the goals of increasing the number of permanent supportive housing beds for persons experiencing chronic homelessness. Oswego County Opportunities, Inc. wil be working on obtaining capital funding for the development of a PSH project to include up to 15 units and on-site supportive services.

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? No

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:	0	0	15
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.	0	0	21
3A-2.2c Enter the percentage of participants in all CoC-funded projects that will achieve housing stability in an operating year.	0%	0%	75%

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)

Oswego County CoC does not have any CoC program-funded permanent supportive housing projects at this time. However, it anticipates being funded by HUD for a 2015 project. If successful, the CoC will improve housing stability of participants through the following strategies:

- 1) A case Manager will be assigned to each housing unit.
- 2) Residents will develop goals & will meet on a regular basis w/ Case Manager to track progress on goals;
- 3) On site supportive services will be available at the PSH project to assure easy access to those services that will assist the resident in stabilizing housing.

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)

Oswego County Opportunities, Inc. will be the housing provider and provide case management services to recipients. They will rely on numerous partners to assist in assuring housing stability including: Farnham family Services (substance abuse services); Oswego County DSS, Oswego County Employment & training; Oswego County Head Start; OCO Transportation, Catholic Charities, Cornell Cooperative Extension...to name a few.

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-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?	0%	0%	50%
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?	0%	0%	50%

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	0	%
Unemployment Insurance	0	%
SSI	0	%

SSDI	0		%
Veteran's disability	0		%
Private disability insurance	0		%
Worker's compensation	0		%
TANF or equivalent	0		%
General Assistance	0		%
Retirement (Social Security)	0		%
Veteran's pension	0		%
Pension from former job	0		%
Child support	0		%
Alimony (Spousal support)	0		%
Other Source	0		%
No sources	0		%

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)

Oswego County CoC does not have any CoC funded projects and therefore, cannot report on the number of participants that increase their incomes from entry date to program exit.

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)

Oswego County CoC does not have any CoC funded projects. By 2015, the CoC plans to have a CoC funded PSH project if successful with future funding applications. To achieve the projected 2015 target, the PSH project will incorporate goals of employment/employment training/education for participants. A case Manager will work with residents to help them achieve their goals and assist them in accessing resources for these goals. There will also be on-site employment & training services in the housing project. The PSH project will partner with job training programs and on-site job training & education will be made available at the PSH site.

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)

Oswego County Opportunities, Inc.; Oswego County Department of
Employment & Training, Oswego County Catholic Charities

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-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.	0%	0%	100%

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	0	%
MEDICAID health insurance	0	%
MEDICARE health insurance	0	%
State children's health insurance	0	%
WIC	0	%

VA medical services	0		%
TANF child care services	0		%
TANF transportation services	0		%
Other TANF-funded services	0		%
Temporary rental assistance	0		%
Section 8, public housing, rental assistance	0		%
Other Source	0		%
No sources	0		%

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)

Oswego County Coc does not have any CoC funded projects at this time. The one ESG program (funded through NYS Office of Temporary Disability & Assistance) does track those served by this ESG program and who access mainstream benefits. Then CoC reviews reports from the ESG pertaining to mainstream benefits. Over the next 2 years, the CoC will continue implementation of homeless service standards which require participants access all eligible mainstream benefits in order to be eligible for financial assistance from the ESG services.

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)

CoC Services Sub Committee, Oswego County Dept. of Social Services, Oswego County Opportunities, inc., Oswego County Catholic Charities.

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	75
3A-5.1b Enter the total number of homeless households with children per year that are assisted through ESG-funded rapid re-housing projects.	208	225	245
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.	208	225	245

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)

- Specific strategies to increase the number of homeless households with children being assisted are:
- 1) Homeless service providers increase their capacity to serve by increasing staff to provide services as a result of securing 17 additional 900 hr./year Americorp Volunteers. Americorp volunteers will provide homeless case management services and be assigned to work at the LDSS and ESG providers. As a result, more individuals/families prioritized as "medium" priority will receive ESG/RRH services
 - 2) Service providers follow agreed upon Coordination standards that prevent duplication of services to a family by multiple service providers. Avoiding duplication allows more individuals/families can be served utilizing the same amount of resources.
 - 3) Service Providers will meet on a routine basis to assure service coordination, review cases, challenges and strategies for outreach to participants.
 - 4) Distribute outreach cards listing contact information for service providers.

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)

Groups responsible for increasing the number of households w/ children through RRH include: CoC Services Sub Committee, Oswego County Opportunities, Inc. , Oswego County Catholic Charities, Oswego County Department of Social 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 Standards for Homeless Services set forth standards for determining & prioritizing who is eligible and will receive rapid re-housing services. Rapid re-housing services are provided to those who are literally homeless. The following scale is used to prioritize cases: 1) High Priority - literally homeless (living in car, tent, outside,, DSS funded hotel); fleeing DV; those being evicted; those entering or at risk of losing subsidized housing; Eviction. 2) Medium risk: overcrowded housing (per HUD guideline); losing housing due to landlord not renewing lease; Unsafe/unsanitary situations. Financial assistance is available to assist consumers with needs that the LDSS cannot. All consumers must access all mainstream benefits they can prior to receiving financial assistance from ESG services. If eligible for rental assistance, ESG services will pay up to 70% of monthly rental. Consumers are expected to pay at least 30% of the cost that they are requesting assistance with.

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)

Oswego County CoC does not have any CoC funded projects. One ESG program exists in Oswego County which is provided by Oswego County Opportunities, Inc. Participants receiving RRH are assigned a case manager to assist them in developing and executing a plan to achieve independence & stable housing. Case management applies a comprehensive, strength-based service approach that is based on the Family Development model and the "Bridges out of Poverty" model by Ruby Payne. These models promote partnering w/ consumers to work on mutually developed goals. Consumers are empowered to take charge of their lives & become self-reliant, develop natural supports and decrease their reliance on governmental programs. With this approach, case managers use active listening skills, are respectful, understanding & unbiased in assisting families in achieving goals for education, employment, health care, housing, parenting, etc. Case Managers carry approximately 30 cases each and meet with consumers at least twice a month to review progress & changing needs. Individual goal plans are re-visited at least monthly to acknowledge accomplishment & build new steps to success.

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)

RRH providers perform follow-up contact with RRH program participants to verify & report household status for up to 12 months after exiting services. Case Managers are responsible for contacting the individual/family by phone, letter, email or home visit. If the Case Manager cannot make contact, they may call the landlord to verify housing. Releases are kept active for at least 12 month from discharge to assist in follow-up. Consumers are encouraged to re-contact program at any time as soon as they experience any problems with the landlord, neighbors, or have a change in income that could negatively impact their housing status. If necessary, a consumer may re-enter services in order to maintain permanent housing and prevent homelessness.

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 mandated by the State, the CoC, or other? State Mandated Policy

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

Not applicable.

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)

LDSS is the responsible entity to assure that children in foster care are not discharged into homelessness. The Commissioner of Social Services is a CoC member. State law prohibits discharge into homelessness. LDSS will provide an annual report to the CoC on all children in foster care, their permanency plan for when discharged from foster care and the actual housing outcome when discharged from foster care. While it is against NYS law for any children to be discharged to homelessness, in the event this does occur according to the report submitted to the CoC, the CoC, in conjunction with the LDSS, will review why this occurred and develop plans addressing systemic barriers as to why discharge to homelessness occurred. Persons are routinely returned to their parent(s).

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)

Department of Social Services is responsible for ensuring that persons are never discharged into homelessness. LDSS may coordinate efforts with Oswego County Opportunities, Oswego County Catholic Charities, Oswego County Probation Dept., schools, contracted family case management and foster care agencies to assist in the process.

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)**

not applicable.

**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)**

In 2012, the CoC recruited a representative from the only hospital in Oswego County to become a member of the continuum. As a result, the services Sub-Committee is developing plans with the hospital to identify current discharge policies and how they can be strengthened to assure individuals are not discharged in to homelessness. Health Care services and the county's ESG program routinely work together when faced with a patient who is needing discharge and has no place to go. The ESG program works with the patient and discharge staff to identify safe, stable housing & necessary in-home services to assure a safe discharge from the hospital. The Services Sub-Committee and hospital will also develop plans as to how it can regularly monitor whether individuals being discharged from the hospital are discharged in to homelessness. Persons routinely go to safe affordable housing of their choosing, or to an appropriate placement according to the specific needs identified in their personal discharge plan and with the assistance of emergency services.

**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)**

Stakeholders responsible for ensuring that persons being discharged from a health care system are not being discharged in to homelessness include the patient themselves, their family, the Oswego Health - hospital health care providers, primary care providers. Collaborating agencies who play a role in assuring patients are not discharged to homelessness include Oswego County Opportunities, inc. homeless services, LDSS, law enforcement, Office for the Aging, home health care agencies and Oswego County's Continuum of Care.

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)**

Not Applicable.

**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)**

NYS Office of Mental Health regulations (Title 14 NYCCR section 595) govern the release of patients from state licensed mental health facilities. These regulations mandate the provision of housing consistent with the level of care necessary for the patient and requires that patients are not discharged until they have a comprehensive discharge plan in place. Upon release, patients are linked to the County's Single Point of Access (SPOA) which coordinates the discharge plan including arranging for housing, case management, mental health treatment and, if appropriate, vocational assistance. Local meetings occur to assure appropriate discharge planning is occurring and as part of this planning, that individuals are not discharged to homelessness. The social worker involved with local psychiatric inpatient discharge planning is a member of the CoC. Persons routinely go to safe affordable housing of their choosing, or to an appropriate placement according to the specific needs identified in their personal discharge plan.

**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)**

Stakeholders responsible for ensuring that persons being discharged from a mental health care system are not being discharged in to homelessness include the patient themselves, their family, the hospital health care providers, MH residential service providers & primary care providers. Collaborating agencies who play a role in assuring patients are not discharged to homelessness include OCO homeless services, LDSS, law enforcement, home health care agencies, community based mental health providers, Oswego Health Behavioral Health Care and Oswego County's Continuum of Care.

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)**

Not Applicable.

**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)**

NYS Parole regulations (9NYCRR, Subtitle CC, Parts 8000-8011) govern the release of inmates from state correctional facilities. Discharge planning is initiated 45-60 days prior to release. Housing, specialized treatment and employment are addressed as part of this process. At the local level, jails contact Dept. of Social Services prior to discharge to arrange for housing and/or OCO Homeless Services if no other housing resource exists. The CoC has also established a Corrections Discharge Committee that routinely meets to address the housing needs of inmates upon discharge. Meetings include coordination of efforts and plans for addressing future needs. The Division of Juvenile Justice and Opportunities for Youth, a division of NYS Office of Children and Family Services has established a policy preventing the release of juveniles from facilities into homeless shelters. It is the responsibility of Division community and institutional staff to ensure that discharged youth have a comprehensive discharge plan that includes an appropriate housing option.

**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)**

Stakeholders responsible for ensuring that persons being discharged from a correctional system are not being discharged in to homelessness include the inmate themselves, their family & the correctional institution. Collaborating agencies who play a role in assuring inmates are not discharged to homelessness include OCO Homeless Services, LDSS, law enforcement, Probation/Parole, local judges and Oswego County's Continuum of Care.

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)

- 1) Increase permanent supportive housing for the chronically homeless, children & families.
- 2) Establish emergency housing for homeless individuals and families
- 3) Increase homeless services and prevention services including Job Training & employment and literacy services.
- 4) Improve coordination and services through the implementation of HMIS and centralized/coordinated assessment.
- 5) Increase transitional housing units for the homeless.
- 6) Increase safe, affordable permanent housing units
- 7) Provide a coordinated system for outreach, education and advocacy related to homelessness and services.

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)

State & local ESG recipients are members of the CoC and as a result, have continued, open discussion on planning, implementing and evaluating performance of ESG services. The ESG programs were key stakeholders in the development of the CoC's strategic plan. As a result, the ESG incorporates activities that help the CoC achieve its strategic goals. This past year, the ESG secured funding to increase TH units, in alignment with a CoC strategic goal. The ESG programs also provide quarterly progress reports to the CoC. reports include activity & outcome information on the number of: individuals/families served, chronically homeless; those served in ES, TH, prevention & rapid re-housing services; people who stay 30 - 120 days in housing and; those obtaining/increasing employment. For areas of under achievement, the CoC & ESG discuss improvement plans.

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)

Oswego County Opportunities, Inc. receives \$304,151.00 in ESG funds from NYS Office of Temporary Disability and Assistance office. 49% of funds are dedicated to Prevention activities and 51% are for Rapid Re-Housing activities. They offer a comprehensive set of services to assist individuals & families in remaining in, or obtaining permanent housing. Prevention services assist those who are imminently at risk of becoming homeless & are focused on stabilizing housing so they will not enter into homelessness. Prevention services include: financial assistance, landlord/tenant mediation, legal services, case management, & support services connection. Rapid Re-Housing services are for those who are homeless and focus on obtaining housing and providing necessary assistance to maintain & stabilize housing. Rapid re-housing services include: drop-in centers, hotel/motel vouchers, transitional housing, housing location, habitability inspections, transportation, financial assistance, case management, legal services, employment counseling & support services connection.

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 following summarizes key efforts of the CoC to reduce the number of homeless in Oswego County: The CoC has been working on increasing PSH for both the chronically homeless & other homeless. An agency has agreed to develop & manage a multi-unit facility that includes on-site services for residents. This includes counseling, job training, literacy, case management, life skills, etc. Site selection is under way & a capital funding application will be submitted to NYS HHAP this year. More affordable, low income housing is also need in the county. the CoC has been working with a developer to build a new 55 unit low-income housing project. The CoC Homeless Service Coordination standards has been adopted by the CoC. These standards assure that services are coordinated to individual & families in order to assure the most success for the recipients and prevent future episodes of homelessness.

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)

The CoC coordinates implementation of a housing & service system for the homeless & those at risk with Federal, State, local & private entities by: 1) involving entities in the establishment & updating of the CoC Strategic Plan. Over 50 people were involved in the development of the Strategic Plan in 2009. Annual plan updates are made at CoC meetings & all entities are afforded the opportunity for input & decision making. 2) The plan is shared with other county committees such as Community Services Board, county legislature, Workforce Development where there is cross-over in populations served so efforts of all are coordinated & in line with CoC goals. 3) CoC sub-committees work on goals/objectives of the strategic plan. Sub-Committees include all entities. 4) Local government officials participate in the CoC & are actively involved in coordinating efforts to end homelessness. 5) Service providers provide routine program reports at CoC meetings to discuss program operations, successes, challenges & new funding opportunities. New funding applications are discussed to determine plans for submission that align with & assist in achieving the CoC strategic plan goals.

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 CoC works with PHA's to provide housing to the homeless. They collaborate with homeless service providers to house the homeless. They have made their community rooms available for providers and residents to conduct workshops on employment, finances, housing, parenting, to name a few. One PHA had agreed to complete a S+C project application for the 2013/14 Continuum of Care application as they saw the positive impact they could have on ending homelessness. But, due to no new project funding this year and no CoC funding to reallocate in Oswego County, they were unable to submit a project proposal. The CoC will continue to work with PHAs

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)

Oswego County CoC established Standards for Homeless Service Providers, specifically providers of ESG/TANF/DSS services. The Standards outline eligibility, assessment/intake and provision of service requirements that providers must follow to assure consistency in services and that those served are being provided services that will assist them in stabilizing & maintaining housing as well as prevent future episodes of homelessness. These standards have eliminated barriers to entry for ESG/TANF/DSS providers. A copy of these standards are attached. By the end of 2014, the CoC will assess PSH & TH providers and their requirements for entry to determine what, if any barriers exist to entry. If barriers exist, the CoC will work with PSH & TH providers to remove barriers.

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

The CoC works with the PSH provider to develop systems in-line with housing first approach. The PSH eligibility requirements is that applicants must be literally homeless. Regardless of the circumstances, independent living housing is viewed as a right for all individuals. It does not require a minimum income threshold, demonstrated sobriety or criminal background checks, w/ exception of sex offender checks as the facility does house families with children. Once in PSH, residents work with a Housing Advocate to establish a family plan for developing skills to assist in self-reliance. The PSH uses a Family Development, person-centered model. This empowerment model incorporates methods that are resident directed & focused on partnering w/ them to accomplish self-directed goals. If a resident does not want to work with the Advocate, the Advocate respects this while at the same time supports the resident to work towards self-sufficiency. An example of this approach would be to promote risk reduction if the resident refuses abstinence. Participation in treatment or other services is not a requirement in exchange for housing.

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)

Oswego County CoC has established Standards for Providing Continuum of Care Homeless Services - which includes assessment as well as Standards for Coordinated System of Care. Standards are attached to this document. The standards outline expectations that homeless Services providers will collaborate with community partners who serve the homeless in order effectively match the homeless w/ the appropriate resoures to best meet their needs. These standards also facilitate effective collaboration of & reduce the risk of inefficiencies and duplication. They outline expectations for routine care coordination meetings to assure the most effective delivery of services to individuals/families & reduce duplication efforts. Standards for Homeless Services include standards for assessment to ensure the homeless are placed in appropriate housing and are provided with appropriate services, based on need. Standards also identify who recieves priority for service, including the chronically homeless.

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)

Community outreach and marketing is done in a variety of ways to reach a diverse population; street outreach is performed to reach those individuals and families who might not otherwise read or hear about services through traditional methods; the CoC and homeless providers regularly have articles in the newspaper about services and options available; the CoC PR committee developed a pocket-size homeless information card to be placed in Laundromats, abandoned buildings and other places where we know individuals and families congregate. Published information speaks to any specific eligibility requirements. It has not specifically indicated that people are eligible regardless of race, color, national origin etc., but can easily be incorporated in the future.

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)

In accordance with the McKinney-Vento Act and the requirements of the NYS Education Dept., homeless service providers have established policies that require them to work with youth & families to assure access to educational resources to meet their needs. During the intake/assessment process, information about children & their educational needs is obtained. As appropriate, referrals & connections to community & school based services are made including referrals to Head Start, Pre-Kindergarten, day care & programs provided to students of compulsory age in each school district. Additionally, families are referred to the Homeless Specialist in a particular school district. Through McKinney-Vento funds, five of 9 school districts are provided with a Homeless Specialist that is housed in the district and who assures homeless youth & families are connected to service providers & school district staff to ensure the child's educational needs are being met. Any family of a child who is of compulsory age & who is not attending school is reported to Child Protective Services as another resource to assist youth and families in enrolling and/or improving school attendance.

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 CoC collaborated with Oswego County Opportunities (OCO) & local school districts to apply for McKinney-Vento funding. 5 out of 9 school districts were funded and all contract with OCO to place Homeless Specialists in the school district. The Homeless Specialist work w/ school personnel to identify & work w/ homeless youth & families. They assist them in securing and maintaining housing, assure the children stay engaged in school, that they understand their rights under McKinney-Vento & access other services that will increase their success for self-sufficiency. Homeless Specialists are on-site advocates at school. The CoC & OCO worked with the remaining school districts to assure they appointed a homeless liaison & assure they were aware of McKinney-Vento & homeless services. In addition, other service agencies receive information & education on the rights of education for homeless children.

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)

The CoC has requested that homeless housing providers assure their policies/procedures address that children are not seperated from families uppon admission to a housing program & that families are not denied access to housing due to children. All homeless housng providers indicate they have policies that adhere to the CoC's request. In the future, the CoC will add this provision to its newly developed Standards for Homeless Services as a way to formalize this position.

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 CoC Standards for Homeless Services includes the standard that homeless service providers should include in case management & referral services for a designated period of time once housing is located. Case management services provides the opportunity to intervene in a situation before it reaches a critical juncture that could lead to homelessness. In addition to case management, CoC standards also require programs to follow-up with families at intervals after case management services have ended to check on the family's status and, if needed, refer to prevention or other appropriate service as well as to document housing status. If a family cannot be located, a contact with the landlord may be made. The results of these follow-up contacts are entered into HMIS (for those who are using HMIS) or recorded in paper files. The CoC monitors returns to homelessness by reviewing an annual report regarding the returns to homelessness from homeless service providers.

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)

Not applicable.

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)

Not applicable.

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's Strategic Plan incorporates the "Opening Doors" goals & objectives thru its' strategic plan goals. 1)Increase PSH & assure all PSH units set aside 30% of units for chronically homeless 2)Establish emergency housing for chronically homeless & others; 3)Increase housing stability by increasing prevention, intervention & homeless services including Job Training & employment & literacy services.4) Improve coordination of services thru implementation of HMIS & centralized/coordinated assessment. 5) Increase transitional housing units for homeless. 6) Increase safe, affordable permanent housing units; 7) Provide coordinated system for outreach, education & advocacy. Progress on goals is evidenced by: Plan developed, agency identified to increase PSH units for the chronically homeless & other homeless. Currently in site selection process & plan to apply by 12/31/14 to NYS HHAP for capital development; CoC Homeless Service Standards & Coordination Standards for homeless service providers have been adopted & implemented.

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

The two main homeless service providers in the county are LDSS and Oswego County Opportunities, Inc. (OCO). OCO conducts outreach thru-out the CoC region to make sure consumers, agencies, businesses & general community are aware of the issues of homelessness, what services are available & how to access services. Outreach is conducted where people congregate, where families gather, at community events & on the street. Americorp volunteers are placed with the HeadStart and Pre-K providers in an effort to reach out to families w/ children who are often at risk. Homeless Specialists are placed in schools who provide information to students & faculty to help prevent homelessness.OCO partners with other agencies on their outreach efforts and provides information about other agency's services.

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 only domestic violence provider in Oswego County is a member of the CoC. DV services include a 24 hour hotline, 16 bed emergency shelter, victim assistance services, individual and group counseling and life skill groups; advocacy and case management. DV advocates are physically housed at the DA's office, DV court & the child protective unit of LDSS. This provides excellent coordination & access to services for victims & families. DV services was recently awarded funding for TH for victims leaving the shelter. Individuals/families are placed in community apartments and receive in home services from DV advocates. To assure the needs of victims are being addressed, the County has a DV Coalition that meets routinely to discuss & plan change/new services/coordination of services. Homeless providers are members of the DV Coalition & Coalition members are part of the CoC. Information & plans developed by the DV Coalition are shared at the CoC meetings. As needed, the CoC addresses any areas of concern and assigns these to a CoC sub-committee to address.

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)

Oswego County CoC monitors the county's runaway & homeless youth services programs. Services include street outreach, emergency services (including EH) and transitional living. Street Outreach & emergency services are available to any unaccompanied youth 21yrs. or younger. Transitional Housing is available for youth 16-21 yr. and their young children. Funding for services comes from federal, state & local sources. Street Outreach provides information to youth about variety of services and provides a conduit to connect to those services; emergency Services includes 24 hr. hotline, housing and case management focused on stabilizing youth & securing housing or other sources of support. EH is changing from volunteer host families to a group shelter by spring; TH includes a new group housing facility and community based apartments where youth are provided w/ case management, life skill development, education & job training.

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)

The CoC has a plan and strategy for outreach to the homeless. Oswego County Opportunities, Inc. (OCO) conducts street outreach in different areas of the county on a weekly basis. Street Outreach workers frequent areas where homeless individuals are known to congregate. Outreach Workers establish a regular, consistent schedule as to what areas they visit and when. They provide self care items, food, clothing, etc. to individuals in need as well as encourage them to connect with services that will assist them. Individuals have been found living in the woods, under bridges, railroad tracks and abandoned campers & cars.

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 Oswego County Vet. Association is a member of the CoC. The Association provides case support, access to services, job training, health care, education & housing assistance to any veteran in the county. The Association can assist any veteran regardless of their eligibility for homeless assistance & housing through the Dept. of Veterans Affairs. There is also a strong link between the county's Vet. Association & homeless services to assure coordination of services when a homeless vet is seeking services from either provider. Future plans to address homeless veterans includes targeted publicity & outreach efforts. the CoC monitors the number of homeless vets thru the PIT & HMIS data to determine if additional strategies are needed.

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? No

**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)**

Oswego County CoC does not currently receive CoC funding so therefor is not planning to reallocate any funds.

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? Not Applicable

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)

Oswego County CoC does not have any HUD/CoC funded projects. When successful in obtaining CoC HUD funded project, the CoC will require funded projects to submit routine reports identifying progress towards program outcomes. Annual fiscal reports will also be submitted outlining budget, actual expenditures and budget to actual variance. The CoC will reach out to other CoC's are doing to learn other techniques in monitoring performance.

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

Oswego County CoC does not have any HUD/CoC funded projects and therefore is not formally assisting projects in reaching HUD established goals. Current homeless services that do exist do use the CoC in an advisory capacity when they are seeking input and advise on their program's performance or when challenged by barriers. This current informal process will be formalized in the future.

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

Oswego County CoC does not have any HUD funded CoC projects and therefore, has not assisted any poorperforming projects to increase their capacity. When funded, the CoC will establish a formal system for providing technical assistance to under performing projects.

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

The CoC has established 1)Standards of Homeless Services & 2)Standards for Coordination of Homeless Services. Both these CoC Standards assist in reducing the time people remain homeless by assuring easy access, assessment & delivery of services. They outline standards for program delivery & coordination. As a result of the service standards, all homeless services are following similar practices to intervene and reduce the length of time people are homeless. The standards outline who is eligible for services, who takes priority for services, assessing needs of the homeless & what types of services should be provided to the homeless based on needs. The Service Coordination standards outline how homeless services will coordinate with one another to assure efficient use of resources and that homeless individuals & families are served in the most expedient time frame possible.

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)

As indicated above, the CoC has established 1) Standards for Homeless Services & 2) Standards for Coordination of Homeless Services. Both Standards assist in reducing returns to homelessness by assuring easy access, assessment & delivery of services. Specifically, they outline standards for program delivery and those services that should be made available to homeless individuals & families in order to stabilize their housing and improve their ability to live self-sufficiently. Additionally, the CoC partnered with LDSS who applied for & was awarded 17 Americorp Volunteers to provide case management to homeless individuals & families. Current homeless services case loads are extremely high. Americorp volunteers will alleviate the high case loads and provide more intensive services to individuals/families to work on skills for self-sufficiency through goal planning & case management. Americorp volunteers will also be conducting financial literacy tutoring & groups. All the aforementioned steps are an effort to reduce returns 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)

as mentioned previously, the two key homeless service providers in the county are LDSS and Oswego County Opportunities, Inc. (OCO). OCO conducts outreach thru-out the CoC region to make sure consumers, agencies, businesses & general community are aware of the issues of homelessness, what services are available & how to access them. Outreach is conducted where people congregate, where families gather, at community events & on the street. The CoC assures OCO partners with other agencies to include them in on their outreach efforts. As a result, OCO provides information about other agency's services. When conducting street & community outreach, OCO provides "outreach" cards to individuals they encounter. These cards contain topical information on a variety of topics including health, safety, housing, etc. Cards also contain information on agencies who can assist with whatever the topic is on the card. The purpose of outreach is to increase people's awareness about what's available to them and connect individuals/families to needed services.

4B. Section 3 Employment Policy

Instructions

*** TBD ****

4B-1 Are any new proposed project applications requesting \$200,000 or more in funding? No

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)

Not applicable

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.	100%
* 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.	100%

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: 09/26/2013

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)

CoC assessment requirements include assessing the health care needs of the homeless, including need for health insurance. NYS Health Care Navigators are members of the CoC. Navigators are present in agencies that serve the homeless, such as LDSS, Oswego County Opportunities, Inc. & Catholic Charities. As a result, homeless individuals assessed as needing health insurance can easily access a Navigator & work with them to begin the enrollment process to take advantage of the new healthcare options in NYS. Oswego County Opportunities, Inc. outreach services also includes outreach information to individuals & community about ACA health care options and enrollment information. In some outreach instances, Health Care Navigators participate in the Outreach activities.

**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)**

Oswego County CoC does not have any CoC Program funds for supportive services. It has had great success in leveraging other funds for supportive services totaling \$600,000 annually including: \$301,000 - Solutions To End Homelessness grant from NYS Office of Temporary Disability Assistance, \$22,000 RHY 1 & 2 funding from NYS Office of Children & Family Services; \$87,000 from DHHS for Basic Center Program for RHY; \$12,000 from Oswego County for RHY 1 & 2; \$128,000 from Americorp; and \$50,000 from Oswego County Dept. of Social Services.

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes		
CoC Governance Agreement	No		
CoC-HMIS Governance Agreement	No		
CoC Rating and Review Document	No		
CoCs Process for Making Cuts	No		
FY2013 Chronic Homeless Project Prioritization List	No		
FY2013 HUD-approved Grant Inventory Worksheet	Yes		
FY2013 Rank (from Project Listing)	No		
Other	No		
Other	No		
Other	No		
Projects to Serve Persons Defined as Homeless under Category 3	No		
Public Solicitation	No		

Attachment Details

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Submission Summary

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1B. CoC Operations	01/22/2014
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2A. HMIS Implementation	Please Complete
2B. HMIS Funding Sources	Please Complete
2C. HMIS Beds	Please Complete
2D. HMIS Data Quality	Please Complete
2E. HMIS Data Usage	Please Complete
2F. HMIS Policies and Procedures	Please Complete
2G. Sheltered PIT	01/24/2014
2H. Sheltered Data - Methods	Please Complete
2I. Sheltered Data - Collection	Please Complete
2J. Sheltered Data - Quality	Please Complete
2K. Unsheltered PIT	01/24/2014
2L. Unsheltered Data - Methods	Please Complete
2M. Unsheltered Data - Coverage	01/24/2014
2N. Unsheltered Data - Quality	Please Complete
Objective 1	01/23/2014
Objective 2	01/22/2014
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3B. CoC Discharge Planning: Foster Care	01/22/2014
3B. CoC Discharge Planning: Health Care	01/22/2014

3B. CoC Discharge Planning: Mental Health	01/22/2014
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Attachments	Please Complete
Submission Summary	No Input Required