

Before Starting the CoC Application

The CoC Consolidated Application consists of three parts, the CoC Application, the CoC Priority Listing, and all the CoC's project applications that were either approved and ranked, or rejected. All three must be submitted for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for reviewing the following:

1. The FY 2019 CoC Program Competition Notice of Funding Available (NOFA) for specific application and program requirements.
2. The FY 2019 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.
6. Questions marked with an asterisk (*), which are mandatory and require a response.

1A. Continuum of Care (CoC) Identification

Instructions:

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1A-1. CoC Name and Number: KY-501 - Louisville-Jefferson County CoC

1A-2. Collaborative Applicant Name: Coalition for the Homeless, Inc.

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Coalition for the Homeless, Inc.

1B. Continuum of Care (CoC) Engagement

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1B-1. CoC Meeting Participants.

For the period of May 1, 2018 to April 30, 2019, applicants must indicate whether the Organization/Person listed:

1. participated in CoC meetings;
2. voted, including selecting CoC Board members; and
3. participated in the CoC's coordinated entry system.

Organization/Person	Participates in CoC Meetings	Votes, including selecting CoC Board Members	Participates in Coordinated Entry System
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
Law Enforcement	Yes	No	Yes
Local Jail(s)	No	No	Yes
Hospital(s)	Yes	No	Yes
EMS/Crisis Response Team(s)	No	No	No
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes	Yes
Affordable Housing Developer(s)	Yes	No	Yes
Disability Service Organizations	Yes	No	No
Disability Advocates	Yes	No	No
Public Housing Authorities	Yes	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	Yes

Youth Advocates	Yes	Yes	Yes
School Administrators/Homeless Liaisons	Yes	Yes	Yes
CoC Funded Victim Service Providers	Not Applicable	No	No
Non-CoC Funded Victim Service Providers	Yes	Yes	Yes
Domestic Violence Advocates	Yes	Yes	No
Street Outreach Team(s)	Yes	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes	Yes
LGBT Service Organizations	Yes	Yes	No
Agencies that serve survivors of human trafficking	Yes	No	Yes
Other homeless subpopulation advocates	Yes	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes	Yes
Mental Illness Advocates	Yes	Yes	Yes
Substance Abuse Advocates	Yes	Yes	Yes
Other:(limit 50 characters)			
N/A	Not Applicable	No	No

1B-1a. CoC's Strategy to Solicit/Consider Opinions on Preventing/Ending Homelessness.

Applicants must describe how the CoC:

- 1. solicits and considers opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;**
 - 2. communicates information during public meetings or other forums the CoC uses to solicit public information;**
 - 3. takes into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness; and**
 - 4. ensures effective communication with individuals with disabilities, including the availability of accessible electronic formats, e.g., PDF.**
- (limit 2,000 characters)**

The coll. applicant staff: 1) meet with potential members through the year to solicit those who represent key sub-populations and ask them to join and share their voice. One staff person coordinates the Consumer Participation Task Force which administers a survey to attendees at the annual Project Homeless Connect resource fair where we ask for feedback and opinions on accessing services and how we can improve our system. The task force also holds focus groups that target a different sub-population each year to ask for their feedback on how we can improve services. CoC representatives also create and attend meetings to target sub-populations including veterans, the chronically homeless, youth, homeless families and those at risk of homelessness, persons exiting prisons, LGBTQ advocates, Domestic Violence and trafficking advocates, recovery providers and youth employment and education providers. 2) All stakeholders are included in monthly e-news and invited to monthly CoC meetings. Important information is posted at the collaborative applicant website

for easy access. 3) The CoC works with stakeholders to create needs assessments and plans to address housing and services for various sub-pops., hosts community needs gathering sessions to prioritize need and through the Mayor's Homeless Task Force conducted a study on the needs of homelessness based on months of on-site interviews with providers and those living on the streets. Finally, the coll. applicant hosts quarterly Saturday meetings for homeless and formerly homeless individuals and community volunteers that work with the homeless but cannot attend during the week. Input from all these groups is used to inform our CoC planning process, understanding of priority needs and best use of limited resources. 4) All communication described above is shared with every effort to make accessible to the larger community including those with disabilities (including meeting access and accessible electronic formatting).

1B-2. Open Invitation for New Members.

Applicants must describe:

- 1. the invitation process;**
 - 2. how the CoC communicates the invitation process to solicit new members;**
 - 3. how the CoC ensures effective communication with individuals with disabilities, including the availability of accessible electronic formats;**
 - 4. how often the CoC solicits new members; and**
 - 5. any special outreach the CoC conducted to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join the CoC.**
- (limit 2,000 characters)**

New CoC partners are: 1) solicited quarterly and collaborative applicant staff meet with potential members all year to solicit their membership and reach out to those who represent key sub-populations to invite them to participate. 2) Solicitation for participation in the CoC is shared through e-news, social media and the collaborative applicant website. The dates of all CoC meetings are shared in weekly e-news to over 1000 as well as monthly email reminders. 3) All communication described above is shared with every effort to make accessible to the larger community including those with disabilities (including meeting access and accessible electronic formatting). 4) Membership is solicited weekly through e-news, monthly through email and is always posted at on the website and through social media. Meetings to recruit new membership of key representatives are held throughout the year. 5) The CoC solicits participation from representatives of the 12 lowest income zip code areas which make up half of those served in the homeless system. The CoC board is solicited from special sub-populations per the Charter and homeless persons are included in the CoC membership, board, youth action board, veteran advisory board and outreach groups and are encouraged to represent the CoC through their voice whenever the CoC speaks publicly. The collaborative applicant also hosts quarterly Saturday meetings for homeless and formerly homeless individuals and community volunteers that work with the homeless but cannot attend during the week.

1B-3. Public Notification for Proposals from Organizations Not Previously Funded.

Applicants must describe:

- 1. how the CoC notifies the public that it is accepting project application proposals, and that it is open to and will consider applications from organizations that have not previously received CoC Program funding, as well as the method in which proposals should be submitted;**
 - 2. the process the CoC uses to determine whether the project application will be included in the FY 2019 CoC Program Competition process;**
 - 3. the date(s) the CoC publicly announced it was open to proposal;**
 - 4. how the CoC ensures effective communication with individuals with disabilities, including the availability of accessible electronic formats; and**
 - 5. if the CoC does not accept proposals from organizations that have not previously received CoC Program funding or did not announce it was open to proposals from non-CoC Program funded organizations, the applicant must state this fact in the response and provide the reason the CoC does not accept proposals from organizations that have not previously received CoC Program funding.**
- (limit 2,000 characters)**

The Louisville CoC : 1) notifies the public it is accepting new and renewal project applications, including applications from organizations that have not previously been funded, through a public notice at the monthly CoC meeting and an email and e-news notice. Additionally, an announcement is posted on the collaborative applicant website. The CoC requested that a pre-application be completed and returned to the Collaborative Applicant through email or hard copy delivery by July 22, 2019. The collaborative applicant also provided a contact for technical assistance in understanding or completing the pre-application. 2) All HUD-eligible entities (those meeting the definition for eligible applicants, eligible activities and eligible clients) submitting a pre-application were then asked to submit an application with technical assistance provided by the collaborative applicant. All new and renewal proposals were submitted and ranked on September 12, 2019 by the CoC board. All project applicants were notified if they would be accepted and ranked or rejected on September 13, 2019. 3) On July 1, 2019 , The Louisville CoC solicited renewal and new proposals through a pre-application to all parties attending the monthly CoC meeting. This same request was posted on Facebook on July 10, 2019 and on July 15, 2019 sent through an e-news notice to over 1000 service providers and developers added through the year through a notice published on the collaborative applicant's website. Additionally, pre-applications for new and renewal projects were requested via email on May 20, 2019. 4) All communication described above is shared with every effort to make accessible to the larger community including those with disabilities (including meeting access and accessible electronic formatting). 5) Applications from new organizations that have not applied in the past are strongly encouraged.

1C. Continuum of Care (CoC) Coordination

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1C-1. CoCs Coordination, Planning, and Operation of Projects.

Applicants must select the appropriate response for each federal, state, local, private, other organizations, or program source the CoC included in the planning and operation of projects that serve individuals experiencing homelessness, families experiencing homelessness, unaccompanied youth experiencing homelessness, persons who are fleeing domestic violence, or persons at risk of homelessness.

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	No
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	Not Applicable
Funding Collaboratives	Yes
Private Foundations	Yes
Housing and services programs funded through U.S. Department of Justice (DOJ) Funded Housing and Service Programs	Yes
Housing and services programs funded through U.S. Health and Human Services (HHS) Funded Housing and Service Programs	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and services programs funded through State Government	Yes
Housing and services programs funded through Local Government	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	

1C-2. CoC Consultation with ESG Program Recipients.

Applicants must describe how the CoC:

1. consulted with ESG Program recipients in planning and allocating ESG funds;

2. participated in the evaluating and reporting performance of ESG Program recipients and subrecipients; and

3. ensured local homelessness information is communicated and addressed in the Consolidated Plan updates.

(limit 2,000 characters)

1) All ESG funded agencies are asked to attend monthly CoC meetings and participate in the needs assessment work of this body in order to inform ESG funding decisions. The collaborative applicant meets with the sole ESG recipient in our area, Metro Louisville, to share the community need as outlined by the CoC, set priorities, establish scoring and ranking, and address collaborative efforts. The collaborative applicant and ESG lead co-chair the Mayor's Task Force on Homelessness and work together in determining ranking and funding of additional city funds allocated to address homelessness. A CoC board representative sits on the ESG funding team and an ESG recipient representative sits on the CoC board and membership. 2) The collaborative applicant works with the ESG Program recipient to conduct homeless needs assessments, establish priority community outcomes and create an HMIS-based community-wide reporting system. Finally, the collaborative applicant and ESG recipient work together to train and monitor those funded through the CoC and ESG as well as create outcome measures to determine the best use of funding. 3) The collaborative applicant collaborates with Metro Louisville in the development of the Consolidated Plan, providing homeless needs data, PIT and HIC numbers. They review and comment on the Consolidated Plan draft when it is posted for comment. The Louisville CoC also reaches out to coordinate all efforts of the Louisville CoC with other federal, state, local and private organizations creating plans and needs assessments for those who are homeless in our community to improve community-wide planning and services. Examples include the Louisville 2040 plan and the state Re-Entry Plan. And, the collaborative applicant and ESG recipient worked together to conduct a study on the needs of homeless persons living on the streets and to begin implementing recommendations by accessing \$1 million in city funds.

1C-2a. Providing PIT and HIC Data to Consolidated Plan Jurisdictions. Yes to both

Applicants must indicate whether the CoC provided Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area.

1C-2b. Providing Other Data to Consolidated Plan Jurisdictions. Yes

Applicants must indicate whether the CoC ensured local homelessness information is communicated to Consolidated Plan Jurisdictions within its geographic area so it can be addressed in Consolidated Plan updates.

1C-3. Addressing the Safety Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.

Applicants must describe:

- 1. the CoC's protocols, including protocols for coordinated entry and the CoC's emergency transfer plan, that prioritize safety and incorporate trauma-informed, victim-centered services; and**
- 2. how the CoC, through its coordinated entry, maximizes client choice for housing and services while ensuring safety and confidentiality. (limit 2,000 characters)**

Louisville police use the best practice of fatality reviews on DV calls. Those at risk of death are taken to shelter lowering the number of victims dying due to violence, but increasing the number of victims living in general shelters. So, all persons seeking shelter are asked about violence vulnerabilities when they reserve a bed through the Coordinated Entry to help target the best option for their needs and all Coordinated Entry and shelter staff are provided victim-centered DV and trauma-informed care training annually (including CoC-adopted emergency transfer policies to insure victims can quickly be transferred for safety). Louisville has two emergency programs for victims of sex trafficking. To strengthen DV and assault programs, the city provides \$1.5 million in CDBG, \$50,000 in ESG and five units of RRH through ESG for victims of DV. Funding is matched through a state marriage license tax and federal Department of Justice funding. 24 units of permanent rental housing have been created for victims exiting shelter through LIHTC funding. Domestic violence service staff representatives are voting members of the CoC. 2) All persons seeking shelter are asked about violence vulnerabilities when they reserve shelter to target the best option including a local DV and trafficking shelter option, DV shelter throughout the state for those who feel safer moving, shelter in other shelter facilities with staff trained to address their needs, hotel rooms to address short-term safety options and Rapid Re-Housing vouchers for families fleeing domestic violence. An emergency transfer plan was also adopted by the Louisville CoC to insure that victims can quickly and confidentially be moved to safety. This plan describes the purpose of a transfer, what requirements must be met in order to be granted a transfer, and how to get documentation of the need for a transfer.

1C-3a. Training–Best Practices in Serving DV Survivors.

Applicants must describe how the CoC coordinates with victim services providers to provide training, at least on an annual basis, for:

- 1. CoC area project staff that addresses safety and best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence; and**

**2. Coordinated Entry staff that addresses safety and best practices (e.g., Trauma Informed Care) on safety and planning protocols in serving survivors of domestic violence.
(limit 2,000 characters)**

1) Training is provided to all shelter and homeless service staff (including permanent housing) on best practices in addressing domestic violence and sex trafficking including victim-centered services, confidentiality, coordination with victim service providers, trauma-informed care, creating a safety plan, emergency safety transfer planning and coordination with law enforcement. Separate trauma-informed care training is provided to all homeless providers in the CoC at least annually. 2) This DV and trauma-informed training is also provided to Coordinated Entry staff that manage the Single Point of Entry and Common Assessment. The domestic violence shelter staff work with Coordinated Entry and shelter staff to create appropriate questions and protocols to identify, protect the confidentiality of and secure safety for any homeless persons and to quickly and confidentially transfer victims when appropriate. Referrals are made in coordination with the DV service provider to insure safety and provide client choice through referral options only available through their agency. The DV program also uses a de-identified database and reviews all electronic referral systems to insure they protect the safety and confidentiality of DV victims. Referrals can also be provided on site or by phone. DV victims can access a DV hotline 24 hours per day for shelter and services to insure safety.

1C-3b. Domestic Violence–Community Need Data.

**Applicants must describe how the CoC uses de-identified aggregate data from a comparable database to assess the special needs related to domestic violence, dating violence, sexual assault, and stalking.
(limit 2,000 characters)**

The Louisville HMIS administrator works with the local domestic violence agency to acquire de-identified aggregate data through a separate HMIS comparable database. This information is used in creating the annual PIT report but also to create a community-wide census of homelessness that shows a steady increase in victimization of homeless individuals in our community with little to no increase in DV services over the past five years. This information has been made available through reports and social media in order to inform the community and help to acquire additional resources. All electronic referral systems used in the community are also vetted by the DV provider before being used for DV victims.

***1C-4. PHAs within CoC. Attachments Required.**

Applicants must submit information for the two largest PHAs or the two PHAs with which the CoC has a working relationship within the CoC's geographic area.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2018 who were experiencing homelessness at entry	PHA has General or Limited Homeless Preference	PHA has a Preference for current PSH program participants no longer needing intensive
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			supportive services, e.g., Moving On
Louisville Metro Housing Authority	8.06%	Yes-Public Housing	Yes-Both

1C-4a. PHAs' Written Policies on Homeless Admission Preferences.

Applicants must:

1. provide the steps the CoC has taken, with the two largest PHAs within the CoC's geographic area or the two PHAs the CoC has working relationships with, to adopt a homeless admission preference—if the CoC only has one PHA within its geographic area, applicants may respond for one; or

2. state that the CoC does not work with the PHAs in its geographic area. (limit 2,000 characters)

1) The Louisville CoC has a strong working relationship with the sole PHA in the CoC's geographic area, Louisville Metro Housing Authority (LMHA). LMHA serves on the CoC board and on committees created to quickly address the housing of sub-populations including veterans, the chronically homeless and youth. Meanwhile, the CoC works with LMHA in creating their annual plan prior to submission to HUD. LMHA has two homeless admission preferences. The first is for homeless veterans who do not qualify for the VASH Program. The second is for those referred through the CoC for Moving On vouchers. In addition to these preferences, LMHA makes available vacant public housing for use in quickly housing key sub-populations including youth. They also use MTW Housing Choice vouchers to create referral programs that serve targeted homeless populations including DV victims, single parents, youth and persons with disabilities. 2) As described above, the Louisville CoC has a strong working relationship with the sole PHA in the CoC geographic region. Because our priority has been a Moving On strategy, many of the homeless served through LMHA will not be shown as homeless above although they were when originally served by the CoC and not all of LMHA's programs track homelessness.

1C-4b. Moving On Strategy with Affordable Housing Providers.

Applicants must indicate whether the CoC has a Moving On Strategy with affordable housing providers in its jurisdiction.

Yes

If "Yes" is selected above, describe the type of provider, for example, multifamily assisted housing owners, PHAs, Low Income Tax Credit (LIHTC) developments, or local low-income housing programs. (limit 1,000 characters)

The Louisville CoC has a partnership with the jurisdictions PHA, Louisville Metro Housing Authority, to provide Section 8 vouchers to program participants appropriate for the Moving On Strategy. The program participants are then able to utilize the voucher at any participating landlord in the community the same as any traditional Section 8 participant.

1C-5. Protecting Against Discrimination.

**Applicants must describe the actions the CoC has taken to address all forms of discrimination, such as discrimination based on any protected classes under the Fair Housing Act and 24 CFR 5.105(a)(2) – Equal Access to HUD-Assisted or -Insured Housing.
(limit 2,000 characters)**

In October of 2016, the Louisville CoC and Metro Louisville issued a CoC-wide anti-discrimination policy mirroring the federal rule. The Louisville CoC has taken many additional steps to address all forms of discrimination which include: Adopting a Client Grievance Policy that describes unacceptable discrimination that is distributed to all clients at time of intake; Ensuring through monitoring visits that agencies have anti-discrimination language in their agency policies as well as the proper anti-discrimination, fair housing, and ADA notices posted in their client meeting locations; Coordination of an annual Fair Housing Training where over 50 CoC members learn about protected classes and how to address discrimination based on those classes; Coordination of an LGBT+ training where participants learn about how to be more inclusive of this sub-population, as well as which counties in our state have passed fairness ordinances including Jefferson and how to remain in compliance. Finally, the Louisville CoC works to quickly address any complaints or concerns raised by those who face difficulty in accessing homeless services.

***1C-5a. Anti-Discrimination Policy and Training.**

Applicants must indicate whether the CoC implemented an anti-discrimination policy and conduct training:

1. Did the CoC implement a CoC-wide anti-discrimination policy that applies to all projects regardless of funding source?	Yes
2. Did the CoC conduct annual CoC-wide training with providers on how to effectively address discrimination based on any protected class under the Fair Housing Act?	Yes
3. Did the CoC conduct annual training on how to effectively address discrimination based on any protected class under 24 CFR 5.105(a)(2) – Equal Access to HUD-Assisted or -Insured Housing?	Yes

***1C-6. Criminalization of Homelessness.**

Applicants must select all that apply that describe the strategies the CoC implemented to prevent the criminalization of homelessness in the CoC's geographic area.

1. Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
2. Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
3. Engaged/educated local business leaders:	<input checked="" type="checkbox"/>

4. Implemented communitywide plans:	<input checked="" type="checkbox"/>
5. No strategies have been implemented:	<input type="checkbox"/>
6. Other:(limit 50 characters)	
University of Louisville	<input checked="" type="checkbox"/>
Public Works	<input checked="" type="checkbox"/>
Public Health	<input checked="" type="checkbox"/>

1C-7. Centralized or Coordinated Assessment System. Attachment Required.

Applicants must:

1. demonstrate the coordinated entry system covers the entire CoC geographic area;
2. demonstrate the coordinated entry system reaches people who are least likely to apply for homelessness assistance in the absence of special outreach; and
3. demonstrate the assessment process prioritizes people most in need of assistance and ensures they receive assistance in a timely manner. (limit 2,000 characters)

1) The Louisville Coordinated Entry includes a Single Point of Entry to access homeless prevention and diversion, emergency shelter and services, and a Common Assessment team that goes into the community to assess those eligible for permanent housing options. Both serve the entire CoC geographic area as shown through HMIS. 2) To insure the CoC reaches those least likely to apply for assistance, the Common Assessment team provides services throughout the county in shelters and on the streets. The CoC has also developed outreach materials to make it easy for the homeless to access homeless services and shelter/housing. Our Street Tips publication outlines how to access the single point of entry which is open seven days per week and lists all other emergency services for the homeless. This is distributed free to schools, hospitals, local gov't, law enforcement, mental health organizations and other service providers who may meet homeless individuals and families. It is published in English and Spanish and the Single Point of Entry has access to a translation service to quickly and safely shelter anyone speaking any language including ASL, as do the homeless outreach teams as described above. Homeless persons are increasingly accessing social media for services, so the Single Point of Entry has a twitter page to notify the homeless of services and vacancies, Louisville has an emergency service phone app called LouieConnect and outreach teams are using texts and Facebook to find homeless persons on the streets. 3) The CoC uses the VI-SPDAT to assess persons who are homeless to determine ranking and eligibility for housing options and the CoC coordinates a monthly meeting of all outreach workers to identify those most vulnerable to insure they have been assessed and to create a plan to immediately serve through housing and services. This committee has also been very successful in locating those who qualify for services but cannot be found so they can quickly be served.

1D. Continuum of Care (CoC) Discharge Planning

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1D-1. Discharge Planning Coordination.

Applicants must indicate whether the CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).

Foster Care:	<input checked="checked" type="checkbox"/>
Health Care:	<input checked="checked" type="checkbox"/>
Mental Health Care:	<input checked="checked" type="checkbox"/>
Correctional Facilities:	<input checked="checked" type="checkbox"/>
None:	<input type="checkbox"/>

1E. Local CoC Competition

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***1E-1. Local CoC Competition–Announcement, Established Deadline, Applicant Notifications. Attachments Required.**

Applicants must indicate whether the CoC:

1. informed project applicants in its local competition announcement about point values or other ranking criteria the CoC would use to rank projects on the CoC Project Listings for submission to HUD for the FY 2019 CoC Program Competition;	Yes
2. established a local competition deadline, and posted publicly, for project applications that was no later than 30 days before the FY 2019 CoC Program Competition Application submission deadline;	Yes
3. notified applicants that their project application(s) were being rejected or reduced, in writing along with the reason for the decision, outside of e-snaps, at least 15 days before the FY 2019 CoC Program Competition Application submission deadline; and	Did not reject or reduce any project
4. notified applicants that their project applications were accepted and ranked on the CoC Priority Listing in writing, outside of e-snaps, at least 15 days before the FY 2019 CoC Program Competition Application submission deadline.	Yes

1E-2. Project Review and Ranking–Objective Criteria.

Applicants must indicate whether the CoC used the following to rank and select project applications for the FY 2019 CoC Program Competition:

1. Used objective criteria to review and rank projects for funding (e.g., cost effectiveness of the project, performance data, type of population served);	Yes
2. Included one factor related to improving system performance (e.g., exits to permanent housing (PH) destinations, retention of PH, length of time homeless, returns to homelessness, job/income growth, etc.); and	Yes
3. Included a specific method for evaluating projects submitted by victim services providers that utilized data generated from a comparable database and evaluated these projects on the degree they improve safety for the population served.	Yes

1E-3. Project Review and Ranking–Severity of Needs and Vulnerabilities.**Applicants must describe:**

- 1. the specific severity of needs and vulnerabilities the CoC considered when reviewing and ranking projects; and**
 - 2. how the CoC takes severity of needs and vulnerabilities into account when reviewing and ranking projects.**
- (limit 2,000 characters)**

1) In 2019, Louisville CoC funding is primarily targeted to permanent supportive housing for the most chronically homeless identified by a separate Common Assessment team. All these programs must serve persons who are very vulnerable to long periods of life on the streets, criminal histories, low and no incomes, stress to health and mental health, past violence/victimization and substance abuse. These programs are ranked based on %age of participants who had zero income at entry; participants who had two or more disabling conditions at entry; participants who came from a place not meant for human habitation; participants who reports alcohol, drug abuse, or both at entry; and a history of domestic violence (both if they were a victim or DV and if they were currently fleeing DV). It is the goal of the CoC to ensure that the most vulnerable individuals and families are quickly prioritized for housing, therefore it is the intent that these metrics are to be used essentially as control measures. The CoC recognizes a program participant with multiple complex conditions will have a more difficult time achieving more traditional outcome measures, such as housing stability and employment income. By awarding points for serving a high number of participants with severe needs the CoC is insuring that those programs that take on the hardest to serve and serve them well will be prioritized for continued funding. Meanwhile, a small number of projects still target young adults, families and victims of domestic violence who have special vulnerabilities including violence, little to no income, human trafficking and vulnerabilities of small children. 2) Therefore, when reviewing and ranking CoC proposals, the outcome measure scores of these programs (including youth and families) are ranked separately and awarded additional or lower points to address the differences in vulnerabilities.

1E-4. Public Postings–CoC Consolidated Application. Attachment Required.**Applicants must:**

- 1. indicate how the CoC made public the review and ranking process the CoC used for all project applications; or**
- 2. check 6 if the CoC did not make public the review and ranking process; and**
- 3. indicate how the CoC made public the CoC Consolidated Application—including the CoC Application and CoC Priority Listing that includes all project applications accepted and ranked or rejected—which HUD required CoCs to post to their websites, or partners websites, at least 2 days before the FY 2019 CoC Program Competition application submission deadline; or**
- 4. check 6 if the CoC did not make public the CoC Consolidated Application.**

Public Posting of Objective Review and Ranking Process		Public Posting of CoC Consolidated Application including: CoC Application, CoC Priority Listing, Project Listings	
1. Email	<input checked="" type="checkbox"/>	1. Email	<input checked="" type="checkbox"/>
2. Mail	<input type="checkbox"/>	2. Mail	<input type="checkbox"/>
3. Advertising in Local Newspaper(s)	<input type="checkbox"/>	3. Advertising in Local Newspaper(s)	<input type="checkbox"/>
4. Advertising on Radio or Television	<input type="checkbox"/>	4. Advertising on Radio or Television	<input type="checkbox"/>
5. Social Media (Twitter, Facebook, etc.)	<input checked="" type="checkbox"/>	5. Social Media (Twitter, Facebook, etc.)	<input checked="" type="checkbox"/>
6. Did Not Publicly Post Review and Ranking Process	<input type="checkbox"/>	6. Did Not Publicly Post CoC Consolidated Application	<input type="checkbox"/>

1E-5. Reallocation between FY 2015 and FY 2018.

Applicants must report the percentage of the CoC's ARD that was reallocated between the FY 2015 and FY 2018 CoC Program Competitions.

Reallocation: 12%

1E-5a. Reallocation—CoC Review of Performance of Existing Projects.

Applicants must:

- 1. describe the CoC written process for reallocation;**
 - 2. indicate whether the CoC approved the reallocation process;**
 - 3. describe how the CoC communicated to all applicants the reallocation process;**
 - 4. describe how the CoC identified projects that were low performing or for which there is less need; and**
 - 5. describe how the CoC determined whether projects that were deemed low performing would be reallocated.**
- (limit 2,000 characters)**

1) The Louisville CoC Policies and Procedures state that the CoC Board will review all applications for CoC funding to insure that they meet the minimum HUD requirements, have HMIS data that meets community minimum standards, have outcomes that meet community minimum standards and are in good standing with the all government entities. They also state that the CoC board will review the outcome data of renewal and new applicants to determine the need for reallocation based on the need for new or expanded services to the community, the need to discontinue services when they are no longer needed or the need to adjust services when realignment is necessary in order to best serve the homeless population. 2) These CoC policies and procedures and the CoC Charter are distributed and approved annually by the Louisville CoC and

CoC board and are available at the Collaborative Applicant's website. 3) The reallocation process is made available annually to the CoC and voted on at a meeting of the CoC. No projects were recommended for reallocation this year, but if so, would be presented at a CoC board meeting for vote before notification. 4) The Collaborative Applicant uses annual census data made available through HMIS to understand the effectiveness and greatest needs in the Louisville CoC. Additionally, a needs assessment for meeting these needs of homelessness was conducted by University of Louisville in 2019. The Collaborative Applicant, CoC Board and Advisory Committee review quarterly reports of all funded agencies to measure their outcomes against community norms and goals and when necessary make recommendations to the full CoC for reallocation. There are no agencies identified as low performing or with low need in 2019. 4) Because there were no agencies identified as low priority or low performing in 2019, the CoC did not make any recommendations for reallocation.

DV Bonus

Instructions

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Warning! The CoC Application score could be affected if information is incomplete on this formlet.

1F-1 DV Bonus Projects.

**Applicants must indicate whether the CoC is Yes
requesting DV Bonus projects which are
included on the CoC Priority Listing:**

1F-1a. Applicants must indicate the type(s) of project(s) included in the CoC Priority Listing.

1. PH-RRH	<input type="checkbox"/>
2. Joint TH/RRH	<input checked="" type="checkbox"/>
3. SSO Coordinated Entry	<input type="checkbox"/>

Applicants must click “Save” after checking SSO Coordinated Entry to view questions 1F-3 and 1F-3a.

*1F-2. Number of Domestic Violence Survivors in CoC’s Geographic Area.

Applicants must report the number of DV survivors in the CoC’s geographic area that:

Need Housing or Services	1,103.00
--------------------------	----------

the CoC is Currently Serving

428.00

1F-2a. Local Need for DV Projects.**Applicants must describe:**

- 1. how the CoC calculated the number of DV survivors needing housing or service in question 1F-2; and**
 - 2. the data source (e.g., HMIS, comparable database, other administrative data, external data source).**
- (limit 500 characters)**

Need Housing or Services: Universe is a deduplicated count of adults who reported a history of DV that interacted with the following program types between 6-1-19 and 8-31-19: Street Outreach, Emergency Shelter, or coordinated entry. Data source is HMIS and data from a comparable database provided by a VSP.

CoC is Currently Serving: Universe is a deduplicated count of adults who reported a history of DV enrolled in the following program types between 6-1-19 and 8-31-19: PSH, RRH, and TH.

1F-4. PH-RRH and Joint TH and PH-RRH Project Applicant Capacity.

Applicants must provide information for each unique project applicant applying for PH-RRH and Joint TH and PH-RRH DV Bonus projects which the CoC is including in its CoC Priority Listing—using the list feature below.

Applicant Name	DUNS Number
Society of St. Vi...	927622548

1F-4. PH-RRH and Joint TH and PH-RRH Project

Applicant Capacity

DUNS Number:	927622548
Applicant Name:	Society of St. Vincent de Paul
Rate of Housing Placement of DV Survivors–Percentage:	72.00%
Rate of Housing Retention of DV Survivors–Percentage:	83.00%

1F-4a. Rate of Housing Placement and Housing Retention.

Applicants must describe:

- 1. how the project applicant calculated the rate of housing placement and rate of housing retention reported in the chart above; and**
- 2. the data source (e.g., HMIS, comparable database, other administrative data, external data source). (limit 500 characters)**

Universe is all adults who experienced DV prior to entry. Housing Placement: numerator is all survivors who exited to a permanent destination. Denominator is all survivors who exited, less exits to HUD APR-excluded destinations (deceased, hospital/non-psychiatric med. facility). Housing Retention: numerator is all survivors who had a length of stay in the project at least 365 days. Denominator is all survivors who entered the project, less any who entered under a year ago. Data source is HMIS.

1F-4b. DV Survivor Housing.

Applicants must describe how project applicant ensured DV survivors experiencing homelessness were assisted to quickly move into permanent housing. (limit 2,000 characters)

The recipient, St. Vincent de Paul Louisville (SVDP), has clients in five PSH projects, within which 53% of participants reported a history of DV. Of those, 30% were fleeing DV when they entered the project. SVDP is committed to Housing First and moving referrals into housing as quickly as possible. All referrals come from the Common Assessment Team, and a case manager from SVDP quickly meets with the referral to explain the program and gather basic documents. Next, the participant meets with the housing manager and case manager together to learn about their housing options and receive lists of properties and landlords. They listen to the client's preferences and identify any housing barriers such as utility arrears. Case managers help clients find an appropriate unit, driving them to view apartments and completing applications. Client choice is always upheld through this process. SVDP covers the cost of application fees and utility deposits.

SVDP built 42 PSH units on its campus, so participants who are referred to our site-based project are housed immediately. According to HMIS, almost half of PSH referrals moved into a unit in less than seven days. For scattered site referrals, it typically takes 4-8 weeks to locate a unit, with large families facing

the greatest challenges. SVDP uses creative strategies such as offering first and last months' rent upfront to encourage landlords to sign leases with hard-to-house referrals.

In this TH/RRH project, the process will move even faster since survivors will have the option to stay in the secure TH facility on SVDP's campus while searching for a scattered site unit. Coordination with housing staff will be smooth, since all staff are headquartered on campus. Case managers will engage in safety planning with all clients, identifying safe areas of Jefferson County to locate housing. The housing manager will function as an intermediary with the landlord, ensuring the HQS and leasing are completed as rapidly as possible.

1F-4c. DV Survivor Safety.

Applicants must describe how project applicant:

- 1. ensured the safety of DV survivors experiencing homelessness by:**
 - (a) training staff on safety planning;**
 - (b) adjusting intake space to better ensure a private conversation;**
 - (c) conducting separate interviews/intake with each member of a couple;**
 - (d) working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;**
 - (e) maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant;**
 - (f) keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors; and**
 - 2. measured its ability to ensure the safety of DV survivors the project served.**
- (limit 2,000 characters)**

Currently, survivors are integrated in SVDP's mainstream PSH projects, with 53% of participants reporting a history of DV. Because of this, all staff are trained on DV and sexual assault, (a) safety planning, and VAWA. In line with Trauma Informed Care, SVDP takes precautions globally for all clients, such as (b) doing intake in private spaces, asking all clients about safety concerns when identifying potential units, keeping addresses confidential, and maintaining significant security systems on campus, including cameras and paid off-duty police officers. (c) If staff are concerned that a client presenting with a partner may be experiencing abuse, they communicate privately with that partner and ensure that they know their VAWA rights. Staff create VAWA transfer plans in line with CoC VAWA policy. (d) For PSH projects, if a scattered site client no longer feels safe in the community, they can request a transfer to an on-campus unit as part of their safety plan, and vice-versa for campus clients. These transfers are completed as rapidly, and staff assist clients to find safe temporary accommodation if necessary while they transfer. (e) Additional security precautions are being taken for this TH/RRH project. SVDP is dedicating a congregate residence on its campus for the sole use of this project, (f) identified only by a PO Box. It has privacy fencing and small windows. It is equipped with security cameras and locking exterior doors that require intercom permission to enter. Program aides will provide 24/7 security at the entrance to the facility, controlling intercom access to the building. Program aides will communicate with the program manager about all critical incidents and seek support for identified risks. Case managers will consult with the program manager and clinical service coordinator to develop safety plans with each client. The housing

manager will support RRH participants in selecting a scattered site unit in a safe location.

1F-4d. Trauma-Informed, Victim-Centered Approaches.

Applicants must describe:

- 1. project applicant's experience in utilizing trauma-informed, victim-centered approaches to meet needs of DV survivors; and**
 - 2. how, if funded, the project will utilize trauma-informed, victim-centered approaches to meet needs of DV survivors by:**
 - (a) prioritizing participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;**
 - (b) establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;**
 - (c) providing program participants access to information on trauma, e.g., training staff on providing program participant with information on trauma;**
 - (d) placing emphasis on the participant's strengths, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;**
 - (e) centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;**
 - (f) delivering opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and**
 - (g) offering support for parenting, e.g., parenting classes, childcare.**
- (limit 4,000 characters)**

The recipient, SVDP, and the subrecipient, CCL, (c) both take trauma-informed, victim-centered approaches to meet the needs of DV survivors. SVDP is accredited by the Council on Accreditation which mandates annual Trauma Informed Care trainings for all staff. All policies and procedures have been revised to be trauma-informed and client-centered. CCL is a victim services provider, with work focused on survivors of human trafficking and DV.

Motivational interviewing is a key technique that all case managers use to deliver victim-centered services and provide clients with information and tools to address trauma. (a) DV survivors will exercise housing choice at all stages; survivors can opt to move into the secure TH facility at SVDP or move immediately into scattered site housing using an RRH voucher. Likewise, survivors are free to select any permanent housing unit in Jefferson County that meets HQS and rent reasonableness for their household size. For those who choose to utilize TH, the primary goal of their initial case plan will be to find permanent housing as rapidly as possible.

(b) TH policies and procedures will be as low-barrier as possible, creating an environment of safety and support while avoiding punitive programmatic requirements. SVDP has a Behavior Support Management Policy which prohibits staff from taking restrictive interventions like physical restraint, demeaning language, punitive work assignments, or group punishment. It is intended to treat clients as equals deserving of respect.

Staff also receive annual training on Domestic Violence, sexual assault, safety

planning, and VAWA emergency transfer plans. Staff share leaflets with clients experiencing DV so they have resources beyond what SVDP and CCL directly provide, and staff encourage survivors to access DV services at the community's primary victim services provider. (d) Case management at both agencies takes a strengths-based approach; during assessment, survivors are asked both about their challenges and their strengths and resources. Safety planning helps survivors to identify the supportive relationships and resources they can turn to at high risk moments. SVDP has a clinical services coordinator who provides therapy to any clients who want it, and the assessment tools for that service are all strengths-based as well. (e) SVDP addresses cultural competency through mandatory trainings for all staff on respect, tolerance, and inclusion provided by our cultural competency working group. CCL is our State Refugee Coordinator administering funds for refugee resettlement and have significant expertise in cultural competency which they share with SVDP; many of their staff immigrated to the US and CCL provides a language line that SVDP uses for clients who are not comfortable communicating in English. All SVDP housing and shelter programs conform to the Equal Access Policy, Title VI, and do not discriminate against protected classes in services or hiring. SVDP has a client advisory council to inform services from the perspective of lived experience and makes a concerted effort to hire people with lived experience. (f) SVDP benefits from the services of a thousand volunteers annually, some of whom work to connect survivors with supportive communities and activities. Volunteers provide rides to clients who wish to attend church, AA meetings, athletic activities, and a monthly open mic night. Often, clients who have completed programs at SVDP return to act as informal peer mentors to current clients. Social-emotional and spiritual goals are included in the case plan of any survivor who wishes to address those areas. (g) Resources are available for parenting survivors, including a parenting program offered by CCL, and an out-of-school-time program offered on SVDP's campus at the Family Success Center. As much as possible, life skills groups are scheduled at a time when parents can easily participate while their children are in programs of their own.

1F-4e. Meeting Service Needs of DV Survivors.

Applicants must describe how the project applicant met services needs and ensured DV survivors experiencing homelessness were assisted to quickly move into permanent housing while addressing their safety needs, including:

- Child Custody
- Legal Services
- Criminal History
- Bad Credit History
- Education
- Job Training
- Employment
- Physical/Mental Healthcare
- Drug and Alcohol Treatment
- Childcare

(limit 2,000 characters)

The recipient, SVDP, has clients in 5 PSH projects, with 53% of participants

reported a history of DV. Of those, 30% were fleeing DV at project entry. Permanent housing is the primary goal of all case plans, and the client and case manager together identify needed supportive services in support of this goal. The case manager directly provides or makes referrals for all additional supportive services that a client may want. SVDP has many resources on campus, such as: free therapy provided by a clinical services coordinator, out-of-school-time programming/education services for children, meals at our soup kitchen, groceries at a food pantry, a clothes closet, and a partnership with a staffing agency to connect clients to employment. SVDP connects with other agencies to provide additional supportive services, such as: Centerstone for drug and alcohol treatment, the Legal Aid Society for legal services and child custody issues, the Louisville Urban League for criminal history expungement services and credit resolution services, and Kentuckiana Works or YouthBuild for job training/employment. Some of these agencies offer services directly on the SVDP campus. Case managers attend monthly "lunch and learn" sessions at Metro United Way to learn about other available supportive services.

Survivors who participate in the TH/RRH project will have access to all the campus-based supportive services and will receive referrals from their case managers for additional supportive services in the community, especially victim services. Additional trainings will be provided to staff using toolkits available from the National Alliance for Safe Housing and the National Network to End Domestic Violence to specifically take a survivor-centric approach, emphasizing confidentiality and safety issues. Louisville has three online portals that case managers can access to make fast, effective referrals to other organizations: LouieConnect, Metro United Way's 211 Service and United Communities.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.

Please submit technical questions to the HUD Exchange Ask-A-Question at <https://www.hudexchange.info/program-support/my-question/>

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2A-1. HMIS Vendor Identification. Mediware

Applicants must review the HMIS software vendor name brought forward from FY 2018 CoC Application and update the information if there was a change.

2A-2. Bed Coverage Rate Using HIC and HMIS Data.

Using 2019 HIC and HMIS data, applicants must report by project type:

Project Type	Total Number of Beds in 2019 HIC	Total Beds Dedicated for DV in 2019 HIC	Total Number of 2019 HIC Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) beds	494	103	391	100.00%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	279	0	243	87.10%
Rapid Re-Housing (RRH) beds	310	0	310	100.00%
Permanent Supportive Housing (PSH) beds	1,708	0	1,708	100.00%
Other Permanent Housing (OPH) beds	226	0	216	95.58%

2A-2a. Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-2.

For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-2., applicants must describe:

**1. steps the CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and
2. how the CoC will implement the steps described to increase bed coverage to at least 85 percent.
(limit 2,000 characters)**

The Louisville CoC had at least an 85% bed coverage rate for all project types.

***2A-3. Longitudinal System Analysis (LSA) Submission.**

Applicants must indicate whether the CoC submitted its LSA data to HUD in HDX 2.0. Yes

***2A-4. HIC HDX Submission Date.**

**Applicants must enter the date the CoC submitted the 2019 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX).
(mm/dd/yyyy)** 04/20/2019

2B. Continuum of Care (CoC) Point-in-Time Count

Instructions:

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.

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2B-1. PIT Count Date. 01/30/2019

Applicants must enter the date the CoC conducted its 2019 PIT count (mm/dd/yyyy).

2B-2. PIT Count Data–HDX Submission Date. 04/20/2019

Applicants must enter the date the CoC submitted its PIT count data in HDX (mm/dd/yyyy).

2B-3. Sheltered PIT Count–Change in Implementation.

Applicants must describe:

1. any changes in the sheltered count implementation, including methodology or data quality methodology changes from 2018 to 2019, if applicable; and

2. how the changes affected the CoC’s sheltered PIT count results; or

**3. state “Not Applicable” if there were no changes.
(limit 2,000 characters)**

1) The Louisville CoC has established a consistent method for the sheltered PIT count that is implemented quarterly. All shelters submit bed stays for quarterly PIT nights to the Collaborative Applicant by the deadline established in the quarterly notice. The numbers submitted are verified through HMIS and any discrepancies are addressed through a call and correction the following week. This process is extremely accurate and has been working for several years. The only change in the 2018-19 Sheltered PIT was a new community-wide training on the quarterly PIT reporting process. However, we know that an increase in our sheltered capacity did greatly affect our sheltered, chronic and

overall PIT count. A new low-barrier, 161-bed shelter opened a month prior to the PIT and made it much easier to find and count sheltered homeless persons including the chronically homeless who were more likely to stay at a low-barrier shelter on the morning of the count. Additionally, we had extreme temperatures as low as 2 degrees on the night and morning of the count that encouraged many to come in. Finally, the loss of family beds during last year's PIT count made it appear that we had a great increase in sheltered family homelessness, but now that these beds are once again available, the numbers have returned making it appear there was an increase. 2) Any changes in the sheltered PIT counts are not due to methodology or data quality but due to losses in shelter beds last year and large increases in the number of emergency beds available this year. 3) Not Applicable, but big change in shelter bed availability.

***2B-4. Sheltered PIT Count–Changes Due to Presidentially-declared Disaster.**

Applicants must select whether the CoC added or removed emergency shelter, transitional housing, or Safe-Haven inventory because of funding specific to a Presidentially-declared disaster, resulting in a change to the CoC's 2019 sheltered PIT count. No

2B-5. Unsheltered PIT Count–Changes in Implementation.

Applicants must describe:

- 1. any changes in the unsheltered count implementation, including methodology or data quality methodology changes from 2018 to 2019, if applicable; and**
 - 2. how the changes affected the CoC's unsheltered PIT count results; or**
 - 3. state "Not Applicable" if there were no changes.**
- (limit 2,000 characters)**

1) The Louisville CoC worked hard to improve the data quality of the unsheltered PIT in 2019. The CoC conducted a campaign with volunteer outreach groups to increase coverage and knowledge of street locations. We improved our partnership with police, outreach agencies and young adults improving our knowledge of sites and allowing us to have team leads that have relationships with the homeless. We collaborated with our county's public school system to work with the school bus drivers in identifying campsites. The bus drivers submitted tracking logs to the PIT planning staff in advance of the count, which allowed us to identify additional sites for the volunteers. This year we took advantage of the guidance released on using GIS mapping for your street count. Our local county government granted us access to their GIS mapping system at no cost, and we were able to get tablets donated for 5 pilot sites. We learned a great deal from this method and hope to expand next year. Finally, we revised our unsheltered survey tools. We adopted a recommended survey from HUD with helpful scripts and ordering of questions for ease in administering the survey. Many outreach partners have social media that helps locate the homeless and social media has tripled the number of volunteers and

therefore sites we search throughout the county during the PIT (from 100-300 2) Even with all these extra efforts, there was a decrease in the unsheltered PIT due to the opening of a new 161 low-barrier shelter the previous month and unseasonably cold temperatures in the teens on the morning of the count. These additional changes meant additional homeless persons during the night of the PIT went to shelter versus the streets. 3) Applicable efforts described above.

***2B-6. PIT Count–Identifying Youth Experiencing Homelessness.**

Applicants must:

Indicate whether the CoC implemented Yes
specific measures to identify youth
experiencing homelessness in their 2019 PIT
count.

2B-6a. PIT Count–Involving Youth in Implementation.

Applicants must describe how the CoC engaged stakeholders serving youth experiencing homelessness to:

- 1. plan the 2019 PIT count;**
 - 2. select locations where youth experiencing homelessness are most likely to be identified; and**
 - 3. involve youth in counting during the 2019 PIT count.**
- (limit 2,000 characters)**

1) As a recipient of the second round of YHDP funding, the Louisville CoC has coordinated a Homeless Youth Committee and Plan to Prevent and End Homelessness. This plan includes working with the Youth Action Board to plan for the PIT count. Their recommendations to improve the PIT count for youth included the use of social media to tell homeless youth where to go to be counted and get resources during the count, as well as expanding survey locations to include fast food restaurants and other areas they frequent as count locations. 2) Select locations identified to include youth in the PIT count were fast food restaurants, two known trafficking sites and the youth drop in center. 3) Two teams of youth and youth service provider staff were identified to conduct the count in these areas and to contact other homeless youth through text to come to be identified.

2B-7. PIT Count–Improvements to Implementation.

Applicants must describe the CoC's actions implemented in its 2019 PIT count to better count:

- 1. individuals and families experiencing chronic homelessness;**
 - 2. families with children experiencing homelessness; and**
 - 3. Veterans experiencing homelessness.**
- (limit 2,000 characters)**

The Louisville CoC took the following action to improve 2019 PIT counts: 1) Louisville doubled the number of outreach workers on the streets in January 2019. These teams worked to identify sites for the PIT, notify those on the

streets of the importance of being counted and participated in the PIT to find those most difficult to count. The city also funded the opening of a new low-barrier shelter serving a large number of chronically homeless persons during the PIT and serving as a site for the PIT. We know this increased sheltered capacity greatly increased our sheltered, chronic and overall PIT count and the temperature during the count, which reached as low of 2 degrees, encouraged many homeless persons to come in that night. 2)The Louisville CoC added two staff in 2018 to work on preventing family homelessness by identifying those at risk of homelessness. They also worked with the family wait list for shelter to help those on the list be identified and find other housing options when possible. Their coordination with a newly-funded family program to place families in hotels and apartments as temporary shelter made it easier to find and count many families that would have been invisible on the morning of the count. 3) Louisville has an amazing team of homeless veteran service providers (many who are formerly homeless veterans) who participate in the PIT count. They maintain a by name list of all homeless veterans maintained through regular meetings and efforts of a veteran outreach team that identifies any newly homeless veterans. These teams lead the effort to accurately count veterans during the PIT count. While the number of veterans in the PIT increased, we do not believe there is an increase but that sheltered veteran homelessness is easier to count because our number of per diem beds increased by 72 last year while there was also an increase in 161 low-barrier shelter beds.

3A. Continuum of Care (CoC) System Performance

Instructions

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*3A-1. First Time Homeless as Reported in HDX.

Applicants must:

Report the Number of First Time Homeless as Reported in HDX.
--

3,379

3A-1a. First Time Homeless Risk Factors.

Applicants must:

1. describe the process the CoC developed to identify risk factors the CoC uses to identify persons becoming homeless for the first time;
2. describe the CoC's strategy to address individuals and families at risk of becoming homeless; and
3. provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time. (limit 2,000 characters)

1) The Louisville CoC identifies persons at risk of homelessness through partnerships with homeless prevention services and funds to address rent and utility debt. Factors include level of debt greater than one month, recent loss of employment, recent major expense or debt, and fractures in family make up. 2) To decrease first time homelessness, the CoC hired two prevention/diversion (PD) staff (a third in 2019) to work with community partners providing homeless prevention to divert those who are at risk of losing housing and/or refer to local Neighborhood Place one-stop shops. These agencies throughout the county conduct an assessment to insure persons are accessing all eligible benefits and bring together the partners who can assist with rent and other household debt.

The PD staff work with the homeless to identify resources that may divert them from the shelter system by staying with friends and family or finding an affordable unit. Our CoC Eviction Prevention Work Group identifies ways to decrease evictions that lead to homelessness. Legal Aid Society serves as a resource through training and addressing client specific issues. Our community's largest property management company has a grant to work with the local Urban League on educating renters with eviction histories on how to be a good tenant, rights and responsibilities of a tenant, and how to improve credit. We have an online resource called Louie Connect, where people at-risk of homelessness can view resources. A Louie Connect kiosk was recently installed in one of our busiest public libraries. While these efforts have been successful, adding a 161 bed low-barrier shelter, 70+ per-diem beds, family shelter and tripling street outreach has created a small increase in first time homelessness as more people are able to access services for the first time. 3) The entity responsible for overseeing the CoC's strategy to reduce first time homelessness is the CoC Prevention/Diversion Team.

***3A-2. Length of Time Homeless as Reported in HDX.**

Applicants must:

Report Average Length of Time Individuals and Persons in Families Remained Homeless as Reported in HDX.

59

3A-2a. Strategy to Reduce Length of Time Homeless.

Applicants must:

- 1. describe the CoC's strategy to reduce the length of time individuals and persons in families remain homeless;**
 - 2. describe how the CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and**
 - 3. provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the length of time individuals and families remain homeless.**
- (limit 2,000 characters)**

1) The Louisville CoC created an HMIS report that identifies long term stayers in HMIS and works with shelters and outreach workers to house these individuals or families or exit them in HMIS if that is the issue. The collaborative applicant hired an AmeriCorps member to help individuals in shelter with a voucher complete a housing search and move from shelter to housing as quickly as possible. All CoC housing managers were trained in best practices to quickly house individuals to decrease the time in shelter. 2) The Louisville CoC has been working to prioritize housing for individuals and families in greatest need through the Common Assessment chronically homeless by name list. To assist in this effort, the Homeless Outreach committee meets monthly to identify and find those who have been identified for housing but not found by their case management team. Clients are also assisted with transportation to housing services which allows clients to move quicker through the housing process. These efforts have removed many long-term stayers from the homeless shelter data and decreased the chronically homeless street count (and the overall length of stay for these long term homeless) by 60%. This effort has been

working and slowly decreasing our overall length of stay 3) The entity responsible for overseeing the CoC's strategy to shorten length of homelessness is the Homeless Outreach Committee.

***3A-3. Successful Permanent Housing Placement and Retention as Reported in HDX.**

Applicants must:

	Percentage
1. Report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid rehousing that exit to permanent housing destinations as reported in HDX.	16%
2. Report the percentage of individuals and persons in families in permanent housing projects, other than rapid rehousing, that retain their permanent housing or exit to permanent housing destinations as reported in HDX.	96%

3A-3a. Exits to Permanent Housing Destinations/Retention of Permanent Housing.

Applicants must:

1. describe the CoC's strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations;
2. provide the organization name or position title responsible for overseeing the CoC's strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations;
3. describe the CoC's strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations; and
4. provide the organization name or position title responsible for overseeing the CoC's strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations.

(limit 2,000 characters)

- 1) In order to increase the rate at which persons that are homeless exit to permanent housing, the CoC has prioritized access to permanent housing as well as housing access resources that allow individuals and families to move quickly into housing. New housing vouchers and set asides include those available through Louisville Metro Housing Authority, CoC Permanent Supportive Housing and CSBG. Additional supports include a Housing Navigator funded by the CoC Lead that helps clients across multiple agencies with the housing search, a weekly housing group hosted by one of our CoC members who provides assistance with completing housing applications and addresses barriers to housing, a flexible pool of funding for deposits and furniture, and case management to assist in the housing transition. 2) The group responsible for exits to permanent housing are the Common Assessment team of the Coordinated Entry System who assess and refer people to housing. 3) Louisville continues to have a very high retention rate in permanent housing

projects. Our approach to create and maintain this stability is to provide strong supports for those in housing including assistance with financial concerns, assistance with daily living skills and supported employment, and other support identified in individual case plans. Additional support includes referrals to resources such as SOAR, representative payee, financial health counseling, and Legal Aid. Our CoC's Training Specialist also hosts trainings for CoC-funded staff to attend which focus on case management best practices, Housing First, Trauma Informed Care, etc. These training opportunities give staff the skills to help their clients retain housing. 4) The group responsible for maintaining permanent housing stability are the Permanent Supportive Housing Case Managers group. This group is a monthly meeting of PSH case managers who share resources and strategies for working with landlords, payees, neighbors, and others to maintain housing.

***3A-4. Returns to Homelessness as Reported in HDX.**

Applicants must:

	Percentage
1. Report the percentage of individuals and persons in families returning to homelessness over a 6-month period as reported in HDX.	13%
2. Report the percentage of individuals and persons in families returning to homelessness over a 12-month period as reported in HDX.	5%

3A-4a. Returns to Homelessness—CoC Strategy to Reduce Rate.

Applicants must:

- 1. describe the strategy the CoC has implemented to identify individuals and persons in families who return to homelessness;**
 - 2. describe the CoC's strategy to reduce the rate of additional returns to homelessness; and**
 - 3. provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the rate individuals and persons in families return to homelessness.**
- (limit 2,000 characters)**

1) The Coll. App. has used HMIS report data to identify homeless individuals and families most likely to return to homelessness. Factors include: large family size, unemployment, poor physical or mental health, substance use, domestic violence, lack of affordable housing, and not enough income to meet their needs. 2) The Louisville CoC uses this information to help emergency and transitional shelters identify individuals and families that may need additional assistance with deposits and access to income prior to exiting shelter. The data is also being used to create better HMIS data entry on who is truly exiting to permanent housing. The CoC Lead has created a prevention/diversion program to help ensure those at risk of returning to homelessness are connected to appropriate community resources prior to reentering the homeless services system. The goal of this program is to divert those who only need short-term assistance into mainstream services and away from cost intensive shelter services. Our Eviction Prevention Work Group is also working on activities that will reduce people's return to homelessness. This group has been able to

improve the information and resources sheriffs provide to tenants being evicted, secured funding to have a social worker in eviction court, and created a 2nd chance leasing program for people with prior evictions. The Eviction Work Group has expanded its membership to include entities such as Neighborhood Places and Community Ministries, who often encounter people who are about to return to homelessness. With more agencies communicating and collaborating this year, we anticipate to see a drop in our returns to homelessness. 3) The entity responsible for reducing returns to homelessness is the full CoC that has been meeting and discussing this measure throughout the year. The effort is led by the CoC Lead.

***3A-5. Cash Income Changes as Reported in HDX.**

Applicants must:

	Percentage
1. Report the percentage of individuals and persons in families in CoC Program-funded Safe Haven, transitional housing, rapid rehousing, and permanent supportive housing projects that increased their employment income from entry to exit as reported in HDX.	12%
2. Report the percentage of individuals and persons in families in CoC Program-funded Safe Haven, transitional housing, rapid rehousing, and permanent supportive housing projects that increased their non-employment cash income from entry to exit as reported in HDX.	33%

3A-5a. Increasing Employment Income.

Applicants must:

1. describe the CoC's strategy to increase employment income;
 2. describe the CoC's strategy to increase access to employment;
 3. describe how the CoC works with mainstream employment organizations to help individuals and families increase their cash income; and
 4. provide the organization name or position title that is responsible for overseeing the CoC's strategy to increase jobs and income from employment.
- (limit 2,000 characters)**

1) The Louisville CoC works to increase employment in several ways. Wellspring created supported employment, the city created a CSBG-funded job training program and over 150 slots of employment/employment training have been set aside in our young adult homeless effort. A representative from the local American Job Center attends CoC mtgs. and shares job openings and trainings. We have an HVRP grantee that helps homeless veterans find jobs. 2) The CoC Lead is works to develop partnerships with large industries in the area. Amazon and UPS are two major employers who the CoC Lead has been working with to create transportation for entry level employment opportunities. Job fairs are held regularly at local shelters and all shelter employment training ends with an opportunity for graduates to meet potential employers, many who are ready to hire on the spot. 3) In order to help the homeless access higher wages, KentuckianaWorks created ShelterWorks a program to train people in greatly needed higher wage jobs. The program provides shelter, food and transportation until participants can maintain housing on their own. Another model is the Family Scholar House that provides long-term transitional housing

while single parents and those who have a foster care experience complete a college degree. Over 70% of graduates are completely off benefits after graduation. These efforts have increased income for many, but the increased access to shelter and services for the chronically homeless through low-barrier shelter and street outreach has counteracted that effort increasing the numbers of persons unable to work who are being served. Therefore, we are increasing employment services for the chronically homeless as possible. 4) The entity responsible for increasing income from mainstream benefits is the Mainstream Services Committee of the CoC that meets monthly. The entity responsible for youth income growth from employment is the YHDP Education/Employment Subcommittee.

3A-5b. Increasing Non-employment Cash Income.

Applicants must:

- 1. describe the CoC's strategy to increase non-employment cash income;**
- 2. describe the CoC's strategy to increase access to non-employment cash sources;**
- 3. provide the organization name or position title that is responsible for overseeing the CoC's strategy to increase non-employment cash income.**

1) The Mainstream Services Committee of the CoC coordinates monthly meetings with all mainstream service providers to make sure all CoC case managers know how to access mainstream services and increase non-employment income. Additionally, Metro United Way hosts "Lunch and Learns" to keep case managers informed of mainstream benefits and changes. To assist in accessing SSI/SSDI, a SOAR team helps those who need to gather the materials and apply for benefits. Training for additional SOAR workers including those now trained to serve youth is available at the state. 2) To increase access to benefits, the CoC works with the Kentucky Interagency Council on Homelessness to improve and add new benefits to Benefind, an on-line system to allow applicants to apply for multiple benefits at once including Medicaid, food stamps, SSDI, child care, TANF and more. 3) The Mainstream Services Committee of the CoC is the group primarily responsible for insuring that all homeless can access mainstream services and benefits. The committee meets monthly and brings in different mainstream providers to address questions about such benefits as Medicaid, food stamps, TANF, VA benefits, and substance abuse programs. All front-line homeless case managers are invited to these meetings.

3A-5c. Increasing Employment. Attachment Required.

Applicants must describe how the CoC:

- 1. promoted partnerships and access to employment opportunities with private employers and private employment organizations, such as holding job fairs, outreach to employers, and partnering with staffing agencies; and**
 - 2. is working with public and private organizations to provide meaningful, education and training, on-the-job training, internship, and employment opportunities for residents of permanent supportive housing that further their recovery and well-being.**
- (limit 2,000 characters)**

1) The Louisville CoC has greatly increased employment services over the past two years. In 2018, Metro Louisville and KentuckianaWorks, the WIOA board, created ShelterWorks, the first employment training program in the men's homeless day shelter. The program provides shelter, clothing, food and transportation during a two-month employment program focused on high need jobs in the area including fork lift and fulfillment center operation. At the end of the program, graduates have the opportunity to present their skills to local employers and many are hired on the spot. The program also provides RRH vouchers to allow these clients to successfully transition to independence. This program is being expanded to all homeless youth and families in 2019 through funding from YHDP and CSBG. YouthBuild and KentuckianaWorks are joining forces to make employment programs for youth up to 24 more accessible by providing vouchers to those who are homeless while they complete job training and transition to independence. Additionally, Goodwill has changed their community focus to prioritize employment programs for the homeless. They are providing in house and on the job training to residents at Volunteers of America, Healing Place and other homeless service providers. Several homeless providers host regular job fairs that include trade schools and apprenticeships.

2) The Louisville CoC has worked to increase employment for those in permanent supportive housing including supported employment through Wellspring. Supported Employment provides a job coach that can help those with disabilities overcome employment obstacles and find full- and part-time employment that matches their particular interests. Many homeless service providers have also hired supportive housing residents as peer support specialists to help others in need.

3A-5d. Promoting Employment, Volunteerism, and Community Service.

Applicants must select all the steps the CoC has taken to promote employment, volunteerism and community service among people experiencing homelessness in the CoC's geographic area:

1. The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities.	<input type="checkbox"/>
2. The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery).	<input type="checkbox"/>
3. The CoC trains provider organization staff on connecting program participants with formal employment opportunities.	<input type="checkbox"/>
4. The CoC trains provider organization staff on volunteer opportunities for program participants and people experiencing homelessness.	<input type="checkbox"/>
5. The CoC works with organizations to create volunteer opportunities for program participants.	<input type="checkbox"/>
6. The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).	<input type="checkbox"/>
7. Provider organizations within the CoC have incentives for employment.	<input type="checkbox"/>
8. The CoC trains provider organization staff on helping program participants budget and maximize their income to maintain stability in permanent housing.	<input type="checkbox"/>

3A-6. System Performance Measures 05/30/2019 Data-HDX Submission Date

Applicants must enter the date the CoCs submitted its FY 2018 System Performance

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Measures data in HDX. (mm/dd/yyyy)

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

Instructions

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.

Please submit technical questions to the HUD Exchange Ask-A-Question at <https://www.hudexchange.info/program-support/my-question/>

Resources:

The FY 2019 CoC Application Detailed Instruction can be found at:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

The FY 2019 CoC Program Competition Notice of Funding Availability at:

<https://www.hudexchange.info/programs/e-snaps/fy-2019-coc-program-nofa-coc-program-competition/#nofa-and-notice>

Warning! The CoC Application score could be affected if information is incomplete on this formlet.

3B-1. Prioritizing Households with Children.

Applicants must check each factor the CoC currently uses to prioritize households with children for assistance during FY 2019.

1. History of or Vulnerability to Victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
2. Number of previous homeless episodes	<input checked="" type="checkbox"/>
3. Unsheltered homelessness	<input checked="" type="checkbox"/>
4. Criminal History	<input checked="" type="checkbox"/>
5. Bad credit or rental history	<input type="checkbox"/>
6. Head of Household with Mental/Physical Disability	<input checked="" type="checkbox"/>

3B-1a. Rapid Rehousing of Families with Children.

Applicants must:

1. describe how the CoC currently rehouses every household of families with children within 30 days of becoming homeless that addresses both housing and service needs;

2. describe how the CoC addresses both housing and service needs to ensure families with children successfully maintain their housing once

assistance ends; and

3. provide the organization name or position title responsible for overseeing the CoC's strategy to rapidly rehouse families with children within 30 days of them becoming homeless.

(limit 2,000 characters)

1) The Louisville CoC has worked to increase the number of RRH units available to families from 31 in 2016 to 95 in 2019. Units are filled by a Common Assessment team that assesses and ranks all homeless persons in Louisville within 14 days of homelessness in order to insure families are housed quickly. The CoC works with landlords to increase available units and cross trains staff so that an HQS inspection can be conducted the same day a unit is vacated. With these steps in place a family can be identified and access housing within 30 days of homelessness. But, there are not adequate RRH and PSH resources to serve everyone. The VA moved 10 RRH vouchers previously used for singles to homeless families to better address this issue which lowers our overall RRH count but improves our ability to rapidly re-house homeless families including an increase in homeless veteran families. 2) The Louisville CoC is working on several fronts to increase resources and insure those housed maintain housing. The Louisville CoC has two staff dedicated to helping families access other community housing opportunities outside the homeless service system. Case managers are also assigned to all RRH staff clients to help them access employment and benefits to make the transition to independence and when employment income is still too low, LMHA has made available "move on" vouchers. Finally a eviction diversion committee has been created to educate families about their rights and to access services to prevent eviction before it happens through mediation, case management and debt financing. 3) This process is led collaboratively by the Common Assessment team and Prevention/Diversion team (housed in the same building).

3B-1b. Antidiscrimination Policies.

Applicants must check all that apply that describe actions the CoC is taking to ensure providers (including emergency shelter, transitional housing, and permanent housing (PSH and RRH)) within the CoC adhere to antidiscrimination policies by not denying admission to or separating any family members from other members of their family or caregivers based on any protected classes under the Fair Housing Act, and consistent with 24 CFR 5.105(a)(2) – Equal Access to HUD-Assisted or -Insured Housing.

1. CoC conducts mandatory training for all CoC- and ESG-funded housing and services providers on these topics.	<input type="checkbox"/>
2. CoC conducts optional training for all CoC- and ESG-funded housing and service providers on these topics.	<input checked="" type="checkbox"/>
3. CoC has worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	<input checked="" type="checkbox"/>
4. CoC has worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within the CoC geographic area that might be out of compliance and has taken steps to work directly with those facilities to come into compliance.	<input checked="" type="checkbox"/>

3B-1c. Unaccompanied Youth Experiencing Homelessness–Addressing Needs.

Applicants must indicate whether the CoC's strategy to address the unique needs of unaccompanied youth experiencing homelessness who are 24 years of age and younger includes the following:

1. Unsheltered homelessness	Yes
2. Human trafficking and other forms of exploitation	Yes
3. LGBT youth homelessness	Yes
4. Exits from foster care into homelessness	Yes
5. Family reunification and community engagement	Yes
6. Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs	Yes

3B-1c.1. Unaccompanied Youth Experiencing Homelessness–Prioritization Based on Needs.

Applicants must check all that apply that describes the CoC's current strategy to prioritize unaccompanied youth based on their needs.

1. History of, or Vulnerability to, Victimization (e.g., domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
2. Number of Previous Homeless Episodes	<input checked="" type="checkbox"/>
3. Unsheltered Homelessness	<input checked="" type="checkbox"/>
4. Criminal History	<input checked="" type="checkbox"/>
5. Bad Credit or Rental History	<input type="checkbox"/>

3B-1d. Youth Experiencing Homelessness–Housing and Services Strategies.

Applicants must describe how the CoC increased availability of housing and services for:

1. all youth experiencing homelessness, including creating new youth-focused projects or modifying current projects to be more youth-specific or youth-inclusive; and
 2. youth experiencing unsheltered homelessness including creating new youth-focused projects or modifying current projects to be more youth-specific or youth-inclusive.
- (limit 3,000 characters)

The Louisville CoC and over 70 community-based partners created and are implementing the Plan to Prevent and End Youth Homelessness. This effort is led by the Homeless Youth Committee and Youth Action Board. 1) Through a

100-day challenge, the community housed 115 youth and reduced the by name list from over 200 to 79. In 2018, Louisville had 32 transitional, 50 permanent and 20 RRH units for youth and accessed 150 slots in employment programs. In 2019, through YHDP, Louisville will add 24 transitional housing units, 50 RRH housing vouchers, two new employment programs and create a case management and peer support team at key locations throughout the city including the school, library, LGBTQ programs, the Urban League and drop in centers. Funding is also available to insure homeless youth are able to access the evidenced-based Family Scholar House program that provides housing and a college degree. 2) To specifically address the needs of unsheltered youth, YMCA is creating a new outreach team and opening a drop in center with 24-hour hotline. They are working with local police and trafficking advocates to quickly find and shelter those on the streets through the new transitional housing opening in October. All of this work is done focusing on trauma informed care, client choice and housing first. The goal is to reach functional zero for homeless youth by December 2020.

3B-1d.1. Youth Experiencing Homelessness—Measuring Effectiveness of Housing and Services Strategies.

Applicants must:

- 1. provide evidence the CoC uses to measure each of the strategies in question 3B-1d. to increase the availability of housing and services for youth experiencing homelessness;**
- 2. describe the measure(s) the CoC uses to calculate the effectiveness of both strategies in question 3B-1d.; and**
- 3. describe why the CoC believes the measure it uses is an appropriate way to determine the effectiveness of both strategies in question 3B-1d. (limit 3,000 characters)**

1) The effectiveness of all youth programs in the CoC will be measured through HMIS reports showing effectiveness of housing and income, By Name List reports showing a decrease in the number of youth who are homeless, and YHDP reports showing access to case management and education opportunities and outcomes. 2) The Louisville CoC is still working with HUD to determine if additional measures should be added for our YHDP program, but presently success for our homeless youth programs is measured against the following outcome goals: Shorten length of time young adults are unsheltered to no more than 30 days; House all young adults on the by-name list (including reunification); Maintain no more than 5% recidivism of young adults housed back in emergency shelter; Continue to house newly homeless young adults at the rate they become homeless; Maintain monthly meetings between the four systems of the plan through on-going commitments to remove barriers to homeless young adult success; 100% of young adults receive access to life-changing (transformative) services; 25% of young adults increase education levels; 85% of young adults increase income; and 45% of young adults increase income to a level that benefits are no longer necessary. 3) These measures build upon the evidenced-based work of HUD in measuring homeless program including the importance and effectiveness of housing placement, housing stability, lengths of homelessness, returns to homelessness and increased income. It also builds on the importance of meaningfully engaging youth by age 24 in order to avoid life times of dependence on welfare programs through education and employment. And, it allows us to measure our impact on the

greatest needs identified by homeless youth of someone to help guide through important life decisions, housing, education, and employment.

3B-1e. Collaboration–Education Services.

Applicants must describe:

- 1. the formal partnerships with:**
 - a. youth education providers;**
 - b. McKinney-Vento LEA or SEA; and**
 - c. school districts; and**
- 2. how the CoC collaborates with:**
 - a. youth education providers;**
 - b. McKinney-Vento Local LEA or SEA; and**
 - c. school districts.**

(limit 2,000 characters)

1) The Louisville CoC has the following formal partnership with education services: a) The Louisville CoC works with youth education providers through the Coalition Supporting Young Adults Education committee of the CoC. b) As the LEA for Metro Louisville, Giselle Danger-Mecaderes is a member of the Louisville CoC and the Louisville Homeless Youth Committee. There is a written agreement of collaboration with the CoC as part of the Plan to Prevent and End Youth Homelessness. c) As the only public school district in Louisville, JCPS also has a written agreement of collaboration with the Louisville CoC and contracts to provide on-site education services at all homeless family shelters. 2) a) Through the CSYA Education Committee, youth education providers and family resource centers coordinate services for homeless youth to access GED and college prep as well as completing applications for FAFSA. They also provide services and referrals for families with homeless children to prevent and end homelessness. b) The LEA hosts annual training for all teachers and school educators including the rights of homeless children. She provides transportation within 24 hours, uniforms, school supplies and advocacy for homeless youth and creates priorities for them to access out of school time and summer assistance. She provides training to parents in shelter about access and conducts an assessment of all youth in shelters to address needs. The CoC policies require each shelter to name and post a homeless education coordinator. c) JCPS provides teachers in the local family shelters, after school programs for homeless youth and all the transportation services coordinated by the LEA described above.

3B-1e.1. Informing Individuals and Families Experiencing Homeless about Education Services Eligibility.

Applicants must describe policies and procedures the CoC adopted to inform individuals and families who become homeless of their eligibility for education services.

(limit 2,000 characters)

The Louisville CoC policies and procedures require that all homeless providers that serve youth and children must name a homeless education coordinator and

post the name and contact on site. For longer term transitional and RRH programs, information on the rights to education and program education coordinator are distributed with program entry packet. The LEA provides annual training for these coordinators about the rights of homeless youth and attends CoC meetings and board meetings to address any issues with school entry, transportation or access to any educational opportunities. The educational rights of homeless youth and children are also posted at the JCPS and collaborative applicant websites and materials are made available to all teachers and school administrators about the rights and how to access.

The CoC has worked closely with Head Start but the program was disbanded and put out for bid in 2019. The new grantee is a CoC participant and we will soon an MOU. Louisville does not have Early Head Start, a Home Visiting Program, Birth -3 Years or a Tribal Home Visiting Program.

3B-1e.2. Written/Formal Agreements or Partnerships with Early Childhood Services Providers.

Applicant must indicate whether the CoC has an MOU/MOA or other types of agreements with listed providers of early childhood services and supports and may add other providers not listed.

	MOU/MOA	Other Formal Agreement
Early Childhood Providers	Yes	No
Head Start	No	Yes
Early Head Start	No	No
Child Care and Development Fund	Yes	No
Federal Home Visiting Program	No	No
Healthy Start	No	No
Public Pre-K	No	No
Birth to 3 years	No	No
Tribal Home Visting Program	No	No
Other: (limit 50 characters)		

3B-2. Active List of Veterans Experiencing Homelessness.

Applicant must indicate whether the CoC Yes
uses an active list or by-name list to identify
all veterans experiencing homelessness in
the CoC.

3B-2a. VA Coordination—Ending Veterans Homelessness.

Applicants must indicate whether the CoC is Yes
actively working with the U.S. Department of
Veterans Affairs (VA) and VA-funded
programs to achieve the benchmarks and

criteria for ending veteran homelessness.

3B-2b. Housing First for Veterans.

Applicants must indicate whether the CoC Yes
has sufficient resources to ensure each
veteran experiencing homelessness is
assisted to quickly move into permanent
housing using a Housing First approach.

3B-3. Racial Disparity Assessment. Attachment Required.

Applicants must:
1. select all that apply to indicate the findings from the CoC's Racial
Disparity Assessment; or
2. select 7 if the CoC did not conduct a Racial Disparity Assessment.

1. People of different races or ethnicities are more likely to receive homeless assistance.	<input checked="" type="checkbox"/>
2. People of different races or ethnicities are less likely to receive homeless assistance.	<input checked="" type="checkbox"/>
3. People of different races or ethnicities are more likely to receive a positive outcome from homeless assistance.	<input checked="" type="checkbox"/>
4. People of different races or ethnicities are less likely to receive a positive outcome from homeless assistance.	<input checked="" type="checkbox"/>
5. There are no racial or ethnic disparities in the provision or outcome of homeless assistance.	<input type="checkbox"/>
6. The results are inconclusive for racial or ethnic disparities in the provision or outcome of homeless assistance.	<input type="checkbox"/>
7. The CoC did not conduct a racial disparity assessment.	<input type="checkbox"/>

3B-3a. Addressing Racial Disparities.

Applicants must select all that apply to indicate the CoC's strategy to
address any racial disparities identified in its Racial Disparities
Assessment:

1. The CoC is ensuring that staff at the project level are representative of the persons accessing homeless services in the CoC.	<input type="checkbox"/>
2. The CoC has identified the cause(s) of racial disparities in their homeless system.	<input checked="" type="checkbox"/>
3. The CoC has identified strategies to reduce disparities in their homeless system.	<input checked="" type="checkbox"/>
4. The CoC has implemented strategies to reduce disparities in their homeless system.	<input checked="" type="checkbox"/>

5. The CoC has identified resources available to reduce disparities in their homeless system.	<input checked="" type="checkbox"/>
6: The CoC did not conduct a racial disparity assessment.	<input type="checkbox"/>

4A. Continuum of Care (CoC) Accessing Mainstream Benefits and Additional Policies

Instructions:

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.

Please submit technical questions to the HUD Exchange Ask-A-Question at <https://www.hudexchange.info/program-support/my-question/>

Resources:

The FY 2019 CoC Application Detailed Instruction can be found at:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

The FY 2019 CoC Program Competition Notice of Funding Availability at:

<https://www.hudexchange.info/programs/e-snaps/fy-2019-coc-program-nofa-coc-program-competition/#nofa-and-notices>

Warning! The CoC Application score could be affected if information is incomplete on this formlet.

4A-1. Healthcare—Enrollment/Effective Utilization

Applicants must indicate, for each type of healthcare listed below, whether the CoC assists persons experiencing homelessness with enrolling in health insurance and effectively utilizing Medicaid and other benefits.

Type of Health Care	Assist with Enrollment	Assist with Utilization of Benefits?
Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	Yes	Yes
Private Insurers:	Yes	Yes
Non-Profit, Philanthropic:	Yes	Yes
Other: (limit 50 characters)		

4A-1a. Mainstream Benefits.

Applicants must:

1. describe how the CoC systematically keeps program staff up to date regarding mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within the geographic area;
2. describe how the CoC disseminates the availability of mainstream resources and other assistance information to projects and how often;
3. describe how the CoC works with projects to collaborate with healthcare organizations to assist program participants with enrolling in

health insurance;

4. describe how the CoC provides assistance with the effective utilization of Medicaid and other benefits; and

5. provide the name of the organization or position title that is responsible for overseeing the CoC's strategy for mainstream benefits.

(limit 2,000 characters)

1) The Mainstream Services Committee of the Louisville CoC meets monthly and brings in different mainstream providers to address questions about such benefits as Medicaid, food stamps, SSI, TANF, VA benefits, and substance abuse programs. All front line homeless case managers are invited to these as well as monthly lunch and learn meetings for service providers coordinated through the regional United Way. 2) The Collaborative Applicant works with the Kentucky Interagency Council on Homelessness to improve benefit access through a single on-line application and shares information on access and program changes through a weekly e-newsletter emailed to all CoC members. 3) All five Managed Care Organizations for Kentucky Medicaid are members of the Louisville CoC and speak about access at CoC meetings and Mainstream Services committee meetings and set up tables for individuals to apply for Medicaid at homeless shelters and service agencies. 4) Family Health Centers (FHC) Health Care for the Homeless program is the primary care provider for most homeless persons in the Louisville CoC and provides services to avoid hospital use whenever possible as well as sharing materials on how to use Medicaid benefits. They make referrals as needed including medical transportation and appointments for services that cannot be provided at FHC. 5) The Mainstream Services Committee of the CoC is primarily responsible for the CoC's strategy for mainstream benefits.

4A-2. Lowering Barriers to Entry Data:

Applicants must report:

1. Total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in FY 2019 CoC Program Competition.	36
2. Total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in FY 2019 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	36
Percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects the CoC has ranked in its CoC Priority Listing in the FY 2019 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

4A-3. Street Outreach.

Applicants must:

1. describe the CoC's street outreach efforts, including the methods it uses to ensure all persons experiencing unsheltered homelessness are identified and engaged;

2. state whether the CoC's Street Outreach covers 100 percent of the CoC's geographic area;

3. describe how often the CoC conducts street outreach; and

4. describe how the CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance.

(limit 2,000 characters)

1) The Louisville CoC has an active group of professional and volunteer teams outreach on the streets and to service agencies. The teams include staff from the mental health and substance abuse recovery provider, youth shelter and youth outreach program, VA hospital and health care for the homeless program. Four additional general street outreach staff were added in 2019 through funding from the city. The outreach teams meet monthly to discuss especially difficult needs and case conference around how to address. Quarterly meetings are hosted on a Saturday for volunteer outreach workers who cannot attend daily meetings. During cold weather, a van brings the homeless to overflow shelter. The outreach team serves as part of the single point of entry collecting HMIS data on the street homeless. 2) The outreach teams work with the homeless youth advisory board, homeless veteran groups, police officers, local churches, hospitals and community ministries in every zip code of the Louisville CoC to identify new camps and serve those identified. 3) Outreach workers are on the streets 7 days a week and 24 hours per day. To coordinate, they share needs of those they meet through text and social media. Homeless persons are increasingly accessing social media for services, so the single point of entry now uses twitter to notify the homeless of services and vacancies and outreach teams are using texts and Facebook to find homeless persons. 4) The monthly outreach meetings are designed to focus on those least likely to request or accept assistance. When identified, these individuals are assigned a lead outreach contact with back up and a plan is developed to get help to the person in need on site. Transportation is provided to get them to housing appointments. Outreach teams also have access to translation services for those who are not English speaking and information materials and a resource phone app. about homeless services in Spanish.

4A-4. RRH Beds as Reported in HIC.

Applicants must report the total number of rapid rehousing beds available to serve all household types as reported in the Housing Inventory Count (HIC) for 2018 and 2019.

	2018	2019	Difference
RRH beds available to serve all populations in the HIC	331	310	-21

4A-5. Rehabilitation/Construction Costs–New Projects. No

Applicants must indicate whether any new project application the CoC ranked and submitted in its CoC Priority Listing in the FY 2019 CoC Program Competition is requesting \$200,000 or more in funding for housing rehabilitation or new construction.

4A-6. Projects Serving Homeless under Other Federal Statutes. No

FY2019 CoC Application	Page 50	09/27/2019
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Applicants must indicate whether the CoC is requesting to designate one or more of its SSO or TH projects to serve families with children or youth defined as homeless under other federal statutes.

4B. Attachments

Instructions:

Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site:
<https://www.hudexchange.info/resource/3118/creating-a-zip-file-and-capturing-a-screenshot-resource>

Document Type	Required?	Document Description	Date Attached
FY 2019 CoC Competition Report (HDX Report)	Yes	FY 2019 CoC Compe...	09/23/2019
1C-4.PHA Administration Plan–Moving On Multifamily Assisted Housing Owners' Preference.	No	1C-4.PHA Administ...	09/23/2019
1C-4. PHA Administrative Plan Homeless Preference.	No	1C-4. PHA Adminis...	09/23/2019
1C-7. Centralized or Coordinated Assessment System.	Yes	1C-7 Coordinated ...	09/23/2019
1E-1.Public Posting–15-Day Notification Outside e-snaps–Projects Accepted.	Yes	1E-1.Public Posti...	09/25/2019
1E-1. Public Posting–15-Day Notification Outside e-snaps–Projects Rejected or Reduced.	Yes	1E-1. Public Post...	09/25/2019
1E-1.Public Posting–30-Day Local Competition Deadline.	Yes	1E-1.Public Posti...	09/26/2019
1E-1. Public Posting–Local Competition Announcement.	Yes	1E-1. Public Post...	09/27/2019
1E-4.Public Posting–CoC-Approved Consolidated Application	Yes		
3A. Written Agreement with Local Education or Training Organization.	No	3A. Written Agree...	09/25/2019
3A. Written Agreement with State or Local Workforce Development Board.	No	3A. Written Agree...	09/23/2019
3B-3. Summary of Racial Disparity Assessment.	Yes	3B-3. Summary of ...	09/23/2019
4A-7a. Project List-Homeless under Other Federal Statutes.	No		
Other	No	2018 KYHMIS Exter...	09/25/2019
Other	No	Louisville-Jeffer...	09/27/2019

Applicant: Louisville/Jefferson County CoC

KY-501

Project: KY-501 CoC Registration FY2019

COC_REG_2019_170540

Other	No		
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Attachment Details

Document Description: FY 2019 CoC Competition Report

Attachment Details

Document Description: 1C-4.PHA Administration Plan–Moving On
Multifamily Assisted Housing Owners' Preference

Attachment Details

Document Description: 1C-4. PHA Administrative Plan Homeless
Preference

Attachment Details

Document Description: 1C-7 Coordinated Assessment Standard
Assessment Tool

Attachment Details

Document Description: 1E-1.Public Posting–15-Day Notification Outside
e-snaps–Projects Accepted Notification

Attachment Details

Document Description: 1E-1. Public Posting–15-Day Notification Outside e-snaps–Projects Rejected/Reduced Notification

Attachment Details

Document Description: 1E-1.Public Posting–30-Day Local Competition Deadline

Attachment Details

Document Description: 1E-1. Public Posting–Local Competition Announcement

Attachment Details

Document Description:

Attachment Details

Document Description: 3A. Written Agreement with Local Training Organization

Attachment Details

Document Description: 3A. Written Agreement with State or Local Workforce Development Board

Attachment Details

Document Description: 3B-3. Summary of Racial Disparity Assessment

Attachment Details

Document Description:

Attachment Details

Document Description: 2018 KYHMIS External Policies and Procedures
- Louisville CoC

Attachment Details

Document Description: Louisville-Jefferson County Governance Charter
- HMIS Governance

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. Identification	09/16/2019
1B. Engagement	09/16/2019
1C. Coordination	09/19/2019
1D. Discharge Planning	No Input Required
1E. Local CoC Competition	09/19/2019
1F. DV Bonus	09/26/2019
2A. HMIS Implementation	09/23/2019
2B. PIT Count	09/26/2019
3A. System Performance	09/26/2019
3B. Performance and Strategic Planning	09/16/2019
4A. Mainstream Benefits and Additional Policies	09/16/2019
4B. Attachments	Please Complete

FY2019 CoC Application	Page 57	09/27/2019
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Submission Summary

No Input Required

2019 HDX Competition Report

PIT Count Data for KY-501 - Louisville-Jefferson County CoC

Total Population PIT Count Data

	2016 PIT	2017 PIT	2018 PIT	2019 PIT
Total Sheltered and Unsheltered Count	1116	1034	926	1071
Emergency Shelter Total	573	524	555	697
Safe Haven Total	0	0	0	0
Transitional Housing Total	431	359	218	256
Total Sheltered Count	1004	883	773	953
Total Unsheltered Count	112	151	153	118

Chronically Homeless PIT Counts

	2016 PIT	2017 PIT	2018 PIT	2019 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	186	123	129	221
Sheltered Count of Chronically Homeless Persons	111	87	108	197
Unsheltered Count of Chronically Homeless Persons	75	36	21	24

2019 HDX Competition Report

PIT Count Data for KY-501 - Louisville-Jefferson County CoC

Homeless Households with Children PIT Counts

	2016 PIT	2017 PIT	2018 PIT	2019 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children	100	88	69	75
Sheltered Count of Homeless Households with Children	99	87	68	75
Unsheltered Count of Homeless Households with Children	1	1	1	0

Homeless Veteran PIT Counts

	2011	2016	2017	2018	2019
Total Sheltered and Unsheltered Count of the Number of Homeless Veterans	314	191	166	129	225
Sheltered Count of Homeless Veterans	303	167	151	115	210
Unsheltered Count of Homeless Veterans	11	24	15	14	15

2019 HDX Competition Report

HIC Data for KY-501 - Louisville-Jefferson County CoC

HMIS Bed Coverage Rate				
Project Type	Total Beds in 2019 HIC	Total Beds in 2019 HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) Beds	494	103	391	100.00%
Safe Haven (SH) Beds	0	0	0	NA
Transitional Housing (TH) Beds	279	0	243	87.10%
Rapid Re-Housing (RRH) Beds	310	0	310	100.00%
Permanent Supportive Housing (PSH) Beds	1708	0	1708	100.00%
Other Permanent Housing (OPH) Beds	226	0	216	95.58%
Total Beds	3,017	103	2868	98.42%

2019 HDX Competition Report

HIC Data for KY-501 - Louisville-Jefferson County CoC

PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

Chronically Homeless Bed Counts	2016 HIC	2017 HIC	2018 HIC	2019 HIC
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC	597	664	180	260

Rapid Rehousing (RRH) Units Dedicated to Persons in Household with Children

Households with Children	2016 HIC	2017 HIC	2018 HIC	2019 HIC
RRH units available to serve families on the HIC	31	32	85	95

Rapid Rehousing Beds Dedicated to All Persons

All Household Types	2016 HIC	2017 HIC	2018 HIC	2019 HIC
RRH beds available to serve all populations on the HIC	114	123	331	310

2019 HDX Competition Report

FY2018 - Performance Measurement Module (Sys PM)

Summary Report for KY-501 - Louisville-Jefferson County CoC

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than October, 1, 2012.

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.

Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

a. This measure is of the client's entry, exit, and bed night dates strictly as entered in the HMIS system.

	Universe (Persons)		Average LOT Homeless (bed nights)		Median LOT Homeless (bed nights)	
	Submitted FY 2017	FY 2018	Submitted FY 2017	FY 2018	Submitted FY 2017	FY 2018
1.1 Persons in ES and SH	4017	3974	37	39	12	11
1.2 Persons in ES, SH, and TH	4341	4224	64	59	16	14
				-5		-2

b. This measure is based on data element 3.17.

This measure includes data from each client's Living Situation (Data Standards element 3.917) response as well as time spent in permanent housing projects between Project Start and Housing Move-In. This information is added to the client's entry date, effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

The construction of this measure changed, per HUD's specifications, between FY 2016 and FY 2017. HUD is aware that this may impact the change between these two years.

2019 HDX Competition Report

FY2018 - Performance Measurement Module (Sys PM)

Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

After entering data, please review and confirm your entries and totals. Some HMIS reports may not list the project types in exactly the same order as they are displayed below.

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)	Returns to Homelessness in Less than 6 Months		Returns to Homelessness from 6 to 12 Months		Returns to Homelessness from 13 to 24 Months		Number of Returns in 2 Years	
		FY 2018	% of Returns	FY 2018	% of Returns	FY 2018	% of Returns	FY 2018	% of Returns
Exit was from SO	48	11	23%	2	4%	6	13%	19	40%
Exit was from ES	576	100	17%	32	6%	32	6%	164	28%
Exit was from TH	302	22	7%	13	4%	23	8%	58	19%
Exit was from SH	0	0		0		0		0	
Exit was from PH	397	33	8%	19	5%	22	6%	74	19%
TOTAL Returns to Homelessness	1323	166	13%	66	5%	83	6%	315	24%

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

2019 HDX Competition Report

FY2018 - Performance Measurement Module (Sys PM)

This measures the change in PIT counts of sheltered and unsheltered homeless person as reported on the PIT (not from HMIS).

	January 2017 PIT Count	January 2018 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	1034	926	-108
Emergency Shelter Total	524	555	31
Safe Haven Total	0	0	0
Transitional Housing Total	359	218	-141
Total Sheltered Count	883	773	-110
Unsheltered Count	151	153	2

Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

	Submitted FY 2017	FY 2018	Difference
Universe: Unduplicated Total sheltered homeless persons	4875	4800	-75
Emergency Shelter Total	4455	4531	76
Safe Haven Total	0	0	0
Transitional Housing Total	659	420	-239

2019 HDX Competition Report FY2018 - Performance Measurement Module (Sys PM)

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

	Submitted FY 2017	FY 2018	Difference
Universe: Number of adults (system stayers)	624	646	22
Number of adults with increased earned income	36	52	16
Percentage of adults who increased earned income	6%	8%	2%

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

	Submitted FY 2017	FY 2018	Difference
Universe: Number of adults (system stayers)	624	646	22
Number of adults with increased non-employment cash income	162	180	18
Percentage of adults who increased non-employment cash income	26%	28%	2%

Metric 4.3 – Change in total income for adult system stayers during the reporting period

	Submitted FY 2017	FY 2018	Difference
Universe: Number of adults (system stayers)	624	646	22
Number of adults with increased total income	190	201	11
Percentage of adults who increased total income	30%	31%	1%

2019 HDX Competition Report

FY2018 - Performance Measurement Module (Sys PM)

Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY 2017	FY 2018	Difference
Universe: Number of adults who exited (system leavers)	237	290	53
Number of adults who exited with increased earned income	38	36	-2
Percentage of adults who increased earned income	16%	12%	-4%

Metric 4.5 – Change in non-employment cash income for adult system leavers

	Submitted FY 2017	FY 2018	Difference
Universe: Number of adults who exited (system leavers)	237	290	53
Number of adults who exited with increased non-employment cash income	60	96	36
Percentage of adults who increased non-employment cash income	25%	33%	8%

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY 2017	FY 2018	Difference
Universe: Number of adults who exited (system leavers)	237	290	53
Number of adults who exited with increased total income	93	120	27
Percentage of adults who increased total income	39%	41%	2%

2019 HDX Competition Report

FY2018 - Performance Measurement Module (Sys PM)

Measure 5: Number of persons who become homeless for the 1st time

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

	Submitted FY 2017	FY 2018	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	4498	4623	125
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	1351	1402	51
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	3147	3221	74

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

	Submitted FY 2017	FY 2018	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	4954	4974	20
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	1575	1561	-14
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	3379	3413	34

2019 HDX Competition Report

FY2018 - Performance Measurement Module (Sys PM)

Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD's Homeless Definition in CoC Program-funded Projects

This Measure is not applicable to CoCs in FY2018 (Oct 1, 2017 - Sept 30, 2018) reporting period.

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

Metric 7a.1 – Change in exits to permanent housing destinations

	Submitted FY 2017	FY 2018	Difference
Universe: Persons who exit Street Outreach	414	385	-29
Of persons above, those who exited to temporary & some institutional destinations	239	239	0
Of the persons above, those who exited to permanent housing destinations	64	82	18
% Successful exits	73%	83%	10%

Metric 7b.1 – Change in exits to permanent housing destinations

2019 HDX Competition Report

FY2018 - Performance Measurement Module (Sys PM)

	Submitted FY 2017	FY 2018	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	4414	4146	-268
Of the persons above, those who exited to permanent housing destinations	880	647	-233
% Successful exits	20%	16%	-4%

Metric 7b.2 – Change in exit to or retention of permanent housing

	Submitted FY 2017	FY 2018	Difference
Universe: Persons in all PH projects except PH-RRH	1762	1606	-156
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	1703	1542	-161
% Successful exits/retention	97%	96%	-1%

2019 HDX Competition Report
FY2018 - SysPM Data Quality
KY-501 - Louisville-Jefferson County CoC

This is a new tab for FY 2016 submissions only. Submission must be performed manually (data cannot be uploaded). Data coverage and quality will allow HUD to better interpret your Sys PM submissions.

Your bed coverage data has been imported from the HIC module. The remainder of the data quality points should be pulled from data quality reports made available by your vendor according to the specifications provided in the HIMS Standard Reporting Terminology Glossary. You may need to run multiple reports into order to get data for each combination of year and project type.

You may enter a note about any field if you wish to provide an explanation about your data quality results. This is not required.

2019 HDX Competition Report

FY2018 - SysPM Data Quality

	All ES, SH				All TH				All PSH, OPH				All RRH				All Street Outreach			
	2014-2015	2015-2016	2016-2017	2017-2018	2014-2015	2015-2016	2016-2017	2017-2018	2014-2015	2015-2016	2016-2017	2017-2018	2014-2015	2015-2016	2016-2017	2017-2018	2014-2015	2015-2016	2016-2017	2017-2018
1. Number of non-DV Beds on HIC	521	453	407	373	497	425	406	244	1785	1832	1952	1940	62	82	119	331				
2. Number of HMIS Beds	521	453	407	373	497	420	402	208	1399	1401	1467	1848	62	82	119	331				
3. HMIS Participation Rate from HIC (%)	100.00	100.00	100.00	100.00	100.00	98.82	99.01	85.25	78.38	76.47	75.15	95.26	100.00	100.00	100.00	100.00				
4. Unduplicated Persons Served (HMIS)	5222	4362	4151	5036	1120	1225	573	429	1753	1777	1866	2176	347	397	239	478	428	439	483	267
5. Total Leavers (HMIS)	4837	3970	3795	4652	753	752	370	301	341	360	398	421	170	286	96	255	368	347	422	256
6. Destination of Don't Know, Refused, or Missing (HMIS)	2628	2154	1853	2968	61	41	27	16	6	21	13	22	30	2	8	1	0	0	1	2
7. Destination Error Rate (%)	54.33	54.26	48.83	63.80	8.10	5.45	7.30	5.32	1.76	5.83	3.27	5.23	17.65	0.70	8.33	0.39	0.00	0.00	0.24	0.78

2019 HDX Competition Report

Submission and Count Dates for KY-501 - Louisville-Jefferson County CoC

Date of PIT Count

	Date	Received HUD Waiver
Date CoC Conducted 2019 PIT Count	1/30/2019	

Report Submission Date in HDX

	Submitted On	Met Deadline
2019 PIT Count Submittal Date	4/20/2019	Yes
2019 HIC Count Submittal Date	4/20/2019	Yes
2018 System PM Submittal Date	5/30/2019	Yes



August 6, 2019

Ms. Renee Ryles
Acting CPD Director
U.S. Department of Housing and Urban Development
601 W. Broadway
Louisville, KY 40201

Dear Ms. Ryles:

This letter is to document our strong working relationship with the Louisville Continuum of Care and our commitment to ending homelessness in Louisville, Kentucky. The Louisville Metro Housing Authority is the only housing authority in the Louisville Continuum of Care. We continue to provide preferences to facilitate the housing of individuals experiencing homelessness. The attached appendices show the pages of our Housing Choice Voucher Administrative Plan (Appendix A) and our Public Housing Admissions and Continuing Occupancy Policy (Appendix B) that reference preferences for households experiencing homelessness.

Through its Moving to Work Special Referral Program, LMHA partners with local, non-profit social services organizations. LMHA creates preferences for persons experiencing homelessness while partnering agencies provide social services support (See Appendix A, Section b.ii.). In addition to our current Veterans Affairs Supportive Housing (VASH) Program, LMHA has also created a preference for veterans experiencing homelessness who are referred by the Common Assessment Team (See Appendix A, b.iv. and Appendix B, Section 10.1.E.).

As per PIH Notice 2013-15 (HA) which outlines guidelines on housing families experiencing homelessness, LMHA has established a preference for families who are referred by the Common Assessment Team—often referred to as “Move Up” vouchers (See Appendix A, Section b.v.). Finally, an LMHA representative serves on the Continuum of Care Board and is active in planning coordinated efforts with community providers. We continue to be committed to ending homelessness in Louisville.

Sincerely,

A handwritten signature in blue ink, appearing to read "L. Osanka".

Lisa Osanka
Executive Director

Appendix A

Selections from the Housing Choice Voucher Administrative Plan

All Applicants who claim eligibility for at least one preference will be listed before Applicants who do not claim eligibility for any preference.

b. Preferences²

Consistent with the Housing Authority's Moving to Work (MTW) Annual Plan; the Consolidated Plan that covers the LMHA jurisdiction; and local housing needs and priorities, the Housing Authority will give an admissions preference to Applicant Families that meet at least one of the following criteria:

- i. Applicant Families that successfully completed the Housing Authority's HCV Homeownership Program by becoming economically independent, and who still own and reside in the formerly assisted unit, but who now, through extenuating services, need HCV assistance again.
- ii. Applicant Families that have applied to (and met the admissions criteria for) one of the Housing Authority's Special Referral Programs. Information on applying to these Programs can be found in Appendix 7.
- iii. Public Housing Program Participant Families graduating from the Housing Authority's Special Referral Program with Family Scholar House in good standing. Applicant Family eligibility for this preference must be verified by Family Scholar House.
- iv. Applicant Families referred by the Family Health Centers Common Assessment Team that include an Adult Household Member who is a Homeless veteran. For the purpose of determining eligibility for this preference, the term "veteran" includes anyone who wore the uniform of any of the military forces. It does not include National Guard members who were never called up for service.³ Families that believe they may qualify for this admissions preference should contact:

Family Health Centers Common Assessment Team
1300 S. 4th St., Suite 200
Louisville, KY 40208
Phone: (502) 773-3811
Website: <http://www.fhclouisville.org/health-services/healthcare-for-the-homeless>

- v. Applicant Families referred by the Family Health Centers Common Assessment Team that are currently assisted through the **Louisville Metro Continuum of Care**. Families that believe they may qualify for this admissions preference should contact:

Family Health Centers Common Assessment Team

² 24 CFR 982.202, How Applicants Are Selected: General Requirements and 24 CFR 982.207, Waiting List: Local Preferences in Admission to Program

³ *RX: Housing Veterans*. Report to Mayor Fischer on Ending Veteran Homelessness in Louisville, Kentucky. 5 December 2014.

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The LMHA will not deny a local preference, nor otherwise exclude or penalize an Applicant Family, solely because the Family resides in public housing.

c. Selection from the Waiting List

All admissions preferences will be treated equally. For the purpose of waiting list placement, an Applicant Family that is eligible for more than one preference will be treated the same as a Family with only one preference.

The date the pre-application was postmarked will be utilized to determine the sequence in which preference holders are added to the waiting list. If the postmark date is a business day, that date is used. If the postmark date is not a business day, the date of the next business day is used. If multiple pre-applications are dated the same business day, a randomized, objective method will be used to decide the order in which these Families are added to the waiting list.

Non-preference holders will be listed on the waiting list after preference holders. If the postmark date is a business day, that date is used. If the postmark date is not a business day, the date of the next business day is used. If multiple pre-applications are dated the same business day, a randomized, objective method will be used to decide the order in which these Families are added to the waiting list.

Notwithstanding the above, if necessary to meet the statutory requirement that 75% of newly admitted Participant Families in any fiscal year be Extremely Low-Income Families, the LMHA retains the right to skip higher income Applicant Families on the waiting list to reach Extremely Low-Income Families. This measure will be taken only if it appears that the statutory goal will not otherwise be met. To ensure this goal is met, the Housing Authority will monitor the incomes of newly admitted Participant Families and the incomes of Applicant Families on the waiting list.⁴

If there are not enough Extremely Low-Income Applicant Families on the waiting list, the LMHA will conduct outreach on a non-discriminatory basis to attract these Families.

d. Removing an Applicant Family from the Waiting List⁵

The LMHA will not remove an Applicant Family from the waiting list unless:

⁴ 24 CFR 982.201, Eligibility and Targeting

⁵ 24 CFR 982.204, Waiting List: Administration of Waiting List

A. VETERANS AFFAIRS SUPPORTIVE HOUSING (VASH) PROGRAM BACKGROUND¹

The Veterans Affairs Supportive Housing (VASH) Program has two primary goals:

1. To end veteran homelessness; and
2. To obtain and sustain the veteran in permanent housing.

In order to achieve these goals, participating homeless veterans are provided:

1. Housing Choice Voucher (HCV) rental assistance;
2. Case management; and
3. Clinical services.

The Department of Housing and Urban Development (HUD) awards vouchers to Public Housing Agencies, so they can provide rental assistance, while the Department of Veterans Affairs provides case management and clinical services.

The Louisville Metro Housing Authority (LMHA) currently administers 320 vouchers through the VASH Program. Of these, 285 vouchers serve Jefferson County, Kentucky, while 35 serve Southern Indiana.

B. APPLYING TO THE VASH PROGRAM²

Any homeless veteran interested in participating in the VASH Program should contact their local Veterans Affairs Medical Center (VAMC) directly or call the National Call Center for Homeless Veterans telephone hotline at 1-877-424-3838 (1-877-4-AID-VET).

A Case Manager with the Department of Veterans Affairs will determine whether the Applicant meets the following eligibility requirements:

1. Eligible for Department of Veterans Affairs Health Care;
2. Meets the McKinney Vento definition of Homeless (see subsection (C) below);
3. Has an identified need for case management to successfully live in community housing; and
4. Agrees to participate in a program of recovery and in case management.

¹ HUD – VASH 101: An Introduction to the Program. Prepared by the HUD-VASH National Team, 24 January 2012. http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/programs/hcv/vash

² *Ibid*

Once the Case Manager has determined that the Applicant meets the eligibility requirements listed above, the Department of Veterans Affairs will refer the veteran to the LMHA.

Before issuing an HCV voucher, the LMHA will verify that the Applicant meets the HCV Program's income requirements and that the Applicant is not a lifetime registered sex offender under a state sex offender registration program.

If the LMHA decides the veteran's application to the VASH Program should be denied, the Applicant may request an informal review in accordance with Section 4(F) of this Plan.

C. THE MCKINNEY-VENTO DEFINITION OF HOMELESS

As indicated in subsection (B) above, in order to qualify for the VASH Program, a veteran must meet the definition of Homeless included in the McKinney-Vento Homeless Assistance Act.

Note: The McKinney-Vento definition of Homeless is NOT the same as the definition of Homeless provided in the Glossary of this Administrative Plan.

According to the McKinney-Vento Act, the "General Definition of Homeless Individual" is as follows:³

“(a) IN GENERAL.—For purposes of this Act, the term ‘homeless,’ ‘homeless individual,’ and ‘homeless person’ means—

- (1) an individual or Family who lacks a fixed, regular, and adequate nighttime residence;
- (2) an individual or Family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
- (3) an individual or Family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including hotels and motels paid for by Federal, State, or local government programs for low-income individuals or by charitable organizations, congregate shelters, and transitional housing);
- (4) an individual who resided in a shelter or place not meant for human habitation and who is exiting an institution where he or she temporarily resided;
- (5) an individual or Family who —

(A) will imminently lose their housing, including housing they own, rent, or live in without paying rent, are sharing with others, and rooms in hotels or motels not paid for by Federal,

³ 42 USC 11302

State, or local government programs for low-income individuals or by charitable organizations, as evidenced by—

- (i) a court order resulting from an eviction action that notifies the individual or Family that they must leave within 14 days;
- (ii) the individual or Family having a primary nighttime residence that is a room in a hotel or motel and where they lack the resources necessary to reside there for more than 14 days; or
- (iii) credible evidence indicating that the Owner or renter of the housing will not allow the individual or Family to stay for more than 14 days, and any oral statement from an individual or Family seeking homeless assistance that is found to be credible shall be considered credible evidence for purposes of this clause;

(B) has no subsequent residence identified; and

(C) lacks the resources or support networks needed to obtain other permanent housing; and

(6) unaccompanied youth and homeless Families with children and youth defined as homeless under other Federal statutes who—

(A) have experienced a long term period without living independently in permanent housing.

(B) have experienced persistent instability as measured by frequent moves over such period, and

(C) can be expected to continue in such status for an extended period of time because of chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse, the presence of a child or youth with a disability, or multiple barriers to employment.

(b) Domestic violence and other dangerous or life-threatening conditions

Notwithstanding any other provision of this section, the Secretary shall consider to be homeless any individual or Family who is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions in the individual's or Family's current housing situation, including where the health and safety of children are jeopardized, and who have no other residence and lack the resources or support networks to obtain other permanent housing.

(c) Income eligibility

(1) In general

A homeless individual shall be eligible for assistance under any program provided by this chapter, only if the individual complies with the income eligibility requirements otherwise applicable to such program.

(c) Exception

Notwithstanding paragraph (1), a homeless individual shall be eligible for assistance under title I of the Workforce Investment Act of 1998 [29 U.S.C. 2801 et seq.].

(d) Exclusion

For purposes of this chapter, the term "homeless" or "homeless individual" does not include any individual imprisoned or otherwise detained pursuant to an Act of the Congress or a State law.

(e) Persons experiencing homelessness

Any references in this chapter to homeless individuals (including homeless persons) or homeless groups (including homeless persons) shall be considered to include, and to refer to, individuals experiencing homelessness or groups experiencing homelessness, respectively."

D. CONTINUED ASSISTANCE FOR VASH FAMILIES THAT NO LONGER REQUIRE CASE MANAGEMENT OR THE VETERAN DIES

For Families participating in the VASH Program, a Department of Veterans Affairs Medical Center determination that the Family no longer requires case management is not grounds for termination of assistance. In such cases, the LMHA will offer the Family continued assistance through one of its tenant-based HCV vouchers, in order to free up a VASH voucher for another eligible Family referred by the Department of Veterans Affairs Medical Center. If the Housing Authority has no tenant-based HCV voucher to offer the Family, the Family will retain their VASH voucher until such time as the LMHA has an available tenant-based HCV voucher to offer the Family.⁴

The death of the VASH veteran is not grounds for termination of assistance. In such cases, the LMHA will offer the Remaining Members of a Tenant Family continued assistance through one of its tenant-based HCV vouchers in order to free up a VASH voucher for another eligible Family referred by the Department of Veterans Affairs Medical Center. If the Housing Authority has no tenant-based HCV voucher to offer the Family, the Family will retain their VASH voucher until such time as the LMHA has an available tenant-based HCV voucher to offer the Family.

⁴ 77 FR 17086, Section 8 Housing Choice Vouchers: Revised Implementation of the HUD-VA Supportive Housing Program

Using regulatory flexibilities provided through the Department of Housing and Urban Development's Moving to Work (MTW) Program, the Louisville Metro Housing Authority (LMHA) has created a number of unique Special Referral Programs in partnership with local social service organizations. These programs assist traditionally underserved populations, including the homeless and those with severe mental illness, by combining rental assistance with wraparound social services.

Special Referral Program Applicants must meet both Housing Choice Voucher (HCV) Program eligibility requirements and any additional eligibility criteria of the social service partner.

Families interested in participating in one of these Special Referral Programs should contact the social service partner directly. Contact information for each partner agency is listed on the following page.

Note: Participants in a number of these programs are required to reside in housing units designated by the partner agency. Other programs allow participants to select a housing unit anywhere within the LMHA jurisdiction, subject to the same limits normally imposed on unit selection in the tenant-based HCV Program. Prospective Applicants should contact the social service partner directly to find out whether or not they will be required to live at a certain housing site.

Louisville Metro Housing Authority Special Referral Programs

Social Service Partner	Population Served	Contact Information			Vouchers Available
		Address	Phone ¹	Web	
Center for Accessible Living (Mainstream Program)	Families where head-of-household or spouse is disabled	305 W. Broadway, Suite 200, 40202	Voice: 589-6620 TTY: 589-6690	www.calky.org/services/housing	300
Center for Women & Families	Victims of domestic or sexual violence	927 S. 2 nd St., 40206	581-7200	www.thecenteronline.org	22
Centerstone	People with Severe Mental Illness	101 W. Muhammad Ali Blvd., 40202	589-1100	www.sevencounties.org	50
Choices	Homeless Families	419 S. Shelby St., 40202	585-3780	www.choiceshome.org	6
ChooseWell Communities	Pregnant or post-partum mothers who have completed addiction treatment	323 W. Broadway, #504, 40202	800-520-4914	www.choosewell.org/what-we-do/project-thrive/	70
Coalition for the Homeless	Homeless Families with school-age child(ren)	1300 S. 4th St., #250, 40208	636-9550	http://loulouhometess.org	20
Coalition for the Homeless	Chronically homeless Families transitioning from temporary homeless services vouchers	1300 S. 4th St., #250, 40208	636-9550	http://loulouhometess.org	100
Day Spring	Adults with developmental disabilities	3430 Day Spring Court, 40213	636-5990	http://dayspringky.org	4
Family & Children's Place	Those leaving an institution who are also at risk of homelessness	525 Zane St., 40203	893-3900	www.familyandchildrensplace.org/our-services/homeless-prevention-services/	10
Family Scholar House	One parent Families & foster care alumni who are Independent Students.	403 Reg Smith Circle, 40208	584-8090	www.familyscholarhouse.org	284
Home of the Innocents	Homeless youth ages 18-24 & their dependents	1100 E. Market St., 40206	596-1000	www.homeoftheinnocents.org	10
House of Ruth	Individuals who are homeless & HIV-positive	607 E. St. Catherine St., 40203	587-5080	www.houseofruth.net/our-programs/glade-house/	10
Kentucky Cabinet for Health & Family Services (Partnership for Families)	Families where housing is the only remaining issue preventing reunification of child(ren) with parents or child(ren) being removed from household	CHFS DCBS Jefferson Regional Office 908 W. Broadway, 4 East, 40203	595-4732		70

¹ Area code is 502 unless otherwise noted

Social Service Partner	Population Served	Contact Information			Vouchers Available
		Address	Phone ¹	Web	
Kentucky Cabinet for Health & Family Services / Kentucky Housing Corporation	Families where at least one Family Member has a severe psychiatric illness	CHFS DCBS Jefferson Regional Office 908 W. Broadway, 4 East, 40203	595-4732		10
Kentucky Department for Behavioral Health	Individuals with severe & persistent psychiatric illness	100 Fair Oaks Ln., 4E-B, Frankfort, KY, 40621	564-4527	http://dbhdid.ky.gov	60
Louisville Substance Abuse & Mental Health Administration Community Consortium (100,000 Homes Initiative)	Chronically Homeless Families	712 E. Muhammad Ali Blvd, 40202	568-6972	www.hclouisville.org/health-services/healthcare-for-the-homeless	130
Phoenix Health Center	Families leaving HUD's Shelter + Care Program	712 E. Muhammad Ali Blvd, 40202	568-6972	www.hclouisville.org/health-services/healthcare-for-the-homeless	10
St. Vincent DePaul	Families with children where the family is homeless or at risk of homelessness	1015-C S. Preston St., 40203	584-2480	www.svdplou.org/housing-programs/	10
Volunteers of America Mid-States	Women recovering from substance abuse disorders and who are pregnant and/or parenting and who are referred by VOA's Living for Woman program	4303 West Broadway, 40211	636-4649	www.voamid.org	50
Wellspring	Individuals with severe & persistent psychiatric illness or intellectual disabilities	PO Box 1927, 40201	753-1456	www.wellspring-house.org	23
Louisville Metro Government Office of Resilience and Community Services ²	Homeless individuals participating in ShelterWorks program	701 W Ormsby, 40203	574-4377	Louisvilleky.gov/government/resilience-and-community-services	10

Appendix B

Selections from Public Housing Admissions and Continuing Occupancy Policy

10.1 PREFERENCES

The LMHA will select families based on the following preferences within each bedroom size (0-bedroom, 1-bedroom, 2-bedroom, etc.). These preferences are based on local housing needs and priorities:

- A. *Former Clarksdale residents who were relocated by the LMHA as a result of the Housing Authority's HOPE VI Revitalization of the site receive a one-time preference for all rental units built through the Liberty Green Revitalization effort. (Category 1 preference)*

These families should apply through the Liberty Green site-based waiting list for units at Liberty Green, and through the agency's central waiting list for all other units built through the Revitalization effort:

- B. *Former Sheppard Square residents who were relocated by the LMHA as a result of the Housing Authority's HOPE VI Revitalization of the site receive a one-time preference for all rental units built through the Sheppard Square Revitalization effort. (Category 1 preference)*

These families should apply through the Sheppard Square site-based waiting list for units at Sheppard Square, and through the agency's central waiting list for all other units built through the Revitalization effort:

- C. *Former Beecher Terrace residents who were relocated by the LMHA as a result of the Housing Authority's Choice Neighborhood Initiative Revitalization of the site receive a one-time preference for all rental units built through the Beecher Terrace Revitalization effort. (Category 1 preference)*

These families should apply through the Beecher Terrace site-based waiting list for units at Beecher Terrace, and through the agency's central waiting list for all other units built through the Revitalization effort:

- D. *An involuntarily displaced individual or family. (Category 1 preference)*

To qualify for this preference, an individual or family must meet at least one of the following criteria:

1. An individual or family displaced by government action;
2. An individual or family that includes a member who is unable to use critical elements of their current rental unit due to a mobility impairment and where the owner is neither legally obligated nor willing to make adaptive modifications;

3. An individual or family that is facing an eviction action due to reasons beyond their control or cause;
4. An individual or family that has been forced to vacate their home due to a fire that was beyond their control or cause; or
5. An individual or family whose dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized by a unit of local, state, or federal government;
6. Victims of domestic violence where the most recent incident of abuse occurred no more than thirty calendar days before the date the applicant begins the full application process;

E. *Individuals and families referred by the Family Health Centers Common Assessment Team that include an adult household member who is a homeless veteran. (Category 2 preference)*

For the purpose of determining eligibility for this preference, at least one adult household member must both:

1. Meet the criteria for "homeless" as the term is defined in this Plan's Glossary; and
2. Be a veteran, where "veteran" means a person who wore the uniform of any of the military forces. The term "veteran" does not include National Guard members who were never called up for service.¹

In addition, the individual or family must be referred to the LMHA by the Family Health Centers Common Assessment Team.

Families or individuals that believe they may qualify for this admissions preference should contact:

Family Health Centers Common Assessment Team
 1300 S. 4th St., Suite 200
 Louisville, KY 40208
 Phone: (502) 773-3811
 Website: <http://www.fhclouisville.org/health-services/healthcare-for-the-homeless>

F. *Participants successfully graduating from the YouthBuild Louisville program. (Category 3 preference)*

This preference only applies to participants living in subleased LMHA public housing at the time of program completion. Such individuals receive a preference for either

¹ RY: *Housing Veterans. Report to Mayor Fischer on Ending Veteran Homelessness in Louisville, Kentucky.* 5 December 2014.
 Louisville Metro Housing Authority (LMHA)
 Admissions and Continuing Occupancy Policy (ACOP)
 EFFECTIVE APRIL 17, 2019

the Housing Choice Voucher or Public Housing Program, but not both;

G. *An individual or family displaced as a result of physical violence. (Category 3 preference)*

To qualify for this preference, an individual or family must meet at least one of the following criteria:

1. Victims of domestic violence where the most recent incident of abuse occurred no more than thirty calendar days before the date the applicant begins the full application process;
2. Victims of hate crime(s), where a hate crime is defined as actual or threatened physical violence or intimidation that is directed against a person or their property and is based on the person's race, color, religion, sex, perceived or actual sexual orientation or gender identity, national origin, handicap, or familial status. The most recent incident must have occurred no more than thirty calendar days before the date the applicant begins the full application process; or
3. Police informants for whom the law enforcement agency has recommended re-housing in order to avoid or minimize the risk of violence against family members.

H. *A homeless applicant*, as verified through the Kentucky Homeless Management Information System (HMIS). The applicant must be identified within Kentucky HMIS as having been homeless within the thirty calendar days immediately prior to the date they begin the full application process. *(Category 3 preference)*

Applicants that qualify for a Category 1 preference will be housed first.

Applicants that qualify for a Category 2 preference (but not a Category 1 preference) will be housed before applicants that qualify for a Category 3 preference.

Applicants that qualify for a Category 3 preference (but not a Category 1 or 2 preference) will be housed before applicants that do not qualify for a preference.

Within the same preference category, applicants that qualify for multiple preferences will not be housed before applicants that qualify for fewer preferences.

Within the same preference category, the date and time of pre-application will be used to determine the sequence in which applicants are housed.

Buildings Designed for the Elderly (55+) and Disabled (Mixed Population Developments): Avenue Plaza, William E. Seay Plaza, Dosker Manor, Lourdes Hall, The Weathers Building (Park DuValle), and St. Catherine Court have been designed to meet the needs of the elderly (55+) and disabled. Preference will be given to elderly and disabled



August 6, 2019

Ms. Renee Ryles
Acting CPD Director
U.S. Department of Housing and Urban Development
601 W. Broadway
Louisville, KY 40201

Dear Ms. Ryles:

This letter is to document our strong working relationship with the Louisville Continuum of Care and our commitment to ending homelessness in Louisville, Kentucky. The Louisville Metro Housing Authority is the only housing authority in the Louisville Continuum of Care. We continue to provide preferences to facilitate the housing of individuals experiencing homelessness. The attached appendices show the pages of our Housing Choice Voucher Administrative Plan (Appendix A) and our Public Housing Admissions and Continuing Occupancy Policy (Appendix B) that reference preferences for households experiencing homelessness.

Through its Moving to Work Special Referral Program, LMHA partners with local, non-profit social services organizations. LMHA creates preferences for persons experiencing homelessness while partnering agencies provide social services support (See Appendix A, Section b.ii.). In addition to our current Veterans Affairs Supportive Housing (VASH) Program, LMHA has also created a preference for veterans experiencing homelessness who are referred by the Common Assessment Team (See Appendix A, b.iv. and Appendix B, Section 10.1.E.).

As per PIH Notice 2013-15 (HA) which outlines guidelines on housing families experiencing homelessness, LMHA has established a preference for families who are referred by the Common Assessment Team—often referred to as “Move Up” vouchers (See Appendix A, Section b.v.). Finally, an LMHA representative serves on the Continuum of Care Board and is active in planning coordinated efforts with community providers. We continue to be committed to ending homelessness in Louisville.

Sincerely,

A handwritten signature in blue ink, appearing to read "L. Osanka".

Lisa Osanka
Executive Director

Appendix A

Selections from the Housing Choice Voucher Administrative Plan

All Applicants who claim eligibility for at least one preference will be listed before Applicants who do not claim eligibility for any preference.

b. Preferences²

Consistent with the Housing Authority's Moving to Work (MTW) Annual Plan; the Consolidated Plan that covers the LMHA jurisdiction; and local housing needs and priorities, the Housing Authority will give an admissions preference to Applicant Families that meet at least one of the following criteria:

- i. Applicant Families that successfully completed the Housing Authority's HCV Homeownership Program by becoming economically independent, and who still own and reside in the formerly assisted unit, but who now, through extenuating services, need HCV assistance again.
- ii. Applicant Families that have applied to (and met the admissions criteria for) one of the Housing Authority's Special Referral Programs. Information on applying to these Programs can be found in Appendix 7.
- iii. Public Housing Program Participant Families graduating from the Housing Authority's Special Referral Program with Family Scholar House in good standing. Applicant Family eligibility for this preference must be verified by Family Scholar House.
- iv. Applicant Families referred by the Family Health Centers Common Assessment Team that include an Adult Household Member who is a Homeless veteran. For the purpose of determining eligibility for this preference, the term "veteran" includes anyone who wore the uniform of any of the military forces. It does not include National Guard members who were never called up for service.³ Families that believe they may qualify for this admissions preference should contact:

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If there are not enough Extremely Low-Income Applicant Families on the waiting list, the LMHA will conduct outreach on a non-discriminatory basis to attract these Families.

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B. APPLYING TO THE VASH PROGRAM²

Any homeless veteran interested in participating in the VASH Program should contact their local Veterans Affairs Medical Center (VAMC) directly or call the National Call Center for Homeless Veterans telephone hotline at 1-877-424-3838 (1-877-4-AID-VET).

A Case Manager with the Department of Veterans Affairs will determine whether the Applicant meets the following eligibility requirements:

1. Eligible for Department of Veterans Affairs Health Care;
2. Meets the McKinney Vento definition of Homeless (see subsection (C) below);
3. Has an identified need for case management to successfully live in community housing; and
4. Agrees to participate in a program of recovery and in case management.

¹ HUD – VASH 101: An Introduction to the Program. Prepared by the HUD-VASH National Team, 24 January 2012. http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/programs/hcv/vash

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Once the Case Manager has determined that the Applicant meets the eligibility requirements listed above, the Department of Veterans Affairs will refer the veteran to the LMHA.

Before issuing an HCV voucher, the LMHA will verify that the Applicant meets the HCV Program's income requirements and that the Applicant is not a lifetime registered sex offender under a state sex offender registration program.

If the LMHA decides the veteran's application to the VASH Program should be denied, the Applicant may request an informal review in accordance with Section 4(F) of this Plan.

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“(a) IN GENERAL.—For purposes of this Act, the term ‘homeless,’ ‘homeless individual,’ and ‘homeless person’ means—

- (1) an individual or Family who lacks a fixed, regular, and adequate nighttime residence;
- (2) an individual or Family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
- (3) an individual or Family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including hotels and motels paid for by Federal, State, or local government programs for low-income individuals or by charitable organizations, congregate shelters, and transitional housing);
- (4) an individual who resided in a shelter or place not meant for human habitation and who is exiting an institution where he or she temporarily resided;
- (5) an individual or Family who —

(A) will imminently lose their housing, including housing they own, rent, or live in without paying rent, are sharing with others, and rooms in hotels or motels not paid for by Federal,

³ 42 USC 11302

State, or local government programs for low-income individuals or by charitable organizations, as evidenced by—

- (i) a court order resulting from an eviction action that notifies the individual or Family that they must leave within 14 days;
- (ii) the individual or Family having a primary nighttime residence that is a room in a hotel or motel and where they lack the resources necessary to reside there for more than 14 days; or
- (iii) credible evidence indicating that the Owner or renter of the housing will not allow the individual or Family to stay for more than 14 days, and any oral statement from an individual or Family seeking homeless assistance that is found to be credible shall be considered credible evidence for purposes of this clause;

(B) has no subsequent residence identified; and

(C) lacks the resources or support networks needed to obtain other permanent housing; and

(6) unaccompanied youth and homeless Families with children and youth defined as homeless under other Federal statutes who—

(A) have experienced a long term period without living independently in permanent housing.

(B) have experienced persistent instability as measured by frequent moves over such period, and

(C) can be expected to continue in such status for an extended period of time because of chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse, the presence of a child or youth with a disability, or multiple barriers to employment.

(b) Domestic violence and other dangerous or life-threatening conditions

Notwithstanding any other provision of this section, the Secretary shall consider to be homeless any individual or Family who is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions in the individual's or Family's current housing situation, including where the health and safety of children are jeopardized, and who have no other residence and lack the resources or support networks to obtain other permanent housing.

(c) Income eligibility

(1) In general

A homeless individual shall be eligible for assistance under any program provided by this chapter, only if the individual complies with the income eligibility requirements otherwise applicable to such program.

(2) Exception

Notwithstanding paragraph (1), a homeless individual shall be eligible for assistance under title I of the Workforce Investment Act of 1998 [29 U.S.C. 2801 et seq.].

(d) Exclusion

For purposes of this chapter, the term "homeless" or "homeless individual" does not include any individual imprisoned or otherwise detained pursuant to an Act of the Congress or a State law.

(e) Persons experiencing homelessness

Any references in this chapter to homeless individuals (including homeless persons) or homeless groups (including homeless persons) shall be considered to include, and to refer to, individuals experiencing homelessness or groups experiencing homelessness, respectively."

D. CONTINUED ASSISTANCE FOR VASH FAMILIES THAT NO LONGER REQUIRE CASE MANAGEMENT OR THE VETERAN DIES

For Families participating in the VASH Program, a Department of Veterans Affairs Medical Center determination that the Family no longer requires case management is not grounds for termination of assistance. In such cases, the LMHA will offer the Family continued assistance through one of its tenant-based HCV vouchers, in order to free up a VASH voucher for another eligible Family referred by the Department of Veterans Affairs Medical Center. If the Housing Authority has no tenant-based HCV voucher to offer the Family, the Family will retain their VASH voucher until such time as the LMHA has an available tenant-based HCV voucher to offer the Family.⁴

The death of the VASH veteran is not grounds for termination of assistance. In such cases, the LMHA will offer the Remaining Members of a Tenant Family continued assistance through one of its tenant-based HCV vouchers in order to free up a VASH voucher for another eligible Family referred by the Department of Veterans Affairs Medical Center. If the Housing Authority has no tenant-based HCV voucher to offer the Family, the Family will retain their VASH voucher until such time as the LMHA has an available tenant-based HCV voucher to offer the Family.

⁴ 77 FR 17086, Section 8 Housing Choice Vouchers: Revised Implementation of the HUD-VA Supportive Housing Program

Using regulatory flexibilities provided through the Department of Housing and Urban Development's Moving to Work (MTW) Program, the Louisville Metro Housing Authority (LMHA) has created a number of unique Special Referral Programs in partnership with local social service organizations. These programs assist traditionally underserved populations, including the homeless and those with severe mental illness, by combining rental assistance with wraparound social services.

Special Referral Program Applicants must meet both Housing Choice Voucher (HCV) Program eligibility requirements and any additional eligibility criteria of the social service partner.

Families interested in participating in one of these Special Referral Programs should contact the social service partner directly. Contact information for each partner agency is listed on the following page.

Note: Participants in a number of these programs are required to reside in housing units designated by the partner agency. Other programs allow participants to select a housing unit anywhere within the LMHA jurisdiction, subject to the same limits normally imposed on unit selection in the tenant-based HCV Program. Prospective Applicants should contact the social service partner directly to find out whether or not they will be required to live at a certain housing site.

Louisville Metro Housing Authority Special Referral Programs

Social Service Partner	Population Served	Contact Information			Vouchers Available
		Address	Phone ¹	Web	
Center for Accessible Living (Mainstream Program)	Families where head-of-household or spouse is disabled	305 W. Broadway, Suite 200, 40202	Voice: 589-6620 TTY: 589-6690	www.calky.org/services/housing	300
Center for Women & Families	Victims of domestic or sexual violence	927 S. 2 nd St., 40206	581-7200	www.thecenteronline.org	22
Centerstone	People with Severe Mental Illness	101 W. Muhammad Ali Blvd., 40202	589-1100	www.sevencounties.org	50
Choices	Homeless Families	419 S. Shelby St., 40202	585-3780	www.choiceshome.org	6
ChooseWell Communities	Pregnant or post-partum mothers who have completed addiction treatment	323 W. Broadway, #504, 40202	800-520-4914	www.choosewell.org/what-we-do/project-thrive/	70
Coalition for the Homeless	Homeless Families with school-age child(ren)	1300 S. 4th St., #250, 40208	636-9550	http://loulouhometess.org	20
Coalition for the Homeless	Chronically homeless Families transitioning from temporary homeless services vouchers	1300 S. 4th St., #250, 40208	636-9550	http://loulouhometess.org	100
Day Spring	Adults with developmental disabilities	3430 Day Spring Court, 40213	636-5990	http://dayspringky.org	4
Family & Children's Place	Those leaving an institution who are also at risk of homelessness	525 Zane St., 40203	893-3900	www.familyandchildrensplace.org/our-services/homeless-prevention-services/	10
Family Scholar House	One parent Families & foster care alumni who are Independent Students.	403 Reg Smith Circle, 40208	584-8090	www.familyscholarhouse.org	284
Home of the Innocents	Homeless youth ages 18-24 & their dependents	1100 E. Market St., 40206	596-1000	www.homeoftheinnocents.org	10
House of Ruth	Individuals who are homeless & HIV-positive	607 E. St. Catherine St., 40203	587-5080	www.houseofruth.net/our-programs/glade-house/	10
Kentucky Cabinet for Health & Family Services (Partnership for Families)	Families where housing is the only remaining issue preventing reunification of child(ren) with parents or child(ren) being removed from household	CHFS DCBS Jefferson Regional Office 908 W. Broadway, 4 East, 40203	595-4732		70

¹ Area code is 502 unless otherwise noted

Social Service Partner	Population Served	Contact Information			Vouchers Available
		Address	Phone ¹	Web	
Kentucky Cabinet for Health & Family Services / Kentucky Housing Corporation	Families where at least one Family Member has a severe psychiatric illness	CHFS DCBS Jefferson Regional Office 908 W. Broadway, 4 East, 40203	595-4732		10
Kentucky Department for Behavioral Health	Individuals with severe & persistent psychiatric illness	100 Fair Oaks Ln., 4E-B, Frankfort, KY, 40621	564-4527	http://dbhdid.ky.gov	60
Louisville Substance Abuse & Mental Health Administration Community Consortium (100,000 Homes Initiative)	Chronically Homeless Families	712 E. Muhammad Ali Blvd, 40202	568-6972	www.hclouisville.org/health-services/healthcare-for-the-homeless	130
Phoenix Health Center	Families leaving HUD's Shelter + Care Program	712 E. Muhammad Ali Blvd, 40202	568-6972	www.hclouisville.org/health-services/healthcare-for-the-homeless	10
St. Vincent DePaul	Families with children where the family is homeless or at risk of homelessness	1015-C S. Preston St., 40203	584-2480	www.svdplou.org/housing-programs/	10
Volunteers of America Mid-States	Women recovering from substance abuse disorders and who are pregnant and/or parenting and who are referred by VOA's Living for Woman program	4303 West Broadway, 40211	636-4649	www.voamid.org	50
Wellspring	Individuals with severe & persistent psychiatric illness or intellectual disabilities	PO Box 1927, 40201	753-1456	www.wellspring-house.org	23
Louisville Metro Government Office of Resilience and Community Services ²	Homeless individuals participating in ShelterWorks program	701 W Ormsby, 40203	574-4377	Louisvilleky.gov/government/resilience-and-community-services	10

Appendix B

Selections from Public Housing Admissions and Continuing Occupancy Policy

10.1 PREFERENCES

The LMHA will select families based on the following preferences within each bedroom size (0-bedroom, 1-bedroom, 2-bedroom, etc.). These preferences are based on local housing needs and priorities:

- A. *Former Clarksdale residents who were relocated by the LMHA as a result of the Housing Authority's HOPE VI Revitalization of the site receive a one-time preference for all rental units built through the Liberty Green Revitalization effort. (Category 1 preference)*

These families should apply through the Liberty Green site-based waiting list for units at Liberty Green, and through the agency's central waiting list for all other units built through the Revitalization effort:

- B. *Former Sheppard Square residents who were relocated by the LMHA as a result of the Housing Authority's HOPE VI Revitalization of the site receive a one-time preference for all rental units built through the Sheppard Square Revitalization effort. (Category 1 preference)*

These families should apply through the Sheppard Square site-based waiting list for units at Sheppard Square, and through the agency's central waiting list for all other units built through the Revitalization effort:

- C. *Former Beecher Terrace residents who were relocated by the LMHA as a result of the Housing Authority's Choice Neighborhood Initiative Revitalization of the site receive a one-time preference for all rental units built through the Beecher Terrace Revitalization effort. (Category 1 preference)*

These families should apply through the Beecher Terrace site-based waiting list for units at Beecher Terrace, and through the agency's central waiting list for all other units built through the Revitalization effort:

- D. *An involuntarily displaced individual or family. (Category 1 preference)*

To qualify for this preference, an individual or family must meet at least one of the following criteria:

1. An individual or family displaced by government action;
2. An individual or family that includes a member who is unable to use critical elements of their current rental unit due to a mobility impairment and where the owner is neither legally obligated nor willing to make adaptive modifications;

3. An individual or family that is facing an eviction action due to reasons beyond their control or cause;
4. An individual or family that has been forced to vacate their home due to a fire that was beyond their control or cause; or
5. An individual or family whose dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized by a unit of local, state, or federal government;
6. Victims of domestic violence where the most recent incident of abuse occurred no more than thirty calendar days before the date the applicant begins the full application process;

E. *Individuals and families referred by the Family Health Centers Common Assessment Team that include an adult household member who is a homeless veteran. (Category 2 preference)*

For the purpose of determining eligibility for this preference, at least one adult household member must both:

1. Meet the criteria for "homeless" as the term is defined in this Plan's Glossary; and
2. Be a veteran, where "veteran" means a person who wore the uniform of any of the military forces. The term "veteran" does not include National Guard members who were never called up for service.¹

In addition, the individual or family must be referred to the LMHA by the Family Health Centers Common Assessment Team.

Families or individuals that believe they may qualify for this admissions preference should contact:

Family Health Centers Common Assessment Team
 1300 S. 4th St., Suite 200
 Louisville, KY 40208
 Phone: (502) 773-3811
 Website: <http://www.fhclouisville.org/health-services/healthcare-for-the-homeless>

F. *Participants successfully graduating from the YouthBuild Louisville program. (Category 3 preference)*

This preference only applies to participants living in subleased LMHA public housing at the time of program completion. Such individuals receive a preference for either

¹ RY: *Housing Veterans. Report to Mayor Fischer on Ending Veteran Homelessness in Louisville, Kentucky.* 5 December 2014.
 Louisville Metro Housing Authority (LMHA)
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the Housing Choice Voucher or Public Housing Program, but not both;

G. *An individual or family displaced as a result of physical violence. (Category 3 preference)*

To qualify for this preference, an individual or family must meet at least one of the following criteria:

1. Victims of domestic violence where the most recent incident of abuse occurred no more than thirty calendar days before the date the applicant begins the full application process;
2. Victims of hate crime(s), where a hate crime is defined as actual or threatened physical violence or intimidation that is directed against a person or their property and is based on the person's race, color, religion, sex, perceived or actual sexual orientation or gender identity, national origin, handicap, or familial status. The most recent incident must have occurred no more than thirty calendar days before the date the applicant begins the full application process; or
3. Police informants for whom the law enforcement agency has recommended re-housing in order to avoid or minimize the risk of violence against family members.

H. *A homeless applicant*, as verified through the Kentucky Homeless Management Information System (HMIS). The applicant must be identified within Kentucky HMIS as having been homeless within the thirty calendar days immediately prior to the date they begin the full application process. *(Category 3 preference)*

Applicants that qualify for a Category 1 preference will be housed first.

Applicants that qualify for a Category 2 preference (but not a Category 1 preference) will be housed before applicants that qualify for a Category 3 preference.

Applicants that qualify for a Category 3 preference (but not a Category 1 or 2 preference) will be housed before applicants that do not qualify for a preference.

Within the same preference category, applicants that qualify for multiple preferences will not be housed before applicants that qualify for fewer preferences.

Within the same preference category, the date and time of pre-application will be used to determine the sequence in which applicants are housed.

Buildings Designed for the Elderly (55+) and Disabled (Mixed Population Developments): Avenue Plaza, William E. Seay Plaza, Dosker Manor, Lourdes Hall, The Weathers Building (Park DuValle), and St. Catherine Court have been designed to meet the needs of the elderly (55+) and disabled. Preference will be given to elderly and disabled

[illegible]

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Client Name/Nickname:	HMIS:
Assessor's Name/Agency:	Date:

General

What is your age?	_____ <input type="checkbox"/> Refused
IF THE PERSON IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1	SCORE:

A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)	<input type="checkbox"/> Shelters <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Safe Haven <input type="checkbox"/> Outdoors <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Refused
IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.	SCORE:
2. How long has it been since you lived in permanent stable housing?	_____ <input type="checkbox"/> Refused
3. In the last three years, how many times have you been homeless?	_____ <input type="checkbox"/> Refused
IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.	SCORE:

B. Risks

4. In the past six months, how many times have you...	
a) Received health care at an emergency department/room?	_____ <input type="checkbox"/> Refused
b) Taken an ambulance to the hospital?	_____ <input type="checkbox"/> Refused
c) Been hospitalized as an inpatient?	_____ <input type="checkbox"/> Refused
d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?	_____ <input type="checkbox"/> Refused
e) Talked to the police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along?	_____ <input type="checkbox"/> Refused
f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offense, or anything in between?	_____ <input type="checkbox"/> Refused
IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE.	SCORE:
5. Have you been attacked or beaten up since you've become homeless?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
6. Have you threatened to or tried to harm yourself or anyone else in the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM.	SCORE:
7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
IF "YES," THEN SCORE 1 FOR LEGAL ISSUES.	SCORE:

8. Does anybody force or trick you to do things that you do not want to do?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
9. Do you ever do things that may considered risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION.	SCORE:

C. Socialization & Daily Functioning

10. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
11. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
IF "YES" TO QUESTION 10 OR "NO" TO QUESTION 11, THEN SCORE 1 FOR MONEY MANAGEMENT.	SCORE:
12. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
IF "NO," THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY.	SCORE:
13. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
IF "NO," THEN SCORE 1 FOR SELF-CARE.	SCORE:
14. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
IF "YES," THEN SCORE 1 FOR SOCIAL RELATIONSHIPS.	SCORE:

D. Wellness

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
17. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
18. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
19. When you are sick or not feeling well, do you avoid getting help?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
20. <i>FOR FEMALE RESPONDENTS ONLY:</i> Are you currently pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A or Refused
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR PHYSICAL HEALTH.	SCORE:
21. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
22. Will drinking or drug use make it difficult for you to stay housed or afford your housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR SUBSTANCE USE.	SCORE:
23. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:	
a) A mental health issue or concern?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
b) A past head injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
c) A learning disability, developmental disability, or other impairment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
24. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

IF “YES” TO ANY OF THE ABOVE, THEN SCORE 1 FOR MENTAL HEALTH.	SCORE:
IF THE RESPONENT SCORED 1 FOR PHYSICAL HEALTH AND 1 FOR SUBSTANCE USE AND 1 FOR MENTAL HEALTH, SCORE 1 FOR TRI-MORBIDITY.	SCORE:
25. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
26. Are there any medications like painkillers that you don’t take the way the doctor prescribed or where you sell the medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
IF “YES” TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS.	SCORE:
27. <i>YES OR NO:</i> Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
IF “YES”, SCORE 1 FOR ABUSE AND TRAUMA.	SCORE:

Scoring Summary

DOMAIN	SUBTOTAL
PRE-SURVEY	
A. History of HOUSING & HOMELESSNESS	
B. RISKS	
C. SOCIALISATION & DAILY FUNCTIONS	
D. WELLNESS	
GRAND TOTAL:	

Follow-up Questions

On a regular day, where is it easiest to find you and what time of day is it easiest to do so?	
Is there a phone number and/or email where someone can safely get in touch with you or leave a message?	
Is there an agency, outreach worker, or case manager that you work with regularly or trust more than others? If so, who is that?	
Who is someone that you could provide as an emergency contact?	

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Head of House Name/Nickname:	HMIS#:
Spouse Name/Nickname:	HMIS#:
Assessor's Name/Agency:	Date:

General

What is your age?	_____ <input type="checkbox"/> Refused
What is your spouse's age (if applicable)?	
IF EITHER HEAD OF HOUSEHOLD IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1	SCORE:

Children

1. How many children under the age of 18 are currently with you?	_____ <input type="checkbox"/> Refused
2. How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed?	_____ <input type="checkbox"/> Refused
3. <i>IF HOUSEHOLD INCLUDES A FEMALE:</i> Is any member of the family currently pregnant?	
4. Please provide a list of children's names and ages:	
First Name	Last Name
	Age
IF THERE IS A SINGLE PARENT WITH 2+ CHILDREN, AND/OR A CHILD AGED 11 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR FAMILY SIZE.	SCORE:
IF THERE ARE TWO PARENTS WITH 3+ CHILDREN, AND/OR A CHILD AGED 6 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR FAMILY SIZE.	

A. History of Housing and Homelessness

5. Where do you and your family sleep most frequently? (check one)	<input type="checkbox"/> Shelters <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Safe Haven <input type="checkbox"/> Outdoors <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Refused
IF THE FAMILY ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.	SCORE:
6. How long has it been since you and your family lived in permanent stable housing?	_____ <input type="checkbox"/> Refused
7. In the last three years, how many times have you and your family have been homeless?	_____ <input type="checkbox"/> Refused
IF THE FAMILY HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.	SCORE:

B. Risks

8. In the past six months, how many times have you or anyone in your family...	
a) Received health care at an emergency department/room?	_____ <input type="checkbox"/> Refused
b) Taken an ambulance to the hospital?	_____ <input type="checkbox"/> Refused
c) Been hospitalized as an inpatient?	_____ <input type="checkbox"/> Refused
d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?	_____ <input type="checkbox"/> Refused
e) Talked to the police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along?	_____ <input type="checkbox"/> Refused
f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offense, or anything in between?	_____ <input type="checkbox"/> Refused
IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE.	SCORE:

9. Have you or anyone in your family been attacked or beaten up since they've become homeless?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
10. Have you or anyone in your family threatened to or tried to harm themselves or anyone else in the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM.	SCORE:
11. Do you or anyone in your family have any legal stuff going on right now that may result in them being locked up, having to pay fines, or that make it more difficult to rent a place to live?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
IF "YES," THEN SCORE 1 FOR LEGAL ISSUES.	SCORE:
12. Does anybody force or trick you or anyone in your family to do things that you do not want to do?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
13. Do you or anyone in your family ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone they don't know, share a needle, or anything like that?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION.	SCORE:

C. Socialization & Daily Functioning

14. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you or anyone in your family owe them money?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
15. Do you or anyone in your family get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
IF "YES" TO QUESTION 14 OR "NO" TO QUESTION 15, THEN SCORE 1 FOR MONEY MANAGEMENT.	SCORE:
16. Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
IF "NO," THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY.	SCORE:

17. Is everyone in your family currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
IF "NO," THEN SCORE 1 FOR SELF-CARE.	SCORE:
18. Is your family's current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because other family or friends caused your family to become evicted?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
IF "YES," THEN SCORE 1 FOR SOCIAL RELATIONSHIPS.	SCORE:

D. Wellness

19. Has your family ever had to leave an apartment, shelter program, or other place you were staying because of the physical health of you or anyone in your family?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
20. Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs or heart?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
21. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you or anyone in your family?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
22. Does anyone in your family have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
23. When someone in your family is sick or not feeling well, does your family avoid getting medical help?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR PHYSICAL HEALTH.	SCORE:
24. Has drinking or drug use by you or anyone in your family led your family to being kicked out of an apartment or program where you were staying in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
25. Will drinking or drug use make it difficult for your family to stay housed or afford your housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR SUBSTANCE USE.	SCORE:

26. Has your family ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:	
a) A mental health issue or concern?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
b) A past head injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
c) A learning disability, developmental disability, or other impairment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
27. Do you or anyone in your family have any mental health or brain issues that would make it hard for your family to live independently because help would be needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR MENTAL HEALTH.	SCORE:
28. <i>IF THE FAMILY SCORED 1 EACH FOR PHYSICAL HEALTH, SUBSTANCE USE, AND MENTAL HEALTH:</i> Does any single member of your household have a medical condition, mental health concerns, and experience with problematic substance use?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
IF "YES", SCORE 1 FOR TRI-MORBIDITY.	SCORE:
29. Are there any medications that a doctor said you or anyone in your family should be taking that, for whatever reason, they are not taking?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
30. Are there any medications like painkillers that you or anyone in your family don't take the way the doctor prescribed or where they sell the medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS.	SCORE:
31. <i>YES OR NO:</i> Has your family's current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you or anyone in your family have experienced?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
IF "YES", SCORE 1 FOR ABUSE AND TRAUMA.	SCORE:

E. Family Unit

32. Are there any children that have been removed from the family by a child protection service within the last 180 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
33. Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR FAMILY LEGAL ISSUES.	SCORE:
34. In the last 180 days have any children lived with family or friends because of your homelessness or housing situation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
35. Has any child in the family experienced abuse or trauma in the last 180 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
36. <i>IF THERE ARE SCHOOL-AGED CHILDREN:</i> Do your children attend school more often than not each week?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
IF "YES" TO ANY OF QUESTIONS 34 OR 35, OR "NO" TO QUESTION 36, SCORE 1 FOR NEEDS OF CHILDREN.	SCORE:
37. Have the members of your family changed in the last 180 days, due to things like divorce, your kids coming back to live with you, someone leaving for military service or incarceration, a relative moving in, or anything like that?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
38. Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR FAMILY STABILITY.	SCORE:
39. Do you have two or more planned activities each week as a family such as outings to the park, going to the library, visiting other family, watching a family movie, or anything like that?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
40. After school, or on weekends or days when there isn't school, is the total time children spend each day where there is no interaction with you or another responsible adult...	
a) 3 or more hours per day for children aged 13 or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
b) 2 or more hours per day for children aged 12 or younger?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
41. <i>IF THERE ARE CHILDREN BOTH 12 AND UNDER & 13 AND OVER:</i> Do your older kids spend 2 or more hours on a typical day helping their younger sibling(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
IF "NO" TO QUESTION 39, OR "YES" TO ANY OF QUESTIONS 40 OR 41, SCORE 1 FOR PARENTAL ENGAGEMENT.	SCORE:

Scoring Summary

DOMAIN	SUBTOTAL
PRE-SURVEY	
A. History of HOUSING & HOMELESSNESS	
B. RISKS	
C. SOCIALISATION & DAILY FUNCTIONS	
D. WELLNESS	
E. Family Unit	
GRAND TOTAL:	

Follow-up Questions

On a regular day, where is it easiest to find you and what time of day is it easiest to do so?	
Is there a phone number and/or email where someone can safely get in touch with you or leave a message?	
Is there an agency, outreach worker, or case manager that you work with regularly or trust more than others? If so, who is that?	
Who is someone that you could provide as an emergency contact?	

Name _____ Marital Status: ☐ S ☐ M ☐ D ☐ W

Mailing Address: _____

SSN: _____ U.S. Military Veteran? ☐ No ☐ YesDOB: _____ Gender: ☐ Female ☐ Male ☐ Trans M to F ☐ Trans F to M

Race ☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American
☐ Native American/Other Pacific Islander ☐ White ☐ Other: _____

Hispanic/Latino? ☐ No ☐ Yes ENTRY DATE: _____Head of Household: ☐ Self ☐ Child ☐ Spouse/Partner ☐ Other Relation ☐ Non RelationHealth Insurance? ☐ Medicaid ☐ Medicare ☐ KCHIP ☐ VA Medical ☐ Other _____

Disability: (Check all that apply):

☐ Alcohol abuse ☐ Chronic health condition ☐ Developmental ☐ Drug abuse
☐ HIV/AIDS ☐ Mental health problem ☐ Physical

Phone Number _____

Domestic violence (DV) victim/survivor? ☐ No ☐ YesIf yes, when DV occurred: ☐ W/in past 3 mos ☐ 3-6 mos ago ☐ 6-12 mos ago ☐ More than a year agoIf yes, are you currently fleeing DV? ☐ No ☐ Yes Ever in foster care? ☐ No ☐ Yes

Residence Prior to Entry: ☐ Place not meant for habitation ☐ Emergency shelter ☐ Hospital ☐ Jail/Prison
☐ Long Term Care Facility ☐ Psych Facility ☐ SA treatment ☐ Hotel ☐ Transitional Housing
☐ Other _____

Length of stay?

☐ 1 night or less ☐ 2-6 nights ☐ 1 week or more but less than one month
☐ 1 month or more but less than 90 days ☐ 90 days or more but less than 1 year ☐ 1 year or longer

Approximate date homelessness started: _____

of times homeless on street or emergency shelter in past 3 years: ☐ 1 ☐ 2 ☐ 3 ☐ 4 or more

Total # of months homeless in the last 3 years: _____ Zip code of last perm address: _____

Cash Income? ☐ No ☐ Yes If yes, check all sources & enter monthly \$ amount. Enter income of children under 18 years old under Head of Household.

☐ Child Support \$ _____ ☐ Earned income \$ _____ ☐ Pension/retirement \$ _____
☐ Retire from SS \$ _____ ☐ SSDI \$ _____ ☐ SSI \$ _____
☐ TANF (KTAP) \$ _____ ☐ Unemployment \$ _____
☐ Other (specify) _____ \$ _____

Non-cash benefits? ☐ No ☐ Yes ☐ SNAP ☐ WIC ☐ TANF child care ☐ TANF transportation services

Staff Signature: _____ Date: _____

Dependent ENTRY Form – COMMON ASSESSMENT TEAM

FHC Acct #: _____

Name _____

Mailing Address: _____

SSN: _____

DOB: _____ Gender: ☐ Female ☐ Male ☐ Trans M to F ☐ Trans F to M

Race ☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American
☐ Native American/Other Pacific Islander ☐ White ☐ Other: _____

Hispanic/Latino? ☐ No ☐ Yes ENTRY DATE: _____Head of Household: ☐ Self ☐ Child ☐ Spouse/Partner ☐ Other Relation ☐ Non RelationHealth Insurance? ☐ Medicaid ☐ Medicare ☐ KCHIP ☐ VA Medical ☐ Other _____

Disability: (Check all that apply):

☐ Alcohol abuse ☐ Chronic health condition ☐ Developmental ☐ Drug abuse
☐ HIV/AIDS ☐ Mental health problem ☐ Physical

Please enter any cash and non-cash benefits under head of household.

Staff Signature: _____ Date: _____

Dependent ENTRY Form – COMMON ASSESSMENT TEAM

FHC Acct #: _____

Name _____

Mailing Address: _____

SSN: _____

DOB: _____ Gender: ☐ Female ☐ Male ☐ Trans M to F ☐ Trans F to M

Race ☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American
☐ Native American/Other Pacific Islander ☐ White ☐ Other: _____

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Disability: (Check all that apply):

☐ Alcohol abuse ☐ Chronic health condition ☐ Developmental ☐ Drug abuse
☐ HIV/AIDS ☐ Mental health problem ☐ Physical

Please enter any cash and non-cash benefits under head of household.

Staff Signature: _____ Date: _____

Subject: Projects accepted to be included in the 2019 CoC application
Date: Friday, September 13, 2019 at 1:20:03 PM Eastern Daylight Time
From: Erin Rutherford
To: Mary Frances Schafer, Adam.Shelley, Ajeenah Sharif, Alisa Miller, Amanda Mills, Amy Kalber, Andrea Keith, Andrea Scott, Andy Patterson, Angela Renfro, Anna Clayton, Ashley Tabor, Brandi Scott, Brandy Bernauer, Bridgette Johnson, Brittany Brown, Brooke Price, Carey Addison, Catherine McGeeney, Chad Lego, Cheryl Robenson, Cindy Brown Kinlock, CoC Listserv, Coletta Brown, Cory Bledsoe, Donna Russow, Donna Trabue, Ed Wnorowski, Eric Long, Erica Johns, Giselle Danger-Mercaderes, Greer Hannan, Jack Cox, James Adams, Jan Sherrell, Jenn Pence, Jennifer Clark, Jennifer Hartman, Jill Miller, Joe Hamilton, Joe Higdon, Johanna Wint, Judy Brendle, Katharine Dobbins, Kent Hall, Kimberly Letavec, Kristie Adams, Lauderdale, Sharon, Laura Albovias, Laura Escobar-Ratliff, Laura Paulen, Laura Ward, Laurie Hardin, Leah Mullaney, Lisa Collins, Lisa Renz, Lisa Sutton, Liz Everman, Liza Smith, Marguerite Thomas, Maria Price, Mark Miller, Mark Stanton, Mary Luke Noonan, Matt Reed, Megan Augsburg, Michael Crenshaw, Natalie Harris, Nikki Thornton, Nina Moseley, Nolan Nelson, Nora Inman, Peggy Prewitt, Randy Webber, Ron Georgette, Sameera Jackson, Sarah Buckler, Sarah Little, Sarah Pennington, Sean Dunbar, Smith,Elizabeth May, Steve Williams, Tamara Reif, Tangy Hunter, Tiffany Cole-Hall, tolaniare@gmail.com, Tonia L Nolden, Tony Cecil, Trish Eskridge, Will King, Zach (ZL) Leonardo

Attachments: image001.jpg, 2019 CoC Application Projects.pdf

Hello,


Please find attached the list of projects to be included in the 2019 CoC application. Thanks, Erin

Erin Rutherford, MSW

The Coalition for the Homeless
Monitoring and Training Specialist
erutherford@louhomeless.org
502-636-9550, ext 204
1300 S. 4th Street Suite 250
Louisville. KY 40208



<http://www.aetnavoicesofhealth.com/2019/louisville/agencies/coalition-for-the-homeless>




Louisville/Jefferson Co. KY Continuum of Care

KY-501
1300 S. 4th. St. Suite 250
Louisville, KY 40208

The Continuum of Care Board met on September 12, 2019 at 4:00 pm at the Coalition for the Homeless to discuss and decide the project applications that are approved to be included in the 2019 Louisville/Jefferson Co. KY Continuum of Care application. The projects that are accepted are as follows.

Agency	Project
Centerstone	Homeless Outreach Team
Coalition for the Homeless	Coordinated Entry - Prevention/Diversion
Coalition for the Homeless	Coordinated Housing for the Chronically Homeless
Coalition for the Homeless	HMIS
Coalition for the Homeless	Louisville Alliance for Supported Housing
Coalition for the Homeless	Permanent Supported Housing for the Chronically Homeless
Coalition for the Homeless	Permanent Supported Housing for Youth and Adults
Coalition for the Homeless	Rx Housing
Coalition for the Homeless	Supported Housing for the Chronically Homeless
Coalition for the Homeless	Coordinated Entry - Single Point of Entry
Coalition for the Homeless	Transitional Housing for Young Adults
Choices, Inc.	Permanent Supported Housing
Family Health Center	Coordinated Entry - Common Assessment
Family Health Center	Coordinated Entry - Common Assessment Housing Navigation
House of Ruth	Homes with Heart
Home of the Innocents	Rapid Rehousing
Louisville Metro Government Office of Resilience and Community Services	De Paul Apartments
Louisville Metro Government Office of Resilience and Community Services	Kersey Condos
Louisville Metro Government Office of Resilience and Community Services	Permanent Supported Housing Non Chronic I
Louisville Metro Government Office of Resilience and Community Services	Permanent Supported Housing Non Chronic II
Louisville Metro Government Office of Resilience and Community Services	Permanent Supported Housing Chronically Homeless III
Louisville Metro Government Office of Resilience and Community Services	Rapid Rehousing/DV
Louisville Metro Government Office of Resilience and Community Services	Simon Hall



Louisville Metro Government Office of Resilience and Community Services	Tennant Based Rental Assistance
Society of St. Vincent de Paul	Collaborative Housing Initiative
Society of St. Vincent de Paul	Homes with Hope
Society of St. Vincent de Paul	Society of St. Vincent de Paul Homes on Campus
Society of St. Vincent de Paul	Joint Transitional Housing/Rapid Rehousing DV
St. John Center	Coordinated Entry - Outreach
Volunteers of America Mid States	Joint Transitional Housing/Rapid Rehousing
Volunteers of America Mid States	Rapid Rehousing
Wayside Christian Mission	Permanent Supported Housing for Men
Wayside Christian Mission	Permanent Supported Housing for Women I
Wayside Christian Mission	Permanent Supported Housing for Women II
Wellspring	Journey House
Wellspring	Murray/Baxter

There are no projects being rejected for the 2019 Louisville/Jefferson Co. KY Continuum of Care application.

I certify that the projects listed above have been accepted or rejected as indicated.


*Gregory C. Only, place before the Board
and everyone agrees.*
9-12-19
Date

Grantium™ - 4B. Attachments

Coalition for the Homeless Lou

louhomeless.org/accepted-coc-projects-for-2019/

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September 16, 2019

Accepted CoC projects for 2019

Accepted CoC projects for 2019

Here is the list of projects to be included in the 2019 CoC application. Please note that no projects were rejected.

[2019-CoC-Application-Projects](#)

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2019-CoC-Application-Project

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Louisville/Jefferson Co. KY Continuum of Care

KY-501

1300 S. 4th. St. Suite 250

Louisville, KY 40208

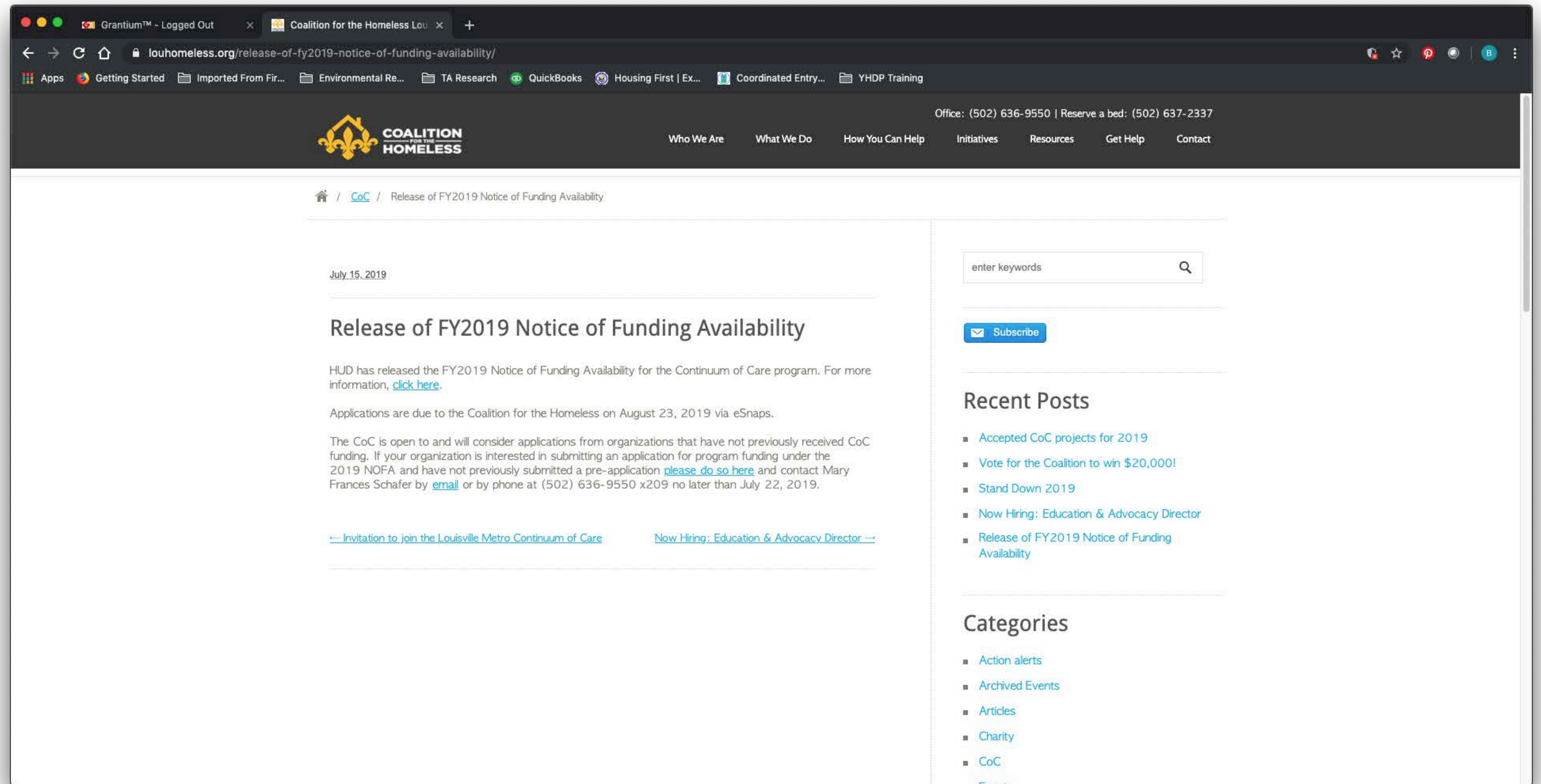
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Louisville Metro Government Office of Resilience and Community Services	Kersey Condos
Louisville Metro Government Office of Resilience and Community Services	Permanent Supported Housing Non Chronic I

No projects were rejected by the Louisville/Jefferson County Continuum of Care in the FY19 Continuum of Care program competition.

One project withdrew voluntarily due to a lack of financial feasibility after submitting a draft.

Additionally, two placeholder drafts were submitted by agencies to allow them time to determine if their project better fit under the CoC Bonus or the DV Bonus. These placeholder drafts were for consideration only and were not intended to be ranked.



Subject: NOFA Summary
Date: Wednesday, July 10, 2019 at 1:39:35 PM Eastern Daylight Time
From: Mary Frances Schafer
To: Aaron Weathers, Andrea Scott, Anne Lanham, Dillon Roan Head, Donna Trabue, Epiphany McGruder, Erica Johns, Erin Rutherford, Gerry Gordon Brown, Giselle Danger-Mercaderes, Greg Conley, Heath Rico-Storey, Jennifer Clark, KiAndra Hilliard, Kim Frierson, Laura Albovias, Mary Frances Schafer, Michelle Neuhauser, Natalie Harris, Pat McKiernan, Rosemary Lockett, Shameka Parrish Wright, Stewart Pope, Adam.Shelley, Ajeenah Sharif, Alisa Miller, Amanda Mills, Amy Kalber, Andrea Keith, Andy Patterson, Angela Renfro, Anna Clayton, Brandi Scott, Brandy Bernauer, Bridgette Johnson, Brittany Brown, Brooke Price, Carey Addison, Catherine McGeeney, Chad Lego, Cheryl Robenson, Cindy Brown Kinlock, CoC Listserv, Coletta Brown, Cory Bledsoe, Donna Russow, Ed Wnorowski, Eric Long, Greer Hannan, Jack Cox, James Adams, Jan Sherrell, Jenn Pence, Jennifer Hartman, Jill Miller, Joe Hamilton, Joe Higdon, Johanna Wint, Judy Brendle, Katharine Dobbins, Kimberly Letavec, Kristie Adams, Lauderdale, Sharon, Laura Escobar-Ratliff, Laura Ward, Laurie Hardin, Leah Mullaney, Lisa Collins, Lisa Renz, Lisa Sutton, Liz Everman, Liza Smith, Marguerite Thomas, Maria Price, Mark Miller, Mark Stanton, Mary Luke Noonan, Matt Reed, Megan Augsburg, Michael Crenshaw, Nikki Thornton, Nina Moseley, Nolan Nelson, Nora Inman, Peggy Prewitt, Randy Webber, Ron Georgette, Sameera Jackson, Sarah Buckler, Sarah Pennington, Sean Dunbar, Steve Williams, Tamara Reif, Tangy Hunter, Tiffany Cole-Hall, Tonia L Nolden, Tony Cecil, Trish Eskridge, Will King, Zach (ZL) Leonardo

Attachments: 2019 NOFA Summary Notes.docx

I am attaching a summary of the 2019 NOFA for quick reference. I encourage ALL agencies that are planning to apply either for a renewal or a new project to read the entire NOFA.

Board Members, I think this will give you a good idea of what HUD is looking for in this NOFA.

--

Mary Frances Schafer
Director of Community Coordination
Coalition for the Homeless
1300 S. 4th St., Ste.250
Louisville, KY 40208
502-636-9550 ex 209
Fax: 502-636-9950
mfschafer@louhomeless.org
www.louhomeless.org
<https://www.facebook.com/LouHomeless>



2019 NOFA Summary Notes

- I. The 2019 CoC application is due to HUD **September 30, 2019**
- II. The Project applications are due to the CoC **August 23, 2019**
 - a. These applications are submitted through ESNAPS and when submitted go to the CoC (Mary Frances Schafer).
 - b. It is critical that ALL projects be submitted by August 30th, as late submissions will count against the entire CoC final score.
 - i. **It is more important that the application be submitted on time than it is that the application be correct.** The application can and will be sent back to the agency for corrections.
- III. Project applicants are notified of whether they are included in the overall application by **September 13, 2019**.
- IV. To be eligible for renewal projects must have an executed grant agreement by December 31, 2019 and have an expiration date in Calendar Year 2020.
- V. By the numbers:
 - a. **ARD: \$9,276,353**
 - b. **Tier 1: \$8,719,772**
 - c. **Tier 2: \$556,581**
 - d. **Planning Grant: \$278,291**
 - e. **Bonus: \$556,581**
 - f. **DV Bonus: \$830,535**
- VI. Policy Priorities
 - a. Ending homelessness for all persons
 - i. CoCs should have a comprehensive outreach strategy in place to identify and continuously engage all unsheltered individuals and families.
 - b. Creating a systemic response to homelessness
 - c. Strategically allocating and using resources
 - d. Using an Evidence-Based Approach
 - e. Increasing employment
 - f. Providing Flexibility for Housing First with Service Participation Requirements.
 - i. The traditional Housing First approach has two basic parts: First, individuals are rapidly placed and stabilized in permanent housing without any preconditions regarding income, work effort, sobriety or any other factor. Second, once in housing, individuals never face requirements to participate in services as a condition of retaining their housing. The first part, placement into permanent housing without preconditions, is an important priority to ensure that federal funds are allocated to providers that serve the most vulnerable homeless individuals. This NOFA maintains the commitment to unconditional acceptance of individuals into housing, especially for people with a high degree of vulnerability. At the same time, allowing service participation requirements once a person has been stably housed may promote important outcomes (e.g., employment, increased income, reduced substance use, and strengthened social connection), so this NOFA also provides communities and programs with flexibility, without penalty, to use service participation requirements after people have been stabilized in housing.
- VII. CoC Program Implementation
 - a. Performance-Based Decisions
 - i. CoCs cannot receive grants for new projects, other than through reallocation, unless the CoC competitively ranks projects based on how they improve system performance.
 - ii. HUD is increasing the share of the CoC score that is based on performance criteria; and

- iii. HUD will prioritize funding for CoCs that have demonstrated the ability to reallocate resources to higher performing projects.
- b. Transition Grants
 - i. A grant to fund a new project to transition an eligible renewal project being eliminated through reallocation from one program component to another eligible new component over a 1-year period. The new transition project must meet the following requirements:
 - 1. (1) no more than 50 percent of each transition grant may be used for costs of eligible activities of the program component originally funded;
 - 2. (2) transition grants in this Competition are eligible for renewal in subsequent fiscal years for eligible activities of the new program component;
 - 3. (3) to be eligible to receive a transition grant, the renewal project must have the consent of its Continuum of Care; and
 - 4. (4) the new project application must meet project quality thresholds established by HUD.
- c. Domestic Violence (DV) Bonus
 - i. These projects must be dedicated to serving survivors of domestic violence, dating violence, stalking or human trafficking.
 - ii. CoC may apply for up to 10 percent (**\$830,535**) of its Preliminary Pro Rata Need (PPRN) to create DV Bonus projects.
 - iii. 3 types of projects
 - 1. Rapid Re-housing (PH-RRH) projects that demonstrate trauma-informed, victim-centered approaches.
 - 2. Joint TH and PH-RRH component projects of this NOFA that demonstrate trauma-informed, victim-centered approaches.
 - 3. SSO Projects for Coordinated Entry (SSO-CE) to implement policies, procedures, and practices that equip the CoC's coordinated entry to better meet the needs of people experience homelessness who are survivors of domestic violence, dating violence, or stalking.
 - iv. Regardless of the type of project the CoC applies for, the grant term must be 1-year.
 - v. A CoC can only submit one project application for an SSO-CE project. A CoC may apply for any number of PH-RRH and Joint TH and PH-RRH projects provided that each application is for at least \$25,000. A CoC may also apply to expand an existing renewal project.
 - vi. DV Bonus funding may be used to expand an existing renewal project that is not dedicated to serving survivors of domestic violence, dating violence, or stalking who meet the definition of homeless so long as the DV Bonus funds for expansion are solely for additional units, beds, or services dedicated to persons eligible to be served with DV Bonus funding.
- d. Consolidated Project
 - i. Renewal projects have the ability to consolidate two or more eligible renewal projects.
 - ii. The grants being consolidated must have the same recipient and be of the same component.
 - iii. Consolidated grant applications must submit the two grants to be consolidated as two separate grants. If both grants are selected to be funded, then HUD will award the \$\$ as a consolidated grant.
 - iv. A TH and a PSH project are not permitted to consolidate to form a Joint TH and PH-RRH project and are not permitted to be consolidated with any other project.

- e. HMIS
 - i. HUD expects communities to be able to use the HMIS information as well as aggregate data from comparable databases to review performance for the entire CoC geographic area, not just at the project level.
- f. Ranking
 - i. HUD continues to require projects to be ranked in two tiers.
- g. HUD Funding Process
 - i. Tier 1: (\$8,719,772) is equal to 100 percent of the combined Annual Renewal Amounts for all projects eligible for renewal for the first time plus 94 percent of the combined Annual Renewal Amounts for all other projects eligible for renewal. Project applications in Tier 1 will be conditionally selected from the highest scoring CoC to the lowest scoring CoC, provided the project applications pass both eligibility and quality threshold review. Any type of new or renewal project application can be placed in Tier 1
 - ii. Tier 2: (\$556,581) is the difference between Tier 1 and the CoC's ARD plus any amount available for CoC Bonus This does not include the amounts available for CoC planning. Project applications placed in Tier 2 will be assessed for eligibility and threshold requirements, and funding will be determined using the CoC Application score as well as the factors listed in this NOFA.
 - iii. HUD will award a point value to each new and renewal project application that is in Tier 2 using a 100-point scale:
 - 1. CoC Score. Up to 50 points in direct proportion to the score received on the CoC Application; e.g., if a CoC received 100 out of 200 points on the CoC Application, the project application would receive 27.5 out of 55 points for this criterion.
 - 2. CoC Project Ranking. Up to 40 points for the CoC's ranking of the project application(s). To more evenly distribute funding across CoCs and consider the CoCs ranking of projects, point values will be assigned directly related to the CoCs' ranking of project applications. The calculation of point values will be 40 times the quantity $(1-x)$ where x is the ratio of the cumulative funding requests for all projects or portions of projects ranked higher by the CoC in Tier 2 plus one half of the funding of the project of interest to the total amount of funding available in Tier 2. For example, if a CoC is eligible to apply for projects totaling \$500,000 in Tier 2 and applies for 5 projects ranked in Tier 2 of \$100,000 each: the highest ranked project would receive 36 points and then the subsequently ranked projects would receive 28, 20, 12, and 4 points.
 - 3. Low Barriers to Entry. Up to 10 points for how the project application demonstrates that it is low barrier and prioritizes rapid placement and stabilization in permanent housing. Permanent housing (including PSH and RRH), Transitional housing, Joint TH and PH-RRH component, safe haven, and SSO projects that are not for centralized or coordinated assessment can receive up to 10 points for how the project demonstrates that it is low-barrier and does not have preconditions to entry (such as sobriety or minimum income threshold) and prioritizes rapid placement and stabilization in permanent housing. HMIS projects and SSO projects for a centralized or coordinated assessment system will automatically receive 10 points.
 - iv. Projects Straddling Tiers. If a project application straddles the Tier 1 and Tier 2 funding line, HUD will conditionally select the project up to the amount of funding that falls within Tier 2. Using the CoC score and other factors described in this NOFA, HUD may fund the Tier 2 portion of the project. If HUD does not fund the Tier 2 portion of the project, HUD

may award the project at the reduced amount, provided the project is still feasible with the reduced funding.

- v. CoC Planning. CoC planning projects are not ranked, therefore, those items will not be included in Tier 1 or Tier 2. CoC planning projects that pass eligibility and review threshold will be conditionally selected using CoC scores from the highest scoring CoC to the lowest scoring CoC.
 - 1. CoCs may only submit one project application for CoC planning costs. The project applicant for CoC planning must be the Collaborative Applicant that is listed on the CoC Applicant Profile in e-snaps.
- vi. DV Bonus. HUD will award a point value to each project application combining both the CoC Application score and responses to the domestic violence bonus specific questions in the CoC Application using the following 100-point scale:
 - 1. For Rapid Re-housing and Joint TH and PH-RRH component projects:
 - a. CoC Score. Up to 25 points in direct proportion to the score received on the CoC Application.
 - b. Need for the Project. Up to 25 points based on the extent the CoC quantifies the need for the project in its portfolio, the extent of the need, and how the project will fill that gap.
 - c. Quality of the Project Applicant. Up to 50 points based on the previous performance of the applicant in serving survivors of domestic violence, dating violence, or stalking, and their ability to house survivors and meet safety outcomes.
 - i. To be eligible to receive a PH-RRH or Joint TH and PH-RRH project, the CoC must demonstrate that the project will use trauma-informed, victim-centered approaches.
 - 2. For SSO Projects for Coordinated Entry:
 - a. CoC Score. Up to 50 points in direct proportion to the score received on the CoC Application.
 - b. Need for the Project. Up to 50 points based on the extent to which the CoC demonstrates the need for a coordinated entry system that better meets the needs of survivors of domestic violence, dating violence, or stalking, and how the project will fill this need.
 - 3. CoCs are required to rank all DV Bonus projects. If a project application designated as DV Bonus is conditionally selected by HUD with DV Bonus funds, HUD will remove the ranked DV Bonus project from the New Project Listing and all other project applications ranked below the DV Bonus project will slide up one rank position. If the DV Bonus project application is not conditionally selected with DV Bonus funds, the project application will remain in its ranked position and will be considered for funding as a new project provided it meets the requirements of this NOFA and passes the eligibility and threshold criteria.
- h. Participant Eligibility.
 - i. **Participants must meet the HUD definition of homeless.**
 - ii. **All projects must participate in coordinated entry, and selection of program participants must be consistent with the CoC's Coordinated Entry process.**
 - iii. As provided by the Consolidated Appropriations Act, 2019, **youth aged 24 and under must not be required to provide third-party documentation that they meet the homeless definition as a condition for receiving services funded under this NOFA.**

1. **Any youth-serving provider may serve unaccompanied youth aged 24 and under (or families headed by youth aged 24 and under) who have an unsafe primary nighttime residence and no safe alternative to that residence.**
 - a. "Youth-serving provider" is a private nonprofit organization whose primary mission is to provide services to youth aged 24 and under and families headed by youth aged 24 and under.
 - b. "Living in unsafe situations" is having an unsafe primary nighttime residence and no safe alternative to that residence.
 - c. **These youth-related requirements supersede any conflicting requirements under this NOFA or the CoC Program rule.**

VIII. Renewal Projects

- i. Renewal projects may not request an amount of funding that exceeds the amount received in the previous funding round.
- ii. Administrative costs may not exceed 10% of the total grant.
- iii. The grant term may not exceed 1 year.
- iv. PH-PSH renewal projects must serve one of the following:
 1. Program participants who are eligible for assistance under the project's current grant agreement;
 2. Persons who meet the definition of DedicatedPLUS where all units funded by this project must be used to serve program participants who meet the qualifications for DedicatedPLUS;
 - or
 3. (iii) persons experiencing chronic homelessness at the time they initially enrolled in the project.
- v. PH-RRH, Joint TH and PH-RRH component, TH, and SSO projects may serve:
 1. Persons who qualify as homeless under the (1), (2), or (4) homeless definition.

IX. New Projects

- i. New PH-PSH projects must serve one of the following:
 1. Persons who meet the definition of DedicatedPLUS in which case all units funded by the project must be used to serve program participants who meet the qualifications for DedicatedPLUS;
 - or
 2. Persons experiencing chronic homelessness at the time they initially enroll in the project.
- ii. New PH-RRH and new Joint TH and PH-RRH projects may serve persons who qualify as homeless under the (1), (2), or (4) of the homeless definition.
- b. New Projects Created Through Reallocation or CoC Bonus projects:
 - i. Permanent housing-permanent supportive housing (PH-PSH) projects.
 - ii. Permanent housing-rapid rehousing (PH-RRH) projects.
 - iii. Joint TH and PH-RRH component projects.
 - iv. A dedicated HMIS project can only be carried out by the HMIS Lead that is listed on the HMIS Lead form in the CoC Applicant Profile in e-snaps.
 1. The HMIS Lead, or subrecipient, may request HMIS funds for a comparable database for Victim service providers.
 2. Victim service providers may also request HMIS funds in their project application budgets to enter data into a comparable database.
 - v. Supportive services only (SSO-CE) project to develop or operate a centralized or coordinated assessment system.
 - vi. A new project may only use reallocated funds from eligible renewal project(s) that have previously been renewed under the CoC Program.

National Alliance to End Homelessness

Steve Berg (edited)

An overview of key issues.

Housing First

Some aspects of the NOFA have people wondering about the importance of Housing First. Housing First is still the primary approach recommended for the interventions that provide homeless assistance. It's important to be specific about what points are available for which practices.

Most importantly, HUD continues to give better scores to Continuums of Care (CoCs) and recipients that use Housing First principles. In particular, HUD incentivizes reducing barriers to entry throughout the NOFA, which allows people to access housing and other services without preconditions. This remains a major opportunity for applicants to be more competitive. Under the Alliance's view, that's one of the most important aspect of Housing First and communities can (and should) continue to operate projects under a Housing First approach.

It's also worth noting that HUD has established a new priority on using evidence-based approaches in the new NOFA. Of course, Housing First is among the very most thoroughly established examples of an evidence-based approach to ending homelessness.

What About Service Participation Requirements?

It is true that HUD has granted some flexibility to CoCs and providers that wish to add service participation requirements for people who are stably housed in Housing First programs.

There are three important points on this:

Requiring service participation that results in people exiting the program to homelessness will harm your system performance. When people fail in housing, they become homeless again. And that means that your system is failing. System wide performance measures, including returns to homelessness, will be more and more important in future years so programs that evict people will not be helpful to your community's score or efforts in ending homelessness overall. There are no direct points to be earned by doing this.

In light of HUD's priority on evidence-based practices, we remind everyone that there is no evidence to support the use of compulsory service requirements. In fact, the evidence shows that people are more likely to succeed when they can choose the services that they want, and that they are more likely to fail when they are forced to participate in services they don't want. Suffice it to say, the Alliance doesn't see an upside to imposing mandatory service requirements.

Employment Incentives

This year, there is a strong emphasis on employment strategies. This is a newer policy emphasis for HUD, and it focuses on establishing connections to help households increase income so that they can afford stable housing.

This is not the same as arbitrary work requirements, which have proven ineffective. In a best case scenario, this represents an opportunity to keep people stably housed, build more effective partnerships with workforce investment boards, and generally has the potential to boost systems collaboration and performance, as well as income for participants.

Equal Access

The Alliance noted with disappointment – as did many of you – that this year’s NOFA removes specific incentives for partnering with LGBTQ-serving organizations. In fact, this year’s NOFA contains not one mention of LGBTQ populations.

Yet, the fact is that HUD’s Equal Access Rule remains in effect, and programs are still expected to be compliant with it. In fact, there are points to be lost for communities that are not ensuring equal access to HUD’s shelter and housing programs.

Racial Disparities

One of the more encouraging new developments this year is incentives for communities for addressing racial disparities in their systems. This has been a priority for the Alliance, and we encourage everyone to consult our new Racial Equity Network Toolkit as a resource in this effort.

Chronic Homelessness

While there are still points for reducing the number of people experiencing chronic homelessness, HUD will allow CoCs more flexibility to allocate Permanent Supportive Housing based on need, so that they have the option to target some people who might not meet the full definition of chronic homelessness, but face the highest vulnerability. Of course with this new flexibility, it will be essential that each community’s coordinated entry system is doing its part to ensure that people placed into PSH are truly those most in need. And the points for reducing chronic homelessness should keep communities focused on those who do have that combination of disabling condition and time spent homeless.

LOUISVILLE CONTINUUM OF CARE RATING AND REVIEW PROCEDURE FY2019

On May 5, 2019 all CoC Members were notified of preliminary rating and review criteria at the monthly Continuum of Care meeting (see attached agenda and draft criteria). This notification gave all programs to opportunity to self-evaluate their performance and correct any data errors as needed. The reporting timeframe was initially identified as April 1, 2019 to March 31, 2019. However, this was later adjusted due to the delay in NOFA release.

Due to previous technical issues the Louisville CoC opted to not use the Optional Rating and Ranking Tool. Projects were scored using a two-step process. First, a scoring spreadsheet was completed for all projects. This spreadsheet included three tabs: raw data on all of the projects taken from the APR or other appropriate data source, a conversion tab that converted this data into percentages, and then a scoring tab that converted the percentages into scores based on the parameters assigned to each metric. Second, an individual score sheet was prepared for each project that included the date point, source, calculation, possible high score, CoC average, metric necessary to receive the maximum score, metric necessary to receive zero points, the percentage for that individual project, and the project score. A blank copy of the project performance scorecard is attached for reference.

In order to be considered for funding consideration all projects were required to submit the first draft of their application in eSnaps no later than August 23, 2019.

The review and ranking criteria assigned points based on positive housing outcomes by measuring exits to permanent housing. Five criteria were used to assess the severity of program participant needs. Points were awarded based on the percent of participants with zero income at entry, percent of participants with more than one disability type, percent of participants entering the project from a place not meant for human habitation, percent of participants reporting a substance abuse disorder at entry, and percent of participants reporting being a victim or domestic violence at entry.

The Louisville CoC did not receive any applications for projects from victim's service providers during the FY19 funding competition. If there had been any received, the CoC would have used data from a comparable database when available. If data was not available from a comparable database the victim service provider would have automatically received full points for that metric.

All CoC programs were notified of their project score on September 23, 2019 and given the opportunity to appeal any individual metrics or scores they felt were inaccurate (see attached example email)

The final project ranking was determined by the Continuum of Care Board of Directors. For more information on this see the 2019 Final Ranking Explanation.

RATING AND REVIEW CRITERIA

The following are the criteria used to rank programs, their source and calculation, and their possible scoring range. Unless otherwise noted, they were all taken from CoC APR reports run for the programs with a date range of July 1, 2018 – June 30, 2019.

Questions about rating and review criteria should be directed to Erin Rutherford at erutherford@louhomeless.org.

Performance Measures

Maintain or Exit to Permanent Housing. The data came from question 23a. It is the total of stayers in the program and those who left to a permanent destination divided by total participants minus those exiting to an excluded destination and taken as a percentage. The total points were 20. Projects scored 20 if they had 95% and 0 points if they had 75%. Those between 95% and 75% were prorated so that a program with 85% received 10 out of 20 points.

New or Increased Income and Earned Income. This data came from question 19a1. It is the total number of participants with a change in income divided by the total number of stayers or leavers in the program, respectively, and taken as a percentage. The CoC measured changes in earned income and non-employee income for program stayers and program leavers for a total of 4 measures. Each was worth 2.5 points. Projects received full points in earned income change for stayers and leavers at 10% and in non-employee income at 15%. They received 0 points if 0% of stayers or leavers, respectively, had any change. Those in between were prorated so that a program that had 5% of stayers increase their earned income received 1.25 of 2.5 points and a program that had 10% of leavers increase their non-employee income received 1.66 of 2.5 points.

Serve High Need Populations

Participants with Zero Income at Entry. This data came from question 16. It is the number of participants who had zero income and entry divided by the total number of participants and taken as a percentage. There were 5 possible points awarded. Projects received 5 points if there were 50% or more with zero income at entry and received 0 points if there were less than 25% at entry. Projects that fell between 50% and 25% were prorated so that a project with 40% at entry received 3 of 5.

Participants with more than one disability type. This data came from question 13a2. It is the number of participants with 2 or more disability types at entry divided by the total number of adults and taken as a percentage. There were 5 possible points awarded. Projects received 5 points if there were 50% or more with more than one disability type and received 0 points if there were less than 25% at entry. Projects that fell between 50% and 25% were prorated so that a project with 40% at entry received 3 of 5.

Participants entering project from a place not meant for human habitation. This data came from question 15. It is the total number of people who came from a place not meant for human habitation at entry divided by the total number of participants and taken as a percentage. There were 5 possible points awarded. Projects received 5 points if there were 50% or more entering project from a place not meant for human habitation and received 0 points if there were less than 25% entering project from a place not

meant for human habitation. Projects that fell between 50% and 25% were prorated so that a project with 40% at entry received 3 of 5.

Project Effectiveness

Project commits to applying the housing first model. Projects received 10 points for applying the housing first model. This data came from the project applications.

Other and Local Criteria

Returns to Homelessness. The CoC elected to score projects on returns to homelessness for all three time frames rather than the one score in the original HUD Optional Rating and Ranking Tool. Each score was worth 5 points and data came from a custom modification of the 701 ART report. Projects were scored on returns in 0-180 days, 181-365 days, and 366-730 days looking back from March 1, 2017. A project scored 5 points if 15% or less of leavers returned to a CoC program. A project received zero points if 40% or more of leavers returned to a CoC program. Projects with between 15% and 40% returned were prorated so that a project with 25% returns received 3 of 5 points.

Substance Abuse at Entry. The CoC elected to add substance abuse as a “Serve High Need Populations” criteria. This data came from question 13a1. It is the total number of participants who had a history of alcohol, drug abuse, or both, at entry divided by the total number of adults and taken as a percentage. There were 5 possible points awarded. Projects received 5 points if there were 50% or more entering project with a history of substance abuse and received 0 points if there were less than 25%. Projects that fell between 50% and 25% were prorated so that a project with 40% at entry received 3 of 5.

Domestic Violence. The CoC elected to add history of domestic violence as a “Serve High Need Populations” criteria. This data came from question 14a. It is the total number of participants who had a history of domestic violence at entry divided by the total number of adults and taken as a percentage. There were 5 possible points awarded. Projects received 5 points if there were 50% or more entering project with a history of domestic violence and received 0 points if there were less than 25%. Projects that fell between 50% and 25% were prorated so that a project with 40% at entry received 3 of 5.

Funding Returned. Projects were graded on the amount of funding returned on FY16 Continuum of Care grants. FY16 was chosen as this was the year least closed by all grantees in the Louisville Continuum of Care. This data came from the CoC Spending Report provided to the CoC Lead by the SNAPS Office. Projects received 20 points if \$5,000 or less of funding was returned and 0 points if \$40,000 or more was returned. Projects with between \$5,000 and \$40,000 returned were prorated so that a project with \$22,500 in funding returned earned 10 points out of 20.

Bonus Points. Projects applicants were awarded up to five bonus points passed on HMIS timeliness. This data came from question 6e. It is the total number of entries and exits entered in a timely manner divided by the total number of entries and exits in the reporting period. Timeliness is defined as three days or less. There were 5 possible points awarded. Projects received 5 points if 95% or more of entries were entered in a timely manner and 0 points if 75% or less were entered in a timely manner. Projects with between 95% and 75% of entries and exits entered in a timely manner were prorated so that a project with 85% of entries and exits entered in a timely manner received 2.5 points.

Attached Documents:

1. 2019 Final Ranking Explanation
2. Sample 2019 Project Performance Scorecard
3. May 5, 2019 CoC Meeting Agenda
4. Preliminary Scoring Criteria (as discussed at May 5, 2019 CoC Meeting)
5. Sample email demonstrating notification of scoring

Louisville/Jefferson, Co. KY (KY501) Continuum of Care
2019 Application
Final Ranking Explanation

On Thursday, September 12, 2019 the Continuum of Care Board chose the final ranking of projects and approved the attached ranking of projects on Thursday September 26, 2019 for the 2019 HUD CoC Application. The following is an explanation of the ranking and what was taken into consideration as the Board deliberated and made this difficult choice.

- Annual Renewal Demand: \$9,632,327
- Bonus Amount: \$481,616
- DV Bonus Amount: \$821,224
- Tier 1 funding line (94% of ARD): \$9,065,774

- Important points to consider
 - # of permanent housing slots that could be lost.
 - # of rapid rehousing slots that could be lost.
 - HUD gives points in the overall application for increasing rapid rehousing. Points are lost for rapid rehousing reduction.
 - Family slots are extremely limited in the Louisville CoC.
 - HUD expects CoCs to have operational HMIS and Coordinated Entry projects.
 - The Louisville CoC does not have any low performing projects that need to give way to new projects.

- The Board was given 7 ranking scenarios each based on a scoring matrix that included how each project scored on specific outcomes and operational items.
- The Board chose this option because:
 - The CoC does not have any low performing projects, therefore the Board was intent on bringing as much funding into the community as possible. It is felt that this option has the best chance of preserving the greatest amount of funding
 - The CoC has a severe shortage of family housing opportunities. Therefore, the Board was committed to preserving as much family rapid rehousing as possible. All projects the CoC has designated for serving primarily families are in Tier 1.
 - Emergency shelter for all populations is inadequate. Making sure Coordinated Entry is accessible our street population is critical to reducing the number of people on the street and ensuring that all who enter the homeless system is assisted in finding and obtaining permanent housing. The two new projects addressing this need are in Tier 1.
 - All new projects are funded with either the Bonus or DV-Bonus money.
 - Although the project listed in Tier 2 serves a critical need in the community, it has the lowest score when moving the family focused Rapid Rehousing projects in to Tier 1.

- Other information
 - The DV-Bonus RRH project is placed last so as to not displace any other project if it is not chosen for the DV-Bonus money. Additionally, due to the nature of the project, the full budget is required for it to be operational and the regular bonus amount alone could not provide sufficient funding.

Louisville-Jefferson County Continuum of Care 2019 Project Performance Scorecard

Performance Measures – Maximum Points = 30
Serving High Need populations– Maximum Points = 15
Project Effectiveness – Maximum Points = 10
Other and Local Criteria– Maximum Points = 45
Total Available Points: 100

Agency:

Project:

Data Point	Source	Calculation	High Score	CoC Average	Maximum Score	Zero Score	Project Percentage	Project Score
Performance Measures								
Maintain or exit to Permanent Housing	23a	(Stayers + Leavers to PH) /Participants	20	93.4%	95%	75%		
Change in earned income-stayers	19a1	Total with change/ total stayers	2.5	3.1%	10% had increase	0% had increase		
Change in non-employee income- stayers	19a1	Total with change/ total stayers	2.5	22%	15% had increase	0% had increase		
Change in earned income-leavers	19a1	Total with change/ total leavers	2.5	4.8%	10% had increase	0% had increase		
Change in non-employee income- leavers	19a1	Total with change/ total leavers	2.5	27%	15% had increase	0% had increase		
Serve High Need Populations								
Had zero income at entry	16	Total/number of participants	5	32.8%	50% at entry	25% at entry		
2+ disabilities at entry	13a2	Total 2+ disabilities/ number of adults	5	62.2%	50% at entry	25% at entry		
Came from place not meant for human habitation	15	Total/number of participants	5	24.6%	50% at entry	25% at entry		

Data Point	Source	Calculation	High Score	CoC Average	Maximum Score	Zero Score	Project Percentage	Project Score
Project Effectiveness								
Does project follow Housing First?	App	N/A	10	10	Commits to applying HF	Does not apply HF		
Other And Local Criteria								
HMIS Timeliness (BONUS Points)	6e	N/A	5	44%	95% or more	75% or less		
Return to homelessness 0-6 mo	Custom	Returns in 0-180 days	5	3.23%	15% or less	40% or more		
Return to homelessness 6-12 mo	Custom	Returns in 181-365 days	5	1.38%	15% or less	40% or more		
Return to homelessness 12-24 mo	Custom	Returns in 366-730 days	5	6.45%	15% or less	40% or more		
Alcohol, drug abuse, or both at entry	13a1	Total alcohol, drug, and both /number of adults	5	40.6%	50% at entry	25% at entry		
DV History	14a	Total YES / number of adults	5	49%	50% at entry	25% at entry		
Funding Returned	App	N/A	20	\$14,977.83	\$5,000 or less returned	\$40,000 or more returned	\$xx.xx	
Total points for all projects (Including bonus points)			100					



Continuum of Care 2018-2019
Monthly CoC Meeting
May 5, 2019

1. Welcome
2. **January PIT - Street Count**
 - I. Street Count - 118 (350 Volunteers)
 - II. Shelter Count
 - i. Persons: 953
 - ii. Households: 763
 - III. Total: 1,017
3. **April PIT - Due: May 1st**
 - I. Received: 28 (listed on the back of this agenda)
 - II. Still missing: 8 projects
4. **Population vs Capacity**
 - I. Capacity to serve approximately 67% of our singles population and 54% of our family population according to our PIT and HIC submission to HUD.
5. **HMIS issues being found are:**
 - I. No or wrong CoC Designation (KY-501 Louisville/Jefferson Co.)
 - II. Be sure the household relationship on Entry/Exit Tab on the Assessment is correct - not the same as on the Household tab.
 - III. Be sure to exit people out of programs
 - i. Be sure to exit ALL family members out
 - IV. Try to get birthdates if possible
 - V. Try to get gender if possible
 - VI. Seems like people are running an APR to determine the numbers in the shelter instead of actually counting the people in the shelter on the night of the PIT. This does not allow you to determine if your HMIS records are correct.
6. **APR**
 - I. Brandi Scott
7. **Youth Demonstration Project (YHDP)**
 - I. We are in the process reviewing the applications.
8. **Harm Reduction Coalition**
 - I. Scott Duke
9. **Morales Group - Staffing Agency**
 - I. Ricardo Tostado
10. **Case Management Standards and Expectations - Erin Rutherford**
11. **NOFA Scoring Sheet- Erin Rutherford**
12. **Outreach vs Common Assessment vs Case Management duties- Erin Rutherford**
13. **Reminders**
 - I. **Fair Housing Training 5/9**
 - II. **LGBT with Adults training 6/5.**
 - III. **Contact erutherford@louhomeless.org to RSVP**
14. **Announcements**
 - I. I will not be here for the June 3rd meeting but if we need it - depending on the NOFA - Brandi/Erin will coordinate the meeting. DO NOT TAKE THE MEETING OFF YOUR CALENDAR!!

Next Meeting Dates

First Monday of each Month				All Meetings are at		3:30	at Metro United Way				
Jun 3	Jul 1##	Aug 5	Sep 9	Oct 7 ##	Nov 4	Dec 2	Jan 6##	Feb 3	Mar 3	Apr 6 ##	May 4

Indicates the additional HMIS User Group meeting beginning at 2:30.

April PIT Surveys Received

Volunteers of America Mid-States Family Emergency Shelter
 Volunteers of America Mid-States VOA -Joint-CoC-TH
 Wayside HCHV contract beds
 Wayside Single women's shelter
 Wayside Men's emergency shelter
 Wayside Family emergency shelter (corrected)
 Wayside VA per diem
 Family Health Center Phoenix Hospital Respite
 Wellspring, Inc. DJB and SBT Crisis Units
 Volunteers of America Mid-States Shelby Men Center Veteran Program
 Home of the Innocents THYA
 St. John Center for Homeless Men Day Services
 Re:Center Ministries Stability - Overnight
 Re:Center Ministries LifeChange: Recovery
 Re:Center Ministries LifeChange: Transitions
 The Center for Women and Families DV Emergency Shelter
 Salvation Army Center of Hope Salvation Army Men -ES
 Salvation Army Center of Hope Salvation Army Women - ES
 Salvation Army Center of Hope Salvation Army LMR - ES
 Salvation Army Center of Hope Salvation Army Young Adult Men - ES
 Salvation Army Center of Hope Salvation Army Young Adult Women - ES
 YMCA Safe Place
 St. Vincent de Paul Ozanam Inn
 St. Vincent de Paul Ozanam Inn-transitional residency
 St. Vincent de Paul Ozanam Inn-VTR (veteran's transitional)
 Salvation Army Center of Hope Salvation Army Men's Honor Dorm-ES
 Salvation Army Veterans' Transitional Housing
 Salvation Army Center of Hope Family Emergency Shelter

NOFA Scoring 2019*

(*Note this is subject to change.)

Your CoC-funded project will be rated on the following criteria for the 2019 NOFA. We use the CoC APR report to get this information. We recommend you run this report to review your data and make any necessary corrections. When running your report, use the date range of April 1, 2018-March 31, 2019. If the NOFA release is delayed this summer, we will notify you and inform you which date range to use instead.

Rating Factor

Performance Goal

(*Note: the performance goals listed below will award you the maximum points allowed when your application is scored. If you do not meet the goals below, you will be scored on a sliding scale.)

Performance Measures

Length of Stay (For Transitional Housing/Rapid Rehousing only)	<9 months
Exits to Permanent Housing	95% remain in or move to PH
New or Increased Income and Earned Income	
Earned income for project stayers	10%+ Increase
Non-employment income for project stayers	15%+ Increase
Earned income for project leavers	10%+ Increase
Non-employment income for project leavers	15%+ Increase

Serve High Need Populations

Participants with zero income at entry	50% of clients or more at program entry
Participants with more than one disability type	50% of clients or more at program entry
Participants entering project from place not meant for human habitation	50% of clients or more at entry

Project Effectiveness

Coordinated Entry Participation	95%+ entry to project from Common Assessment referrals
Housing First and/or Low Barrier Implementation	Commits to applying Housing First model

(Criteria for Housing First on Page 2)

Other and Local Criteria

CoC Monitoring score	Project is operating by CoC standards
Returns to Homelessness 0-6 months	15% or less leavers returned
Returns to Homelessness 6-12 months	15% or less leavers returned
Returns to Homelessness 12-24 months	15% or less leavers returned
Alcohol, drug abuse, or both at entry	50% of clients or more at program entry
Domestic Violence history at entry	50% of clients or more at program entry
Funding Returned	0% Returned

Criteria for Housing First Implementation

- **Few to no programmatic prerequisites to permanent housing entry** – People experiencing homelessness are offered permanent housing with no programmatic preconditions such as demonstration of sobriety, completion of alcohol or drug treatment, or agreeing to comply with a treatment regimen upon entry into the program. People are also not required to first enter a transitional housing program in order to enter permanent housing
- **Low barrier admission policies** – Permanent supportive housing's admissions policies are designed to "screen-in" rather than screen-out applicants with the greatest barriers to housing, such as having no or very low income, poor rental history and past evictions, or criminal histories. Housing programs may have tenant selection policies that prioritize people who have been homeless the longest or who have the highest service needs as evidenced by vulnerability assessments or the high utilization of crisis services.
- **Rapid and streamlined entry into housing** – Many people experiencing chronic homelessness may experience anxiety and uncertainty during a lengthy housing application and approval process. In order to ameliorate this, Housing First permanent supportive housing models make efforts to help people experiencing homelessness move into permanent housing as quickly as possible, streamlining application and approval processes, and reducing wait times.
- **Supportive services are voluntary, but can and should be used to persistently engage tenants to ensure housing stability** - Supportive services are proactively offered to help tenants achieve and maintain housing stability, but tenants are not required to participate in services as a condition of tenancy. Techniques such as harm reduction and motivational interviewing may be useful. Harm reduction techniques can confront and mitigate the harms of drug and alcohol use through non-judgmental communication while motivational interviewing may be useful in helping households acquire and utilize new skills and information.
- **Tenants have full rights, responsibilities, and legal protections** – The ultimate goal of the Housing First approach is to help people experiencing homelessness achieve long-term housing stability in *permanent* housing. Permanent housing is defined as housing where tenants have leases that confer the full rights, responsibilities, and legal protections under Federal, state, and local housing laws. Tenants are educated about their lease terms, given access to legal assistance, and encouraged to exercise their full legal rights and responsibilities. Landlords and providers in Housing First models abide by their legally defined roles and obligations. For instance, landlords and providers do not enter tenants' apartments without tenants' knowledge and permission except under legally-defined emergency circumstances. Many Housing First permanent supportive housing programs also have a tenant association or council to review program policies and provide feedback, and formal processes for tenants to submit suggestions or grievances.
- **Practices and policies to prevent lease violations and evictions** –Housing First supportive housing programs should incorporate practices and policies that prevent lease violations and evictions among tenants. For instance, program policies consistent with a Housing First approach do not consider alcohol or drug use in and of itself to be lease violations, unless such use results in disturbances to neighbors or is associated with illegal activity (e.g. selling illegal substances.) Housing First models may also have policies that give tenants some flexibility and recourse in the rent payment, which in many subsidized housing programs is 30% of the participant's income. For example, rather than moving towards eviction proceedings due to missed rent payments, programs may allow tenants to enter into payment installment plans for rent arrearages, or offer money management assistance to tenants.
- **Applicable in a variety of housing models** – The Housing First approach can be implemented in different types of permanent supportive housing settings, including: scattered-site models in private market apartments, where rental assistance is provided, and tenants have access mobile and site-based supportive services; single-site models in which permanent supportive housing buildings are newly constructed or rehabilitated and tenants have access to voluntary on-site services; and set-asides, where supportive services are offered to participants in designated units within affordable housing developments.

Subject: 2019 CoC Application scorecards
Date: Monday, September 23, 2019 at 3:08:54 PM Eastern Daylight Time
From: Erin Rutherford
To: Brandi Scott
Attachments: image001.jpg, CFH-SHCH Scorecard.docx, CFH PSHCH scorecard.docx, CFH PSHYA scorecard.docx, CFH RX Housing scorecard.docx, CFH THYA scorecard.docx, CFH-CH2 Scorecard.docx, CFH-LASH Scorecard.docx

Hi Brandi,
Please find attached the scorecard based on your 2019 CoC Application. Please review and **let me know by close of business day tomorrow (Sept 24) if you suspect there are any errors.** As a reminder, we use the date range of 7/1/2018-6/30/2019.

Thanks so much!

Erin Rutherford, MSW

The Coalition for the Homeless
Monitoring and Training Specialist
erutherford@louhomeless.org
502-636-9550, ext 204
1300 S. 4th Street Suite 250
Louisville. KY 40208



<http://www.aetnavoicesofhealth.com/2019/louisville/agencies/coalition-for-the-homeless>

MEMORANDUM OF UNDERSTANDING
BETWEEN Louisville/Jefferson County Continuum of Care
AND YouthBuild Louisville

1. **Parties.** This Memorandum of Understanding (hereinafter referred to as "MOU") is made and entered into by and between The Coalition for the Homeless on behalf of the Louisville/Jefferson County Continuum of Care, whose address is 1300 S. 4th Street, Louisville, KY 40208, and YouthBuild Louisville, whose address is 800 S. Preston St., Louisville, KY 40203.

2. **Purpose.** The purpose of this MOU is to establish a working partnership between the Louisville/Jefferson County Continuum of Care and YouthBuild Louisville, a regional education and training program for youth and young adults, in creating opportunities to co-enroll persons who are homeless in employment and housing programs in order to improve outcomes.

3. **Term of MOU.** As this partnership was created in the development of the Louisville YHDP Program and is includes young adults in the YouthBuild, SummerWorks and other young adult education and training programs, this MOU is effective immediately upon the day and date signed and executed by the duly authorized representatives of the parties to this MOU and shall remain in full force and effect for not longer than 24 months although it can be renewed by signature of both parties. This MOU may be terminated, without cause, by either party upon 30 days written notice, which notice shall be delivered by hand or by certified mail to the address listed above.

4. **Responsibilities of Louisville/Jefferson County Continuum of Care.** The Louisville/Jefferson County Continuum of Care is responsible for working with YouthBuild Louisville and other workforce partners to access short-term housing options (emergency shelter and Rapid Re-Housing) and funding for these programs, for homeless young adults enrolled in employment training programs.

6. **Responsibilities of YouthBuild Louisville.** YouthBuild Louisville is responsible for creating employment programs that can effectively prepare persons who are homeless for local employment opportunities and making referrals to the Continuum of Care for additional services as needed.

7. **General Provisions**

A. **Amendments.** Either party may request changes to this MOU. Any changes, modifications, revisions or amendments to this MOU which are mutually

agreed upon by and between the parties to this MOU shall be incorporated by written instrument, and effective when executed and signed by all parties to this MOU.

B. Applicable Law. The construction, interpretation and enforcement of this MOU shall be governed by the laws of the Commonwealth of Kentucky. The courts of the State of Kentucky shall have jurisdiction over any action arising out of this MOU and over the parties.

D. Entirety of Agreement. This MOU, consisting of three pages, represents the entire and integrated agreement between the parties and supersedes all prior negotiations, representations and agreements, whether written or oral.

E. Severability. Should any portion of this MOU be judicially determined to be illegal or unenforceable, the remainder of the MOU shall continue in full force and effect, and either party may renegotiate the terms affected by the severance.

F. Third Party Beneficiary Rights. The parties do not intend to create in any other individual or entity the status of a third party beneficiary, and this MOU shall not be construed so as to create such status. The rights, duties and obligations contained in this MOU shall operate only between the parties to this MOU, and shall inure solely to the benefit of the parties to this MOU. The provisions of this MOU are intended only to assist the parties in determining and performing their obligations under this MOU. The parties to this MOU intend and expressly agree that only parties signatory to this MOU shall have any legal or equitable right to seek to enforce this MOU, to seek any remedy arising out of a party's performance or failure to perform any term or condition of this MOU, or to bring an action for the breach of this MOU.

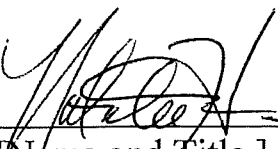
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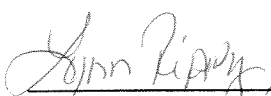
8. Signatures. In witness whereof, the parties to this MOU through their duly authorized representatives have executed this MOU on the days and dates set out below, and certify that they have read, understood, and agreed to the terms and conditions of this MOU as set forth herein.

The effective date of this MOU is the date of the signature last affixed to this page.

The Coalition for the Homeless on behalf of Louisville/Jefferson County Continuum of Care


[Name and Title] Date 9/23/19

YouthBuild Louisville

 President/CEO 09/24/2019
[Name and Title] Date

MEMORANDUM OF UNDERSTANDING
BETWEEN Louisville/Jefferson County Continuum of Care
AND KentuckianaWorks

1. **Parties.** This Memorandum of Understanding (hereinafter referred to as “MOU”) is made and entered into by and between The Coalition for the Homeless on behalf of the Louisville/Jefferson County Continuum of Care, whose address is 1300 S. 4th Street, Louisville, KY 40208, and KentuckianaWorks, whose address is 410 W. Chestnut St., #200 Louisville, KY 40202.

2. **Purpose.** The purpose of this MOU is to establish a working partnership between the Louisville/Jefferson County Continuum of Care and KentuckianaWorks, the region’s Workforce Development Board, in creating opportunities to co-enroll persons who are homeless in employment and housing programs in order to improve outcomes.

3. **Term of MOU.** As this partnership has been in place since 2017 through the ShelterWorks Program and is now expanding to serve other homeless populations, this MOU is effective immediately upon the day and date signed and executed by the duly authorized representatives of the parties to this MOU and shall remain in full force and effect for not longer than 24 months although it can be renewed by signature of both parties. This MOU may be terminated, without cause, by either party upon 30 days written notice, which notice shall be delivered by hand or by certified mail to the address listed above.

4. **Responsibilities of Louisville/Jefferson County Continuum of Care.** The Louisville/Jefferson County Continuum of Care is responsible for working with KentuckianaWorks and other workforce partners to access short-term housing options (emergency shelter and Rapid Re-Housing), for homeless persons enrolled in employment training programs including the Louisville ShelterWorks Program created by KentuckianaWorks and the KentuckianaWorks and YouthBuild YHDP Programs.

6. **Responsibilities of KentuckianaWorks.** KentuckianaWorks is responsible for creating employment programs that can effectively prepare persons who are homeless for local employment opportunities and making referrals to the Continuum of Care for housing.

7. **General Provisions**

A. **Amendments.** Either party may request changes to this MOU. Any changes, modifications, revisions or amendments to this MOU which are mutually

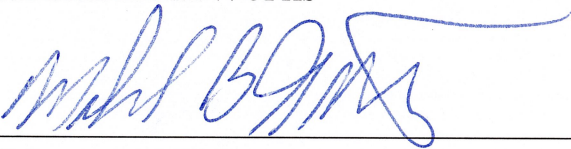
8. **Signatures.** In witness whereof, the parties to this MOU through their duly authorized representatives have executed this MOU on the days and dates set out below, and certify that they have read, understood, and agreed to the terms and conditions of this MOU as set forth herein.

The effective date of this MOU is the date of the signature last affixed to this page.

The Coalition for the Homeless on behalf of Louisville/Jefferson County Continuum of Care

[Name and Title] Date

KentuckianaWorks



[Name and Title] Date

Executive Director

July 31, 2019

Louisville Metro Continuum of Care

Racial Disparity Assessment

For our CoC's Racial Disparity Assessment we used the HUD CoC Racial Equity Analysis Tool, and the Racial Equity Tool provided by National Alliance to End Homelessness (NAEH). In addition to the tools provided by NAEH and HUD, we used data from the United States Census Bureau as well as HMIS data to look at positive outcomes by race for each project type. After reviewing the data and results of the tools, we found that people of different races or ethnicities are more or less likely to receive homeless assistance. We also found that people of different races or ethnicities are more or less likely to receive a positive outcome.

When reviewing data in the HUD CoC Racial Equity Analysis Tool (data taken from the 2017 PIT and 2011-2015 American Community Survey), we found that while Whites make up 73% of our general population, they only represent 43% of our homeless population. African Americans make up 21% of our general population, but account for 51% of people experiencing homelessness. We did not find any significant disparities among American Indians, Asian/Pacific Islanders, or Hispanics. We also found large disparities in Youths and Veterans. While African American Youth represent 25% of the general population, they represent 64% of youth experiencing homelessness. However, there is a greater percentage of White Youth (60%) experiencing unsheltered homelessness than African Americans (40%). Similarly, while 20% of Veterans are African American, they comprise 51% of our homeless population. When looking at Sheltered and Unsheltered Homelessness, we found that Whites are more likely to experience unsheltered homelessness (52%) than African Americans (43%). African Americans (52%) are more likely to access emergency shelter, while Whites are less likely to access shelter (41%).

When using the NAEH Racial Equity Tool, we pulled data from our HMIS using the date range of June 1, 2018-June 1, 2019. Our HMIS data during this date range was similar to the HUD CoC tool, and we found that Whites make up 48% of total people in HMIS, and African Americans account for 50%. This is consistent with our findings from the HUD tool. We did not find any significant disparities among American Indians, Asian/Pacific Islanders, or Hispanics in total homeless persons in our HMIS. When looking at emergency shelter usage, we found that Whites make up 49% and African Americans make up 49%. In our transitional housing projects, Whites make up 47% and African Americans make up 51%. For Exits to Permanent Housing (PH), we found that 40% of Whites exited into PH, while 58% of African Americans exited into PH. We are exploring what factors are related to higher PH exits among African Americans than Whites. Unfortunately, we currently do not have a method to show us Returns to Homelessness by race, however we intend to work on developing this kind of report over the next year.

As with last year's Racial Disparity Assessment, we found significant disparities between Whites and African Americans in our homeless system. Various factors attribute to this disparity:

- **Segregation & Discrimination in Housing:** Louisville consistently ranks as one of the most segregated cities in America. The majority of African Americans have become isolated in certain ZIP codes, mostly in the western half of our city. This is due to:

- A decades-long history of pushing poor residents into the same neighborhoods through redlining and urban renewal initiatives.
- Keeping the majority of subsidized housing in specific areas (West Louisville).
- Creation of the “9th Street Divide” – an elevated expressway built in downtown Louisville on 9th street created a racial barrier between West Louisville and the rest of the city.
- Poverty & Little Investment in West Louisville: Most of the city’s vacant and abandoned properties are in West Louisville. There has been little investment historically in West Louisville neighborhoods.
- Segregation & Discrimination in Education: An African American male is more likely to be incarcerated than to earn a high school diploma in Jefferson County. People with a history of incarceration are more likely to have lower education levels which makes it difficult for someone to obtain employment where they can earn a livable wage.
- Lack of Employment Opportunities: In West Louisville, where the majority of African Americans reside, there are limited employment opportunities. Our city’s largest employers (UPS, Amazon) are not located near West Louisville and lack of transportation limits job opportunities for West Louisville residents.

In an effort to address racial disparities, our CoC has taken the following steps:

- Identified the cause of racial disparities in our homeless system
 - Homelessness can be a by-product of the many issues discussed above
- Identified strategies to reduce disparities in the homeless system
 - Improve Homeless Prevention services
 - Reduce evictions through our community’s Eviction Prevention Workgroup, which members of our CoC participate in
 - Exploring the possibility of requesting a waiver to use small area FMRs or exception rents in high rent, traditionally segregated neighborhoods to make them accessible to formerly homeless individuals receiving housing assistance through a CoC funded program
 - Eliminate alternative schools
 - Reform juvenile justice system especially for first-time offenses
 - Improve childcare subsidies
 - Increase minimum wage
 - Create a rep-payee program
- Implemented strategies to reduce disparities in the homeless system
 - Hosted two Racial Diversity & Cultural Humility trainings in 2019
 - Educate our community on causes of disparities through trainings, CoC meetings, and strategic planning
 - Advocate for policy change to reduce disparities
- Identified resources available to reduce disparities in the homeless system
 - Louisville Urban League, Spalding University Center for Behavior Health, Kentucky Refugee Ministries

Racial Equity Tool

Start Date: End Date:

1-Who Experiences Homelessness?

Enter the unduplicated total number of people in HMIS for each racial and ethnic group below

White	African American	Native American	All Other Races	Total
3921	4151	89	62	8223
48%	50%	1%	1%	

Hispanic	Not Hispanic	Total
281	7923	8204
3%	97%	

2-Who Gets into Crisis Housing?

Enter the total number of each group entering **Emergency Shelter**

White	African American	Native American	All Other Races	Total
2516	2496	56	40	5108
49%	49%	1%	1%	

Hispanic	Not Hispanic	Total
188	4915	5103
4%	96%	

Enter the total number of each group entering **Transitional Housing**

White	African American	Native American	All Other Races	Total
261	282	4	5	552
47%	51%	1%	1%	

Hispanic	Not Hispanic	Total
16	536	552
3%	97%	

3-Who Gets into Permanent Housing?

Enter the total number of exits to Permanent Housing from all project types by group

White	African American	Native American	All Other Races	Total
887	1270	28	11	2196
40%	58%	1%	1%	

Hispanic	Not Hispanic	Total
57	2135	2192
3%	97%	

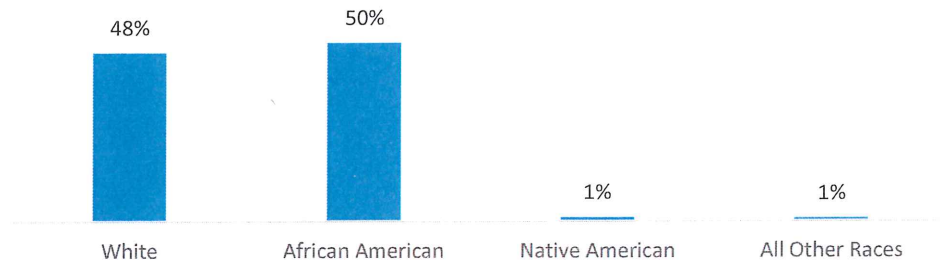
4-Who Returns to Homelessness?

Enter the total number of returns to homelessness by race below

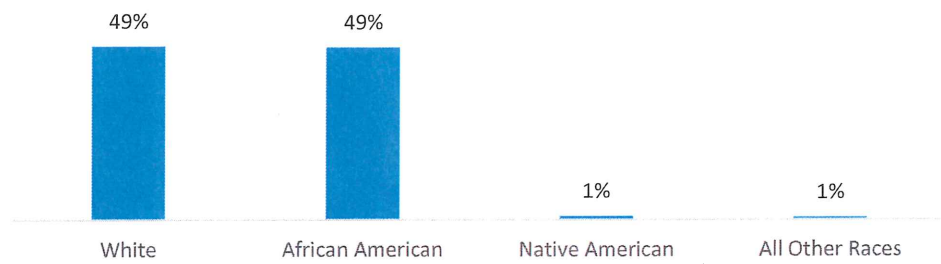
White	African American	Native American	All Other Races	Total
				0
0%	0%	0%	0%	

Hispanic	Not Hispanic	Total
		0
0%	0%	

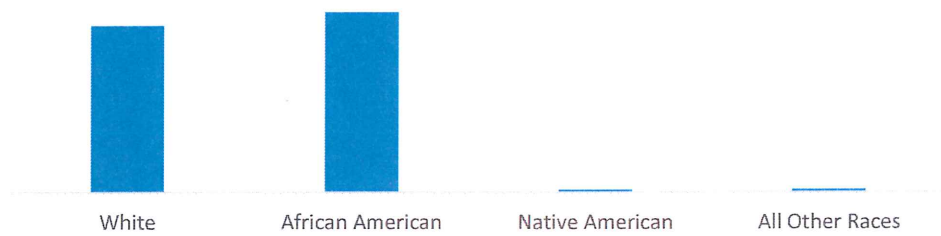
Who Experiences Homelessness?



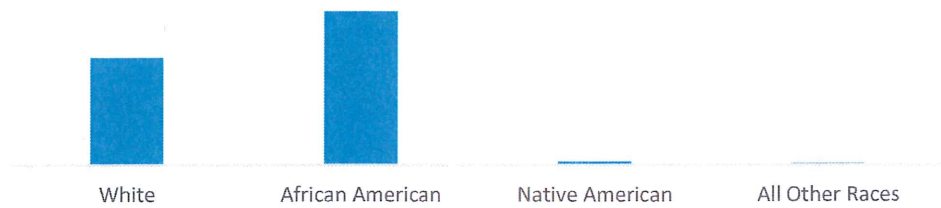
Who Gets into Emergency Shelter?



Who Gets into Transitional Housing?



Who Gets Permanent Housing?



Who Returns to Homelessness?

0% 0% 0% 0%

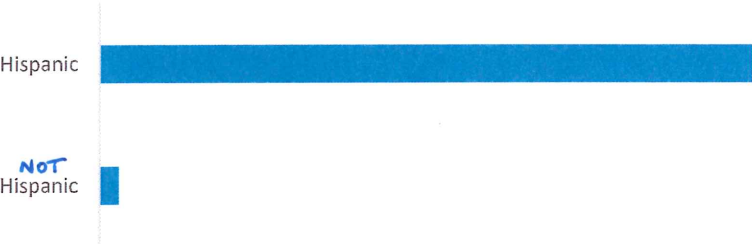
Who Experiences Homelessness?



Who Gets into Emergency Shelter?



Who Gets into Transitional Housing?



Who Gets Permanent Housing?



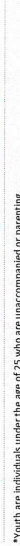
Who Returns to Homelessness?



Homelessness and poverty counts at the CoC and State level

KY-501

Distribution of Race



All People



Race and Ethnicity	All (ACS) ¹								In Poverty (ACS) ¹								Experiencing Homelessness (PIIT)								Experiencing Sheltered Homelessness (PIIT)								Experiencing Unsheltered Homelessness (PIIT)														
	All				In Families with Children				All				In Families with Children				All				In Families with Children				All				In Families with Children				All				In Families with Children										
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%															
All People	755,409		589,998		121,633		83,635		1,034		285		883		263		151		2																												
Race																																															
White	551,240	73%	438,012	74%	64,573	53%	44,382	53%	443	43%	55	21%	364	41%	53	20%	79	52%	2	100%																											
Black	156,750	21%	122,933	21%	47,271	39%	32,490	39%	523	51%	179	68%	458	52%	179	68%	65	43%	0	0%																											
Native	1,192	0%	1,437	0%	239	0%	164	0%	6	1%	3	1%	6	1%	3	1%	0	0%	0	0%																											
Asian/Pacific Islander	18,725	2%	14,856	3%	2,671	2%	1,827	2%	9	1%	7	3%	9	1%	7	3%	0	0%	0	0%																											
Other/Multi-Racial	27,922	4%	13,300	2%	6,930	6%	4,772	6%	53	5%	21	8%	46	5%	21	8%	7	5%	0	0%																											
Ethnicity																																															
Hispanic	35,322	5%	26,320	4%	9,306	8%	6,396	8%	27	3%	8	3%	26	3%	8	3%	1	1%	0	0%																											
Non-Hispanic	239,475	95%	553,678	96%	112,377	92%	77,239	92%	1,007	97%	257	97%	857	97%	255	97%	150	99%	2	100%																											
Youth <25																																															
Young <15																																															
Race																																															
White	154,903	65%			--	--	--	--	22	32%	2	13%	19	30%	2	13%	3	60%	0	0%																											
Black	60,604	25%			--	--	--	--	44	64%	13	81%	43	66%	13	81%	2	40%	0	0%																											
Native	341	0%			--	--	--	--	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%																											
Asian/Pacific Islander	6,749	3%			--	--	--	--	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%																											
Other/Multi-Racial	17,278	7%			--	--	--	--	3	4%	1	6%	3	5%	1	6%	0	0%	0	0%																											
Ethnicity																																															
Hispanic	16,129	7%			--	--	--	--	0	0%	0	0%	0																																		

KYHMIS Statewide Policy Manual

Kentucky Housing Corporation/Louisville Continuum of Care
August 2018

Please note, violation of the Kentucky Homeless Management Information System (KYHMIS) Participation Agreement and KYHMIS User Confidentiality Agreement, including without limitation to the failure to comply with the policies and procedures related to the KYHMIS as contained in this manual, may subject the participating agency to discipline and termination of access to the KYHMIS and/or termination of other Kentucky Housing Corporation (KHC) contracts. All participating KYHMIS Projects, as well as Victim Service Providers funded by the U.S. Department of Housing and Urban Development, the U.S. Department of Veterans Affairs, the U.S. Department of Health and Human Services, and SAMSHA, are required to abide by the policies and procedures outlined in this manual.

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Vision Statement

The vision of the KYHMIS database is to operate a user-friendly data collection system that produces timely, accurate, and complete information for stakeholders to use, ensuring the effective delivery of housing and services to alleviate homelessness in Kentucky.

Introduction

The Kentucky Homeless Management Information System (KYHMIS) was developed to support Kentucky's Continuum of Care and partner agencies in their missions, by supplying them with the tools to gauge data and outcomes for their projects. The KYHMIS provides information to the U.S. Department of Housing and Urban Development (HUD), the U.S. Department of Veterans Affairs (VA), the U.S. Department of Health and Human Services (HHS), Substance Abuse and Mental Health Administration (SAMHSA), local nonprofit boards, state-level policy makers, and other advocates in their missions.

The KYHMIS is a client information database that provides a standardized assessment of client needs, creates individualized service plans, and records the use of housing and services. The fundamental goal of the KYHMIS is to use the data to determine the utilization of services of participating agencies, identify gaps in the local service continuum, and develop outcome measurements. The KYHMIS can identify patterns in the utilization of assistance, as well as document the effectiveness of services for clients.

All this will be accomplished through data analysis of the actual experiences of persons, as well as the service providers who assist them in shelters and assistance projects throughout the state. This data may also be analyzed to provide unduplicated counts and anonymous aggregate data to policy makers, service providers, advocates, and consumer representatives. Statewide reporting is based on aggregate, non-identifying data; therefore, such data may be shared with the public.

The KYHMIS uses a Web-based software product from Bowman Systems called ServicePoint, which resides on a central server to facilitate data collection by service organizations across the state. Access to the KYHMIS is limited to agencies and authorized staff members who have met the necessary training requirements and have signed the necessary privacy, data sharing, security, and licensing documentation, as listed in this manual. As the guardians entrusted with personal data, agencies have both a moral and a legal obligation to ensure that data is being collected, accessed, and used appropriately. All agencies must be vigilant to maintain client confidentiality, treating the personal data of Kentucky's most vulnerable populations with respect.

Every project that receives federal homeless assistance funds is required to enter data on persons served with those funds into the KYHMIS. In addition, some projects funded through the VA, SAMHSA, and HHS are required to enter data into the KYHMIS.

Victim Service Providers (VSP)

Those organizations that are designated as Victim Service Providers (VSPs) that are funded under HUD's Section 8 Moderate Rehabilitation SRO Program, Emergency Solutions Grant Program, and Continuum of Care Program are prohibited from disclosing any personally-identifying information in an HMIS, per the requirements of federal laws.

However, VSPs are required to collect data in a comparable database with the same current HUD Data Standards and provide aggregate data to be combined with KYHMIS data for full reporting to federal agencies and Congress.

Suppression of Potentially Identifying Data in Annual Performance Report (APR)

VSPs may suppress aggregate data on specific client characteristics in the APR when the following two conditions are met:

1. The aggregate number of persons reported for a particular reporting field is less than either 1 percent of the total number of clients or five persons, whichever is greater; **and**
2. Provider staff reasonably believes that the inclusion of such information may constitute a threat to a client by allowing a victim's stalker or abuser to identify the location of a client with an uncommon demographic profile.

For example, a VSP that serves only one Asian client in a jurisdiction with a small Asian subpopulation may report that client as having an unknown or unreported race.

Minimal Standards for a “Comparable Database”

VSPs that receive funding must submit unduplicated aggregate reports about the individuals and families served with HUD funds to CoC HMIS staff. Funded providers must also have a mechanism to track the length of assistance provided to project beneficiaries. Therefore, a VSP's comparable database must collect client-level data over time and generate unduplicated aggregate reports based on that data. It cannot be a database that only records aggregate information.

The comparable database must comply with all current HUD Data and Technical standards which can be found at <https://www.hudexchange.info/hmis/guides/>.

The data standards also require organizations to comply with any federal, state, and local laws that require additional confidentiality protections, including but not limited to:

- The Health Insurance Portability and Accountability Act of 1996 (45 CFR Parts 160 and 164)
- The Confidentiality of Alcohol and Drug Abuse Patient Records Rule (42 C.F.R. Part 2)
- The Violence Against Women Act (VAWA)

As these data standards are subject to change, all providers are responsible for monitoring for updates and being in constant compliance with all data standards.

Minimum Data Collection Requirements for Victim Service Providers (VSP)

VSPs are required to collect and record all data elements that are required for HUD-funded providers on all clients served with HUD funds in a comparable database. The client-level data collection requirements for HUD projects are specified in the HUD Data Standards Notice.

Each CoC HMIS Lead Agency is responsible for determining if the database used by VSP's is comparable with HMIS standards and if aggregate data can be reported to the CoC from the comparable data base.

Kentucky Homeless Management Information System (KYHMIS)

KHC is the lead entity for the statewide KYHMIS implementation in Kentucky. KHC administers the ServicePoint software product for all three Continuum of Care (CoC) in Kentucky: Kentucky Balance of State CoC, Louisville CoC, and Lexington CoC. KHC is the HMIS Lead Agency for the Balance of State KYHMIS. The City of Lexington, Office of Homeless Prevention and Intervention (OHPI) is the HMIS Lead Agency for the Lexington CoC and the Coalition for the Homeless is the HMIS Lead Agency for the Louisville CoC. All three CoCs work together in support of an effective, coordinated system.

Continuums of Care

- Balance of State (118 counties) – KY-500
- Louisville/Jefferson County – KY-501
- Lexington/Fayette County – KY-502

Kentucky Interagency Council on Homelessness (KICH) and Kentucky Homeless Management Information System (KYHMIS)

KICH was established by executive order to bring together state policy makers, service providers, and advocates under the mission of coordinating and guiding policy across Kentucky to alleviate homelessness. Efforts in this mission rely on data for many different purposes. KICH has established the Data Subcommittee to help monitor the occurrence of homelessness and track trends, evaluate the effectiveness of projects and policies, and provide information for planning and decision making. While KYHMIS is not the sole source of data, it is a vital component.

KHC's KYHMIS staff will collaborate with the HMIS Lead Agencies for the Lexington CoC and the Louisville CoC to provide the KICH Data Subcommittee data reports.

Terminology

Advanced Reporting Tool (ART): Bowman Systems provides ART to give users access to a wide variety of reports. The ART is used commonly for federal reporting and project customization of reports. This tool is scheduled to be replaced by another reporting system in late 2018.

Agency Administrator: This person is their agency's lead KYHMIS contact and is responsible for system administration at the agency level.

Annual Performance Report (APR): A reporting tool used to track progress, accuracy and completeness of data and accomplishments of projects.

Bowman Systems: Often referred to as "Bowman," this is the company/vendor who created and maintains the KYHMIS system (Service Point) and reporting tools.

Client: An individual that a participating KYHMIS project collects or maintains personal identifiable information.

Continuum of Care (CoC) Project: Project identified in KYHMIS as receiving funding from HUD through the competitive CoC application process.

Executive Director: A person who serves as the top executive official of a participating agency.

Housing Inventory Count (HIC): An inventory of beds for homeless persons, including seasonal and overflow beds.

Kentucky Housing Corporation (KHC): The lead entity for the statewide KYHMIS implementation in Kentucky.

Participating Agency: Any agency/project that enters client information into KYHMIS.

Protected Personal Information (PPI): Information about a project participant that can be used to distinguish or trace the participant's identity, whether alone, or when combined with other personal identifying information.

Release of Information (ROI): A document signed by the client or verbal approval by client authorizing or denying sharing of their PPI, service information, or other pertinent client data in KYHMIS.

ServicePoint: A software system created by Bowman Systems, which tracks data about people in crisis to determine individual needs, provide a referral system, and create aggregate data for reporting and planning. ServicePoint is Web-based and uses a standard graphical user interface similar to Microsoft Windows.

User: An individual who has been granted access to and uses KYHMIS.

User License: An agreement between the individual and the CoC HMIS Agency that allows access to the KYHMIS.

Roles and Responsibilities

Kentucky Housing Corporation (KHC)

KHC is the lead agency for the implementation and maintenance of the statewide KYHMIS.

KYHMIS Management

Policy:

KHC is responsible for the organization and management of the KYHMIS. KHC KYHMIS staff is responsible for the all system-wide policies, procedures, communication, and coordination for KYHMIS.

KYHMIS staff will follow protocols established by Bowman Systems, LLC.

KHC KYHMIS staff will notify Bowman Systems of any software issues within 12 hours of being made aware of the issue and after an investigation at the state level has taken place.

All information received from Bowman Systems pertaining to use, access, reporting, or live site system will be disseminated through each CoC's HMIS Lead Agency staff and then to each Agency Administrator within three business days of receipt.

KYHMIS Documentation

To ensure the integrity and security of sensitive client confidential information and other data maintained in the database, KHC requires all participating agencies and users to sign the KYHMIS Acknowledgement of Receipt of the KYHMIS Policies and Procedures Manual and Security Monitoring prior to being given access to the KYHMIS.

Policy:

CoC HMIS Lead Agency staff will provide the necessary manuals and forms for all users within their CoC. These documents will be kept up-to-date and in compliance with HUD and all other funders' policies and requirements.

In the event a funder issues changes to the requirements, all related documentation will be reviewed and updated collaboratively by KHC and CoC HMIS Lead Agency staff.

If a funder's requirements necessitate immediate implementation of changes, such changes will be communicated to all three CoC HMIS Lead Agencies. All changes will be communicated to participating agencies and HUD-funded VSPs through the KHC eGram system and System News on KYHMIS.

Security Management

Policy:

KHC is ultimately responsible for the continuous monitoring of security of data for the Balance of State as well as monitoring security of data for all other CoC KYHMIS Lead Agencies. Due to the nature of technology, unforeseen service outages may occur. In order to assure service reliability, Bowman Systems provides a comprehensive [disaster recovery plan](#).

All major outages are immediately brought to the attention of KHC leadership staff. Bowman Systems support staff helps manage communication or messaging to the KYHMIS staff as progress is made to address the service outage. KHC KYHMIS staff, in turn, will communicate status updates to the KHC leadership staff and CoC HMIS Lead Agencies.

Training

Policy:

The CoC's HMIS Lead Agencies will provide timely training for all new users, in the most efficient and effective way possible. Users must participate in and satisfactorily complete "KYHMIS New User Training" prior to approval for access to KYHMIS. Users must participate in at least one KYHMIS Refresher Training course every year to have the continuing skill set for data collection and reporting.

Ultimately it is the responsibility of the participating agency's Executive Director to identify staff that will become KYHMIS Users and KYHMIS Agency Administrators. Executive Directors are responsible to choose users that have basic computer skills, including knowledge of how to navigate the Internet, email, and basic knowledge of data entry into an online software system prior to the users participating in the initial KYHMIS training. In addition, Agency Administrators need to have skills beyond that of a basic user.

CoC KYHMIS Lead Agencies may withhold user licenses from a participating agency if users are not able to demonstrate the skills needed to access the KYHMIS.

CoC KYHMIS Lead Agencies will ensure the following minimum standards are met for training:

- User
 - Security and Confidentiality Training (annually)
 - New User Training
 - Refresher Training (annually)

CoC KYHMIS Lead Agencies may suspend user credentials for any user who is out of compliance with the required annual training until all training requirements have been fulfilled.

Agency Management

Policy:

Participating agencies will notify the CoC Lead Agency of any changes with projects including: additions and discontinuations of projects and users via the HCA Help Desk at <http://kyhmis.zendesk.com>. CoC HMIS Lead Agencies will set-up and de-activate agencies, projects, and users, as needed.

User Management

Policy:

CoC's KYHMIS Lead Agency staff will give appropriate levels of access to the system based on user's position in the participating agency, configuration of projects, and designation by the Executive Director. To protect client security, users will always be assigned the most restrictive access possible that will still allow efficient job performance.

System Availability

Bowman Systems provides highly available HMIS software and informs the KYHMIS statewide implementation through the Bowman Newsflash of any planned interruption in service. CoC HMIS Lead Agencies will inform the participating agencies pursuant to the following policy.

Policy:

Scheduled upgrades and maintenance will occur as arranged. CoC KYHMIS Lead Agencies will inform users of the exact date and time prior to scheduled upgrade via:

- ServicePoint News
- KHC eGram notification
- E-mail notification

In the event of an unscheduled unavailability for an extended period of time, all participating agencies will be contacted by email and informed of the cause and the anticipated duration of the interruption of service.

Participating Agency

Security Management

Policy:

Participating agencies are responsible for ensuring all hardware and software used to access and/or store KYHMIS client-level data is in a secure location where access is available to authorized staff only. Security software will be monitored at least annually by CoC KYHMIS Lead Agencies.

Monitoring may consist of a desk monitoring or an on-site monitoring. Failure to complete any corrective actions resulting from monitoring in the given time period may result in deactivation of all participating agency user accounts and the participating agency may be non-compliant with HUD and/or other funding regulations.

CoC KYHMIS Lead Agencies will ensure the participating agency meets the minimum requirements listed:

Participating agencies **must** have:

- A secure broadband Internet connection.
- Wi-Fi is acceptable, **if** the connection is protected by a network security code.

All Workstations at the participating agency that access KYHMIS **must** have:

- Memory:
 - Windows 10 – 2 Gig minimum
 - If Win7 – 2 Gig minimum
 - If Vista – 2 Gig minimum
 - If XP – 1 Gig minimum
- Monitor:
 - Screen Display – 1024 by 768 (XGA) or higher (1280 by 768 strongly advised)
- Processor:
 - An Intel or AMD Dual-Core processor or better
- Browser:
 - Firefox is recommended for use with Service Point.
 - Internet Explorer is recommended for using the ART reporting tool.
 - Google Chrome will not function with the ART reporting tool.
- Password Protected Workstation:

- All workstations **must** be locked if a licensed User leaves a workstation when ServicePoint is active.
- Current and Active Security:
 - Real-time antivirus scanning
 - Manual virus scanning
 - Automatic virus removal
 - USB virus scanning
 - Anti-spyware
 - A firewall
 - Anti-phishing
 - Anti-spam

Records Management

Policy:

Participating agencies must maintain appropriate documentation of any Client Acknowledgement and Release of Information records obtained in a secure location for a period of five years after the last date of client service and assure their subsequent destruction by shredding or burning. Records must be made available to the client, upon written request, within five business days.

Compliance monitoring is completed by CoC HMIS Lead Agencies, as requested by funders or required by regulation. CoC HMIS Lead Agencies will require participating agencies to show proof of compliance at time of monitoring. Failure to comply may result in deactivation of all participating agency user accounts, and the participating agency may be non-compliant with HUD and/or other funding regulations.

Privacy Management

Policy:

Participating agencies will be solely responsible for posting the most current “Privacy Notice” in a location for all clients to easily find and read and also have a copy of the current “Privacy Policy” on hand.

The current “Privacy Notice” and “Privacy Policy” can be found at <https://kyhmis.zendesk.com>. All correspondence regarding updates to “Privacy Notice” and “Privacy Policy” will be sent to agencies in the form of an eGram and posted on ServicePoint News.

Compliance monitoring is completed by CoC HMIS Lead staff, as requested by funders or required by regulation. CoC HMIS Lead Agencies will require agencies to show proof of compliance at time of monitoring. Failure to comply will result in deactivation of all participating agency user accounts and the participating agency may be non-compliant with HUD and/or other funding regulations.

Data Sharing

Policy:

Data sharing among KYHMIS participating agencies will be supported automatically for all participating KYHMIS agencies. All PATH, RHY, HOPWA and Recovery Kentucky projects are exempt from participation in data sharing under federal statute.

All projects, with exception of PATH, RHY, HOPWA and Recovery Kentucky programs, will have data sharing privileges set by CoC HMIS Lead Agencies for client-level data. The

standard level of client-level data sharing privileges will be set as in the Global Sharing Policy in this document.

All agencies “opt-in” by signing the Acknowledgement of Receipt of the KYHMIS Statewide Policy Manual annually. The original agreement is to be provided to the CoC HMIS Lead Agency with a copy being retained by the participating agency.

Agencies wishing to “opt-out” of sharing information electronically through the KYHMIS are required to complete a Data Sharing Exit Agreement signed by the Executive Director stating their reasons for opting out and submit it to the CoC HMIS Lead Agency. Sharing of information ends on the date the participating agency signs the Exit Agreement. All client information shared prior to the Exit Agreement date will continue to be shared.

At a minimum, CoC HMIS Lead Agencies will:

- Define each User’s access type as described in the Access section of this manual.
- Conduct random file checks for appropriate client authorization based on participating agency risk determination
- Conduct random User audit reports

Participating Agency Executive Director

Policy:

The Executive Director is responsible for ensuring their agency and all licensed users within their agency abide by all CoC established regulations, standards, policies, and procedures in regards to the KYHMIS and clients’ rights.

CoC HMIS Lead Agencies will ensure that the Executive Director complies with applicable funding agreement requirements regarding the KYHMIS participation. In addition, they will ensure the Executive Director completes and submits the Acknowledgement of the KYHMIS External Policies and Procedures Manual for each user, KYHMIS Annual Agency Privacy and Security Monitoring Form, and Data Sharing Exit Agreement (if applicable). These forms must be reviewed and signed on an annual basis. Failure to comply may result in deactivation of all participating agency user accounts and the participating agency may be non-compliant with HUD and/or other funding regulations.

Ultimately Responsible

Policy:

The Executive Director is ultimately responsible for compliance with the KYHMIS Statewide Policy Manual along with any CoC level supplemental policies; which includes, but is not limited to: knowledge and understanding of client rights, grievance procedures, data sharing, agency security, and all actions and work conducted by licensed Users in their agency, including those no longer employed at their agency.

Executive Directors are ultimately responsible for:

- Verifying and signing all reports or information distributed by their agency for submission or publications,
- Notifying CoC HMIS Lead Agency prior to or within 24 hours if a user should be removed from the KYHMIS.
- Completing, signing, and submitting KYHMIS required documentation annually, or upon request.

- Adhering to any additional requirements that may be deemed necessary by the funder or the CoC.

Failure to comply may result in deactivation of all participating agency user accounts and the participating agency may be non-compliant with HUD and/or other funding regulations.

Agency Administrator

An Agency Administrator is the liaison between CoC HMIS Lead Agencies and all other participating agency users. CoC HMIS Lead Agencies shall ensure they have a valid, up-to-date email address for each of their Agency Administrators and shall set their User Role as that of “Agency Administrator” in the KYHMIS.

System Management

Policy:

Agency Administrators will assist, as needed, CoC HMIS Lead Agencies in implementation of system upgrades, report development, and system testing. Agency Administrators will also be responsible for disseminating all information to users within their agency.

Agency Management

Policy:

The Agency Administrator will be responsible for updating, correcting, and maintaining the participating agency information in the KYHMIS.

CoC HMIS Lead agencies will train Agency Administrators on how to change and update information regarding their agency and all projects within their agency and require the information is verified and updated as needed. Failure to comply in maintaining correct participating agency and project information in the KYHMIS will result in suspension of all participating agency licenses until corrections are made and the participating agency may be non-compliant with HUD and/or other funding regulations.

Report Management

Policy:

Agency Administrators are responsible for supplying the Executive Director with all required reports and/or information for verification and signature in a timely manner prior to submission.

CoC HMIS Lead Agencies will ensure Agency Administrators have knowledge and understanding of reports, due dates, submission dates, and the appropriate person/agency for submission.

If the Agency Administrator has concerns and/or questions regarding any of the participating agency's reports, the Agency Administrator will be required to submit a ticket to the KYHMIS Help Desk at <https://kyhmis.zendesk.com> 7 days prior to final submission of report. Failure to submit a ticket within the appropriate time frame may result in CoC HMIS Lead Agencies not having adequate time to render assistance. CoC HMIS Lead Agencies will not be held liable for failure to render timely solutions when there is less than 7 days to respond.

User

A licensed KYHMIS User is responsible for ensuring their participating agency's client-level data is entered correctly and complies with all client rights, confidentiality, and data sharing in compliance with CoC regulations, standards, policies, and procedures. CoC HMIS Lead Agencies will provide the appropriate training for Users as outlined in the "Training" section of this manual.

Client-Level Data

Policy:

CoC HMIS Lead Agencies will ensure that Users will not knowingly enter false or misleading information under any circumstances into KYHMIS regarding the participating agency, project, or client.

When requesting reports from a participating agency, CoC HMIS Lead Agencies will require Agency Administrators review and verify the report prior to submission. If issues concerning client-level data are raised, CoC HMIS Lead Agencies may conduct a data audit and a monitoring site visit. Failure of a participating agency or user to comply, or if there is proof of a violation, can result in deactivation of the user's license permanently.

Ethical Data Use

Policy:

Data contained in the KYHMIS will only be used to support the delivery of services. Each KYHMIS licensed user will affirm the principles of ethical data use and client confidentiality by signing this document.

Any individual or participating agency misusing or attempting to misuse KYHMIS will be denied access. Without limitation the failure to comply with the policies and procedures related to the KYHMIS, may subject the participating agency to discipline and termination of access to the KYHMIS and/or termination of other KHC contracts. Other funders will be notified by KYHMIS staff of failure to comply.

Data Sharing

Policy:

CoC HMIS Lead Agencies will ensure that at no time shall a licensed User alter, change, or delete other agencies' data in compliance with the data-sharing policies. At a minimum, they shall communicate with the other agency; whereby both agencies involved in the disputed accuracy of data are consulted and a joint resolution reached.

Client Release of Information

Policy:

Users **must** obtain a verbal (not for BOS agencies) or signed Client Acknowledgement and Release of Information document for each client prior to entering data into the KYHMIS for client information that will be shared.

Users **must** supply the KYHMIS client record with an end date (365 days from entry) for each release of information. Recovery Kentucky client records must have an end date not exceeding 2 years from entry.

If the Client Acknowledgement and Release of Information has expired, the user **must** obtain a new release prior to updating records.

Verbal and signed Client Acknowledgement and Release of Information forms **must** be secured and retained for five years from the date of the last service for the client.

Data Standards

Policy:

Users must enter all data into the KYHMIS or, if applicable, a comparable database in accordance with the current HUD Data Standards.

CoC HMIS Lead Agencies shall ensure all Users have access to and understand the most current HUD HMIS Data Standards.

Clients

KYHMIS is a system for information to be passed from participating agency to participating agency regarding client information, services, and referrals. KYHMIS is geared to save clients time in telling their “story” and providing documentation. At no time should a client’s rights, confidentiality, or requests be violated.

Denial of Service

Policy:

No client shall be denied a service for declining to release information or refusal to answer informational questions not required for service eligibility screening.

Prior to collecting client-identifying information by the participating agency, clients **must** first sign or verbally (not for BOS agencies) agree to the Client Acknowledge and Release of Information document, acknowledging their request to share or deny sharing of information.

Access to Data

Policy:

Clients may have access to their data at any time and can ask for detailed explanation of the information given to them.

Clients may submit a written request for a printed report of their data in KYHMIS to the CoC HMIS Lead Agency.

Changing Information

Policy:

Clients may request that agencies update incomplete and/or incorrect data. However, agencies have the right to deny this request.

Procedure:

- Contact CoC HMIS Lead Agency to determine validity of request to update or correct data in KYHMIS.

Denial of Access

Policy:

CoC HMIS Lead Agencies and participating agencies reserve the right to deny access to an individual's personal KYHMIS records for any of the following reasons. The denial is required to be documented; including original request and reason for denial.

- Information compiled in reasonable anticipation of litigation or comparable proceedings.
- Information about another individual (other than a health care or homeless provider).
- Information that by disclosure would be reasonably likely to endanger the life or physical safety of any individual.

Educating Clients of Privacy Rights

Policy:

The participating agency employee that obtains data from the client will work with the client to understand their privacy rights, benefits of sharing data, and what their data is used for once entered into the KYHMIS. CoC HMIS Lead Agencies are not liable for client-level data that has been entered into the KYHMIS by a User in which the client's right to privacy was violated.

At a minimum, CoC HMIS Lead Agencies shall ensure participating agencies:

- Make the "Privacy Notice" available to the client upon request.
- Are knowledgeable regarding data-sharing policies, release of information policies, and security of data.

Client Denial to Share

Policy:

Clients have the right to choose not to have their data shared.

A participating agency that has data sharing agreement with other participating agencies must lock down this client's record to be visible only to the participating agency that originally entered the data.

The participating agency must contact the CoC HMIS Lead Agency prior to entering client level data into KYHMIS for instructions on how to set the visibility settings appropriately.

Communication

Between KYHMIS Staff and CoC HMIS Leads

Policy:

KYHMIS Staff is responsible for relevant and timely communication with each CoC HMIS Lead Agency in the statewide implementation regarding all aspects of the KYHMIS, reporting, and data standards. CoC HMIS Lead Agencies are responsible for relevant and timely communication with participating agencies.

KYHMIS staff will provide communication through:

- Regularly scheduled System Administrator Meetings
- Regular publications of KHC's eGram
- Email notification
- KYHMIS System News

- FAQs, tip sheets, documentation, policies, procedures, reporting matrix, and general help published on the KYHMIS Help Desk at <https://kyhmis.zendesk.com>.

KYHMIS Help Desk

KYHMIS staff maintains a user Help Desk referred to as “Zendesk.” The goal of Zendesk is to operate in an effective and efficient manner assisting users in the order in which the tickets were submitted. The KYHMIS has over 350 users and 800 projects. By requesting assistance through the Help Desk, users receive documentation of their ticket submissions and responses from CoC HMIS Lead Agency Staff.

Policy:

Participating agency’s Users will submit requests for specific research data, system enhancements, technical support, helpful hints, training tips, documentation to download; password reset requests, etc. to the KYHMIS Help Desk.

The Help Desk shall be available from 8:00 a.m. to 4:30 p.m. ET, Monday through Friday, excluding KHC holidays. CoC HMIS Lead Agencies will respond to Help Desk submissions from their respective CoC. The following guidance is applicable to the process to be followed by each CoC HMIS Lead Agency:

- Tickets will be addressed in the order of receipt.
- Tickets will be addressed within 3 business days.
- All Help Desk tickets received after 4 p.m. ET will be addressed the next business day.

Tickets asking help to identify or resolve issues with reports **must** have the report in question attached to the ticket. Failure to attach the report will result in a delay in the response to the ticket.

Access

KHC and CoC HMIS Lead Agency Staff

Policy:

KHC and CoC HMIS Lead Agency staff will have access to retrieve all data in the KYHMIS. Access to individual client-level data will only be for the purpose of direct client service-related activities, reporting/maintenance, checking data quality, and responding to Help Desk Tickets.

The CoC Lead staff will oversee all reporting to HUD and the public. All special research requests will be handled directly by the CoC Lead in coordination with the requesting participating agency. All information collected and analyzed will not be shared with others without the written consent of the requesting participating agency.

User Access

Policy:

Each CoC HMIS Lead Agency will be responsible for assigning user access for the agencies within the geographical designation of their Continuum.

Public Access

Policy:

CoC Lead Agencies, will address all requests for data from entities other than participating KYHMIS agencies and HUD-funded VSPs or clients. The public is not given access at any time.

Procedure:

- The KYHMIS can enter into data-sharing agreement with outside organizations under contract with KHC for:
 - Research.
 - Data Matching.
 - Evaluation of Services/Planning.
- Contracts must include an MOU or MOA. Any MOU or MOA initiated and executed by CoC Lead Agencies must be communicated to KHC.
- Data-sharing agreements will require that all parties certify that they will adhere to the strict standards of protecting client-level data employed by the KYHMIS.
- All public requests for information must be made in writing to KYHMIS staff.
- KYHMIS staff will issue periodic public reports about homelessness and housing with no previous notice to participating KYHMIS or HUD-funded VSP agencies. Such public reports will not reveal identifying information at the client-data level.

Security

Bowman Systems and/or Mediware

System Security

Policy:

KHC shall ensure that Bowman Systems and/or Mediware maintain the highest level of system security for the ServicePoint software and hardware.

Bowman Systems and/or Mediware employees who have access to client-level data are subject to a national background check, training on confidentiality requirements, and must sign a confidentiality statement as part of their employee agreement.

The system function logs the time and type of activity, as well as the name of the user who viewed, added, edited, or deleted the information.

Servers are located in complexes with:

- 24-hour security personnel.
- 24-hour video surveillance.
- Dedicated and secured Data Center.
- Locked down 24-hours per day.
- Only accessible by management-controlled key.
- No access is permitted to cleaning staff.
- State-of-the-art HVAC and fire suppression system

Data Security/Disaster Plan

Policy:

KHC shall ensure that Bowman Systems and/or Mediware maintain the highest level of data security for the ServicePoint software.

The traffic that flows between the server and the user's workstation is encrypted using the SSL certificate installed on KHC's dedicated server. Database tape backups are performed nightly. Seven days' backup history is stored on instantly accessible Raid 10 storage with one month's backup history being stored offsite.

KYHMIS staff have 24/7 access to Bowman Systems' and/or Mediware emergency line to provide assistance related to outages or downtime.

Unauthorized Access

Policy:

KHC shall ensure Bowman Systems and/or Mediware has processes in place to address unauthorized access.

If an unauthorized entity were to gain access to the KYHMIS and client data, or if there were suspicion of probable access, Bowman Systems and/or Mediware would take the following steps:

- The system would be examined to determine the presence of system or data corruption.
- If the system has been compromised, the system would be taken offline.
- Using the previous night's backup, a restored copy of the system data would be loaded onto another server, and the system brought back online with the back-up copy.
- Comparing the back-up database to the database taken offline, an investigation would be launched to determine the extent of the unauthorized activity/corruption, and the corrective action needed.
- Upon completion of the investigation, findings would be reported to KHC and options would be discussed.
- Upon KHC's approval, corrective action would be initiated. Corrective action could include all or part of the following:
 - The original hard drive would be completely erased and rebuilt, including a new operating system, SSL Certificate, applications, and the back-up database.
 - If applicable and feasible, lost data from the original database would be restored.

Licensed Users

User Access

Policy:

A newly licensed user must sign and submit required documentation prior to receiving access to the system. All licensed users must re-submit required documentation annually.

CoC HMIS Lead Agency staff will provide unique usernames and temporary passwords to each licensed user that has completed the minimum training requirements as outlined in this manual. Each user will create a unique password of their own choosing upon initial log-in. Passwords should be reset at a minimum of every 45 days.

Users will keep passwords confidential. Usernames and passwords may not be exchanged or shared with other users. The sharing of usernames is a breach of the KYHMIS policies and procedures. Exchanging usernames seriously compromises security and accountability to clients. If a breach occurs, it may subject the participating agency to discipline and termination of access to the KYHMIS and/or termination of other KHC contracts.

Bowman Systems and/or Mediware, KHC, and CoC HMIS Lead Agency staff are not liable for actions of a former participating agency employee with an active license if the participating agency fails to give notification of termination prior to or within 24 hours of that termination.

Password Recovery

Policy:

CoC HMIS Lead Agencies will only reset forgotten passwords after verification of User access status. Reset information is preferred to be sent via Help Desk Ticket and not by direct contact. Response to the request will be sent back through the Help Desk.

Location of Data Access

Remote Access

Policy:

Users will ensure the confidentiality of client data, following all security policies and adhering to the standards of ethical data use, regardless of the location of the connecting computer. KYHMIS is intended to be accessed only on-site from the participating agency's network, desktops, laptops, and mini-computers that are Web capable.

In special circumstances, user access from remote locations may be permitted after approval by CoC HMIS Lead Agency Staff. All users that access KYHMIS remotely must meet the standards detailed in the security policies and procedures and may only access it for activities directly related to their job.

Examples of Remote Access:

1. Personal laptops that were not purchased by the participating agency.
2. Access to the KYHMIS on a network other than that of the participating agency.
3. Private home desktops.

The Executive Director has the responsibility to ensure the user is in compliance with this and all other policies, procedures, agreements, and rules governing KYHMIS.

Agency Data

Data Retrieval

Policy:

KYHMIS-participating agencies will have access to retrieve any individual client-level data and aggregate data for their own projects. Participating agencies will not have access to retrieve client-level or aggregate data for other participating agencies or system-wide.

Agency Administrators and Users using the ServicePoint Report Writer or ART will only be able to extract data from those records to which they have access based on their level of security given by the CoC's HMIS Lead Agency staff. Whenever a user attempts to access an

aggregate report for unauthorized data, the report will show “0”. Both Report Writer and ART will limit the user access and only report data from records to which the individual user has access.

Extracted Data

Policy:

KYHMIS-participating agencies have access to retrieve any individual client-level data and aggregate data for their own projects and download the information onto a local storage vessel. Users will maintain the security of any client data extracted from the database, including data used in custom reporting.

Compliance Security Review

Policy:

KYHMIS-participating agencies are subject to random or scheduled compliance monitoring checks completed by KYHMIS CoC.

Scanned Document Management

Policy:

KYHMIS staff is responsible for organization and management of the KYHMIS. The following standardized procedures to upload documents must be followed to ensure uploaded information is useable system-wide.

- Documents uploaded to a client must have the naming standards of:
 - Client ID#, Document Title, Date Saved
 - For Example: 123456, Homeless Verification, 11/20/2013
- File attachments may only be uploaded to the client profile screen under “File Attachments.”
- Users may never remove documents of another participating agency and may only remove theirs when uploading an updated version, or removing incorrect information.
- Unless otherwise noted by an opted-out data sharing project or a client denial, all file attachments will be shared system-wide.

Globally-Shared Information

Policy:

KHC and the CoC HMIS Lead Agencies have set sharing standards for each area of KYHMIS. At any time, a CoC HMIS Lead Agency may choose to close or share a section for privacy protection or coordinated assessment needs. The intent of KYHMIS is to allow as much data sharing as appropriate and necessitated by clients’ needs and services provided to meet those needs.

Data Quality

The Data Standards established by HUD and KHC are applied to all participating agencies’ projects reporting client-level data in KYHMIS. To have correct, accurate, and reliable reporting in a timely manner, CoC HMIS Lead Agencies are required to ensure all participating agencies adhere to the policies and procedures established.

Required Data Collection Fields

Policy:

All KYHMIS-participating agencies and all HUD-funded VSP agencies must comply with the current Data Standards set by HUD and participating federal partners.

The current HUD Data Standards can be found at <https://www.onecpd.info/hmis/hmis-data-and-technical-standards/>.

CoC KYHMIS Lead Agencies will ensure:

- All projects are entering all data fields that appear on their client entry, interim, exit, and follow-up fields to allow for required reporting and analysis to occur.
- Users are trained to follow the correct workflow for the project. When a user does not complete the correct fields in the correct workflow, reports will reflect “nulls,” “missing,” or “non-HUD acceptable” errors.
- All projects are aware they have the option to complete more data assessment fields. CoC KYHMIS Lead Agency staff will establish additional assessment fields when such requests are received by the Housing Contract Administration Help Desk or requested directly to their KYHMIS System Admin.
- All CoC KYHMIS Leads should share information regarding new implementations, major updates, etc. added to the system prior to adding them to the live site. This information must meet system requirements and be approved via discussion in system admin meetings.

Data Entry Time Limits

Policy:

Participating agencies should enter client-level data in real time to maintain the referral process and records on services rendered. However, agencies **must** enter all client-level data within three business days of occurrence or from when participating agency obtains the data.

Data Accuracy

Accuracy is defined as reports run by participating agencies with no errors or missing items flagged.

Policy:

Participating agencies must strive for high data accuracy and integrity on all reports.

CoC HMIS Lead Agencies shall set policies for participating agencies self-monitoring. These policies should include the requirement for submission of specific data reports (i.e., Data Quality Framework, APR) that show appropriate accuracy. The policy shall also include consequences for failure to submit accurate reports and a timeline for the agencies to correct the reports.

Housing Inventory Count

Policy:

Each CoC HMIS Lead Agency is responsible for completing the Housing Inventory Count (HIC) for their CoC.

- Projects deemed emergency shelters, transitional housing, or permanent housing projects **must** submit a Housing Inventory Count form to their CoC Lead Agency on the designated day following the Point-in-Time Count.
- Projects must show a bed utilization rate that is above 65 percent and less than 105 percent, per HUD standards. The Executive Director or designated person must submit a written explanation with the form if the project is below or above said HUD standards.
- If an agency does not submit or comply with above standard, the CoC Lead Agency will contact the Executive Director within five business days of due date. The Executive Director or designated person will have five business days to comply.
- If an agency does not re-submit an accurate report after five business days, the appropriate CoC Lead Agency staff will notify the funder and all agency user licenses will be suspended.
- Failure to comply with these standards will result in suspension of all licensed agency users, as well as the possible suspension of draw requests.

License Suspension and/or Replacement

Policy:

At any time, the CoC HMIS Lead Agency reserves the right to suspend a User's license if a User is having difficulty entering client-level data and providing accurate reports. The CoC HMIS Lead agency can require additional training and if unsuccessful can require the Executive Director to assign a different staff member to attend training, become licensed, and enter client-level data. KHC is to be notified of any User license suspension.

Violation of Data Quality and Integrity

Policy:

In their discretion, each CoC may hold funds or deduct points on future grant applications for agencies that violate the data quality policies and procedures.

Licensing and Invoicing

To carry out its responsibilities as the lead system administrator for the KYHMIS, KHC has secured funding through the Kentucky BoS CoC project funds. By seeking to maximize these resources, KHC has been able to keep ServicePoint user fees at an affordable level. Agencies that receive federal funds but are exempt from participating in the KYHMIS pay a nominal data collection fee to help cover the costs of handling data that does not come through the KYHMIS, but is analyzed and combined with KYHMIS data for reporting. KHC addresses the annual licensing and invoicing for the Louisville CoC and the Lexington CoC through Memorandums of Understanding.

PLEASE NOTE: Prior to KHC issuing HMIS invoices to agencies, there will be notifications and reminders listed in KHC e-grams several times. Agencies are encouraged to read each e-gram and look for articles announcing upcoming HMIS invoicing.

Annual Invoice

Policy:

In late June of each year, KHC staff will process an Annual Invoice to each agency in the Balance of State and the Lexington CoC. (The Louisville CoC will invoice their member agencies separately.) In early June, KHC will encourage all agencies to confirm the number of annual user licenses they will need for the upcoming fiscal year. It is the responsibility of the agency to notify KHC KYHMIS staff of any change in the number of licenses that will be invoiced.

The Annual invoice will be emailed to agencies using the on-line PNC Payment System (<https://www.payerexpress.com/ebp/KHC/>). The email will be sent to the identified contact person in the payment system. It is the responsibility of each agency to enroll in the payment system, to enter the required banking information, and to ensure that the contact person is correct or to make any necessary changes in the system.

When the agency receives the invoice, they will need to log on to the payment system and initiate payment by electronic payment. No paper checks will be accepted by KHC. If any paper checks are received, they will be returned to the agency not processed.

Any invoice unpaid by the due date will be assessed a 10% late fee. Any invoice still unpaid after 30 days will be assessed an additional 10% late fee. Any invoice remaining unpaid after 60 days will require the KHC KYHMIS staff to suspend the agency's usage of the KYHMIS system. If an agency's usage has been suspended, KHC will not process any draws for payment of any grant or program administered by the agency until the invoice is paid in full and the user licenses are activated.

All Victim Service Providers (VSP) agencies will receive an annual data maintenance invoice due on the same schedule listed above.

Quarterly New User Fee Invoices

Quarterly, KHC still will issue a New User Fee Invoice for each agency that added a new user during the previous quarter. A new user is defined as an additional license not billed during the annual invoice process. If a new staff member of the agency replaces a previous staff person and assumes their user license, they are not a new user. An additional license is necessary to add a new user.

New user invoices will be calculated on a pro-rated basis calculated beginning on the first day of the full month after their license was activated. Late fees will be assessed if any New User Fee Invoice remains unpaid 30 days after the invoice was issued. Additional late fees will be assessed after 60 days and all agency user licenses will be suspended after 90 days and will remain suspended until the invoice is paid in full.

All processes for issuing the New User Fee Invoice and the process for agency's paying the invoice will be the same as listed above for the Annual Invoice.

Grievances

From a Participating Agency or Client

Policy:

KYHMIS-participating agencies have the right to file a written grievance against KHC or the CoC HMIS Lead Agency. Clients also have the right to file a grievance against a participating agency regarding the KYHMIS. Each CoC HMIS Lead Agency must have a grievance policy on file with KHC.

The CoC HMIS Lead Agency grievance policy must include:

- Definition of categories of grievances
 - Client grievances
 - Participating agency grievances
 - HUD-funded VSP grievances
- Specific steps to be followed for grievance submission
- Process that will be followed to resolve the grievance
- Appeal process of the grievant

Participation Termination

Initiated by the Participating Agency

Policy:

The KYHMIS termination of a participating agency may affect their relationship with their funder. However, in the event of termination, all data entered into KYHMIS will remain an active part of the KYHMIS, and the records will retain their original security settings. CoC KYHMIS Lead Agencies are required to notify KHC upon receipt of a request for termination of contract.

Prior to be granted termination from KYHMIS the participating agency must ensure all clients are properly exited from the terminating agency's program.

Initiated by CoC HMIS Lead Agency

Policy:

CoC KYHMIS Lead Agencies and KHC reserve the right to terminate the KYHMIS Participation Agreement for non-compliance with the terms of that agreement. CoC HMIS Lead Agencies are required to give a participating agency written notice of the intent to terminate and provide a minimum of 10 days for the participating agency to rectify any violations. If termination does occur, the CoC KYHMIS Lead Agency is required to notify KHC of the termination and provide documentation of termination justification. In all cases of termination, CoC HMIS Lead Agency staff will make inactive all users from the participating agency on the date of termination. All client-level data entered into the KYHMIS will remain an active part of the KYHMIS, and the records will retain their original security settings.

Projects in KYHMIS

Adding a New Project in KYHMIS by Agency

Policy:

The Executive Director or Agency Admin will notify the CoC Lead Agency staff 30 days prior to implementation of a new project.

Procedure:

- At least 30 days prior to anticipated implementation date, the Agency Admin or the Executive Director will submit a detailed account of the project to the KYHMIS Help Desk including but not limited to:
 - Name
 - Address
 - Contact Information
 - Services Delivered
 - Type of Housing/Service Project
 - Eligibility Criteria
 - A list of users
 - Location of project
 - Service Area
 - Funding Source
 - Goals for using the KYHMIS
- CoC Lead Agency staff will ensure the following standard formula is used when creating a name within KYHMIS:
 - Parent Agency-Project Name-Funding Source-Type of Service-CoC
 - Example:
KHC-Joe's House Step Two-CoC-PSH-BOS
- CoC Lead Agency staff will present the completed request form and recommended program name to the Agency Admin or Executive Director for approval.
- The Agency Admin or Executive Director will have five business days to communicate changes or corrections.
- CoC Lead Agency staff will complete set-up at least seven business days prior to the implementation date for final approval from the agency.

Making Changes to Existing Projects in KYHMIS

Policy:

The Agency Admin or Executive Director will notify CoC Lead Agency staff of programmatic changes.

Procedure:

- The Agency Admin or Executive Director will notify CoC Lead Agency staff of any applicable programmatic changes to existing programs which may have an effect on data collection, data entry, data quality, or data reporting at least 45 business days prior to the implementation date of the change.
- Recommendations and timelines for the changes will be returned to the agency no more than ten business days from receipt date of request.
- CoC Lead Agency staff will complete changes at least seven business days prior to the implementation date for final approval from the agency.

Additional Customization

Policy:

The participating agency will be solely responsible for additional database customization costs. This includes the voluntary transfer of existing project client-level data and custom built reports beyond that of KYHMIS staff's scope of work.

Procedure:

- The Agency Admin or Executive Director will notify CoC Lead Agency staff of any applicable programmatic customization which may have an effect on data collection, data entry, data quality, or data reporting at least 45 business days prior to the implementation date of the change.
- If support from Bowman Systems and/or Mediware is necessary to make the changes, CoC Lead Agency staff will communicate to Bowman the needs and scope of work for the agency.
- Recommendations and timelines for the changes will be returned to the agency no more than ten business days from receipt date of request, including a Statement of Work from Bowman, if applicable.
- CoC Lead Agency staff will complete changes at least seven business days prior to the implementation date for final approval from the agency.
- If an agency voluntarily transfers an existing project to another agency, KHC will not pay for client-level data to be transferred. The agency requesting the transfer will be liable for any fees incurred.

Acronyms

AIRS – Alliance of Information and Referral Systems
AHAR – Annual Homeless Assessment Report
APR – Annual Progress Report
BoS – Balance of State Continuum of Care
CDBG – Community Development Block Grant
CHO – Contributing Homeless Organization
CoC – Continuum of Care
DOB – Date of Birth
DV – Domestic Violence
ES – Emergency Shelter
ESG – Emergency Solutions Grant
HHS – The U.S. Department of Health and Human Services
HOPWA – Housing Opportunities for Persons with AIDS
HUD – U.S. Department of Housing and Urban Development
I&R – Information and Referral
KHC – Kentucky Housing Corporation
KYHMIS – Kentucky Homeless Management Information System
LEX – Lexington/Fayette County Continuum of Care
LOU – Louisville/Jefferson County Continuum of Care
MCO – Managed Care Organization
MH – Mental Health
NOFA – Notice of Funding Availability
PATH – Projects for Assistance in Transition from Homelessness
PIT – Point in Time Count (K-Count)
PKI – Public Key Infrastructure
PPI – Personal Protected Information
PSH – Permanent Supportive Housing
RHY – Runaway and Homeless Youth
RKY – Recovery Kentucky Project
ROI – Release of Information
S+C – Shelter Plus Care (McKinney-Vento Act Project)
SA – Substance Abuse
SHP – Supportive Housing Program

SO – Street Outreach
SOAR – SSI/SSDI Outreach, Access, and Recovery
SRO – Single Room Occupancy
SSN – Social Security number
SSDI – Supplemental Security Disability Income
SSI – Supplemental Security Income
SSO – Supportive Services Only
SSVF – Supportive Services for Veteran Families
TA – Technical Assistance
TANF – Temporary Assistance for Needy Families
TH – Transitional Housing
VA – Veterans Affairs Administration
VAWA – Violence Against Women Act
VSP – Victim Service Provider
XML – Extensible Markup Language

Acknowledgement of Receipt of the KYHMIS Statewide Policy Manual

I certify that I have read and will comply with all requirements placed upon Users as stated in the KYHMIS Policies and Procedures.

User Initials:

____ My User ID and password are for my use only and must not be shared with anyone.

____ I must take all responsible means to keep my password physically secure.

____ I understand that the only individuals who can view information in the KYHMIS are authorized Users and the Clients to whom the information pertains.

____ I may only view, obtain, disclose, or use the KYHMIS information that is necessary to perform my job and none other.

____ If I am logged into the KYHMIS and must leave the work area where the computer is located, I must log off of the KYHMIS before leaving the work area.

____ A computer that has the KYHMIS open and running shall never be left unattended.

____ Failure to log off the KYHMIS appropriately may result in a breach in Client confidentiality and system security.

____ Hard copies of the Client's KYHMIS information must be kept in a locked, secure file.

____ Client release forms must be retained in a locked, secure location for five years from date of last service to Client and then destroyed by shredding or burning. When other KYHMIS Client information hard copies are no longer needed, they must be destroyed by shredding or burning to maintain confidentiality.

____ If I notice or suspect a security breach, I must immediately notify the Agency and the System Administrator (KHC/Louisville CoC System Administrator).

____ I must send in requested reports by the designated dates and participate in the Data Quality process.

____ I acknowledge receipt of the KYHMIS Statewide Policy Manual from The Louisville CoC and KHC. I certify that I have read, understand, and will abide by the policies and procedures, as detailed in this document, as well as accept any measures taken for violation of these practices.

User Signature: _____ **Date:** _____

Print or Type User Name: _____ **Title:** _____

Agency Executive Director Signature: _____ **Date:** _____

Print or Type Executive Director Name: _____

Agency/Organization Name: _____

Address: _____

City _____ **State** _____ **Zip** _____

GOVERNANCE CHARTER
KY-501 LOUISVILLE/JEFFERSON, CO. KY CONTINUUM OF CARE
(INCLUDING CoC-HMIS GOVERNANCE AGREEMENT)
November 13, 2013 (Updated: Oct. 2015, July 2017, Aug. 2018, May 2019)

ARTICLE I - NAME, CORE VALUES, PURPOSE, GOALS AND RESPONSIBILITIES

A. Name

The name of this unincorporated association is Louisville/Jefferson, Co. KY Continuum of Care (hereinafter referred to as the CoC, Louisville Metro CoC or Continuum).

B. Geographic Area

The Louisville Metro CoC geographic area is defined as Louisville Metro with the six-digit code of 211374. This area includes all of Jefferson County, KY.

C. Core Values

- We value programs with outcomes that demonstrate progress toward reducing and ending homelessness as quickly as possible with an ultimate goal of no more than 30 days.
- We value innovative and diverse programming that addresses gaps in community services.
- We value quality programming that is accountable to the community through outcomes measurement.
- We value the effort to access the maximum amount of funding available to the Louisville Metro area.
- We value the commitment to serve all people who are in need of assistance regardless of race, gender, age, national origin, sexual orientation, gender identity and class and to be in compliance with all applicable laws regarding program accessibility for all people.
- We value and respect the decisions and choices of those who find themselves homeless and seek to optimize self-sufficiency.

D. Purpose

The purpose of the Louisville Metro CoC: promote communitywide commitment to the goal of ending homelessness; provide funding for efforts by nonprofit providers, and State and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; promote access to and effective utilization of mainstream programs by homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness.

E. Louisville Metro CoC Goals

The goals of the Louisville Metro CoC are fully stated in the “Blueprint to End Homelessness” (Louisville Plan to End Homelessness) and include the following goals that directly tie to the goals of the HEARTH Act and the Louisville Metro Consolidated Plan.

- Increase Leadership, Collaboration and Civic Engagement
- Increase Access to Stable and Affordable Housing
- Increase Economic Security
- Increase Health and Stability

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- Retool Crisis Response

F. Responsibilities

The Continuum will fulfill the responsibilities of Continuums of Care as set forth by HUD under Title 24, Part 578 of the Code of Federal Regulations including to:

- Operate the Continuum of Care
- Designate and operate an HMIS
- Plan for the CoC

Although the Continuum may delegate certain of its responsibilities to others such as the Collaborative Applicant, it remains responsible for its responsibilities set forth by HUD.

ARTICLE II - CONTINUUM OF CARE MEMBERS

A. Eligibility for Membership

Agencies who serve the homeless population, agencies who serve those who are at risk of homelessness, governmental departments charged with addressing homelessness, individuals who are interested in addressing the issue of homelessness in the Louisville Metro area and other relevant organizations within the CoC's geographic area are eligible for membership in the Continuum of Care. "Relevant organizations" include, nonprofit homeless assistance providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve veterans and homeless and formerly homeless individuals.

Procedure to Become a Member

CoC meetings are open to all who care to attend; however, requirements for voting are set forth below in Article II (F). Additionally, the Membership Packet must be reviewed and completed.

B. Term and Renewal of Membership

All members must formally renew their membership annually, which includes completion of required forms relating to attendance, voting rights, etc. at the beginning of the Continuum year (July).

C. Invitation for New Members

At least once per year, the COC will make an invitation for new members to join publicly available within the geographic area.

D. Responsibilities of Members

- a. The full membership body is responsible for:
 - Designating the Collaborative Applicant entity that is to write the application for funding in response to HUD's annual CoC Program NOFA for homeless assistance resources;
 - Designating the HMIS lead
 - Electing new CoC Board Members;

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- Providing information and advice to the CoC Board regarding best practices in homeless services;
- Developing a plan that includes coordinating the implementation of a housing and services system that meets the needs of the homeless population (encompassing outreach, engagement, assessment, shelter, prevention strategies, etc.)
- Conducting a Point-in-Time count of homeless persons, at least biennially, in compliance with regulation 24 CFR 578.7(c)(2);
- Conducting an annual gaps analysis of the homeless needs and services available within the geographic area;
- Providing information required to complete the Consolidated Plan;
- Consulting with State and local government ESG program recipients on the plan for allocating ESG program funds and reporting on and evaluating the performance of ESG program recipients and sub-recipients;
- Striving to provide the best services to each of the community's specific homeless populations;
- Establishing and providing oversight of the monitoring standards for agencies providing services and designating appropriate oversight agencies;
- Working within the CoC homeless provider system to provide comprehensive and appropriate services to move homeless persons as quickly and appropriately as possible;
- Participating on CoC Committees and in monthly full membership meetings;
- Adopting and following a written process to select a board to act on behalf of the Continuum of Care. The Process must be reviewed, updated and approved by the Continuum at least once every 5 years;
- In consultation with the Collaborative Applicant and the HMIS lead, developing, following and updating annually a governance charter, which will include all procedures and policies needed to comply with subpart B of 24 CFR Part 578 (HUD regulation on CoC Program) and with HMIS requirements as prescribed by HUD and a code of conduct and recusal process for the Board, its chair(s) and any person acting on behalf of the Board;
- Evaluating and reporting to HUD outcomes of ESG and CoC projects and consulting with ESG and CoC applicants regarding allocations;
- Establishing and providing oversight of a coordinated assessment system and single point of entry and designating a lead for each, in compliance with regulation 24 CFR 578.7(a)(8);
- Consulting with recipients of ESG funds to establish and oversee compliance with written standards for providing CoC assistance, which must include policies and procedures for evaluating individuals and families' eligibility for assistance; for determining and prioritizing which eligible individuals and families will receive transitional housing; for determining and prioritizing which eligible individuals and families will receive rapid rehousing assistance (including % or amount of rent required); for determining and prioritizing which eligible individuals and families will receive permanent supportive housing assistance; for high performing communities, if applicable.

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2) Other responsibilities of member agencies include:

- Demonstrating the ability and willingness to work with others in the community by collaborating with agencies to provide services;
- Providing documentation of homelessness and other required information to other member agencies in order to facilitate a seamless provision of care, in compliance with each agency's Privacy Policy;
- Fully participating in the Louisville Metro Homeless Management Information System (HMIS).

E. Rights of Members

1) Funding Proposals

Members have the right to submit new and renewal proposals within the guidelines and specifications of the U.S. Dept. of Housing and Urban Development.

2) Voting Rights

The CoC community is the ultimate decision-making body for the Louisville Metro CoC. The community itself holds the responsibility of deciding the needs of the community, how the process is to be administered, endorsing the projects to be submitted for funding consideration and the community priority ranking.

a) Agency Member

- i) Holds one vote;
- ii) Designates a delegate and an alternate at the beginning of the Continuum year (July), who are authorized to cast the agency vote when such action is needed;
- iii) Is allowed to send more than these designated people to the CoC meetings but when a vote is taken, only the delegate or alternate is eligible to cast a vote;
- iv) Is required to send a representative to at least 10 out of the last 12 CoC meetings prior to the vote in order to be eligible to cast any vote including projects to be submitted in the HUD CoC application or the election and approval of CoC Board Members;
- v) If an agency is unable to send either the delegate or alternate, that agency may send a representative to the meeting and receive credit for attendance. However, only a delegate or alternate has the right to vote on an issue, unless this person is approved by the CoC coordinator in advance of the meeting;
- vi) Is not eligible to vote on any issue regarding a project where that agency has a financial interest or serves the project's agency in any capacity.

b) Individual Member

- i) Holds one vote;
- ii) Is required to attend at least 10 out of the last 12 community meetings prior to the vote in order to be eligible to cast any vote including projects to be submitted in the HUD CoC application or the election and approval of CoC Board Members;
- iii) Is not eligible to vote on any issue regarding a project where that individual has a financial interest.
- iv) No individual member may vote if he or she is an employee of a member agency or serving on the Board of a member agency.

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F. Responsibilities of the Delegate and Alternate

Each member entity of the Louisville Metro CoC full membership designates a delegate and alternate at the beginning of the Continuum year (July). Their responsibilities include:

- Attending ten (10) out of the previous twelve (12) CoC community meetings. This facilitates a fully informed membership at the time of voting.
- Sharing information with agency directors and staff;
- Representing the interests of their member agency while considering the needs of the community as a whole;
- Determining the projects that are sent to HUD Washington for funding consideration;
- Attending mandatory meetings, as notified by CoC Coordinator.

G. Regular Meetings

Meetings of the full membership, with published agendas shall take place monthly at such times and places as designated in the notice for the meeting.

H. Notice of Meetings

The CoC Coordinator will schedule meetings and ensure that each agency/member has sufficient notice.

I. Quorum

A majority of voting members constitutes a quorum.

J. Manner of Action and Voting Procedure

Matters will be decided by a majority of eligible voting members, present and voting, at a meeting at which a quorum is present, except:

- 1) All eligible voting members shall have the opportunity to cast a vote regarding funding decisions and Board elections. Ballots may be cast at a CoC meeting; however, absent eligible voting members shall have the opportunity to cast their vote through other means (email, U.S. Postal Service, FAX) as long as each completed ballot is:
 - a. Designated for an eligible voting agency/member;
 - b. The ballot contains the signature of the CoC delegate/alternate or individual member; and
 - c. In compliance with any other requirements, such as being received by a specific date.
 - d. The Board may authorize membership voting outside of a meeting, through other means (email, U.S. Postal Service, FAX) as needed.

K. Minutes

Minutes shall be taken of all membership meetings recording attendance and any votes taken.

ARTICLE III - BOARD OF DIRECTORS

A. General Powers

The Board shall have the authority to act on behalf of the Continuum.

B. Responsibilities

The Board shall:

- a. Design, operate and follow a collaborative process for developing the application and approving its submission;

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- b. Establish priorities for funding projects in the CoC geographic area;
- c. Review the monitoring of all providers and determine appropriate action when benchmarks are not met;
- d. Provide a vision, priorities and goals for the CoC community;
- e. Establish a process for funding recommendations through HUD and other funding streams available in the community and insure that all discussion on review and ranking procedures are reflected in the minutes and posted for community review;
- f. Oversee progress of HMIS entry, common assessment and single point of entry and make recommendations for improvement;
- g. Review HMIS policies and procedures and update annually to insure compliance with HUD. This includes a review of the security, data quality and privacy procedures.
- h. Establish and provide oversight of the HMIS system and designating an HMIS administrator;
- i. Determine eligibility, approve and rank projects to be included in the community CoC and insure that all discussion on review and ranking procedures are reflected in the minutes. Ranking is posted for community review;
- j. Consult recipients and sub-recipients to establish performance targets appropriate for population and program type, monitoring the performance of recipients and sub-recipients, evaluating outcomes, and taking action against poor performers;
- k. Provide recommendations for potential Board members especially as they relate to representation of specific subpopulations.
- l. Carry out such other duties, tasks and responsibilities as delegated by the membership

C. Board Composition

The Louisville Metro CoC Board is made up of no less than 15 and no more than 21 voting members and will include:

- a. Board members elected by the CoC membership from the CoC membership or larger community. The elected members must:
 - i. Include at least one homeless or formerly homeless individual
- b. Represent the relevant organizations and projects serving homeless subpopulations including:
 - i. Persons with substance use disorders,
 - ii. Persons with HIV/AIDs,
 - iii. Veterans,
 - iv. The chronically homeless,
 - v. Families with children,
 - vi. Unaccompanied youth,
 - vii. The seriously mentally ill,
 - viii. Victims of domestic violence, dating violence, sexual assault and stalking
- c. Include a member
 - i. representing the Emergency Solutions Grants program (ESG) recipient's agency

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- ii. representing the Veterans Administration
- iii. representing the state (Kentucky Housing Corporation)
- iv. representing Louisville Metro Gov't (ESG recipient)
- v. representing the Youth Action Board (YAB)
- d. It should always have an odd number of members;
- e. A representative of the Collaborative Applicant will attend all board meetings and may participate in discussions, but is not considered a member of the board and holds no vote.

D. Term of Office

- a. Board Members:
- b. Shall serve three-year staggered terms;
- c. Can serve an unlimited amount of terms. After each three year term the member and the CoC community have the opportunity to discontinue the member's service.

E. Limitations

- a. Only one person per agency may serve on the Board at any given time;
- b. Agencies represented on the Board can have a proposal on the table as a recipient or sub recipient, although they cannot vote on the proposal nor participate in ranking discussions where/when implications to their agency is consequential.
- c. If a board member cannot be present, that member may send a representative to a meeting as a note taker but that person may not vote or participate in discussions unless specifically asked by another board member and agreed to by a majority of the members present. The presence of the representative does not constitute the presence of the board member, ie. The board member is not considered in attendance.
- d. Must adhere to the Conflict of Interest policy as set forth below in Article IX of this document

F. Election Process

Elections will be held each year for one-third of the Board. The Board or its Nominating Committee will solicit nominations for vacant seats from the full membership and present the slate to the Board for approval. The Board will screen and select nominees in accordance with the requirements of the CoC Governance Charter. The prospective CoC Board members will then be presented to the CoC members for approval. Each recommended member for the CoC Board must be approved by the majority of the CoC membership in order to be appointed. Voting shall be carried out in accordance with Article II (J), Manner of Action and Voting Procedure.

G. Vacancies

Any vacancies in the Board shall be filled for the remainder of the term using the same election process as referenced above.

H. Board Meetings

- 1) The CoC Board shall meet at least quarterly.

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- 2) The date, place and time of each meeting shall be set by the Chair or other officer acting on behalf of the Chair.
- 3) All meetings shall be open to the public. The Board members may, however, by a simple majority vote of those Board members present, a quorum being present, vote to hold a meeting or portion thereof in executive session. Notice shall be given in a regular open meeting of the general nature of the business to be discussed in closed session and the reason for the closed session. No final action may be taken at a closed meeting. No matters may be discussed at a closed meeting other than those publicly announced prior to convening the closed meeting.
- 4) Special meetings may be called by the Chair or upon request of three (3) Board members.
- 5) Notice of all meetings shall be mailed or emailed to Board members not less than five (5) nor more than thirty (30) days prior to the day of the meeting.

I. Quorum and Manner of Acting

- 1) A majority of the Board shall constitute a quorum for the transaction of business at any meeting of the Board. Matters shall be decided by majority vote of board members, present and voting, at a meeting at which a quorum is present.
- 2) Voting outside a meeting shall be rare and constitute an emergency situation. Further, an outside vote may not occur unless all members have sufficient knowledge about the issue and the ramifications of the vote. Said voting may occur by U.S. mail or email to properly document each member's vote. Matters shall be decided by majority vote of the respondents.

J. Removal

A Board member may be removed by majority vote of the Board.

ARTICLE IV - OFFICERS

A. Officers

The officers of the CoC shall be a Chair and Secretary. The Board may elect or appoint such other officers including a Co-Chair and Assistant Secretary as it deems necessary or convenient. Such officers shall have the authority and perform the duties assigned by the Board.

B. Chair

The Chair of the Board shall:

- a. preside over all meetings of the Board and membership;
- b. plan, in consultation with the other officers, the agenda for all Board and membership meetings;
- c. carry out all other duties incident to the office of Chair or prescribed by the Board.

C. Secretary

The Secretary of the Board shall:

- a. keep minutes of all Board meetings, recording all votes taken;
- b. ensure that proper notice is given for all meetings;
- c. keep a list of the name and address of each member

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d. carry out all other duties incident to the office of Secretary or prescribed by the Board.

D. Election and Term of Office

The officers shall be elected by and from the Board at its first meeting following the annual Board election and shall take office at that meeting. Election shall be by a simple majority vote of the Board members present, a quorum being present, and may be by a show of hands or secret ballot as the Board may choose. All officers shall serve a three-year term of office and may serve consecutive terms.

E. Vacancies

Vacancies in any office shall be filled for the remainder of the term of office by majority vote of the Board at a Board meeting.

F. Resignation

An officer may resign at any time by delivering a written resignation to the Chair or the Secretary in the event of the resignation of the Chair.

G. Removal

Any officer elected or appointed by the Board may be removed from office by majority vote of the Board whenever in its judgment the best interests of the CoC would be served thereby.

ARTICLE V - COMMITTEES

A. Louisville Metro CoC Committees

The Louisville Metro CoC Full Membership may see fit to create new committees to conduct the work of the Louisville Metro CoC at any time. At this time, the following CoC Committees have been established:

1. Advisory Group

The Advisory Group is made up of members of the CoC who are recommended by the CoC Lead and approved by the CoC membership. The purpose of the group is to provide advisory guidance to the CoC membership, the CoC Lead, the HMIS Lead and the CoC Board. The group meets monthly to focus on what is happening in the CoC, the effect of policy and procedural changes at agencies and programs on the homeless provider system, the effect of changes on the homeless population, and the overall functioning of the provider system. The Advisory Group often makes recommendations to the CoC Board regarding policy changes and the need for services in the community not currently available. Because this group is made up of CoC members it has a unique view of the overall provider system, critical experience in providing real time services and actual relationships with those experiencing homelessness. This group not only consists of service providers but consumers and young adults as well. Every attempt is made to include representatives of different types of services as well as different populations present in the homeless community.

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2. Institutional Discharge/ Homeless Prevention

The Institutional Discharge Committee meets quarterly to discuss ways to improve the discharge planning from state and local institutions including prisons, jails, mental hospitals and institutions, hospitals and foster care. The committee is open to all and includes representatives of these institutions as well as staff who participate in the homeless prevention program which serves those exiting state institutions.

3. Consumer Participation Committee

The Consumer Participation Task Force meets quarterly to seek input from clients of homeless services. The committee is open to anyone but includes four volunteers representing ESG and CoC funded projects and two persons with no conflict of interest. Information is gathered from forums held over the course of the year and annually at the Project Connect/Stand Down where all people who are experiencing homelessness are invited to receive services at a one stop shop offered over the course of a full day.

4. Accessing Mainstream Benefits

The Accessing Mainstream Benefits Committee meets monthly to identify and examine services within the mainstream that assist with issues faced by those who are homeless.

5. Coalition Supporting Young Adults

This committee is made up of agencies that serve 16-24 year olds in crisis without support throughout the city. Its role is to make recommendations to lower the number of young adults in crisis and prevent the cycle of homelessness in the next generation.

6. Coordinated Entry Steering Committee

The Coordinated Entry Steering Committee meets as needed to create and oversee the Louisville Metro CoC Coordinated Entry. The Steering Committee assists the Coordinated Entry project to provide and coordinate appropriate services to those seeking prevention, diversion, shelter and permanent housing.

7. Homeless Youth Committee

The Homeless Youth Committee seeks to create partnerships between agencies, projects, civic groups, government agencies, private entities and individuals interested in addressing the needs of homeless youth. These partnerships identify new ways of working together to break down barriers faced by homeless youth.

8. Youth Action Board

The Youth Action Board is made up of youth age 18 – 26 where the majority of members are homeless or formerly homeless. It is charged with assisting the CoC and the Homeless Youth Committee in addressing issues faced by homeless youth. The Board also takes on specific projects that would help homeless youth navigate the homeless provider system.

9. Rapid Rehousing Task Force

This group works together as needed to exchange ideas and processes in order to better serve the people Rapid Rehousing serves.

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10. HMIS User Group

The HMIS User Group meets quarterly before the full membership meeting to discuss changes and issues with the Louisville Metro CoC HMIS system. The committee is open to all but is made up primarily of those who enter HMIS data at each of the homeless service agencies.

11. The Mayor's Homeless Encampment Task Force By-Name Subcommittee

This committee works with a by-name list to house people living on the streets as quickly as possible. This is done through case conferencing involving outreach teams, day center, Healthcare for the Homeless, agencies receiving CABHI funds and The Coalition for the Homeless.

11. Move Up Committee

The Move Up Committee solicits and reviews applications for move up Section 8 vouchers provided by the Louisville Metro Housing Authority. After review, the committee chooses the applicants for the vouchers and informs the appropriate case manager. It also monitors when vouchers become available and solicits more vouchers from Louisville Metro Housing Authority.

ARTICLE VI - DESIGNATION OF COLLABORATIVE APPLICANT AND HMIS LEAD

As required by HUD, the CoC will designate a Collaborative Applicant and an HMIS Lead and will set forth the responsibilities of such agents in the policies and procedures that are incorporated into this Charter as an appendix.

The CoC has designated The Coalition for the Homeless as the Collaborative Applicant and to serve as the CoC Lead.

ARTICLE VII – RESPONSIBILITIES OF THE COLLABORATIVE APPLICANT

The CoC has designated The Coalition for the Homeless as the Collaborative Applicant.

It is the role of the Collaborative Applicant to:

- a. Complete the electronic application in response to HUD's annual CoC Program NOFA for homeless assistance resources,
- b. Present a timeline and deadlines to all project applicants for individual project plans,
- c. Collect all data and submit a renewal chart to HUD of all projects planning to reapply,
- d. Create the housing inventory chart,
- e. Create the grant inventory worksheet,
- f. Establish priorities for funding projects in the CoC geographic area,
- g. Lead process for ranking applications with guidance of CoC full membership,
- h. Monitor outcomes of CoC and ESG recipients,
- i. Oversee committees and volunteers,
- j. Create agendas for CoC full membership and Board meetings in collaboration with the Board Chair,
- k. Notify others that they can join the CoC full membership annually, and
- l. Monitor who is eligible to vote on the full membership.

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ARTICLE VIII - RESPONSIBILITIES OF THE HMIS LEAD

The CoC has designated The Coalition for the Homeless as the HMIS Lead.

The CoC HMIS administrator is responsible for:

- a. Maintaining compliance with the latest HMIS Data and Technical standards published by HUD,
- b. Accurately calculating the size and needs of the homeless population,
- c. Tracking service and demand for homeless programs and understanding where improvements need to be made,
- d. Overseeing the reporting process for the CoC,
- e. Training agencies on accurate HMIS entry,
- f. Reviewing the licenses of member agencies each year to determine which have been unused and recapture as needed, and
- g. Coordinating a single point of entry to insure new clients are eligible for services and entered correctly.
- h. Reporting as necessary to various entities such as Louisville Metro Government, the Kentucky Housing Corporation, the U.S. Department of Housing and Urban Development, etc.

ARTICLE IX - CODE OF CONDUCT

The CoC submits a Code of Conduct annually through the CoC application; it is ratified by and applicable to all members. It includes:

A. Conflict of Interest

HUD regulation: No Board member may participate in or influence discussions or resulting decisions concerning the award of a grant or other financial benefits to the organization that the member represents. In these cases, the member with a conflict, must recuse themselves from participation in conversation as well as voting.

As stated in Article III, E of this document:

- a. Agencies represented on the Board can have a proposal on the table as a recipient or sub recipient, although they cannot vote on the proposal nor participate in ranking discussions where/when implications to their agency is consequential.

All members of the CoC Board are required to sign a conflict of interest form stating their association with agencies and projects that can reasonably be expected to apply for and/or receive funding through the CoC process. All associations will be made public to the full membership prior to any process that will determine funding recipients. Members with a conflict of interest are expected to recuse themselves from discussions and decisions where there is a real or perceived conflict of interest.

B. Confidentiality

Information contained in the ESG and CoC applications and reports is considered proprietary and confidential and may not be released to any person or party without approval of that applicant agency.

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Any client information shared within the CoC is also confidential and should not be released to any other entity without a release of information signed by the client.

ARTICLE X - GRIEVANCES

All members of the Louisville Metro CoC full membership are encouraged to report any grievances with the Louisville Metro CoC or CoC Board through this procedure without fear of reprisal. Grievances should be submitted as soon as possible to ensure a proper response.

- CoC members should submit their grievance in writing or in person to the CoC Lead and try to resolve the problem at that level.
- If the member is dissatisfied with the outcome or decision, they should submit a written request to present their grievance at the next scheduled CoC Board meeting. The CoC Board will give their response/decision in writing within 7 working days of receiving the grievance.

All members have the right to file a grievance with the U.S. Department of Housing and Urban Development (HUD). Members are encouraged to use the grievance process outlined above first.

ARTICLE XI - AMENDMENT AND REVIEW

A. Amendment

The Governance charter may be amended by majority vote of the Board the proposed amendment(s) have been submitted in writing to the Board at least ten (10) business days in advance of the meeting.

The Board may waive the ten (10) day notification with a majority vote.

B. Regular Review

In consultation with the Collaborative Applicant and the HMIS Lead, the Board will review and update the governance charter annually.

The CoC membership will review, update and approve the Board selection process at least every five (5) years.

C. APPENDICES

Louisville Metro CoC procedures and policies created to comply with 24 CFR 578 Subpart B and Kentucky HMIS policies and procedures created to comply with HMIS requirements as prescribed by HUD.

President of the Board: _____

President of the Board Signature: _____

Date: _____

