



CoC Statewide Webinar Summary Notes
November 12, 2014

Webinar attendees were welcomed by Kentucky Housing Corporation's Training and Development Manager, Jennifer Oberlin. Other KHC staff in attendance were introduced. Attendees were reminded that National Hunger and Homeless Awareness Week will be observed November 15 - 23. Attendees were invited to share photos and information on events they have planned for National Hunger and Homeless Awareness Week on the Kentucky Housing Corporation Facebook page.

Jennifer shared that Kentucky Housing Corporation will host the Annual Affordable Housing Conference in Lexington on April 8 and 9, 2015. Kentucky Housing Corporation is partnering with the Homeless and Housing Coalition of Kentucky (HHCK) to offer one conference in 2015. There will not be a separate HHCK Conference in 2015. KHC staff members Davey King, Rosemary Lockett, and Jennifer Oberlin are working with HHCK staff to develop a track that will appeal to a wide variety of homeless service providers and partner agencies. Three meetings of interest will be featured on April 7, the day before the conference begins. HHCK will host their Annual meeting, KHC will host a Kentucky Interagency Council on Homelessness (KICH) Steering Committee Meeting, and the CoC Balance of State will also meet on April 7. More information will be forthcoming on those meetings and the conference.

Attendees were provided information on the recent 2014 CoC application process that included the following:

- The 2014 Continuum of Care (CoC) application Funding NOFA came out on September 16 with a submission deadline of October 30. This year, CoCs were only required to submit renewal and new project applications. We were not required to submit a full Collaborative application.
- The Kentucky Balance of State CoC application was submitted on Wednesday, October 29 requesting a total funding of \$8,259,823 for 52 CoC projects.

- Of the 52 projects submitted, one new project application for rapid rehousing was included by Beattyville Housing and Development Corporation. This new rapid rehousing project, if funded, will provide rental assistance for 9 homeless families in Lee and Owsley counties. The project is requesting \$164,750.
- The final 2014 renewal scores, as well as the Priority Listing portion of the application, will be posted on our website very soon.
- We now need to start looking toward the 2015 CoC application to prepare for strategies that HUD is requiring we implement and will be scored by in future Collaborative Applications.
- As funding for new CoC projects is limited, HUD is requiring CoCs to look at their current projects and reduce grants that are low performers or not expending all of their awarded grant funds so those reduced funds can be used toward reallocation to new projects for rapid rehousing or new projects serving chronically homeless populations.
- One of the first things we need for agencies that currently have CoC funds to do is to look at your program funding carefully and determine whether you are being able to utilize all of the funds awarded to your program. If you're not able to expend all your funds within each grant term, you need to have some serious discussions with your program representative to look at reducing your overall grant request before HUD requires us to reduce your grant award.

In conjunction with the Opening Doors Strategy to End Homelessness, HUD has developed several Policy Priorities which were included in the 2014 CoC Funding NOFA. KHC wants to share this information with partners as this will be a main focus in future CoC application scoring and will be discussed in more detail after the first of the year.

Policy Priorities. Below are the HUD policy priorities that were included in the FY 2013 – FY 2014 CoC Program Competition NOFA. CoCs should continue to prioritize project applications that address these goals in the FY 2014 Application Process.

1. Strategic Resource Allocation. Each CoC must comprehensively review all existing projects within its geographic area, using CoC-approved scoring criteria and selection priorities to determine the extent to which each project is still necessary and addresses the listed policy priorities in this FY 2014 Funding Notice. Funds for projects that are determined to be underperforming, obsolete, or ineffective should be reallocated to new projects that are based on proven or promising models.

2. Ending chronic homelessness.

a. *Increasing Beds:* In order to increase the number of beds specifically for the chronically homeless and work towards the goal of ending chronic homelessness by 2015, CoCs will be able to apply for new projects created through reallocation for permanent supportive housing (PSH) that propose to exclusively serve the chronically homeless—which includes individuals and households with children—as defined in 24 CFR 578.3, as part of its comprehensive strategy to end chronic homelessness. Chronically homeless and permanent supportive housing are defined in 24 CFR 578.3. Consistent with the interim rule, the chronically homeless includes individuals and families who have a qualifying disabling condition who have been homeless and living in a place not meant for human habitation, emergency shelter, or safe haven for 1 year continuously or over a period of four occasions in the past 3 years. It is important to point out that persons in transitional housing **are not** considered to be chronically homeless even if they met the criteria prior to entering the transitional housing program.

b. *Targeting:* The chronically homeless should be given priority for non-dedicated PSH beds as vacancies become available through turnover. PSH renewal projects serving specific disabled subpopulations (e.g., persons with mental illness or persons with substance abuse issues) must continue to serve those groups, as required in the current grant agreement. However, the chronically homeless within the specified subpopulation should be prioritized for entry.

c. *Housing First* is a model of housing assistance that is offered without preconditions (such as sobriety or a minimum income threshold) or service participation requirements, and rapid placement and stabilization in permanent housing are primary goals. Research shows that it is effective for the chronically homeless with mental health and substance abuse disorders, resulting in fewer inpatient stays and less expensive interventions than other approaches. Permanent Supportive Housing projects should use a Housing First approach in the design of the program.

3. Ending family homelessness. a. Rapid Re-housing is a model of housing assistance that is designed to assist the homeless, with or without disabilities, move as quickly as possible into permanent housing and achieve stability in that housing. Rapid re-housing assistance is time-limited, individualized, and flexible, and is designed to complement and enhance homeless system performance and the performance of other homeless projects. While it can be used for any homeless person, preliminary evidence indicates that it can be particularly effective for households with children.

b. CoCs may apply for new projects created through reallocation for rapid re-housing to serve homeless households with children. Rapid re-housing projects must serve households with children living on the streets or in emergency shelter.

4. Removing Barriers to CoC Resources.

a. CoCs should review system and project level eligibility criteria to identify and remove barriers to accessing services and housing that are experienced by homeless individuals and families.

b. Centralized or Coordinated Assessment System: Centralized or coordinated assessment is a key step in assessing the needs of the homeless requesting assistance and matching the needs of those households to the most appropriate housing and service options. The CoC Program interim rule requires the implementation of a centralized or coordinated assessment system.

c. Transitional Housing: HUD recognizes that transitional housing can be an effective tool in many communities for addressing the needs of specific subpopulations—such as homeless youth, domestic violence survivors, and the homeless with substance abuse issues. However, recent research shows that transitional housing is generally more expensive than other housing models serving similar populations, it is often more service-intensive than most homeless households need, and that the criteria for entry into many transitional housing programs are so rigorous that transitional housing beds are under-utilized because homeless households cannot overcome the barriers to entry. HUD is strongly encouraging CoCs and recipients to carefully review the transitional housing models within the geographic area for cost-effectiveness, performance, and for the number and type of criteria used to determine eligibility for the program and determine if rapid re-housing may be a better model for the CoC’s geographic area.

d. Prioritizing Households Most in Need: CoCs should prioritize those who are identified as most in need (e.g., those who have been living on the street the longest, homeless households with children living in unsheltered situations, those that are considered most medically vulnerable) for placement into appropriate housing. The *Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status* provides guidance to CoCs and project applicants that receive permanent supportive housing funds in which eligible households should be served in all CoC Program-funded permanent supportive housing.

5. Maximizing the use of mainstream resources.

a. HUD strongly encourages CoCs and project applicants to ensure that they are maximizing the use of all mainstream services available. While the CoC Program interim rule allows for the payment of certain supportive service costs and Supportive Services Only projects, it is more efficient for CoCs to use mainstream resources where possible and use HUD funds for housing-related costs. CoCs should proactively seek and provide information to CoC Program recipients within their geographic area about mainstream resources and funding opportunities.

b. CoCs should be actively preparing for implementation of the Affordable Care Act by determining how these funds may be used by CoC Program recipients to serve the homeless. While this will vary by state, CoCs should also be encouraging project recipients to participate in enrollment and outreach activities to ensure eligible households take advantage of new healthcare options.

6. Building partnerships.

a. CoCs should proactively seek to engage in partnerships with Public Housing Agencies (PHA) within their geographic area. HUD encourages CoCs to partner with PHAs, for example, to create homeless preferences or adopt strategies to assist current program participants to access PHA housing resources as they become ready to do so. CoCs and PHAs are encouraged to read and use the following HUD Notice (PIH 2013-15) published June 10, 2013: *Guidance on housing individuals and families experiencing homelessness through the Public Housing and Housing Choice Voucher Programs*.

b. CoCs should assess the extent to which philanthropy plays a role within the community. CoCs and project recipients should consider how to engage with philanthropic organizations in a way to maximize resources and increase progress towards ending homelessness.

7. Other Priority Populations: While new funding opportunities through reallocation will only be available for the chronically homeless and homeless households with children, HUD also expects CoCs to consider the needs of other homeless populations that may be prevalent in the CoC's geographic area, especially the needs of veterans and their families (Section VII.A.1.k. of the FY 2013 – FY 2014 CoC Program NOFA) and unaccompanied youth (Section VII.A.1.i. of the FY 2013 – FY 2014 CoC Program NOFA).

a. *Veterans:* CoC Program funded projects should, to the extent possible, prioritize veterans who are ineligible for VA services and their families. CoCs should work closely with the local Department of Veterans Affairs (VA), and coordinate CoC resources with VA-funded housing and services (e.g., HUD-VASH, Supportive Services for Veteran Families (SSVF)).

b. *Homeless Youth:* CoCs should be able to identify and describe the needs of homeless youth within the geographic area and the current programs designed to serve this population, including performance.

Jennifer stated that the CoC Board has a conference call webinar scheduled for Thursday, November 13 in which KHC staff will update them about discussions the KICH Data Subcommittee has had surrounding the HUD-required Coordinated Assessment system. Information will also be shared regarding the Obama administration initiative to end veteran's homelessness. KHC is working with HUD, the state, and federal Veterans Administration to examine the way we identify that subpopulation, as well as way we can coordinate services to assist in achieving the goal.

KHC will share minutes from the CoC Board conference call with our partners across the state.

Polly Lloyd shared with members that the 2014 Summer K-Count results will be published on the KHC website very soon. The 2015 K-Count regional training dates have been shared with folks via eGram recently. Polly noted a correction for Region 2, the address was incorrectly listed, and the correct address for the Economic Justice Center is 2109 Old Louisville Rd. in Bowling Green.

Polly noted that K-Count regional trainings will also serve as CoC meetings and attendance will be recorded for future application scoring.

The K-Count will be January 28, 2015. New information will be collected on the K-Count surveys for 2015, per HUD guidance, to enable KHC to collect all required data. Additionally, HUD has asked that each CoC region submit a K-Count Coordination Plan. These plans are very intense and Polly noted that she has been trying to formulate the required information for all six regions, realizing that all areas of the state are separate and unique. In the past, if a county did not supply any data to KHC, we turned it in as a zero. In 2015, we have to justify why no data was submitted for these particular areas, including why possibly no one went out to survey unsheltered or sheltered homeless in those counties. This information will be shared with the CoC Advisory Board and then the regional K-Count coordinators will be contacted on these plans on how to move forward.

Polly noted that HUD's requirements for the annual Point-In-Time-Counts are much more involved than they once were, as HUD is trying to standardize it across the nation which makes conducting the count very difficult for a large balance of state like Kentucky. Polly reminded attendees that the regional K-Count trainings are not just for CoC partners but for any agency that comes in contact with the homeless. She encouraged attendees to go ahead and start reaching out to community members, tell them about training dates, and start planning for local K-Counts. Media contacts will also be selected for each region to assist with outreach. She encouraged attendees to think about whom, within their communities, would be willing to serve as the media contacts.

The new 2014 KYHMIS Universal Data Standards are now fully implemented. KYHMIS is now in full compliance with HUD. Polly told attendees that might have questions or concerns on the new data standards to contact the KYHMIS Help Desk for assistance.

Polly has been meeting with the United Way of the Bluegrass regarding the implementation of a 211 call center in January. The call center will utilize HMIS Service Point and will cover nine counties in the beginning, with more in eastern Kentucky to be added at a later date. This will not be a single point of entry but will serve as the start of the Coordinated Assessment for the Balance of State. The goal is to have a statewide 211 system, as much as possible, realizing the barriers.

The Annual Homeless Assessment Report (AHAR) was recently submitted to HUD but unfortunately, we were not able to submit the full AHAR as we did not meet one of the thresholds for participation for emergency shelters within our KYHMIS system. KHC staff is having discussions on how we can improve this participation in the future. We normally publish the full AHAR which includes the estimated and annualized count of the homeless on our website in January but we will not be posting it in 2015 due to not meeting the HUD-required threshold.

Jennifer Oberlin briefly discussed the Continuum of Care and Emergency Solutions Grant Compliance training that has been and is still going on across the state, saying a few of those trainings still remain to be conducted before mid-December. She added that as new staff

members come into agencies to administer these programs, to make sure the program staff at KHC are made aware of those changes. New staff are also encouraged to make contact with the Training and Development staff so we can provide additional technical assistance and training for new roles.

Attendees were reminded of where they can go on the internet to sign up for HUD email lists and KHC eGrams. The links were shared with participants.

Attendees were thanked for participation, and with no questions, the webinar ended.