

## Before Starting the Special CoC Application

You must submit both of the following parts in order for us to consider your Special NOFO Consolidated Application complete:

1. the CoC Application, and
2. the CoC Priority Listing.

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

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

As the Collaborative Applicant, you are responsible for reviewing the following:

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

CoC Approval is Required before You Submit Your CoC's Special NOFO CoC Consolidated Application

- 24 CFR 578.9 requires you to compile and submit the Special NOFO CoC Consolidated Application on behalf of your CoC.
- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

Answering Multi-Part Narrative Questions

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

Attachments

Questions requiring attachments to receive points state, "You must upload the [Specific Attachment Name] attachment to the 4A. Attachments Screen." Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process. Include a cover page with the attachment name.

- Attachments must match the questions they are associated with—if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.

- We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

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

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

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**1A-1. CoC Name and Number:** 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.

|       |  |     |
|-------|--|-----|
| 1A-5. | New Projects   |     |
|       | Complete the chart below by indicating which funding opportunity(ies) your CoC applying for projects under. A CoC may apply for funding under both set asides; however, projects funded through the rural set aside may only be used in rural areas, as defined in the Special NOFO. |     |
| 1.    | Unsheltered Homelessness Set Aside   | Yes |
| 2.    | Rural Homelessness Set Aside   | No  |

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

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

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|       |   |            |
|-------|---|------------|
| 1B-1. | Web Posting of Your CoC Local Competition Deadline–Advance Public Notice. (All Applicants)                          |            |
|       | Special NOFO Section VII.B.1.b.   |            |
|       | You must upload the Local Competition Deadline attachment to the 4A. Attachments Screen.                            |            |
|       | Enter the date your CoC published the deadline for project application submission for your CoC's local competition. | 08/17/2022 |

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

|       |  |    |
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| 1B-3. | Projects Rejected/Reduced–Notification Outside of e-snaps. (All Applicants)  |    |
|       | Special NOFO Section VII.B.1.b.  |    |
|       | You must upload the Notification of Projects Rejected-Reduced attachment to the 4A. Attachments Screen.  |    |
| 1.    | Did your CoC reject or reduce any project application(s)?  | No |
| 2.    | Did your CoC inform the applicants why their projects were rejected or reduced?  | No |
| 3.    | If you selected yes, for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, list the latest date of any notification. For example, if you notified applicants on 6/26/22, 6/27/22, and 6/28/22, then you must enter 6/28/22. |    |

|        |   |            |
|--------|---|------------|
| 1B-3a. | <b>Projects Accepted–Notification Outside of e-snaps. (All Applicants)</b>  |            |
|        | Special NOFO Section VII.B.1.b.   |            |
|        | You must upload the Notification of Projects Accepted attachment to the 4A. Attachments Screen.   |            |
|        | Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New Priority Listings in writing, outside of e-snaps. If you notified applicants on various dates, list the latest date of any notification. For example, if you notified applicants on 6/26/22, 6/27/22, and 6/28/22, then you must enter 6/28/22. | 10/05/2022 |

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

**You must enter a date in question 1B-4.**

## 2A. System Performance

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

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|-------|--|--|
| 2A-1. | Reduction in the Number of First Time Homeless—Risk Factors.   |  |
|       | Special NOFO Section VII.B.2.b.  |  |
|       | Describe in the field below:   |  |
| 1.    | how your CoC determined which risk factors your CoC uses to identify persons becoming homeless for the first time;   |  |
| 2.    | how your CoC addresses individuals and families at risk of becoming homeless; and  |  |
| 3.    | provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time or to end homelessness for individuals and families. |  |

(limit 2,500 characters)

1) The CoC works to identify persons at risk of homelessness and gather local self-reported data on factors leading to the need for intervention through our partnership with local homeless prevention providers (Community Ministries, Louisville Urban League and Neighborhood Place). This has been strengthened through the creation of an eviction prevention task force that allocated over \$100 million in eviction prevention funding over the last 2 years and shows that leading factors that result in homelessness across the community include: incomes below 30% of area median income (especially households led by women and Persons of Color), level of debt greater than one month, previous evictions, recent loss of employment, recent major expense or debt, and fractures in family make up. The CoC also reviews national data on homeless prevention, participates on NLIHC calls reviewing recent reports and follows HUD guidance on homeless prevention best practices. 2) In order to decrease first time homelessness, the CoC hired 5 staff to create the Coordinated Shelter Access/Diversion Center. They identify those at-imminent risk of homelessness in the coordinated entry system to divert as many people as possible from shelter or the streets. This team allocated over \$1 million in funding to quickly re-house persons who lost housing over the past two years. This work is done in partnership with the three homeless prevention groups listed above in order to target those with the factors listed that put households at greatest risk. This group of providers also worked to enact a Right to Counsel ordinance that provides funding for Legal Aid to represent families who have received an eviction notice. They have worked with the courts to increase the rights of tenants in eviction court and provide more time for these tenants to apply for assistance prior to set out. And, they are now working with the city to establish a court mediation program to prevent first time homelessness due to eviction. Finally, the CoC meets quarterly with administrators of mainstream institutions to decrease inflow from these systems. All of these efforts and additional resources resulted in the largest decrease in first time homelessness in Louisville since we have been tracking this statistic. 3) The entity responsible for overseeing the CoC's strategy to reduce first time homelessness is the Coordinated Shelter Access/Diversion Center Team in coordination with the Eviction Prevention Committee.

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| 2A-2. | Length of Time Homeless--Strategy to Reduce. (All Applicants)  |  |
|       | Special NOFO Section VII.B.2.c.  |  |
|       | Describe in the field below:   |  |
| 1.    | your CoC's strategy to reduce the length of time individuals and persons in families remain homeless;  |  |
| 2.    | how your CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and  |  |
| 3.    | provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the length of time individuals and families remain homeless. |  |

(limit 2,500 characters)

1) The Louisville CoC, through the coordinated entry system, prioritizes persons with the longest length of time homeless with top priority to those who are chronically homeless and at greatest risk as determined by the VI-SPDAT. Because our greatest challenge is length of time prior to move in, housing navigators have been hired through CoC projects to help households find housing more quickly as rental units have become more difficult to access. Health MCOs have also added staff to help with housing navigation. Louisville added additional housing resources with ARFA dollars to help with the backlog including over 300 public housing units prioritized for persons living outdoors, 127 new EHV vouchers used by the federal deadline and \$72 million in housing development dollars allocated to construct supportive and affordable housing. The Collaborative Applicant also administered \$750,000 in ARPA funds to help those evicted quickly access new housing. This created strong relationships that we continue to cultivate with many local landlords resulting in a list of 235 landlords willing to partner with CoC providers. All of these additional efforts have resulted in a 9-17% decrease in time homeless in ES, SH and TH projects. Quarterly CoC APRs show how well each program's length compares to others and this is used to score projects for future funding. Finally, the Louisville CoC uses HMIS reports that identify long term stayers and works with outreach teams or shelters to house these households or exit them in HMIS if that is the issue. 2) Prioritization for those with greatest length of homelessness takes place through the coordinated entry system. They maintain the by-name list of those identified as having the longest stays and meet bi-weekly with all outreach teams and shelter staff to strategize plans for those in greatest need and at highest risk. HMIS reports help to identify any others with long stays so that the CoC can identify bad data for correction or create a plan for long term stayers not on the by name list. 3) The entity responsible for overseeing the CoC's strategy to shorten length of homelessness is the Coordinated Entry Team in collaboration with the bi-weekly Homeless Outreach Committee.

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|---|---|--|
| 2A-3.   | Successful Permanent Housing Placement or Retention. (All Applicants)   |  |
|   | Special NOFO Section VII.B.2.d.   |  |
| Describe in the field below how your CoC will increase the rate that individuals and persons in families residing in: |   |  |
| 1.  | emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations; and |  |
| 2.  | permanent housing projects retain their permanent housing or exit to permanent housing destinations.                  |  |

(limit 2,500 characters)

1) In order to increase the rate at which persons in ES, SH, TH and RRH exit to permanent housing, the CoC has prioritized the use of ARPA dollars and other resources for permanent supportive housing and housing navigation. New housing vouchers and set asides include those made available through Louisville Metro Housing Authority and include 127 EHV vouchers matched with over 50 additional set aside vouchers and over 300 units of public housing and 4 new permanent supportive housing projects creating 190 total units. The Louisville CoC has also developed a Move On program with LMHA allowing clients with low service needs to access Section 8 vouchers freeing up CoC PSH for new people in need. Additional supports include the creation of new housing navigator positions at Health MCOs, a weekly housing committee that provides assistance in completing housing applications and addressing barriers, a flexible pool of funding for deposits and furniture, and case management to assist in the housing transition. As the housing market continues to tighten, Metro Louisville worked with landlords involved in ARP funding to provide outreach on the need for housing and incentives available through rental assistance programs. They created a list of 235 interested local landlords who are willing to provide access for our tenants. LMHA also tested small area rents and landlord incentives through various programs to increase access for homeless tenants. Quarterly CoC APRs show how well each program's exits to permanent housing compared to others and this is used to score projects for future funding. 2) Thanks to the strength of our permanent housing programs, Louisville CoC had a 98% successful exit/retention rate in PSH in 2021. However, we continue to work to maintain and improve this rate by providing strong supports for those in housing including assistance with one-time financial concerns, assistance with daily living skills and supported employment, and other support identified in individual case plans. Additional support typically includes referrals to resources such as SOAR, representative payee, financial health counseling, and legal aid entities. We provide case management training for all CoC case managers and received a grant to provide this training in a virtual library for new staff as turnover occurs. The CoC also manages a PSH case manager committee that shares resources and best practices and provides time to case conference on high need clients in order to maintain housing.

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| 2A-4. | Returns to Homelessness—CoC's Strategy to Reduce Rate. (All Applicants)  |  |
|       | Special NOFO Section VII.B.2.e.  |  |
|       | Describe in the field below:   |  |
| 1.    | how your CoC identifies individuals and families who return to homelessness;   |  |
| 2.    | your CoC's strategy to reduce the rate of additional returns to homelessness; and  |  |
| 3.    | provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the rate individuals and persons in families return to homelessness. |  |

(limit 2,500 characters)



1) The Louisville CoC uses 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. Case managers are trained to create strong community connections to provide additional support and to work with landlords to ensure both tenants and landlords notify them if struggles arise before they result in eviction. The CoC is also working with an HMIS consultant to create a system-wide dashboard to identify system-wide increases in recidivism as well as outlier programs in order to address the need for additional services at these programs. Quarterly CoC APRs show how well each program's returns to homelessness compare to others and this is used to score projects for future funding. 2) Once individuals and families with the factors listed above are identified, case managers are asked to work to identify additional community resources and strategies for these clients or to refer the families to the CoC Coordinated Shelter Access/Diversion Team who can strategize options and work to make connections. The Homeless/Eviction Prevention Workgroups also help to increase resources for households that may struggle so that they can be quickly re-housed with deposit assistance and furniture. 3) The entity responsible for reducing returns to homelessness is the Coordinated Shelter Access/Diversion Team of the CoC.

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

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

(limit 2,500 characters)

1) The CoC has shifted over the last 4 years to an increased focus on providing employment opportunities even for those who have not yet accessed shelter or housing. This shift began with YHDP and the priority to assist young adults with education and employment with partnerships that have expanded to adults. Within the homeless system, Wellspring has created a supported employment program and over 150 slots of employment and employment training have been set aside through partners in our young adult homeless effort. We have an HVRP grant that helps homeless veterans find jobs and a culinary training program through a local shelter and culinary school. Local day shelters post job opportunities and have staff assigned to assess and assist clients in accessing short- and long-term employment. This has resulted in an increase of employment income for our CoC. 2) The Louisville CoC has also increased our partnership with mainstream service providers who are now on the front-line of employment services targeted to unhoused Louisvillians. We work closely with Kentuckiana Works, our WIOA board that now provides short and long term employment opportunities specifically for homeless young adults through YHDP. Since COVID, this partnership has expanded to adult employment training and recruitment for both clients and in an effort to fill vacant positions at service agencies. KentuckianaWorks has increased our partnerships with large industries in the area including Amazon and UPS and has created transportation for entry level employment opportunities at both facilities. Our most successful partner is Goodwill. They opened a drop-in center for the homeless to get basic resources and learn about employment opportunities and began operating a van program that goes to camps to pick people up for day labor and lunch coupled with opportunities to learn about entry level positions at Goodwill with a job coach. The drop-in program and van have been so successful that the city and other local funders have provided funding to add a second drop-incenter in the low-income west end of Louisville and increase to operating 4 vans. Another model program is the Family Scholar House that provides 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. 3) The entity responsible for increasing income from mainstream benefits is the Mainstream Services Committee of the CoC.

|                                     |   |            |
|-------------------------------------|---|------------|
| 2A-5a.                              | Increasing Non-employment Cash Income—Strategy. (All Applicants)  |            |
|                                     | Special NOFO Section VII.B.2.f.   |            |
|                                     | Describe in the field below:  |            |
|                                     | 1. the strategy your CoC has implemented to increase non-employment cash income;  |            |
|                                     | 2. your CoC's strategy to increase access to non-employment cash sources; and   |            |
|                                     | 3. provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase non-employment cash income. |            |
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(limit 2,500 characters)

1) The primary strategy of the Louisville CoC to increase non-employment income is to ensure that every person is able to quickly and easily access every benefit for which they qualify. While COVID complicated benefit access in some ways by creating changes to how people went about accessing many benefits (mostly remotely), funds allocated due to COVID also increased benefit allocations for many and both allowed people to access remotely or closer to home. To increase access to benefits, the Louisville CoC works with the Kentucky Interagency Council on Homelessness to improve and add new benefits to KYNECT, an on-line system to allow applicants to apply for multiple benefits at once including Medicaid, SNAP, SSDI, child care, TANF and more. We worked with the school system to make sure homeless families could access computers, internet and food. We provided information throughout the city on how to access COVID payments, remote mental health services, child care tax credits, SSI benefits and other resources that were only available remotely. We advocated with the state to ensure that MCOs no longer cut off persons with severe mental illness (especially those in PSH) from targeted case management. We worked with the health department to ensure access to isolation centers, vaccines and testing. And, now that benefit programs are changing again, we are providing community-wide training on the changes to mainstream programs and Thrive KY is hosting 15 2-hour sessions on mainstream resources including Medicaid, KCHIP, SNAP, SSDI, housing assistance, transportation, childcare, public health and behavioral health. Quarterly CoC APRs show how well each program's increased income compares to others and this is used to score projects for future funding. 2) The Mainstream Services Committee of the CoC works to educate all providers in order to help homeless persons access all appropriate mainstream services and benefits. The committee meets monthly and brings in different mainstream providers to address questions about such benefits as Medicaid, SNAP, TANF, VA benefits, and substance abuse programs. All front-line homeless case managers are invited to these meetings. Additionally, the CoC hosts trainings every other week for front line case managers that include best practices and mainstream service access. 3) The entity responsible for increasing income from mainstream benefits is the Mainstream Services Committee of the CoC that meets monthly.

## 2B. Coordination and Engagement–Inclusive Structure and Participation

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

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

In the chart below for the period from May 1, 2021 to April 30, 2022:

|    |   |
|----|---|
| 1. | select yes or no in the chart below if the entity listed participates in CoC meetings, voted—including selecting CoC Board members, and participated in your CoC's coordinated entry system; or |
| 2. | select Nonexistent if the organization does not exist in your CoC's geographic area:  |

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

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

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

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

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

(limit 2,500 characters)

1) CoC membership is invited annually through postings on the Coll. App. website. This invitation was shared with the full CoC listserv as well as the listserv of grassroots organizations within our community. However, new members are also welcome and invited to join at any point during the year. Meetings to recruit new members of key representatives are held throughout the year including quarterly meetings held on Saturdays to recruit grassroots organizations who cannot attend weekday meetings. Solicitation for participation in the CoC is shared through e-news, social media and the Coll. App. website. The dates of all CoC meetings are shared in monthly e-news as well as through regular email reminders. 2) All communication described above is accessible to the larger community which has been made easier through virtual meetings with available closed captioning and screen reader accessible websites and social media, but also includes in person meetings for the Community Consultant Board and on weekends for those who may find virtual access or traditional meeting times more difficult. 3) Persons with lived experience are included in the CoC membership, board, and outreach groups and are encouraged to represent the CoC through public speaking. The Coll. App. hosts quarterly Saturday meetings for homeless individuals and community volunteers that work with the homeless but cannot attend during the week. The CoC staffs two boards of persons with lived experience, a Youth Action Board (YAB) and a newly created Community Consultant Board (CCB). The CCB is made up of 11 persons with lived experience within the last 7 years and includes members who are presently unhoused. Recruitment includes flyers, social media, the Coll. App. website and referrals from CoC service agency partners (including Black-led and grassroots providers). We pay all members a per diem, food, and transportation. Only persons with lived experience can participate or hold leadership roles. 4) The CoC identifies and solicits participation from individuals and organizations serving the 12 lowest income (predominantly Black) zip code areas which make up half of those served in the homeless system. Louisville CoC also identified 20 key black-led organizations to recruit for membership. The CoC board is solicited from special sub-populations per the Charter that include over-represented Black communities and persons with disabilities and an equity review of membership is conducted annually.

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

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

(limit 2,500 characters)

1) Staff meet with members and potential members throughout the year to solicit those who represent key sub-populations and ask them to join and share their voice. The CoC has hosted a YAB for over 4 years and created a Community Consulting Board in 2022 to solicit opinions about improving services to prevent and end homelessness community-wide. In March of 2022 the Louisville CoC interviewed 70 individuals sleeping outdoors, to get advice on shelter, difficulties in accessing housing, the new RAVE alert system for the homeless, access to health care and what changes they would make to improve the lives of unhoused persons. These responses were used to create a list of priority needs for the community that were expanded into the Louisville Plan to Address Unsheltered Homeless. Metro Louisville and the University of Louisville also conducted surveys of persons living outdoors to learn what changes would increase shelter access and used interviews from local providers and homeless persons to create a report to the Mayor's Task Force on Homelessness. CoC representatives 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) The reports described above were shared with the Mayor's Task Force on Homelessness, Metro Council and other government leaders, the Homeless Trust made up of downtown businesses and other community leadership. The recommendations of these reports have been shared on local radio shows, community forums hosted by the Business Journal, Norton Hospital, and St. Vincent de Paul. They are also posted on the Coll. App's website. 3) Changes have already been made as a result of the recommendations from those experiencing homelessness. These include: \$14 million allocated from the city to renovate the four main overnight shelters, the transition of one shelter from overnight to 24 hour, the creation of a non-congregate hotel for shelter, a working group created to develop and fund respite care with additional nursing care, additional hours for storage of belongings, expansion of the RAVE alert system to notify about shelter openings, funding from the city and other partners to create 190 new units of PSH and \$40 million to create additional housing targeted to persons at or below 30% of AMI.

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

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

**(limit 2,500 characters)**

1) Notification that the CoC local competition was open and accepting applications was posted on the Coll. App. website on August 17, 2022. 2) The CoC 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 on the Coll. App. website. This was also distributed by email, on social media, and at the quarterly CoC meeting. All notices stated that applications are encouraged from organizations that have not been funded previously and outreach is made to meet with anyone expressing interest in submitting an application that has not received funding in the past. While the CoC does maintain a listserv, it is not limited to CoC members. Any person who expresses an interest in the work of ending homelessness are included and membership is not required to receive these updates. 3) Through emails, the coll. app website, and social media, the CoC requested that any entity interested in applying for new CoC funding express interest via pre-application. Due to the timing of the Special NOFO a broad pre-application process was conducted to ensure all parties with interest in a new project in either NOFO were able to submit a proposal. A meeting was held with all of these entities to ensure they were aware of the process and expectations, as well as to ensure they had a specific contact with the coll. app. to provide technical assistance. All HUD-eligible entities (those meeting the definition for eligible applicants, eligible activities and eligible clients) were invited to submit applications. All potential applicants were notified via email on August 17th that the CoC funding competition was officially open. This email included all deadlines for submission, including the requirement to submit a draft application in eSnaps by September 19, 2022. This information was also posted on the Coll. App. website. 4) On Wednesday, August 17th the CoC officially opened their funding competition. At this time all agencies that had expressed an interest in applying for funds were notified of scoring criteria established by the CoC Scoring Committee and approved by the CoC board. This was also posted on the Coll. App. website. 5) All communication described above is shared with every effort to make accessible to those with disabilities (including accessible electronic or virtual meetings with available closed captioning and posting on the Coll. App. website).



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

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

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

|       |  |
|-------|--|
| 2C-1. | Coordination with Federal, State, Local, Private, and Other Organizations. (All Applicants)  |
|       | Special NOFO Section VII.B.3.b.  |
|       | In the chart below:  |
| 1.    | select yes or no for entities listed that are included in your CoC's coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or |
| 2.    | select Nonexistent if the organization does not exist within your CoC's geographic area.   |

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

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

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

(limit 2,500 characters)

1) All ESG funded agencies are required to attend quarterly CoC meetings, contribute service data to HMIS and participate in the needs assessment work of this body in order to inform ESG funding decisions. The Coll. App. meets every other week with the sole ESG recipient in our area, Metro Louisville, to discuss priority community needs as outlined by the CoC, set priorities, establish scoring and ranking, and address collaborative efforts. The Coll. App. and ESG lead co-chair the Mayor's Task Force on Homelessness and work together in determining ranking and funding of ESG and additional local funds allocated to address homelessness. Additionally, an ESG recipient rep. sits on the CoC board and served on the committee creating the Plan to Address Unsheltered Homelessness. The CoC worked closely with the Louisville ESG-CV grantee to review priority needs from the homeless needs assessment, create RFPs and review proposals to select applications that would address the priorities. Together, along with other members of the Mayor's Task Force on Homelessness, they used ESG-CV for: safety measures that included PPE, additional staff, materials to create social distancing, safe transportation, additional outreach especially for disabled populations and the creation of new shelter beds and additional 24 hour shelter to keep people safe. 2) The Coll. App. works with the ESG recipient to establish community outcomes and create an HMIS-based community-wide reporting system. Finally, the Coll. App. 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 Coll. App. collaborates with Metro Louisville in the development of the Consolidated Plan and CAPER, providing homeless needs data, PIT and HIC numbers as requested. 4) The Louisville CoC provides information from HMIS and client surveys to help in developing the need and recommended priorities for the Con Plan and reviews and comments on the Con Plan draft when it is posted for comment. The CoC also reaches out to 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. The Coll. App 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 over \$2 million in city funds.

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

Select yes or no in the chart below to indicate whether your CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs.

|    |                         |     |
|----|-------------------------|-----|
| 1. | Foster Care             | Yes |
| 2. | Health Care             | Yes |
| 3. | Mental Health Care      | Yes |
| 4. | Correctional Facilities | Yes |

2C-4. CoC Collaboration Related to Children and Youth—SEAs, LEAs, School Districts. (All Applicants)

Special NOFO Section VII.B.3.d.

Select yes or no in the chart below to indicate the entities your CoC collaborates with:

|    |                              |     |
|----|------------------------------|-----|
| 1. | Youth Education Provider     | Yes |
| 2. | State Education Agency (SEA) | No  |
| 3. | Local Education Agency (LEA) | Yes |
| 4. | School Districts             | Yes |

2C-4a. CoC Collaboration Related to Children and Youth—SEAs, LEAs, School Districts—Formal Partnerships. (All Applicants)

Special NOFO Section VII.B.3.d.

Describe in the field below:

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

(limit 2,500 characters)

1) The Louisville CoC coordinates with the following education services: a) The Coalition Supporting Young Adults, a former committee of the CoC, has expanded to become a separate non-profit coordinating young adult services that has formal contracts with youth education providers and family resource centers 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) As the LEA for Metro Louisville, Giselle Danger-Mecaderes has a written agreement of collaboration with the CoC as part of the Plan to Prevent and End Youth Homelessness (see details below). Additionally, she creates priorities for homeless youth to access out of school time and summer assistance. She provides training to parents in shelter about access to school and conducts an assessment of all youth in shelters to address needs. c) The SEA is a member of the Kentucky Interagency Council on Homelessness and works to coordinate education access for all youth in the Commonwealth in coordination with the Louisville LEA. d) 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) The Louisville CoC has the following formal partnerships: a) contracts with youth education providers and family resource centers to access GED and college prep as well as completing applications for FAFSA, b) A written agreement with the LEA to host annual training for all teachers and school educators with the Coll. App. including the rights of homeless children, to provide transportation within 24 hours to homeless youth as well as uniforms, school supplies and advocacy for homeless youth. c) JCPS, the sole public school district in the Louisville CoC geographic region, has written contracts to provide teachers in the local family shelters, after school programs for homeless youth and all the transportation services coordinated by the LEA described above.

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

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

(limit 2,500 characters)

The CoC policies require each shelter to name a homeless education coordinator. This name is posted at the shelter and this person works with the school system to ensure access to education for all students. CoC funded projects that serve families with children are also required to train at least one member of their staff as a homeless education coordinator. The LEA provides annual training on educational rights of homeless families and children to all homeless education coordinators and serves as a liaison to these coordinators when youth have any difficulty accessing transportation, school entry, vaccinations, supplies, tutoring, uniforms/clothing or any other items necessary for school entry. 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 them.

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

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

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

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

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

Describe in the field below how your CoC:

|    |   |
|----|---|
| 1. | systemically provides up-to-date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within your CoC's geographic area; |
| 2. | works with project staff to collaborate with healthcare organizations to assist program participants with enrolling in health insurance;  |
| 3. | provides assistance to project staff with the effective use of Medicaid and other benefits; and   |
| 4. | works with projects to promote SOAR certification of program staff.   |

(limit 2,500 characters)

1) To provide up-to-date information on mainstream benefits, the CoC Mainstream Services Committee meets monthly and brings in different mainstream providers to address questions about such benefits as Medicaid, SSI, SNAP, TANF, VA benefits, employment programs and substance abuse programs. All front-line homeless case managers are invited to these meetings. Additionally, the CoC hosts training every other week for front-line case managers that include best practices and mainstream service access. Additionally, Thrive KY is hosting 15 2-hour sessions on mainstream resources including Medicaid, K-CHIP, SNAP, SSI, TANF, housing assistance, transportation, childcare, public health and behavioral health. 2) Family Health Centers, the Health Care for the Homeless and lead SOAR provider, is the lead in helping unhoused persons to access Medicaid. Over 95% of Louisville's homeless population has Medicaid access and in surveys, Family Health Centers services received a 98% positive rating. All five Managed Care Organizations for Kentucky Medicaid are members of the Louisville CoC and speak about access at CoC meetings and Mainstream Service committee meetings and set up tables for individuals to apply for Medicaid at homeless shelters and service agencies. 3) Family Health Centers (FHC) Health Care for the Homeless program also provides educational services to avoid unnecessary hospital use whenever possible and shares 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. During COVID, they not only worked to avoid unnecessary emergency room visits, but also provided vaccines and testing to lower the use of hospitals for this additional care. Seven Counties Services, the regional community mental health center, provides mental health and substance abuse services to all qualifying persons in Jefferson County and has committed to provide substance abuse services for any participants of Special NOFO projects who both qualify and choose to participate at any time in housing. 4) The Louisville CoC works with the Kentucky Department of Behavioral Health to increase SOAR certification in the community. They provide annual scholarships for any new homeless provider staff interested in becoming certified. Multiple FHC staff have completed the SOAR "train the trainer" sessions in order to train new staff at local agencies as needed.

### 3A. New Projects With Rehabilitation/New Construction Costs

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

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

|       |   |    |
|-------|---|----|
| 3A-1. | Rehabilitation/New Construction Costs—New Projects. (Rural Set Aside Only).   |    |
|       | Special NOFO Section VII.A.   |    |
|       | If the answer to the question below is yes, you must upload the CoC Letter Supporting Capital Costs attachment to the 4A. Attachments Screen. |    |
|       | Is your CoC requesting funding for any new project(s) under the Rural Set Aside for housing rehabilitation or new construction costs?         | No |

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

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

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

|       |  |    |
|-------|--|----|
| 3B-1. | Designating SSO/TH/Joint TH and PH-RRH Component Projects to Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes. (Rural Set Aside Only)  |    |
|       | Special NOFO Section VII.C.  |    |
|       | Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes? | No |

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

(limit 2,500 characters)

N/A



## 4A. Attachments Screen For All Application Questions

| Please read the following guidance to help you successfully upload attachments and get maximum points:   |           |                      |               |
|--|-----------|----------------------|---------------|
| 1. You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.  |           |                      |               |
| 2. You must upload an attachment for each document listed where 'Required?' is 'Yes'   |           |                      |               |
| 3. We prefer that you use PDF files, though other file types are supported—please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images and reduces file size. Many systems allow you to create PDF files as a Print Option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube. |           |                      |               |
| 4. Attachments must match the questions they are associated with.  |           |                      |               |
| 5. Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.  |           |                      |               |
| 6. If you cannot read the attachment, it is likely we cannot read it either.<br>- We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).<br>- We must be able to read everything you want us to consider in any attachment.                           |           |                      |               |
| 7. Open attachments once uploaded to ensure they are the correct attachment for the required Document Type.  |           |                      |               |
| Document Type  | Required? | Document Description | Date Attached |
| 1B-1. Local Competition Announcement   | Yes       | Local Competition... | 10/17/2022    |
| 1B-2. Local Competition Scoring Tool   | Yes       | Local Competition... | 10/17/2022    |
| 1B-3. Notification of Projects Rejected-Reduced  | Yes       | Notification of P... | 10/17/2022    |
| 1B-3a. Notification of Projects Accepted   | Yes       | Notification of P... | 10/17/2022    |
| 1B-4. Special NOFO CoC Consolidated Application  | Yes       |                      |               |
| 3A-1. CoC Letter Supporting Capital Costs  | No        |                      |               |
| 3B-2. Project List for Other Federal Statutes  | No        |                      |               |
| P-1. Leveraging Housing Commitment   | No        | Leveraging Housin... | 10/17/2022    |
| P-1a. PHA Commitment   | No        | PHA Commitment       | 10/17/2022    |
| P-3. Healthcare Leveraging Commitment  | No        | Healthcare Levera... | 10/17/2022    |
| P-9c. Lived Experience Support Letter  | No        | Lived Experience ... | 10/17/2022    |
| Plan. CoC Plan   | Yes       | 2022 Louisville P... | 10/17/2022    |

## **Attachment Details**

**Document Description:** Local Competition Deadline

## **Attachment Details**

**Document Description:** Local Competition Scoring Tool

## **Attachment Details**

**Document Description:** Notification of Projects Rejected-Reduced

## **Attachment Details**

**Document Description:** Notification of Projects Accepted

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:** Leveraging Housing Commitment

## **Attachment Details**

**Document Description:** PHA Commitment

## **Attachment Details**

**Document Description:** Healthcare Leveraging Commitment

## **Attachment Details**

**Document Description:** Lived Experience Support Letter

## Attachment Details

**Document Description:** 2022 Louisville Plan to Address Unsheltered Homelessness

## Submission Summary

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

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

### **1B-1: Local Competition Announcement**

Included in this attachment:

- Screenshot of website posting of CoCs Local Competition Deadline (see date of screenshot in top righthand corner).





## CoC NOFO Information

## Continuum of Care Funding Opportunities

Each year, the U.S. Department of Housing and Urban Development (HUD) awards funding to Continuums of Care (CoC) through a competitive application process. Each CoC must designate a “collaborative applicant” to submit applications to HUD on behalf of the entire CoC.

The Coalition for the Homeless as the collaborative applicant for the Louisville/Jefferson County CoC, is responsible for coordinating local competitions and submitting a Consolidated Application (per funding opportunity) to HUD on behalf of the CoC. Individual projects requesting funding, both new and renewal, submit information directly to the Coalition for the Homeless. A Consolidated Application consists of three parts: a CoC Application completed by the Coalition for the Homeless responding to questions relating to system-wide initiatives and performance; individual project applications; and a “priority listing” of projects in rank order based on selection criteria set by the Louisville/Jefferson County CoC Board of Directors.

At this time, there are two separate funding opportunities open. New applicants not currently receiving CoC funding are welcome and encouraged to apply. For more information see [CoC Application Info](#).

As of Tuesday, August 16, 2022 the Louisville/ Jefferson County Continuum of Care is officially accepting applications for both funding opportunities.

2022 CoC Annual Competition NOFO (Regular NOFO).

Applicants applying under the 2022 CoC Regular NOFO must submit completed project applications, including for renewal projects and new projects, via HUD's online application platform known as [e-snaps](#). Applications must be submitted by *Tuesday, August 30, 2022*.

Submitted applications will go to the Coalition for the Homeless for review and scoring and can be returned for additional edits. If selected through the local competition, the Coalition for the Homeless will submit your final application on your behalf to HUD by HUD's final deadline of *September 30, 2022*.

## Special NOFO to Address Unsheltered and Rural Homelessness (Special NOFO)

Applicants applying for new projects under the FY22 Special NOFO must submit completed project applications via HUD's online application platform known as [e-snaps](#). Applications must be submitted by *Monday, September 19, 2022*.

Submitted applications will go to the Coalition for the Homeless for review and scoring and can be returned for additional edits. If selected through the local competition, the Coalition for the Homeless will submit your final application on your behalf to HUD by HUD's final deadline of October 20, 2022.

## Scoring Documents

The Louisville/Jefferson County Continuum of Care Board of Directors met on Thursday, August 11, 2022 and approved the following scoring documents to be used in both the FY22 Regular NOFO Funding Competition and the FY22 Special NOFO Funding Competition.

- [FY22 Score Sheet](#): For Review Only
- [FY22 Renewal Project Score and Ranking Housing First Questionnaire](#): This must be completed by all PSH, RRH, and TH renewal projects and be returned to [bscott@louhomeless.org](mailto:bscott@louhomeless.org) by Thursday, August 25, 2022.
- [FY22 Renewal Project Scoring and Ranking Supplemental Questionnaire](#): This must be completed by ALL renewal projects (including YHDP) and be returned to [bscott@louhomeless.org](mailto:bscott@louhomeless.org) by Thursday, August 25, 2022.
- [New Project Scoring and Ranking Narrative PSH, RRH, and TH-RRH \(excluding DV Bonus Projects\) Narrative Request](#): Narrative must be submitted to [bscott@louhomeless.org](mailto:bscott@louhomeless.org) by Friday, August 26, 2022 for new projects applying under the Regular NOFO and by Monday, September 19, 2022 for new projects applying under the Special NOFO



louhomeless.org/continuumofcare/coc-nofo-information/

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- [FY22 Renewal Project Score and Ranking Housing First Questionnaire](#): This must be completed by all PSH, RRH, and TH renewal projects and be returned to [bscott@louhomeless.org](mailto:bscott@louhomeless.org) by Thursday, August 25, 2022.
- [FY22 Renewal Project Scoring and Ranking Supplemental Questionnaire](#): This must be completed by ALL renewal projects (including YHDP) and be returned to [bscott@louhomeless.org](mailto:bscott@louhomeless.org) by Thursday, August 25, 2022.
- [New Project Scoring and Ranking Narrative PSH, RRH, and TH-RRH \(excluding DV Bonus Projects\) Narrative Request](#): Narrative must be submitted to [bscott@louhomeless.org](mailto:bscott@louhomeless.org) by Friday, August 26, 2022 for new projects applying under the Regular NOFO and by Monday, September 19, 2022 for new projects applying under the Special NOFO
- [New Project Scoring and Ranking Sheet: PSH and RRH \(excluding DV Bonus\)](#): For Review Only
- [New Project Scoring and Ranking Narrative SSO \(excluding SSO-CE\)](#): Narrative must be submitted to [bscott@louhomeless.org](mailto:bscott@louhomeless.org) by Friday, August 26, 2022 for new projects applying under the Regular NOFO and by Monday, September 19, 2022 for new projects applying under the Special NOFO
- [New Project Scoring and Ranking Sheet: SSO \(excluding SSO-CE\)](#): For Review Only



## **1B-2: Local Competition Scoring Tool**

Included in this attachment:

- Summary of Scoring Process
- PSH and RRH Scoring and Ranking Sheet
- PSH and RRH Narrative Request
- PSH and RRH Scoring Detail Sheet
- SSO Scoring and Ranking Sheet
- SSO Narrative Request
- SSO Scoring Detail Sheet

## **Special NOFO Scoring and Ranking Process**

The Scoring and Ranking Committee of the CoC began meeting in March of 2022 to determine the scoring criteria to be used during the FY22 funding competition.

This criterion was finalized in August 2022. For ease of scoring, the scoring committee opted to use similar criteria for both the Regular and Special NOFO, as both competitions had significant overlap.

The CoC Board of Directors approved the scoring criteria on August 11, 2022 and all potential grantees were notified that the FY22 Funding Competitions were officially open on August 17, 2022.

Applicants were required to provide a narrative response and all existing grantees were instructed to provide an APR for all current programs for the July 1, 2021 – June 30, 2022 program year.

Grantees were scored on their narrative response, past performance (if applicable), timeliness of submission, reasonableness of budget, leverage provided, and prioritization of the full CoC Membership and Community Consulting Board.

Scoresheets for project types not submitted during the Special NOFO competition (i.e., TH-RRH and SSO-CE) are not included here.

**Louisville/Jefferson County Continuum of Care****FY22 Regular NOFO and Special NOFO****New Project Scoring and Ranking Sheet: PSH and RRH (excluding DV Bonus)****Grantee:****Project Name:****Project Type:**

| <b>Objective Criteria</b>  | <b>Max Points</b> | <b>Points Earned</b> |
|--|-------------------|----------------------|
| Application was received in eSnaps by the established deadline.  | 5                 |                      |
| Required narrative was submitted to the collaborative applicant by the established deadline.   | 5                 |                      |
| Applicant described a reasonable plan for 50% (special NOFO) or 25% (regular NOFO) leveraged housing resources.  | 10                |                      |
| Applicant described a reasonable plan for 50% (special NOFO) or 25% (regular NOFO) leveraged healthcare resources.   | 10                |                      |
| Applicant documented required match amount.  | 5                 |                      |
| Budget costs are reasonable, allocable, and allowable.   | 5                 |                      |
| Applicant demonstrated project meets the Housing First Model.  | 10                |                      |
| <b>System Performance Criteria</b>   | <b>Max Points</b> | <b>Points Earned</b> |
| Clients served in PSH and RRH who were able to maintain or exit to PH  | 10                |                      |
| Future impact on SPM: Applicant describes the plan to assist clients to rapidly secure and maintain permanent housing that is safe, affordable, accessible, and acceptable to their needs.   | 5                 |                      |
| Future impact on SPM: Applicant demonstrates how clients will be assisted in obtaining mainstream benefits, including non-employment income.   | 5                 |                      |
| <b>Feasibility</b>   | <b>Max Points</b> | <b>Points Earned</b> |
| Extent to which the applicant:<br>1. Demonstrates understanding of the needs of the clients to be served.<br>2. Demonstrates type, scale, and location of the housing fit the needs of the clients to be served.<br>3. Demonstrates that type and scale of all supportive services, regardless of funding source, meets the needs of clients to be served. | 5                 |                      |
| Applicant clearly articulated need for project   | 5                 |                      |
| Applicant established an implementation timeline that demonstrated how the project will move from funding announcement to full capacity in accordance with HUD deadlines.  | 5                 |                      |

| Local Priorities   | Max Points | Points Earned |
|--|------------|---------------|
| Lived Experience   | 5          |               |
| CoC Membership ranking from presentation day.                          | 5          |               |
| Community Consulting Board ranking                                     | 5          |               |
| <b>BONUS: BIPOC or Persons with Lived Experience lead organization</b> | 5          |               |
| <b>TOTAL:</b>  | 100        |               |

**Louisville/Jefferson County Continuum of Care  
FY22 Regular NOFO and Special NOFO  
New Project Scoring and Ranking Narrative  
PSH, RRH, and TH-RRH (excluding DV Bonus Projects)**

Provide a narrative response of no more than seven pages single spaced that addresses the following items. This narrative will be scored by three members of the CoC Board of Directors and provided to the full CoC Board for review.

**Narrative responses must be submitted to [bscott@louhomeless.org](mailto:bscott@louhomeless.org) by Friday, August 26 for the Regular NOFO and by Monday, September 19 for the Special NOFO.**

**Project Description:** Provide a detailed description of the scope of the project including the target population(s) to be served, project plan for addressing the identified housing and supportive service needs, anticipated project outcome(s), coordination with other organizations (e.g., federal, state, nonprofit), and how the CoC Program funding will be used. (5 Points)

**Project Need:** Provide a narrative description for the need for your project. Use quantitative data if at all possible. (5 Points)

**Obtaining and Maintaining Permanent Housing:** Provide a narrative description that details your project's plan to assist participants obtaining and maintain permanent housing in a manner that fits their needs. 5 Points)

**Mainstream Benefits:** Provide a narrative description that details your project's plan to individually assist program participants obtain the benefits of mainstream health, social, and employment programs, for which they are eligible to apply and meet their needs (e.g., medicare, medicaid, SSI, SNAP, etc.). (5 Points)

**Housing First:** Provide a narrative description of how your project adheres to Housing First principles including eligibility criteria, process for accepting new clients, and process and criteria for exiting clients. (10 Points)

**Project Timeline:** Provide a timeline for the commencement of your project from funding announcement to achieving full capacity. (5 Points)

**Leveraging Housing Resources:** Describe your project's plan to meet the requirements of leveraging housing resources in either the regular (page 84) or special (page 46) NOFO. (10 Points)

**Leveraging Healthcare Resources:** Describe your project's plan to meet the requirements of leveraging healthcare resources in either the regular (page 85) or special (page 48) NOFO. (10 Points)

**Lived Experience:** Describe your plan for involving persons with lived experience of homelessness in project design and implementation as well as the plan for including these persons in ongoing decision making. (5 Points)

**Bonus:** Please indicate if you are a BIPOC lead organization or organization lead by persons with lived experience of homelessness. (5 Points)

## Louisville/Jefferson County Continuum of Care

### FY22 Regular NOFO and Special NOFO

### New Project Scoring and Ranking Sheet: PSH and RRH (excluding DV Bonus)

Reviewer:

Grantee:

Project Name:

Project Type:

#### **Scoring Framework**

**Max Points:** Applicant provided a clear answer that addressed all parts of the narrative requests.

**Mid Points:** Applicants provided an answer that addressed some/most parts of the narrative requests but was unclear.

**Low to Zero Points:** Applicant did not address the scoring criteria or did not provide a reasonable or understandable answer.

| Criteria   | Max Points | Points Earned |
|--|------------|---------------|
| Extent to which the applicant:<br>1. Demonstrates understanding of the needs of the clients to be served.<br>2. Demonstrates type, scale, and location of the housing fit the needs of the clients to be served.<br>3. Demonstrates that type and scale of all supportive services, regardless of funding source, meets the needs of clients to be served. | 5          |               |
|  |            |               |
| Applicant clearly articulated need for project   | 5          |               |
|  |            |               |
| Applicant describes the plan to assist clients to rapidly secure and maintain permanent housing that is safe, affordable, accessible, and acceptable to their needs.   | 5          |               |
|  |            |               |
| Applicant demonstrates how clients will be assisted in obtaining mainstream benefits.  | 5          |               |
|  |            |               |
| Applicant demonstrated project meets the Housing First Model.  | 10         |               |
|  |            |               |

|   |    |  |
|---|----|--|
| Applicant established an implementation timeline that demonstrated how the project will move from funding announcement to full capacity in accordance with HUD deadlines. | 5  |  |
|   |    |  |
| Applicant described a reasonable plan for 50% (special NOFO) or 25% (regular NOFO) leveraged housing resources.   | 10 |  |
|   |    |  |
| Applicant described a reasonable plan for 50% (special NOFO) or 25% (regular NOFO) leveraged healthcare resources.  | 10 |  |
|   |    |  |
| Lived Experience  | 5  |  |
|   |    |  |
| <b>BONUS: BIPOC or Persons with Lived Experience lead organization</b>  | 5  |  |
|   |    |  |

|                                |
|--------------------------------|
| <b>Any Additional Comments</b> |
|                                |

All projects were scored on the past performance of the applicant in administering project funded with CoC funding. If the grantee had an analogous project to the project type they were applying for that data was used, if they did not, their most common project type was used. Applicants who have not previously received CoC funds were awarded full points

|                               |   |   |   |   |                                 |   |   |           |
|-------------------------------|---|---|---|---|---------------------------------|---|---|-----------|
| <b>Grantee:</b>               |   |   |   |   |                                 |   |   |           |
| <b>Grant Name:</b>            |   |   |   |   |                                 |   |   |           |
| <b>Measure:</b>               | Maintenance of or Exits to Permanent Housing  |   |   |   |                                 |   |   |           |
| <b>Applicable to:</b>         | PSH, RRH  |   |   |   |                                 |   |   |           |
| <b>Data Source:</b>           | APR, Q23c   |   |   |   |                                 |   |   |           |
| <b>Formula:</b>               | (Total # of Stayers   | + | Total # of persons exiting to a positive destination) | / | (Total number of persons served | - | Persons exiting to excluded destinations) | =         |
| <b>Computation (Grant 1):</b> |   | + |   | / |                                 | - |   | = #DIV/0! |
| <b>Computation (Grant 2):</b> |   | + |   | / |                                 | - |   | = #DIV/0! |
| <b>Computation (Grant 3):</b> |   | + |   | / |                                 | - |   | = #DIV/0! |
| <b>Computation (Total):</b>   |   | + |   | / |                                 | - |   | = #DIV/0! |
| <b>CoC Average:</b>           | 93.08%  |   |   |   |                                 |   |   |           |
| <b>Max Points:</b>            | 10  |   |   |   |                                 |   |   |           |
| <b>Point Basis:</b>           | 10 Points: 95% and Greater<br>8 Points: Between 90% and 94.99%<br>6 Points: Between 85%% and 89.99%<br>4 Points: Between 80% and 84.99%<br>2 Points: Between 75% and 79.99%<br>0 Points: 74.99% or Less |   |   |   |                                 |   |   |           |
| <b>POINTS AWARDED:</b>        |   |   |   |   |                                 |   |   |           |



**Louisville/Jefferson County Continuum of Care  
FY22 Regular NOFO and Special NOFO  
New Project Scoring and Ranking Sheet: SSO (excluding SSO-CE)**

**Grantee:**

**Project Name:**

**Project Type:**

| <b>Objective Criteria</b>  | <b>Max Points</b> | <b>Points Earned</b> |
|--|-------------------|----------------------|
| Application was received in eSnaps by the established deadline.  | 5                 |                      |
| Required narrative was submitted to the collaborative applicant by the established deadline.   | 5                 |                      |
| Applicant documented required match amount.  | 5                 |                      |
| Budget costs are reasonable, allocable, and allowable.   | 5                 |                      |
| SSO serves a high needs population that will benefit from standalone supportive services (survivors of DV, medically fragile, homeless youth, living in an unsheltered situation).   | 5                 |                      |
| <b>System Performance Criteria</b>   | <b>Max Points</b> | <b>Points Earned</b> |
| Clients served in PSH and RRH who were able to maintain or exit to PH  | 10                |                      |
| Future impact on SPM: Applicant describes the plan to assist clients to rapidly secure and maintain permanent housing that is safe, affordable, accessible, and acceptable to their needs.   | 5                 |                      |
| Future impact on SPM: Applicant demonstrates how clients will be assisted in obtaining mainstream benefits, including non-employment income.   | 5                 |                      |
| <b>Feasibility</b>   | <b>Max Points</b> | <b>Points Earned</b> |
| Extent to which the applicant:<br>1. Demonstrates understanding of the needs of the clients to be served.<br>2. Demonstrates type, scale, and location of the housing fit the needs of the clients to be served.<br>3. Demonstrates that type and scale of all supportive services, regardless of funding source, meets the needs of clients to be served. | 5                 |                      |
| Applicant clearly articulated need for project   | 5                 |                      |
| Applicant established an implementation timeline that demonstrated how the project will move from funding announcement to full capacity in accordance with HUD deadlines.  | 5                 |                      |

| Local Priorities   | Max Points | Points Earned |
|--|------------|---------------|
| Lived Experience   | 5          |               |
| CoC Membership ranking from presentation day.                          | 5          |               |
| Community Consulting Board ranking                                     | 5          |               |
| <b>BONUS: BIPOC or Persons with Lived Experience lead organization</b> | 5          |               |
| <b>TOTAL:</b>  | 75         |               |

**Louisville/Jefferson County Continuum of Care  
FY22 Special NOFO  
New Project Scoring and Ranking Narrative  
SSO (excluding SSO-CE)**

Provide a narrative response of no more than five pages single spaced that addresses the following items. This narrative will be used to score your application and will also be provided to the CoC Board of Directors for review.

**Narrative responses must be submitted to [bscott@louhomeless.org](mailto:bscott@louhomeless.org) by **Friday, August 26 for the Regular NOFO** and by **Monday, September 19 for the Special NOFO**.**

**Project Description:** Provide a detailed description of the scope of the project including the strategy for providing supportive services to those with the highest service needs, including those with histories of unsheltered homelessness and those to do not traditionally engage with supportive services,, coordination with other organizations (e.g., federal, state, nonprofit), and how the CoC Program funding will be used. (5 Points)

**Project Need:** Provide a narrative description for the need for your project. Use quantitative data if at all possible. (5 Points)

**Obtaining and Maintaining Permanent Housing:** Provide a narrative description that details your project's plan to assist participants obtaining and maintain permanent housing in a manner that fits their needs (5 Points)

**Mainstream Benefits:** Provide a narrative description that details your project's plan to individually assist program participants obtain the benefits of mainstream health, social, and employment programs, for which they are eligible to apply and meet their needs (e.g., medicare, medicaid, SSI, SNAP, etc.). (5 Points)

**Project Timeline:** Provide a timeline for the commencement of your project from funding announcement to achieving full capacity. (5 Points)

**Lived Experience:** Describe your plan for involving persons with lived experience of homelessness in project design and implementation as well as the plan for including these persons in ongoing decision making. (5 Points)

**Bonus:** Please indicate if you are a BIPOC lead organization or organization lead by persons with lived experience of homelessness. (5 Points)

**Louisville/Jefferson County Continuum of Care  
FY22 Regular NOFO and Special NOFO  
New Project Scoring and Ranking Sheet: SSO**

**Reviewer:**

**Grantee:**

**Project Name:**

**Project Type:**

**Scoring Framework**

**Max Points:** Applicant provided a clear answer that addressed all parts of the narrative requests.

**Mid Points:** Applicants provided an answer that addressed some/most parts of the narrative requests but was unclear.

**Low to Zero Points:** Applicant did not address the scoring criteria or did not provide a reasonable or understandable answer.

| Criteria  | Max Points | Points Earned |
|---|------------|---------------|
| Extent to which the applicant:<br>1. Demonstrates understanding of the needs of the clients to be served.<br>2. Demonstrates that type and scale of all supportive services, regardless of funding source, meets the needs of clients to be served. | 5          |               |
|   |            |               |
| Applicant clearly articulated need for project  | 5          |               |
|   |            |               |
| Applicant describes the plan to assist clients to rapidly secure and maintain permanent housing that is safe, affordable, accessible, and acceptable to their needs.  | 5          |               |
|   |            |               |
| Applicant demonstrates how clients will be assisted in obtaining mainstream benefits.   | 5          |               |
|   |            |               |
| Applicant established an implementation timeline that demonstrated how the project will move from funding announcement to full capacity in accordance with HUD deadlines.   | 5          |               |
|   |            |               |

|  |   |  |
|--|---|--|
| Lived Experience   | 5 |  |
|  |   |  |
| <b>BONUS: BIPOC or Persons with Lived Experience lead organization</b> | 5 |  |
|  |   |  |

|                                |
|--------------------------------|
| <b>Any Additional Comments</b> |
|                                |

All projects were scored on the past performance of the applicant in administering project funded with CoC funding. If the grantee had an analogous project to the project type they were applying for that data was used, if they did not, their most common project type was used. Applicants who have not previously received CoC funds were awarded full points.

|                        |   |   |                            |   |  |
|------------------------|---|---|----------------------------|---|--|
| <b>Grantee:</b>        |   |   |                            |   |  |
| <b>Grant Name:</b>     |   |   |                            |   |  |
| <b>Measure:</b>        | Exits to Permanent Housing  |   |                            |   |  |
| <b>Applicable to:</b>  | SSO   |   |                            |   |  |
| <b>Data Source:</b>    | APR, Q23c   |   |                            |   |  |
| <b>Formula:</b>        | Total # of persons exiting to a positive housing destination  | / | Total # of persons exiting | - | Persons exiting to excluded destinations = |
| <b>Computation:</b>    |   | / |                            | - | = #DIV/0!                                  |
| <b>CoC Average:</b>    | 56.93%  |   |                            |   |  |
| <b>Max Points:</b>     | 10  |   |                            |   |  |
| <b>Point Basis:</b>    | 10 Points: 71.93% and Greater<br>8 Points: Between 61.93% and 71.92%<br>6 Points: Between 51.93% and 61.92%<br>4 Points: Between 41.93% and 51.92%<br>2 Points: Between 31.93% and 41.92%<br>0 Points: 31.92% or Less |   |                            |   |  |
| <b>POINTS AWARDED:</b> |   |   |                            |   |  |

**1B-3: Notification of Projects Rejected-Reduced**

- No projects were rejected or reduced.

### **1B-3a: Notification of Projects Accepted**

Included in this attachment:

- Email notification to all applicants that list of projects accepted and ranked was available.
- Screenshot of website posting of final ranking announcement.
- Screenshot of final ranking on website.

**Subject:** Notification of Projects Accepted  
**Date:** Wednesday, October 5, 2022 at 10:29:36 AM Eastern Daylight Time  
**From:** Brandi Scott  
**BCC:** Tamara Reif, Becky Morris, Andy Patterson, Nina Moseley, R. C. Webber, Katie Cameron, Buckler, Sarah, Noonan, Mary Luke, Ra'Shann Martin, Read, Cindy, Evelyn Woock, Gasparac, Lada  
**Attachments:** image001.png

Hi Everyone,

The CoC is required to notify all project applicants, in writing outside of eSnaps, if their project will be accepted and ranked in the FY22 Continuum of Care Supplemental Competition to Address Unsheltered and Rural Homelessness. This notice must be provided 15 days before the Special NOFO submission deadline.

The final project ranking is now available on the [Coalition's Website](#). All projects included on this listing have been accepted and ranked.

No projects were rejected or reduced.

**Brandi Scott**

Director of Planning and Evaluation  
The Coalition for the Homeless  
1300 S. 4th St., Suite 300  
Louisville, KY 40208  
502-636-9550 x 1211  
Pronouns: she, her, hers  
[Website](#) / [Facebook](#) / [Twitter](#)







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Home / CoC / Final CoC Special NOFO Ranking

October 5, 2022

## Final CoC Special NOFO Ranking

The CoC is required to notify, in writing outside of e-snaps, all project applicants who submitted their project applications to the CoC by the local CoC-established deadline whether their project applications will be accepted and ranked on the CoC Priority Listing, rejected, or reduced by the CoC no later than 15 days before the FY 2022 Continuum of Care Supplemental to Address Unsheltered and Rural Homelessness application submission deadline.

[Click here to view the final ranking for the CoC Special NOFO.](#) All projects included on this list will be accepted and ranked.

[← Homes Not Fines: Our Opposition to a New Ordinance Amendment](#)

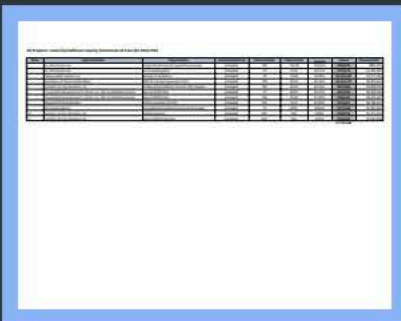
## Recent Posts

- Final CoC Special NOFO Ranking
- Homes Not Fines: Our Opposition to a New Ordinance Amendment
- Community Table training series
- FY22 Final CoC Consolidated Application & Priority Listing
- Final CoC Ranking

## Categories

- Action alerts
- Archived Events
- Articles
- Charity
- CoC
- COVID-19
- Events
- Eviction
- Featured





1

**All Projects: Louisville/Jefferson County Continuum of Care (KY-501) FY22**

| Rank  | Applicant Name  | Project Name                                 | Accepted/Rejected | Points Possible | Points Earned | Percent | Award       | Running Total |
|-------|---|--|-------------------|-----------------|---------------|---------|-------------|---------------|
| 1     | St. John Center, Inc.   | Single Site Permanent Supportive Housing     | Accepted          | 100             | 100.34        | 100.34% | \$802,929   | \$802,929     |
| 2     | St. John Center, Inc.   | Housing Navigation                           | Accepted          | 75              | 72.23         | 96.31%  | \$443,975   | \$1,246,904   |
| 3     | Family Health Centers, Inc.                                       | Respite to Residence                         | Accepted          | 75              | 70.92         | 94.56%  | \$2,270,561 | \$3,517,465   |
| 4     | Volunteers of America Mid-States                                  | RRH for Families Expansion FY22              | Accepted          | 100             | 85.16         | 85.16%  | \$1,033,177 | \$4,550,642   |
| 5     | Coalition for the Homeless, Inc.                                  | Scattered Site Stability Voucher PSH Program | Accepted          | 100             | 84.44         | 84.44%  | \$337,882   | \$4,888,524   |
| 6     | Young Adult Development in Action, Inc. dba YouthBuild Louisville | Special NOFO SSO                             | Accepted          | 75              | 62.23         | 82.97%  | \$619,938   | \$5,508,462   |
| 7     | Young Adult Development in Action, Inc. dba YouthBuild Louisville | Special NOFO RRH                             | Accepted          | 100             | 81.39         | 81.39%  | \$906,545   | \$6,415,007   |
| 8     | Wayside Christian Mission   | WPSH-unsheltered-FY22                        | Accepted          | 100             | 80.9          | 80.90%  | \$370,867   | \$6,785,874   |
| 9     | KentuckianaWorks  | Unsheltered Homelessness Set Aside Project   | Accepted          | 75              | 58.97         | 78.63%  | \$277,418   | \$7,063,292   |
| 10    | Coalition for the Homeless, Inc.                                  | HMIS Expansion                               | Accepted          | N/A             | N/A           | 0.00%   | \$350,940   | \$7,414,232   |
| 11    | Coalition for the Homeless, Inc.                                  | Special NOFO Planning                        | Accepted          | N/A             | N/A           | 0.00%   | \$222,426   | \$7,636,658   |
| Total |   |  |                   |                 |               |         |             | \$7,636,658   |

## **P-1: Leveraging Housing Commitment**

Included in this attachment:

- Leveraging commitment from Louisville Metro Housing Authority to fund 27 housing units in the St. John Center Single Site Permanent Supportive Housing program.
- Leveraging commitment from Louisville Metro Housing Authority to provide 20 vouchers for the Coalition for the Homeless Scattered Site Stability Voucher PSH Program.



September 23, 2022

Ms. Ra'Shann Martin  
St John Center  
700 E Muhammad Ali Blvd.  
Louisville, KY 40202

Ms. Martin,

Thank you for reaching out regarding St. John Center's partnership with the Louisville Metro Housing Authority.

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 nonprofit social service organizations. These programs assist traditionally underserved populations, including the homeless and chronically homeless, 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. St. John Center is a referral partner for the Special Referral program.

This program does not have a contractual obligation for a certain number of vouchers to any referral partner and are subject to voucher funding limitations. At this time, LMHA partners with St. John Center for the use of up to 27 MTW Special Referral vouchers by St. John Center for its Sheehan Landing project.

Sincerely,

Lisa Osanka  
Executive Director

420 South Eighth Street, Louisville KY 40203 | Main: (502) 569-3400 | Fax: (502) 569-7849

**Notice of Right of Reasonable Accommodation:** If you or someone else in your household has a disability - and as a result of this disability, this person needs a reasonable accommodation in order to participate fully in the Public Housing Program - please contact the Housing Authority to discuss accommodation options.





October 10, 2022

Louisville/Jefferson County Continuum of Care (KY-501)  
c/o The Coalition for the Homeless  
1300 S. 4<sup>th</sup> Street, Ste. 250  
Louisville, KY 40208

Dear Members of the Louisville/Jefferson County Continuum of Care:

I am writing on behalf of the Louisville Metro Housing Authority (LMHA) to express our commitment to work with Louisville/Jefferson County Continuum of Care (KY-501) on the administration of any Stability Vouchers awarded to LMHA.

If awarded, LMHA commits to pairing 20 Stability Vouchers with CoC funded supportive services financed through the Scattered Site Stability Voucher PSH program.

We anticipate these vouchers will be available no later than October 1, 2023.

Should you require any additional information please contact me.

Sincerely,

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

Lisa Osanka  
Executive Director



420 South Eighth Street, Louisville, KY 40203 | 502 569.3400 | Fax 502 569.3459





**P-1a: PHA Commitment**

Included in this attachment:

- Stability Voucher commitment letter from Louisville Metro Housing Authority.



September 20, 2022

Louisville/Jefferson County Continuum of Care (KY-501)  
% Coalition for the Homeless  
1300 S. 4th Street, Ste. 250  
Louisville, KY 40208

Dear Members of the Louisville/Jefferson County Continuum of Care:

Louisville Metro Housing Authority (LMHA), the sole housing authority in Louisville/Jefferson County is committed to apply for new incremental voucher assistance under section 8(o) of the United States Housing Act of 1937 known as Stability Vouchers. If received by LMHA, these vouchers will be paired with CoC-funded supportive services, and LMHA will work with the CoC and other stakeholders to develop a prioritization plan for Stability Vouchers and other preference vouchers and special vouchers through the coordinated entry process for individuals and families experiencing homelessness, at risk of homelessness, or fleeing domestic violence, dating violence, sexual assault, or stalking.

If you have any questions, please feel free to reach out.

Sincerely,

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

Lisa Osanka  
Executive Director



420 South Eighth Street, Louisville, KY 40203 | 502 569.3400 | Fax 502 569.3459




### **P-3: Healthcare Leveraging Commitment**

Included in this attachment:

- Letter from Seven Counties Services committing Substance Abuse Treatment Services to all PSH and RRH program participants who qualify for and choose those services.
- Letter from Family Health Centers committing medical services to program participants in the St. John Center Single Site PSH Program.
- Letter from Family Health Centers committing medical services to program participants in the Volunteer of America Mid-States RRH for Families Expansion FY22 program.
- Letter from Louisville Recovery Community Connection committing Substance Abuse Treatment Services to program participants who qualify for and choose those services in the St. John Center Single Site PSH Program.
- Letter from Peace Hospital committing mental health treatment services to program participants in the St. John Center Single Site PSH Program.





Seven Counties Services



Bellewood & Brooklawn

October 11, 2022

Louisville/Jefferson County Continuum of Care (KY-501)  
% Coalition for the Homeless  
1300 S. 4th St., Ste. 250  
Louisville, KY 40208

Dear Members of the Metro Louisville Continuum of Care:

As the Community Mental Health Association for the KIPDA region of the Commonwealth of Kentucky and an active member of the Louisville/Jefferson County Continuum of Care (KY-501), Seven Counties Services is providing this written commitment of substance abuse treatment services for participants in all Permanent Supportive and Rapid Re-housing programs applied for in the Continuum of Care Supplemental NOFO to Address Unsheltered and Rural Homelessness. **Substance abuse treatment services will be provided to all program participants who both qualify and choose those services.**

Total projects serving 93 adult participants per year include:  
St. John Center Single Site Permanent Supportive Housing  
Volunteers of America Mid-States RRH for Families Expansion FY22  
Coalition for the Homeless, Inc. Scattered Site Stability Voucher Program  
YouthBuild Louisville Special NOFO RRH  
Wayside Christian Mission WPSH-unsheltered-FY22

These services will be provided on-going including an estimated grant period of October 1, 2023 through September 30, 2026. The value of this service to be provided to unsheltered homeless persons in Jefferson County is expected to exceed \$1,333,000 per year and will be paid for through Medicaid billing and other non-CoC grants.

If you have any questions about this commitment, please contact Abby Drane at [adrane@sevencounties.org](mailto:adrane@sevencounties.org) or (502) 859-8600.

Sincerely,



Abbreal Drane  
President and CEO



Brooklawn Administrative Office  
3121 Brooklawn Campus Drive  
Louisville, KY 40218  
502-451-5177  
[www.sevencounties.org](http://www.sevencounties.org)  
[www.bellewoodandbrooklawn.org](http://www.bellewoodandbrooklawn.org)



# Family Health Centers

PHOENIX

*Health Care for the Homeless*

October 6, 2022

Ms. Ra'Shann Martin  
St. John Center  
700 E Muhammad Ali Blvd.  
Louisville, KY 40202

Ms. Martin,

Phoenix Health Care is in full support of St. John Center's 80-unit Single Site Permanent Supportive Housing Project, Sheehan Landing. The St. John Center single site permanent housing project is designed to prioritize formerly homeless residents with services that reduce isolation, increase access to social support, improve health outcomes, improve community integration, and contribute to recovery and increased self-sufficiency. The site will provide office space, laundry facilities, and meeting space to residents, supportive service staff and partners. St. John Center will provide case management and coordinate community services on-site as well as building operations and property management and ensure that all partners in the project use a client-centered, housing first approach.

Phoenix Health Care intends to bill Medicaid for outpatient medical services for up to 18 Sheehan Landing residents in need of medical care with the overall goal being housing retention, increased health, and resident stability. These services will be provided by a qualified physician or nurse practitioner. Phoenix Health Care will offer these services to any resident upon move in and continually as needed throughout the duration of their tenancy. These services are available to any potential residents from the moment of project inception, no later than 12/1/2023, and will be available on an ongoing basis as needed to all referrals to and residents of the project. The annual value of the outpatient medical services provided for 18 residents is \$12,000. If you have any questions about this letter or support for the St. John Center project, please feel free to contact me and discuss further at 502-568-6972.

Sincerely,

*Andy Patterson*

Andy Patterson, PhD, MSW  
Director of Homeless Services

*Joint Commission Accredited*

[www.fhclouisville.org](http://www.fhclouisville.org)

**PHOENIX**  
*Health Care for the Homeless*  
712 E. Muhammad Ali Blvd.  
Louisville, KY 40202  
502.568.6972

**PORTLAND**  
2215 Portland Ave.  
Louisville, KY 40212  
502.774.8631

**AMERICANA**  
4805 Southside Dr.  
Louisville, KY 40214  
502.772.8860

**EAST BROADWAY**  
914 E. Broadway  
Louisville, KY 40204  
502.583.1981

**FAIRDALE**  
1000 Neighborhood Pl.  
Fairdale, KY 40118  
502.361.2381

**IROQUOIS**  
4100 Taylor Blvd.  
Louisville, KY 40215  
502.366.4747

**SOUTHWEST**  
9702 Stonestreet Rd.  
Building 1, Suite 220  
Louisville, KY 40272  
502.995.5051



# Family Health Centers

PHOENIX

*Health Care for the Homeless*

October 5, 2022

U.S. Department of Housing and Urban Development  
Kentucky Field Office  
601 W Broadway  
Louisville, KY 40201  
Subject: Leveraging Healthcare Resources Commitment

To Whom It May Concern:

On behalf of Family Health Centers – Phoenix Health Care for Homeless, please accept this letter as our commitment to support Volunteers of America Mid-States' Rapid Rehousing application to the Department of Housing and Urban Development's Continuum of Care Supplemental to Address Unsheltered and Rural Homelessness (FR-6500-N-25S). The project name is RRH for Families Expansion FY22. The healthcare resources will be available during the project period of July 1, 2023 – June 30, 2024.

**The value of the healthcare resources to be provided is \$50,400 for one year.**

We are pleased to be an on-going community partner with Volunteers of America Mid-States to address the homeless population in our community.

Sincerely,

Sincerely,

*Andy Patterson*

Andy Patterson, PhD, MSW  
Director of Homeless Services

*Joint Commission Accredited*

[www.fhclouisville.org](http://www.fhclouisville.org)

#### PHOENIX

*Health Care for the Homeless*  
712 E. Muhammad Ali Blvd.  
Louisville, KY 40202  
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502.995.5051





October 6, 2022

Ms. Ra'Shann Martin  
St John Center  
700 E Muhammad Ali Blvd.  
Louisville, KY 40202

Ms. Martin,

Louisville Recover Community Connection (LRCC) is in full support of St. John Center's 80-unit Single Site Housing Project, Sheehan Landing. The St. John Center single site permanent housing project is designed to prioritize the most vulnerable formerly homeless residents with services that reduce isolation, increase access to social support, improve health outcomes, improve community integration, and contribute to recovery and increased self-sufficiency. The site will provide office space, laundry facilities, and meeting space to residents, supportive service staff and partners. St. John Center will provide case management and coordinate community services on-site as well as building operations and property management and ensure that all partners in the project use a client-centered, housing first approach.

LRCC intends to accept all Sheehan Landing residents who qualify and who choose substance use disorder support services, recovery resources and support services, or harm reduction supplies and/or services. With the overall goal being housing retention and resident stability the LRCC will offer these services to any resident upon move in and continually as needed throughout the duration of their tenancy. These services are available to any potential residents from the moment of project inception, no later than 12/1/2023, and will be available on an ongoing basis as needed to all referrals to and residents of the project. The annual value of the substance use disorder and recovery support services offered to all 80 residents who qualify and wish to receive services is \$112,000 or \$1400 per resident. This provides community-based, peer support and coaching services for an individual in or seeking long-term recovery for a full year. If you have any questions about this letter or support for the St. John Center project, please feel free to contact me and discuss further at 502-717-8321.

Sincerely,

Jeremy M. Byard  
Co-Founder/CEO  
jbyard@Lrccmail.org  
O: 502.717.8321

**RECOVERY  
HAPPENS  
HERE! ♥**

**Letter of Support – UofL Health - Peace Hospital**

October 11, 2022

Ms. Ra'Shann Martin  
St John Center  
700 E Muhammad Ali Blvd.  
Louisville, KY 40202

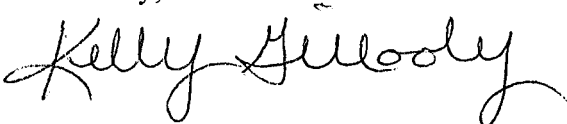
Ms. Martin,

This letter expresses UofL Health - Peace Hospital's support of St. John Center's single site permanent housing project. The single site permanent housing project is designed to prioritize the most vulnerable formerly homeless residents with services that reduce isolation, increase access to social support, improve health outcomes, improve community integration, and contribute to recovery and increased self-sufficiency. The site will provide office space, laundry facilities, and meeting space to residents, supportive service staff and partners. St. John Center will provide case management and coordinate community services on-site as well as building operations and property management and ensure that all partners in the project use a client-centered, housing first approach.

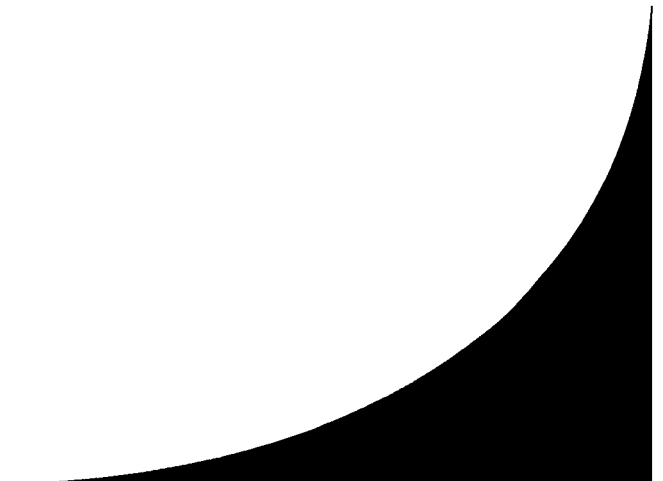
As a behavioral health inpatient hospital and intensive outpatient provider, Peace Hospital understands the deep need for this permanent supportive housing. We currently partner with St. John Center to accept referrals from its day shelter, outreach, and housing program. This partnership will continue with the addition of St. John Center's single site building, with the overall goal being housing retention and resident stability. Peace Hospital will continue to offer no-charge crisis assessments to any client requesting support 24 hours per day, 7 days per week. Each year we offer no charge assessments to the individuals at St. John Center with an estimated value of \$2,550. Peace Hospital bills an individual's insurance provider for any treatment services provided.

We believe that the proposed project will contribute to the health and well-being of our community.

Sincerely,



Kelly Gillooly  
System Director of Behavioral Health  
2020 Newburg Rd.  
Louisville, KY 40205



**P-9c: Lived Experience Support Letter**

Included in this attachment:

- Letter of support from the Louisville CoC Community Consulting Board, including a record of their suggestions that were incorporated into the CoC Plan.



October 4, 2022

Louisville/Jefferson County Continuum of Care  
c/o The Coalition for the Homeless  
1300 S. 4<sup>th</sup> Street, Ste. 250  
Louisville, KY 40208

To Whom It May Concern:

On behalf of the Louisville Community Consulting Board, we express our support for the priorities for serving individuals and families experiencing homelessness with severe service needs as laid out in the 2022 Louisville Plan to Address Unsheltered Homelessness. While we are in favor of this plan, we do have some recommendations attached to this letter that we hope are taken into consideration.

The Community Consulting Board is a group of individuals who have direct lived experience with the Louisville Metro Homeless Services Response System. This group was formed to provide feedback and recommendations on how funding should be allocated and how services can be improved.

Signed:

**Metro Louisville Community Consulting Board Members**

Melinda Z. Davis 10-4-22  
(Name) (Date)

Vic Fleenor 10/4/22  
(Name) (Date)

Lexa Harley 10/4/22  
(Name) (Date)

Tamela Johnson 10-4-22  
(Name) (Date)

Jeffrey M  
(Name)

4 Oct 2022  
(Date)

David Wilby  
(Name)

OCT 4 2022  
(Date)

David Pittman  
(Name)

10-4-22  
(Date)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Date)



The Louisville Metro Community Consulting Board would like the following recommendations to be considered as the Continuum of Care begins planning for the 2022-2023 grant year:

1) Improve training for all homeless service providers in the CoC to be more trauma informed, compassionate, fair, and to use harm reduction approaches. Those of us with lived experience often feel dehumanized when trying to access services and due to the mistreatment we have suffered at the hands of those that are supposed to be here to help us, many of us avoid using services and prefer to remain on the street.

2) The working conditions for service providers need to be improved so that they are able to actually practice self-care and have lower case loads. We are recommending that caseload sizes be capped at a workable level, i.e. no more than 15-20. We also are recommending that they are paid a fair wage that reflects more than the current cost of living so that providers are further away from poverty which we know is a contributor to homelessness.

3) We believe that funds should be used to create a true low barrier shelter that has 24 hour access and that allows people to come as they are.

4) Expand family shelter access so that those with dependent children do not have to sleep on the street or in other dangerous situations so that they do not have to wait for shelter space to open up, which can sometimes be months. Find a funding source to provide hotel stays to families as shelters overflow.



## 2022 Louisville Plan to Address Unsheltered Homelessness

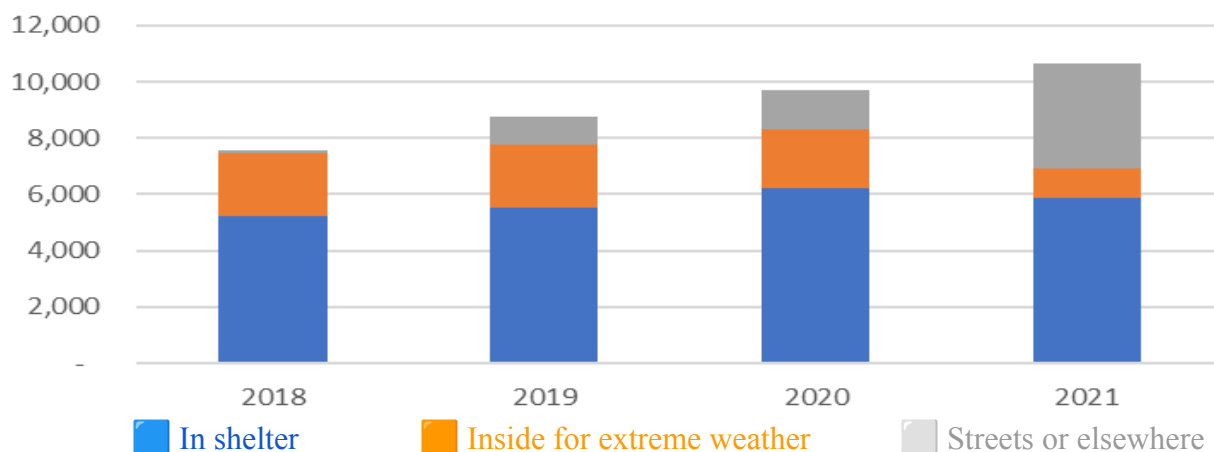
The primary cause of homelessness is poverty, and the solution to homelessness is housing: affordable, safe, permanent housing throughout our city for our poorest neighbors, with personalized services for those who need support. The Coalition for the Homeless and Louisville Continuum of Care will continue to advocate for affordable housing and for policies that eliminate poverty as our top priority. But, with a 41% increase in the number of people experiencing homelessness (7,572 to 10,640) and a 4,837% increase in the number of people seeking services other than shelter (75 to 3,724) in Metro Louisville over the past four years, we sought out best practices for more immediate solutions to serve those sleeping outdoors and in shelter.

### Current State of Unsheltered Homelessness and Existing Strategies

Louisville saw an unprecedented increase in homelessness during the housing crisis of 2008, with a peak of 9,348 citizens served throughout 2009. Between 2009 and 2018, we saw a steady decrease in the number of people receiving homeless services, even as the number of services (including outreach to those harder to find and serve) had increased. **But the trend changed for the worse again in 2019 when the number of people receiving homeless services increased for the first time in a decade.** The numbers of people being served continued to steadily increase in both 2020 and 2021. This can be attributed in part to new services due to COVID relief funds, but not entirely—and nearly all of the increase has been in people not willing or able to sleep in congregate shelter.

These dramatic increases prompted us to bring together a group of local experts who work directly with Louisvillians experiencing homelessness, create a working committee of persons with lived experience of homelessness, and conduct surveys of unhoused people to understand the greatest needs of those living unsheltered in our community. Together, we developed evidence-based recommendations to address the needs of unhoused Louisvillians.

### **Number of People Experiencing Homelessness Annually in Louisville**



- 2018: 7,572 people (69% in shelter, 30% inside for extreme weather, 1% streets or elsewhere)
- 2019: 8,745 people (63% in shelter, 26% inside for extreme weather, 11% streets or elsewhere)
- 2020: 9,693 people (64% in shelter, 22% inside for extreme weather, 14% streets or elsewhere)
- 2021: 10,640 people (55% in shelter, 10% inside for extreme weather, 35% streets or elsewhere)



In 2020, the coronavirus pandemic impacted services available to those without housing, and made many people more reluctant to stay in congregate settings. Simultaneously, Louisville adopted CDC protections to avoid camp clearings, which led to the build-up of camp communities. Many hidden camps were cleared for new development, which meant some camps moved into more visible areas.

**The only way to truly address the needs of people sleeping outdoors is to create greatly needed safe, affordable, permanent housing for those making the lowest incomes.** Presently, only 20-25% of people who qualify for affordable housing have access to this resource and, prior to COVID, Louisville had an eviction rate double that of the national average. Unfortunately, due to decades of neglect in the area of housing development, the [Louisville Housing Needs Assessment](#) documents a need for 31,000 additional affordable units for our poorest neighbors. This is our top recommendation and priority, and would require decades of commitment and billions of dollars.

However, due to the dramatic recent increase in people finding no better option than to sleep outdoors, the Coalition for the Homeless worked with Metro Louisville and dozens of community partners to address the need as outlined in the Louisville Homeless Management Information System (HMIS) database numbers shared above, following the [2019 Solving Street Homelessness in Louisville report](#). Much of that work focused on acquiring additional resources and rethinking homeless services following the COVID pandemic and resulting crises. In early 2022, we saw that these efforts alone were not sufficient to address the increased move from sheltered to unsheltered living situations, so we brought together a group of local experts, including those with lived experience of homelessness and conducted interviews with those who have recently slept outdoors and/or in shelter to create recommendations for services.

### **Current Street Outreach Strategy**

In response to the [2019 Solving Street Homelessness in Louisville](#) report, the city of Metro Louisville began providing general funds to increase street outreach and to work with outreach teams to shift to an evidenced-based housing focused outreach effort - quickly helping everyone move toward the goal of permanent housing. There are now four street outreach groups funded collectively through the CoC and \$490,000 in city general funds. These agencies helped 112 households access permanent housing in the past year. To ensure outreach reaches areas of greatest concentration, but also assure the full CoC area is served, one team is targeted to downtown and one is targeted to more remote parts of the county.

In order to ensure outreach is coordinated and operating 24-hours, 7 days a week, The Mayor's Task Force, St. John's Center, and Family Health Centers (FHC) host bi-weekly Outreach Committee Meetings to identify and focus on people in greatest need. This committee is made up of the four CoC and city funded agencies as well as dozens of community outreach volunteers. In addition to this regularly scheduled meeting, outreach teams use texts to alert the next team about the needs of anyone they meet day or night. Metro Louisville funded expansion of the city's RAVE alert system to allow better communication with people who are experiencing homelessness and those who serve them. This system has been set up to provide information about shelter availability and access, program closings and openings, camp clearings and cleanings, COVID alert levels, weather alerts, and much more. Metro Louisville also hired an employee to help manage and track the efforts of all outreach teams. Additionally, two Louisville nonprofits, Seven Counties Services and Wellspring, operate Assertive Community Treatment (ACT) teams funded through Medicaid and \$220,000 from Metro Louisville. ACT teams provide a higher level of services targeted to those with severe mental illness.



Due to large turnover in outreach staff, regular training is needed on housing focused care, personal safety practices, confidentiality, community referral opportunities, trauma informed care and engagement strategies that help to quickly refer and assist people to access permanent housing through the coordinated entry system. Training is presently being funded by Metro Louisville in partnership with HOPE BUSS, a grass roots black lead organization.. Additionally, the Louisville CoC is very supportive of peer support services as a fair way to ensure persons with lived experience are trained, hired and given an opportunity to help others. The common assessment team, both ACT teams and three outreach teams employ a total of 15 peers. A local funding group also fully covers the cost for people interested in working as peers in the homeless services field to become certified for these positions.

**Updating the Street Outreach Strategy Using Data and Performance** - University of Louisville has been contracted to measure the outputs and outcomes of each of the 4 city-funded outreach teams and submit an annual evaluation report as part of the requirements for Metro Louisville funding. This review includes an assessment of HMIS data on numbers served and program outcomes (especially numbers who access permanent housing) as well as interviews to understand strengths and barriers.

**How Louisville CoC Works with Outreach to Improve Access for Underserved Communities** - The Louisville CoC has identified through the disparity assessment that Black citizens are less likely to access shelter than other populations. Therefore, the CoC monitors grantees on 13 racial equity standards. These include reviews of banned or terminated lists that keep people from accessing shelter, creating multiple access points for programs in case they do not choose shelter the first time, and providing racial equity and cultural competency training for all program staff. Local shelters have greatly increased their hiring of Black front line staff at local shelters which we also hope to make shelters feel more welcoming to those in need.

#### **Current Strategy to Provide Immediate Access to Low-Barrier Shelter and Temporary Housing**

Another best practice model implemented for the first time in Louisville after the [2019 Solving Street Homelessness in Louisville](#) report, was low-barrier shelter. Originally, Wayside Christian Mission opened a gymnasium space with cots and storage units and housed as many as 168 people on a given night. The space is now limited to 100 persons for safety reasons and continues to be operated with \$200,000 in funding from the city and private fundraising. The space was designed to address the needs of chronically homeless persons sleeping outdoors who had previously been unwilling to use shelter. Access is not denied to people who have been using, couples are not split up and pets are allowed in crates, strict entry/exit times have been eliminated and there are no program requirements. The space is available to individuals and families. Because demand for low-barrier shelter is greater than the 100 slots available, the city also provides \$100,000 to the Healing Place to provide low-barrier shelter for up to 50 during the cold weather months and the first non-congregate low-barrier shelter is now being developed (see below).

Louisville has 489 overnight shelter beds for singles that remain mostly full and 58 units with 190 beds for families that have a waiting list. There are 22 units with 73 beds of transitional housing for families and 229 single transitional housing (TH) beds (almost all of these are non-congregate and targeted to special populations including young adults, victims of domestic violence and those recovering from substance abuse). There are 193 Rapid Re-Housing (RRH) vouchers available and 138 per diem units targeted to veterans. Additionally, the White Flag program provides funding to three shelters who open additional space to serve persons at day or overnight when the temperatures exceed 95 degrees with the heat index or go below 35 degrees with the wind chill.



Louisville learned a great deal about the vulnerability of congregate shelter during COVID. Many shelters limited beds until vaccines were available but even as bed numbers return, most are full on any given night with the increased need. In order to meet the need and create better outcomes for those who need shelter until housing is available the Louisville CoC is working to achieve the best practices of low-barrier access (shelter that works to decrease as many barriers as possible for access to an indoor space), 24-hour operations, housing focused services and less congregate settings.

In order to provide more non-congregate shelter, the city allocated \$1 million in ESG-CV funding and \$250,000 in general funds to renovate 2 shelters making available 18 units. Additionally, a local developer and non-profit purchased a hotel to add 110 more non-congregate units coupled with \$450,000 allocated from the city general funds to operate these units. Metro Louisville also allocated \$14 million in city ARPA funds to improve the accessibility, safety, overcrowding, energy efficiency, and welcoming nature of the four major overnight shelters. Finally, the city allocated \$1.5 million in ARPA funds to create a safe outdoor space made up of 45 tent structures.

**Updating the Access to Shelter and Temporary Housing Strategy using Data and Performance -** Metro Louisville measures outputs and outcomes which are used in scoring to allocate ESG funds through quarterly ESG HMIS Reports. HMIS data and data from the Coordinated Entry call center to access shelter also allows us to measure need by population for expansion and performance. Presently, the greatest need is for family shelter followed by shelter for single women.

**How Louisville CoC Works with Shelter to Improve Access for Underserved Communities -** The Louisville CoC knows from waiting lists that women with children are less likely to access shelter than other populations. Therefore, the CoC has advocated for additional non-congregate shelter for families with children. Metro Louisville has responded by using additional funding available through COVID to help address this need. Many of these units are still being renovated, but we are looking forward to the creation of at least 18 new non-congregate units for families.

### **Current Strategy to Provide Immediate Access to Low Barrier Permanent Housing**

The Louisville CoC funds 726 units of Permanent Supportive Housing (PSH) (all but 132 are tenant-based) and the VA administers over 400 units of VASH and LMHA vouchers. One silver lining of COVID was the availability of additional housing resources through emergency funding. HUD allocated 127 new EHV vouchers to our community (all to be filled by the end of Summer 2022); LMHA prioritized people sleeping outdoors for public housing and Section 8 adding approximately 400 new units in 1.5 years; Emergency Solutions Grant COVID (ESG-CV) provided dozens of additional short-term RRH vouchers; and American Rescue Program Act (ARPA) dollars provided deposits and two months rent to 750 households who lost rental housing in Jefferson County. All of these PSH and additional resources for housing follow the evidenced-based housing first model and are referred through the Common Assessment Team of the Louisville CoC Coordinated Entry. This model has been very successful with a consistent rate of 97-98% housing stability measured through HMIS.

The difficulty has come in ramping up services to support all of these potential tenants so that they can successfully find, enter, and stabilize in housing. The Louisville CoC has partnered with the Kentucky Department for Mental Health to insure access to Targeted Case Management services where PSH providers can bill Medicaid, but additional services are needed for many of those who have been housed



in these scattered-site options. The Louisville CoC also identified the need for and advocated access to funding for additional project-based PSH with on-site services for the small population who have been unsuccessful in scattered-site PSH. Metro Louisville has allocated \$32 million in ARPA funds to create 190 new site-based units of PSH.

With the great increase in rental assistance, the Louisville CoC has also had to work much harder to compete for limited rental housing in the community. One help has been an increase in FMRs for our area in 2022, but the eviction crisis resulting from COVID also created greater opportunity to work with landlords. The Coalition for the Homeless administered emergency assistance to 750 households who were evicted during 2021 allowing us to develop a list of properties for households in the future and creating relationships with many landlords who now reach out when they have vacancies. We also advocated with Louisville Metro Council for an ordinance that protects tenants from being denied access to rental housing due to source of income (including vouchers).

We strengthened our relationship with Louisville Metro Housing Authority (LMHA), the single housing authority in our county. With EHV, we were able to pay for housing navigation with new partners including Managed Care Organizations (MCO) Molina and WellCare and created a demonstration small area rent program allowing us to rent in new neighborhoods. We plan to build on all of these efforts in our plan to continue addressing unsheltered homelessness.

**Updating the Access to Permanent Housing Strategy using Data and Performance - Metro** Louisville measures outputs and outcomes which are used in scoring and ranking the Louisville CoC through quarterly HMIS Reports. The Louisville CoC also monitors these PSH projects annually and uses data from the coordinated entry wait list to support an allocation of ARPA funds for 190 new PSH units.

**How Louisville CoC Works with PH Providers to Improve Access for Underserved Communities -** Our disparity assessment and interviews identify that the population with the greatest difficulty accessing permanent housing are persons with criminal histories (especially sex offences). The Louisville CoC works to identify second-chance landlords and developers of two new single-site PSH projects are choosing sites that will allow for housing of persons with past criminal histories.

### **Current Strategy to Provide Access to Healthcare and Employment Services**

The Louisville CoC has shifted over the last 4 years from a housing-only focus to an increased focus on employment opportunities even for those who have not yet accessed shelter or housing. This shift began with YHDP and the priority to assist young adults with education and employment. But, those partnerships have now expanded to adults. Within the homeless system, Wellspring has created a supported employment program and over 150 slots of employment and employment training have been set aside through partners in our young adult homeless effort. We have an HVRP grant that helps homeless veterans find jobs and a culinary training program through a partnership with a local shelter and culinary school. Local day shelters post job opportunities and have staff assigned to assess and assist clients in accessing short- and long-term employment. We have been working closely with Kentuckiana Works, our WIOA board and a YHDP partner, that now provides short- and long-term employment opportunities including filling positions at homeless service agencies. KentuckianaWorks has increased our partnerships with large industries and has created transportation for entry level employment opportunities. Our most successful partner is Goodwill. They opened a drop-in center for persons experiencing homelessness to get basic resources and learn about employment opportunities and began





operating a van program that goes to camps to pick people up for day labor and lunch coupled with opportunities to learn about entry level positions at Goodwill with a job coach. The drop-in program and van have been so successful that the city and other local funders have provided funding to expand to 2 drop-in centers and 4 vans with a priority to target the low-income west end of Louisville where our equity audit shows there is a barrier to employment due to a lack of jobs and transportation. 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. Another model program 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.

When persons living outdoors in Louisville were asked about health care services, 98% reported that they were able to get their basic healthcare needs met through FHC, the Healthcare for the Homeless Program. Their remaining concerns were the inability to get appropriate care for major health issues like cancer and diabetes when they had no access to housing. Thanks to funding made available through COVID resources, medical respite is available to many at FHC, but this 21-bed program can only serve persons with acute health issues who are able to care for themselves without 24-hour nursing. Wellspring and University of Louisville are in year three of a SAMHSA partnership seeking best practice services for individuals with co-occurring diagnoses who are living on the streets. Thanks to the opportunity for more remote meetings and a more visible presence of homeless persons in downtown settings during COVID, the Louisville CoC has seen a greater willingness from local hospitals and MCOs to work with homeless service providers. Two local hospitals have joined with the CoC to create a business plan for an additional respite program with 24-hour nursing that could serve persons who still cannot be safely discharged in existing settings.

**Updating the Healthcare and Employment Strategy using Data and Performance** - The Louisville CoC measures employment income rates which are used in scoring and ranking the Louisville CoC through quarterly HMIS Reports. The Louisville CoC uses interview data to measure satisfaction with health services for those in need.

**How Louisville CoC is Working with Healthcare and Employment Providers to Improve Access for Underserved Communities** - The Louisville CoC has identified through the disparity assessment that Black citizens are less likely to access health services and employment than other populations. Much of this is due to segregation that has left predominantly Black neighborhoods with few opportunities for health services and employment as well as a lack of adequate transportation to these opportunities. FHC received \$177,000 to fund and operate a medical van that can now go to neighborhoods where services are more limited and serve people on the streets versus in an office setting. Norton Hospital and Goodwill have also formed a partnership to create a new hospital in the underserved, predominately-Black West End. Metro Louisville has provided funding to Goodwill to expand their successful employment program with a drop-in center on West Broadway along with a van to pick people up in camps to bring them to various employment opportunities.

### **Supporting Underserved Communities and Supporting Equitable Community Development**

Louisville is consistently listed as one of the 5 most segregated cities in the country. Large numbers of Black citizens have been segregated in the 10 poorest zip codes due to decades-long policies that segregated the community through redlining and then interstate placement. This segregation is exacerbated by the fact that the majority of housing units available at the Fair Market Rent levels for



Louisville are in these same 10 zip codes resulting in the placement of more poor citizens in the same already poor neighborhoods. The National Bureau of Economic Research's study of the 50 largest cities' rental markets sent electronic responses to rental property listings using different fictitious identities. The average response rate to White identified renters was 60% while the response to African-American identified renters was 54%. But, the differences were worse where segregation was also worse. Louisville had the third largest difference in response rates between White and African-American renters (following Chicago and Los Angeles) and the highest differential rate between White and Hispanic identified renters of all 50 cities. And, homeless service numbers from 2021 HMIS show that 75% of homeless families with children served with ARPA eviction funds were headed by Black women.

The 2021 Louisville CoC Disparity Assessment and U.S. Census data document that: people of different races are more likely to lose housing and become homeless, more likely to access some services and more likely to be incarcerated. Whites make up 72% of our general population but only 51% of those identified by homeless service providers. Interestingly, the general population percentages most closely align with unsheltered homelessness in Louisville where 65% of the population is White. Blacks make up 22% of our general population but they make up 42% of those identified through homeless services. This closely aligns with the poverty rate in the city where 45% are Black. There were no significant disparities in American Indians, Asian/Pacific Islanders or Hispanics identified by homeless service providers. The only outlier is a high rate of Hispanic youth identified during the Point in Time, but the total count for this population was four.

Even though Blacks made up a larger portion of the homeless population, more Whites (51%) accessed emergency shelter than Blacks (46%). Whites were also 25% more likely to be hospitalized. Meanwhile, Blacks make up a larger portion of those in PSH (60%) while only 37% of PSH tenants are White. Blacks were twice as likely to be incarcerated and 25% more likely to stay in a hotel than Whites.

In order to address these inequities, the Louisville CoC participated in a HUD special project for Racial Equity in Coordinated Entry creating eight priority goals to improve equal access to all homeless services in the community. The CoC also monitors all CoC grantees annually on 13 racial equity standards as part of the regular CoC monitoring process. These include reviews of banned or terminated lists, creating multiple access points for programs and racial equity training for all program staff.

Through efforts to minimize homelessness due to eviction during COVID, the Louisville CoC also partnered with prevention providers including the community ministries and Louisville Urban League as well as grassroots neighborhood groups working to increase the voice of persons with lived experience of eviction. In 2021, we hired an AmeriCorps VISTA to help organize tenants from these groups to share their experience and to spread the word about resources available to often neglected predominantly Black neighborhoods.

When interviewing people sleeping outdoors to develop this plan, many reported that felonies from decades in the past continued to haunt them. These prior convictions keep Louisvillians from getting licensed for well-paying jobs and accessing housing. We need to expunge felonies from the past as well as expunge prior evictions, both of which make housing access extremely difficult. And, outreach workers report an increasing difficulty housing undocumented citizens sleeping outdoors.

Another group having even greater difficulty accessing housing are those with a past sex offense as even after having served, they remain on the sex offender registry. Kentucky does not have a weighted system





for sex offenders so everyone on the registry follows the same restrictions. Because all local shelters either have daycare on site or nearby, and sex offenders cannot live within 1,000 feet of one, there is no emergency housing for sex offenders in Louisville. This is complicated even further by COVID: many daycare facilities are being developed in new locations to meet the need for childcare (following the closure of several daycares in the early COVID days)—which also means housing options (including halfway houses) are no longer available. Louisville needs to identify property with enough distance so that PSH can be built for persons on the sex offender registry, and work with the Kentucky Department of Corrections to provide adequate services to help those exiting prison make a successful transition back in the community.

### **Landlord Recruitment Strategy**

The Louisville CoC collaborative applicant increased our relationship with landlords through the creation of an eviction prevention committee that met bi-weekly for two years. This committee included representatives of the Louisville Apartment Association (LAA) and worked to ensure that landlords and tenants were assisted through COVID relief. This partnership led to a collaborative effort to create a source of income ordinance protecting tenants from being rejected for the use of subsidies and coordinated marketing materials to inform tenants and landlords about the benefits of participation. Metro Louisville also worked with the LAA to expedite rental assistance through programs that served tenants from a single building in one application. And, funding from EHV allowed providers to pay application fees and deposits to get clients more quickly into available units. Finally, the CoC and Metro Louisville administered ARPA deposit and rental assistance to hundreds of landlords and used those partnerships to encourage acceptance of future homeless clients. From these partnerships, Metro Louisville has created a list of 235 landlords willing to continue as partners in rental assistance programs. The list can be sorted alphabetically, by type of housing and by location.

While the fair market rent for a one-bedroom unit paid to landlords through available subsidies is \$800 per month (including utilities), the average rent a landlord could get without subsidy is \$966. This gives most landlords very little incentive to participate in subsidy programs. But LMHA and Louisville CoC tracking data show our demonstration program to use small area rents with EHV vouchers and exception rents paid to landlords with other LMHA vouchers increased the number of landlords participating and helped to access units in new neighborhoods. During COVID, LMHA also provided flexible rents and landlord incentives to encourage landlord participation. We hope to see the small areas rents and landlord incentives expanded to more voucher resources and will continue to track how quickly tenants are able to use their vouchers and access to new neighborhoods. We continue reaching out to landlords to add to the city's growing list and to address any concerns in order to retain their participation.

### **Updating the CoC's Strategy**

#### **1) Housing**

The ultimate solution for homelessness is housing, but housing alone is not always enough. In 2021, the number of persons served through homeless service agencies who self-report one or more disability has increased by two-thirds. At the same time, the largest age group of people experiencing homelessness—the latter half of the Baby Boomer generation—has increasing health needs as they reach their 60s.

- a) **Affordable housing development.** Many more affordable rental units are needed in this tight rental housing market in order to use all of the newly available vouchers. The 2019 Louisville Housing



Needs Assessment documents a need for 31,000 rental housing units for households at 30% or below of Area Median Income in areas with access to employment and support services, which remains our top recommendation. These projects will take years to develop and build. Meanwhile, the increased costs to finance homeownership, the purchasing of housing by outside developers and transitions of units to short-term rentals continue to increase the cost and availability of rental housing. The city has allocated \$50 million in Affordable Housing Trust Fund dollars from ARPA and the general fund. If Louisville could maintain this level of support, the present gap could be addressed in 25 years.

- b) **Housing navigators.** With such a tight rental housing market, local experts agree that most people need help finding available units—especially people living outdoors without flexible transportation options. Housing navigators are critical in assisting new tenants in their housing search and application processes. Metro Louisville and the CoC had limited success hiring enough navigators to address the need in 2021 due to staffing shortages and the fact that staff positions from EHV and ESG-CV were only funded short-term. With longer-term funding commitments, more positions could be created and filled, allowing Louisville to utilize existing vouchers and get an additional 30-90 people off the streets per year. LMHA has issued an RFP to expand navigation and case management for housing authority tenants in 2022-23.
- c) **Case management.** Perhaps the most important ongoing need is personalized case management, which helps people move from homelessness to housing and helps them stay housed. Several local studies show that PSH—with case management and a rental voucher—creates a cost savings of approximately \$15,000 per person per year when compared with the high cost of street homelessness (costs borne mostly by our shelters and healthcare systems). Funding for case management would ensure that these new vouchers are fully utilized to house those in greatest need and help them maintain that housing. We estimate the need to serve all homeless persons with a voucher to be approximately \$1,300,000 per year and hope to address in part through the HUD Unsheltered NOFO.
- d) **Permanent supportive housing.** The vast majority of Louisvillians who face homelessness are able to maintain their permanent housing—98% of PSH tenants in Louisville stay housed at their scattered-site homes—but some people need housing with on-site support. The city has committed to address this goal in part through \$32 million in funding for site-based permanent supportive housing projects (190 new units). These projects are working to leverage an additional \$10 million in development funding from the LAHTF, bond financing and tax credits and over \$1 million per year in operating/service subsidies to be funded in part through the 2021 and 2022 CoC applications. These and future PSH projects are also adding new partnerships with MCOs and the Department for Medicaid Services, as well as hiring peer support specialists who know what people need from their lived experience. And finally, the creation of programs to serve those with greatest needs depends on the support of local developers committed to this work, which means advocating against NIMBYism so they can move through the development process with the support of Metro Council (as long as they comply with local codes and zoning regulations). And, these and other affordable housing options need to be located in areas that allow for those with a sex offender status to access housing and supports.
- e) **Furniture and deposits.** People who move from the streets to housing lack furniture and household items, and many new housing voucher programs do not include funding for deposits or furniture.



The Coalition for the Homeless and our partners created Rx: Housing, a program to address this need for approximately 50 households per year and Metro Louisville will continue to provide deposit funding through December 2022, but additional funding is needed starting in 2023. The average household needs a minimum of \$600 for basic furniture, approximately \$200 for basic household items, and \$600 for a housing deposit.

## 2) **Shelter and other temporary accommodations**

While housing is the solution to homelessness, our country's refusal to address the need for affordable housing for decades means that it will take decades to address the housing crisis—even after we fully commit to work toward the creation of these desperately needed safe, affordable units. Meanwhile, our homeless shelter system has been underfunded and overwhelmed for years. This system was created to address very short-term homeless situations and offers little to no privacy in mostly congregate settings. But the unmet needs of people using this system combined with the lack of housing have led to increased lengths of homelessness.

Therefore, our local experts identified the need to address the conditions and opportunities for those who are waiting to access housing. This not only improves the lives of those who are waiting, but makes it easier to find and assist those who need to navigate housing access.

- a) **Right to shelter.** One national model to help get people off the streets and into indoor settings is the creation of a citywide right to shelter. This would mean the increase of shelter and/or overflow opportunities (like hotels) to be able to provide a place for everyone willing to come in even as we work to address the housing need.
- b) **Improving the shelter experience.** Many households that we interviewed (especially families) told us that they leave shelter quickly after entry because they feel a lack of security. Others never tried shelter because of the rumors they had heard. The buildings are old, in need of repairs and short-staffed due to funding. At the same time, the 750 shelter units have remained mostly full except during COVID and families must be put on a waiting list for shelter. As described in the state of emergency shelter above, the city has allocated over \$15 million to renovate all 4 overnight shelters and add additional family units in two of these shelters, but construction on these projects has just begun. Efforts that will come on-line sooner include the conversion of a hotel, expanding one shelter's hours to 24 hours and the creation of a safe outdoor space with tents. But, the Louisville CoC is also working with Metro Louisville and private funders to assist all shelter providers in moving toward best practices of low-barrier access (shelter that works to decrease as many barriers as possible for access to an indoor space), 24-hour operations, housing focused services and less congregate settings. Those interviewed who use the shelter system have listed these as key barriers: strict entry deadlines, inability to stay with partners, and inability to keep pets.
- c) **Shelter staffing and support.** In order to implement the best practice models above, there is a need for additional funding for staff. Simply put, Louisville's shelters are understaffed, especially in the evenings. Due to lack of funding, most shelters are operated by clients who have graduated from programs or by hired security staff, not licensed professionals. National models recommend no less than one staff member per 10 clients when implementing best practices like low-barrier shelter, due to the need for additional services, security, and coverage 24 hours per day. We recommend that behavioral health staff be hired and available at all facilities during the times that clients are present and awake. Volunteers of America and some parts of Wayside and Salvation Army are open to

shelter residents throughout the day, giving residents a place to leave their items and to stabilize their lives. The city just allocated funding to St. Vincent de Paul to expand their shelter program to 24 hours. We recommend that all four major shelters be asked to present proposals to open their facilities for 24 hours each day. This would require more staffing and housing-focused case management during the day, as this has proven throughout the country to be the biggest factor in people moving more quickly from homelessness to housing. It also provides some stability for other service partners to bring services to clients on site.

- d) **Staff training.** Newly hired shelter staff need support. Anyone working in a shelter needs training that covers trauma informed care; de-escalation; community resources; child abuse prevention, and domestic violence prevention. The Louisville CoC has begun recording these trainings and many more to be made available to anyone across the Commonwealth.
- e) **Storage for personal items.** A key concern for many people who have experienced homelessness is that their personal items are stolen on the streets and in shelter. The city-funded storage facility at Salvation Army has improved this some, but there is a waiting list for the larger storage space, limited time to access items, and a need to create similar storage facilities at the other shelters. The creation of 24-hour shelter would eliminate the need for some storage space, but more storage and access is needed, preferably at more than one site for easier access.

### 3) **Medical assistance and connections**

Local hospitals pay extremely high costs for high utilizers of their systems whose care and cost would be much better in other settings. And, as the largest segment of the population (the latter half of Baby Boomers) continue to age, greater healthcare will be desperately needed.

- a) **Medical respite.** Louisville needs additional respite care units for those without housing to recover after (or instead of) hospitalization in a lower-cost setting with nursing care on-site. This care should include [Integrated Dual-Diagnosis Treatment](#) and should be integrated with local crisis mental health stabilization and detox options. Respite care should be available for at least 30 days, with referral services to appropriate rehabilitation or nursing home care when needed. And, preferences for housing should be given to those with severe health issues. In order to create a minimum of 33 beds needed by two local hospitals at \$500 per person per night, \$6 million per year is needed from the city, MCOs and hospitals to cover this cost, but the savings from those presently stuck in higher cost settings could cover this cost.
- b) **Dual-diagnosis assessment and response.** Presently, the majority of dually-diagnosed persons being referred for medical or mental inquest warrants are not admitted to services and are released prior to stabilization. Louisville needs to evaluate why this is happening and learn from the successes of the local SAMHSA grant for dually diagnosed men so we can identify how many people in need of in-patient care are being denied, and design services to fit the true needs of these patients, regardless of whether they can be covered through Medicaid billing. Many services could be voluntary and all should provide at least 30 day stays and include integrated dual-diagnosis treatment.
- c) **Drop-in resilience health facility.** Respite and crisis care should also be provided at a drop-in resilience health facility for people without housing. Data from local hospitals shows that the top care needs for this facility are wound care, medication assistance, and behavioral health therapy.

Providing these services at a specialized facility is more cost-effective than at a hospital because these are services that hospitals often do not have time to address, resulting in clients leaving and returning for unmet needs. This facility would require 24-hour nursing care with additional staffing and cannot be supported with only Medicaid funding, which is limited in what it covers. This new facility could allow for people to sleep during the day or overnight as needed, and the FHC Common Assessment team could work to connect those in this setting to PSH opportunities and other services, including those providing medically assisted treatment.

- d) **Medical services provided on the streets.** Medically assisted treatment (MAT) options, recently provided by entities like NuLease, are greatly needed in the community and funding for these services should be increased especially with people being discharged from hospitals and jails. NuLease's new street outreach program should be expanded to add additional medical services as needed. Louisville has two agencies (Seven Counties Services and Wellspring) leading Assertive Community Treatment (ACT) teams; ACT is an integrated team working with people directly on the streets and targeting persons with severe mental illness. These services should not be limited to serving clients who are eligible for Medicaid, which means additional funding is needed, and medical staff need to be part of those teams. Syringe exchange opportunities must continue and be available to all in these street outreach settings. And, inappropriate discharge forms submitted by outreach teams and day shelters show a need to coordinate to insure that no one is released from a hospital setting without clothing and footwear.
- e) **Drug recovery and stabilization.** More long-term recovery and stabilization options are needed for persons with severe disabilities. This includes services at Our Lady of Peace, Wellspring, and Seven County Services. Length of stay at most of these models needs to increase as needed for successful outcomes at exit.
- f) **Serious Mental Illness (SMI) Medicaid Waiver.** A state SMI waiver was approved by the state legislature in 2022 and can be used to increase permanent supportive housing. Louisville leaders and service providers should work to create mechanisms to use this waiver to increase housing options with services.
- g) **Senior housing options.** Over one-third of persons experiencing homelessness in Louisville are at or above 50 years of age and outreach workers report an increasing need. Even those in their 50s have geriatric healthcare needs, as their life expectancy is 67. Therefore, large increases in residential care facilities, assisted living, and nursing home options for those with only Medicaid or Medicare payment are needed. The state is working to create some relief through home care conversion but this requires more housing.

#### 4) **Employment**

Great strides have been made in employment access for the homeless over the past two years due to the great number of unfilled jobs in the community and an expansion in programs administered by Goodwill to create employment opportunities that meet people where they are, which may include living on the streets.

- a) **Increasing opportunities in high need communities.** KentuckianaWorks and Louisville Urban League have created successful programs targeting persons in the segregated lowest-income neighborhoods of Louisville. However, there is a need to expand these opportunities and increase





funding for transportation, like the addition of two new bus routes to employment centers from segregated low-income neighborhoods added in August of 2022. Programs to help support businesses that hire people in these neighborhoods should also be expanded.

- b) **Targeting employment opportunities to those living outdoors.** Metro Louisville allocated funding to increase employment services through Goodwill’s “A Better Way” Program that not only meets people in homeless camps to provide day labor, but also provides a job coach, opportunities to move to positions with training at Goodwill and the ability to access employment in the community. The program is coupled with a drop in center (soon to be two) to allow participants to come by whenever needed for basic needs or to try employment when they are ready. This expansion should be studied and increased as needed until it meets the full community demand.

#### **5. Coordinating the community response**

In 2018, Metro Louisville created the Mayor’s Task Force on Homelessness. This group created several coordinated efforts to address homelessness, including integrated street outreach and an improved camp identification and response system. Unfortunately, the progress and coordination was weakened by many COVID-related fears and policies, including a normalization of camps during a long period without clearings; city staffing issues; and hostility between police and protesters in our community. But, while people without housing may not have the right to camp on private property, they do have the right to be treated as fellow citizens with dignity and respect.

- a) **Education and coordination.** More information should be shared with Metro Council, city staff, and community members about the procedures to address camps and the service needs of persons sleeping outdoors. Community education about 3-1-1 and the process that follows would increase consistency and avoid less helpful responses including efforts to harm those sleeping outdoors. The local 21-day notice for camp clearings should continue and any efforts to weaken this ordinance or criminalize homelessness should be fought.
- b) **Trauma-informed training and coordination with Louisville first responders.** Communication and coordination is needed between the police department and other city departments who manage the process for camp clearings, both to ensure that camps are not cleared outside of the established process and that cleared sites with appropriate signage remain cleared as needed to avoid more disruption.

#### **Meaningful involvement of persons with experience of unsheltered homelessness**

The Louisville CoC staffs two boards of persons with lived experience. Louisville has had a very active Youth Action Board for the past 5 years and we are excited about a newly created Community Consultant Board (CCB) based on the same successful principles of our existing YAB. The CCB is made up of 11 persons with lived experience of homelessness within the last 7 years and includes members who are presently unhoused. Members represent key sub-populations including a diverse representation of race, sex, age, familial status and veteran status. Members also include persons with disabilities including visual impairments, physical limitations, mental disabilities, chemical dependencies. The board also includes representatives with DV experience. Members were recruited from Louisville CoC distributed flyers, information on social media and our website that outline the benefits of participation, and referrals from CoC service agency partners (including Black-led and grassroots providers). We provide an online site to sign up for membership as well as a number to call with interest. In order to make participation possible, we pay all members a per diem, provide food, pay



for transportation and provide child care. In order to answer questions about the role we provide one-on-one video conference calls and host recruitment meetings with food. Only persons with lived experience can participate or hold leadership roles on these committees. These committees are involved in every aspect of the CoC process including development, revision and ranking of projects and reviews of every aspect of the existing system including outreach, coordinated entry, shelter, and housing. They are presently working to advise on a new coordinated entry tool to replace the VI-SPDAT and have three initial priority recommendations to improve training and work conditions for service providers, to improve funding and services in order to provide an evidenced-based low-barrier shelter and expand family shelter access to meet the need for unsheltered families. The Louisville CoC also has members with lived experience on the CoC board (these member responsibilities include voting on CoC project ranking and inclusion), boards of all funded CoC providers and CoC committees. Each CoC applicant must include a response to how they meaningfully involve persons with lived experience in decision-making and are monitored on this requirement annually.

The voices of people who sleep in shelters and outdoors are also meaningful in identifying and addressing systems issues with the CoC. A survey of 110 persons sleeping out conducted in 2021 by University of Louisville identified the need for low-barrier, 24-hour and less congregate shelter. Additional shelter facilities are being created and existing shelters renovated in response to their list of recommendations. A later survey of over 60 unhoused persons informed most of the recommendations of this report along with data provided from HMIS.

#### **How Special NOFO Resources will be used to Identify and Prioritize Unsheltered Homelessness**

Every dollar from the Unsheltered NOFO awarded to the Louisville CoC will be used to address the growing numbers of unsheltered persons living in Louisville. In order to insure this is the case, we have worked with the CCB and outreach teams to create this plan for priority needs and to transition from the VI-SPDAT to a locally created coordinated assessment that better targets those in greatest need living outdoors in Louisville. The new priorities include those with greater physical health needs and those living in poorer neighborhoods with the highest eviction rates. Proposed projects include:

#### **Louisville is expanding Rapid Re-Housing for populations with successful PH outcomes:**

The Louisville CoC will expand a successful RRH program serving families by 18 units and a successful YHDP youth RRH program by 13 units. These projects will address **goal 1a** of the plan.

#### **Louisville will help increase PH access through housing navigation:**

The Louisville CoC will hire two housing navigators as described in the housing plan above to assist in the housing search and access as the housing market tightens. Housing navigators will address **goal 1b** and provide direct assistance with filling out forms, working with supportive organizations, obtaining necessary documentation, aiding in the apartment search, and completing the move-in process.

#### **The greatest need identified to address unsheltered homeless in Louisville is permanent housing:**

The Louisville CoC is proposing the development of 110 PSH units to meet **goal 1d** of the plan. 80 units will be part of Louisville's first single site PSH project with on-site services for those unsuccessful in past housing settings. Twenty units will take advantage of the Stability Voucher PSH Program matching case management from this funding with the stability vouchers. The final 10 units will provide SRO housing for single women.

#### **Louisville will address the greatest health need for unsheltered homeless through respite:**



The Louisville CoC will staff a 21-bed respite program to address **goal 3a** housing persons discharged from hospitals with on-going health needs. This will be tied to a medical street outreach program with a nurse practitioner and additional staff to quickly move unsheltered people in need to respite.

**Louisville will expand employment opportunities for homeless youth:** The Louisville CoC is proposing an expansion of a youth employment drop in center. This will provide homeless youth with the skills and supports needed to exit homelessness permanently and begin addressing **goal 4a**.

Each of these projects will be evaluated on the HUD outcome measures and in the number of persons who maintain housing after transitioning from unsheltered homelessness as documented in HMIS.

**Additional mainstream and housing resources to be leveraged to reduce unsheltered homelessness**

These goals require a much greater level of resources than the Special NOFO can address. In addition to the leverage attached to this application, we have acquired to date:

Metro Louisville General Funds and ESG-CV:

- Non-congregate shelter and housing navigation - \$700,000
- Low-barrier shelter - \$300,000
- Rapid Re-Housing - \$160,000
- Street outreach - \$490,000
- Assertive Community Treatment (ACT Team) - \$220,000
- Storage - \$50,000
- Legal assistance - \$30,000
- RAVE Alert and evaluation- \$160,000
- New outreach coordination position - \$75,000
- Goodwill van and employment program - \$1,000,000
- Renovations to create non-congregate shelter - \$1,000,000

Medicaid (mainstream healthcare resources):

- Assertive Community Treatment (ACT Team) - \$500,000+ per year
- Site-based PSH - \$226,000 per year

FQHC COVID (mainstream healthcare resources):

- Respite Care - \$2,870,704

Metro Louisville ARPA Funds (mainstream housing resources):

- Emergency shelter renovations - \$14,000,000
- Safe outdoor space - \$1,500,000
- Site-based PSH - \$32,000,000
- Deposit program - \$1,000,000

Louisville Metro Housing Authority (mainstream housing resources):

- Housing navigators and case managers - \$250,000
- Housing choice vouchers for PSH projects - 58

Private Developers and Fundraising (mainstream housing resources):

- Hotel purchase to create non-congregate shelter - \$1,000,000+
- Matching funds for developing units at 30% or below AMI - \$20,000,000
- Matching funds for PSH projects - \$10,000,000
- Rx: Housing pool for furniture and deposits - \$50,000
- Goodwill vans and employment program - \$172,032
- Housing navigation vans - \$80,000