

1A. Continuum of Care (CoC) Identification

Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the e-snaps help desk.

CoC Name and Number (From CoC Registration): KY-501 - Louisville/Jefferson County CoC

CoC Lead Organization Name: Coalition for the Homeless

1B. Continuum of Care (CoC) Primary Decision-Making Group

Instructions:

The following questions are related to the CoC primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the entire CoC, including, but not limited to:

- Setting agendas for full Continuum of Care meetings
- Project monitoring
- Determining project priorities
- Providing final approval for the CoC application submission.

This body is also responsible for the implementation of the CoC's HMIS, either through direct oversight or through the designation of an HMIS implementing agency. This group may be the CoC Lead Agency or may authorize another entity to be the CoC Lead Agency under its direction.

Name of primary decision-making group: Continuum of Care Advisory Group

Indicate the frequency of group meetings: Monthly or more

If less than bi-monthly, please explain (limit 500 characters):

Indicate the legal status of the group: Other (specify)

Specify "other" legal status:

While the Advisory Group itself is not a 501(c)3, The Coalition for the Homeless which sponsors and convenes the group is a 501(c)3.

Indicate the percentage of group members that represent the private sector: (e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests) 75%

*** Indicate the selection process of group members: (select all that apply)**

Elected:	<input checked="" type="checkbox"/>
Assigned:	<input type="checkbox"/>
Volunteer:	<input type="checkbox"/>
Appointed:	<input checked="" type="checkbox"/>
Other:	<input checked="" type="checkbox"/>

Specify "other" process(es):

The Advisory Group is 12 members: 4 CoC elected members from provider community, 8 are appointed: 2 from the city 1 of which represents S+C. 1 formerly homeless person, 4 from the community at large & 1 from the lead agency serving as lead person. Community at large persons represent business, educational institutions, advocates & other non-profits who do not receive CoC funding.

Briefly describe the selection process of group members. Description should include why this process was established and how it works (limit 750 characters):

We value provider input therefore providers have elected representation on the Advisory Group. Other members provide diverse perspectives & objectivity. This group advises the CoC membership who hold final decision making power. Each CoC member, individual or agency, having attended 10 of 12 monthly meetings has one vote determining if a project is included & the level (top, middle or bottom) where it will be ranked. Any member with a vested interest in a project may not vote on that project. The vote is only a part of the ranking determination. Final project ranking is determined using project performance scores related to their APR & HUD priorities listed in the NOFA.

*** Indicate the selection process of group leaders: (select all that apply):**

Elected:	<input type="checkbox"/>
Assigned:	<input type="checkbox"/>
Volunteer:	<input type="checkbox"/>
Appointed:	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

Specify "other" process(es):

If administrative funds were made available to the CoC, would the primary-decision making body, or its designee, have the capacity to be responsible for activities such as applying for HUD funding and serving as a grantee, providing project oversight, and monitoring. Explain (limit 750 characters):

Yes. While the Advisory Group is not a separate 501(c)3, the Coalition for the Homeless which sponsors and convenes the Advisory Group is and could serve as the lead agency responsible for applying, overseeing and monitoring HUD funding.

1C. Continuum of Care (CoC) Committees, Subcommittees and Work Groups

Instructions:

Provide information on up to five of the CoCs most active CoC-wide planning committees, subcommittees, and workgroups. CoCs should only include information on those groups that are directly involved in CoC-wide planning activities such as project review and selection, discharge planning, disaster planning, completion of the Exhibit 1 application, conducting the point-in-time count, and 10-year plan coordination. For each group, briefly describe the role and how frequently the group meets. If one of more of the groups meet less than quarterly, please explain.

Committees and Frequency

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Advisory Group	Monitors & coordinates the CoC process facilitating informed, reasonable decisions by the CoC community regarding all aspects of service provision to the homeless. Specific duties: coordinates & scores pre-application process, advises applicants of HUD regulations & expectations. Monitors housing & service availability, funding needs vs funds available & monitors the community's progress toward HUD's stated goals.	Monthly or more
APR Review Team	Provides training for all agencies to develop "best practices" on how to complete the APR. Collects & reviews all Louisville Metro CoC programs' APRs for evaluation & scoring for annual ranking & makes recommendations for improvement of project performance	Quarterly
Service Provider Network	Allows service provider directors to discuss current challenges and brainstorm potential collaborations. Guest speakers feature new resources and system-wide updates are shared.	Monthly or more
SOAR Technical Assistance	Part of a nationwide effort to link clients with SSI and SSDI through the SSI/SSDI Outreach, Access and Recovery Initiative in partnership with SAMSHA; SOAR trained trainers work with agency case managers to train them in completing applications, follow up and outreach.	Monthly or more
CoC Community	Decides the needs of the community, how the CoC process is administered, endorses the projects to be submitted for funding consideration and the community priority rankings. This group holds the ultimate responsibility for ensuring quality Louisville appropriate homeless services while meeting the specific goals of HUD.	Monthly or more

If any group meets less than quarterly, please explain (limit 750 characters):

1D. Continuum of Care (CoC) Member Organizations

Identify all CoC member organizations or individuals directly involved in the CoC planning process. To add an organization or individual, click on the icon.

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
Cabinet for Health and Family Services	Public Sector	State g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Kentucky Housing Corporation	Public Sector	State g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Louisville Metro Government	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Louisville Metro Housing and Family Services	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Louisville Metro Housing Authority	Public Sector	Public ...	Attend Consolidated Plan planning meetings during past 12...	NONE
Bellarmino University	Public Sector	School ...	Attend 10-year planning meetings during past 12 months, C...	NONE
Spalding University	Public Sector	School ...	Committee/Sub-committee/Work Group	NONE
Jefferson County Public Schools	Public Sector	School ...	Committee/Sub-committee/Work Group	Youth
University of Louisville	Public Sector	School ...	Attend 10-year planning meetings during past 12 months, C...	NONE
Kentucky Department of Corrections	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Louisville Metro Corrections	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE
Louisville Metro Police	Public Sector	Law enf...	Attend 10-year planning meetings during past 12 months, C...	NONE
Kentuckiana Works	Public Sector	Local w...	Committee/Sub-committee/Work Group	NONE
Social Security Administration	Public Sector	Other	Committee/Sub-committee/Work Group	Seriously Me...
Veterans Administration	Public Sector	Other	Attend 10-year planning meetings during past 12 months, C...	Veterans
U.S. Congressman John Yarmuth	Public Sector	Other	None	NONE
State Representative Jim Wayne	Public Sector	State g...	None	NONE

American Veterans Association	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Veteran s
Association of Community Ministries	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months, C...	NONE
Brooklawn	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth
Center for Women and Families	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	Domesti c Vio...
Dare to Care Food Bank	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	NONE
Family and Children's Place	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	Seriousl y Me...
Family Health Center, Inc.	Private Sector	Hos pita..	Attend 10-year planning meetings during past 12 months, C...	NONE
Goodwill Industries of Kentucky	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	NONE
GuardiaCare	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	Seriousl y Me...
Habitat for Humanity	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
The Healing Place	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	Substan ce Abuse
Home of the Innocents	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	Youth
House of Ruth	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	HIV/AID S
Interlink Counseling Services	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Veteran s
Jefferson Alcohol and Drug Abuse Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Substan ce Abuse
Kentuckians for the Commonwealth	Private Sector	Non-pro..	None	NONE
Legal Aid Society	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	NONE
New Beginnings for Women	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE

Family Scholar House	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	NONE
St. John Center	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	NONE
Schizophrenia Foundation of KY, Inc. dba Wellsp...	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	Seriously Me...
YMCA Safe Place Services	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	Youth
YMCA Chestnut St.	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Society of St. Vincent de Paul	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months, C...	NONE
Bellewood Presbyterian Homes for Children	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months, C...	Youth
Catholic Charities, Inc.	Private Sector	Faith-b...	None	NONE
Citizens of Louisville Orgaized & United Togeth...	Private Sector	Faith-b...	None	NONE
Choices, Inc.	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months, C...	NONE
Elder Shelter Network	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Father Maloney's Boys' Haven	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months, C...	Youth
Jefferson Street Baptist Center	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months, C...	NONE
Prodigal Ministries	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Salvation Army	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months, C...	NONE
Sisters of Charity of Nazareth	Private Sector	Faith-b...	None	NONE
Sisters of Loretto	Private Sector	Faith-b...	None	NONE
Sisters of Mercy	Private Sector	Faith-b...	None	NONE
Sisters of St. Benedict of Ferdinand, IN	Private Sector	Faith-b...	None	NONE
Ursuline Sisters	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months, C...	NONE
Volunteers of America of KY	Private Sector	Faith-b...	Attend Consolidated Plan planning meetings during past 12...	NONE
Wayside Christian Mission	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months, C...	NONE

Center for Community Change	Private Sector	Funder ...	None	NONE
Jobs with Justice	Private Sector	Funder ...	None	NONE
Mildred V. Horn Foundation	Private Sector	Funder ...	None	NONE
Metro United Way	Private Sector	Funder ...	Attend 10-year planning meetings during past 12 months, C...	NONE
Metropolitan Housing Coalition	Private Sector	Funder ...	Attend 10-year planning meetings during past 12 months, C...	NONE
National Low-Income Housing Coalition	Private Sector	Funder ...	None	NONE
National Alliance to End Homelessness	Private Sector	Funder ...	None	NONE
Women in Transition	Private Sector	Funder ...	None	NONE
John Conti Coffee	Private Sector	Businesses	None	NONE
Downtown Development Corporation	Private Sector	Businesses	None	NONE
East Downtown Business Association	Private Sector	Businesses	None	NONE
PNC Bank	Private Sector	Businesses	Attend 10-year planning meetings during past 12 months, C...	NONE
Louisville Metro Health Department	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months, C...	NONE
Jewish Hospital/Frazier Rehab.	Private Sector	Hospita..	None	NONE
Seven Counties Services	Private Sector	Hospita..	Attend 10-year planning meetings during past 12 months, C...	Seriously Me...
Charles Orten	Individual	For merl..	Attend 10-year planning meetings during past 12 months, C...	NONE
Raymond Peart	Individual	Homeles..	Committee/Sub-committee/Work Group	NONE
The Coalition for the Homeless, Inc.	Private Sector	Funder ...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE

Kentucky Interagency Council on Homelessness	Private Sector	Funder	Attend 10-year planning meetings during past 12 months, A...	NONE
New Directions Housing Corporation	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	NONE
Louisville Metro Inspections, Permits & Licenses	Public Sector	Local g...	None	NONE
Louisville Metro Office on Homelessness	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Jefferson County Court System	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months, C...	NONE
Jefferson Street at Liberty	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months, C...	NONE
Archdiocese of Louisville	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Dismas Charities	Private Sector	Faith-b...	None	NONE
Highland Community Ministries	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Kentucky Harvest	Private Sector	Non-pro..	None	NONE
Kentucky Youth Advocates	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth
Rhonda's Another Chance	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Travelers Aid	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
TARC (Transit Authority of the River City)	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Kentucky Refugee Ministries	Private Sector	Faith-b...	None	NONE
Louisville Urban League	Private Sector	Non-pro..	None	NONE
Ian Hooper	Individual	For merl..	Committee/Sub-committee/Work Group	NONE
Mark Snyder	Individual	Othe r	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
River City Love Squad	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Mattie's House	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Substan ce Abuse

ElderServe	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
House of Hope, KY	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Dona O'Sullivan	Individual	Othe r	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE
Mary Bryan	Individual	Othe r	Primary Decision Making Group, Committee/Sub-committee/Wo...	NONE

1E. Continuum of Care (CoC) Project Review and Selection Process

Instructions:

The CoC solicitation of projects and project selection should be conducted in a fair and impartial manner. For each of the following items, indicate all of the methods and processes the CoC used in the past year to assess all new and renewal project(s) performance, effectiveness, and quality. In addition, indicate if any written complaints have been received by the CoC regarding any CoC matter in the last 12 months, and how those matters were addressed and/or resolved.

Open Solicitation Methods: (select all that apply)

- f. Announcements at Other Meetings, e. Announcements at CoC Meetings, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership, d. Outreach to Faith-Based Groups

Rating and Performance Assessment Measure(s): (select all that apply)

- b. Review CoC Monitoring Findings, g. Site Visit(s), k. Assess Cost Effectiveness, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), c. Review HUD Monitoring Findings, r. Review HMIS participation status, d. Review Independent Audit, j. Assess Spending (fast or slow), p. Review Match, i. Evaluate Project Readiness, e. Review HUD APR for Performance Results, n. Evaluate Project Presentation, h. Survey Clients, o. Review CoC Membership Involvement, f. Review Unexecuted Grants, a. CoC Rating & Review Committee Exists, m. Assess Provider Organization Capacity, l. Assess Provider Organization Experience

Voting/Decision-Making Method(s): (select all that apply)

- c. All CoC Members Present Can Vote, e. Consensus (general agreement), d. One Vote per Organization, b. Consumer Representative Has a Vote, f. Voting Members Abstain if Conflict of Interest

Were there any written complaints received by the CoC regarding any matter in the last 12 months?

No

If yes, briefly describe complaint and how it was resolved (limit 750 characters):

1F. Continuum of Care (CoC) Housing Inventory--Change in Beds Available

For each housing type, indicate if there was any change (increase or reduction) in the total number of beds in the 2009 electronic Housing Inventory Chart (e-HIC) as compared to the 2008 e-HIC. If there was a change, please describe the reasons in the space provided for each housing type.

Emergency Shelter: Yes

Briefly describe the reason(s) for the change in Emergency Shelter beds, if applicable (limit 750 characters):

There has been a drop of 159 beds from 2008 to 2009. One reason for this is that we eliminated two projects from the HIC due to not being able to reasonably determine that the people in that program actually meet the HUD definition of homeless. After examining the surveys coming from these two projects we discovered that many of those completing the survey did not meet the HUD definition of homeless. Because of the number of questionable surveys we decided we must eliminate these two projects from the count and from the housing inventory chart. These two projects do not receive HUD funding.

Safe Haven: No

Briefly describe the reason(s) for the change in Safe Haven beds, if applicable (limit 750 characters):

There was no change.

Transitional Housing: Yes

Briefly describe the reason(s) for the change in Transitional Housing beds, if applicable (limit 750 characters):

There was a substantial decrease in the number of transitional beds this year due to our moving 330 beds in 116 units to the permanent housing chart. We also continue to experience the fluctuation of beds in our family transitional housing projects due to the fact that we are really providing units in many cases and depending on the number of children in a given family this changes the number of available beds on a give night.

Permanent Housing: Yes

Briefly describe the reason(s) for the change in Permanent Housing beds, if applicable (limit 750 characters):

We have substantially increased our inventory of permanent housing beds due to moving 330 beds in 116 units from transitional to permanent. We also created 172 new permanent housing beds this past year. 60 of these beds (units) are being occupied by the chronically homeless. 58 of these beds (units) were specifically created for the chronically homeless.

CoC certifies that all beds for homeless persons are listed in the e-HIC regardless of HMIS participation and HUD funding: No

1G. Continuum of Care (CoC) Housing Inventory Chart Attachment

Instructions:

Each CoC must complete and attach the electronic Housing Inventory Chart, or e-HIC. Using the version of the document that was sent electronically to the CoC, verify that all information is accurate and make any necessary additions or changes. Click on "Housing Inventory Chart" below to upload the document . Each CoC is responsible for reading the instructions in the e-HIC carefully.

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	Housing Inventory...	11/18/2009

Attachment Details

Document Description: Housing Inventory Chart

1H. Continuum of Care (CoC) Housing Inventory Chart (HIC) - Data Sources and Methods

Instructions:

Complete the following items based on data collection methods and reporting for the electronic Housing Inventory Chart (e-HIC), including Unmet need determination. The information should be based on a survey conducted in a 24-hour period during the last ten days of January 2009.

Indicate the date on which the housing inventory count was completed: 02/19/2009
(mm/dd/yyyy)

Indicate the type of data or methods used to complete the housing inventory count: HMIS plus housing inventory survey
(select all that apply)

Indicate the steps taken to ensure data accuracy for the Housing Inventory Chart: Follow-up, Instructions, Updated prior housing inventory information, Confirmation, Training, HMIS
(select all that apply)

Must specify other:

Indicate the type of data or method(s) used to determine unmet need: Unsheltered count, Housing inventory, Stakeholder discussion, Applied statistics
(select all that apply)

Specify "other" data types:

If more than one method was selected, describe how these methods were used together (limit 750 characters):

Using the unsheltered count & the housing inventory we look at what beds, if any, are empty the night of the count & if those who were unsheltered could have filled those beds. Some beds are designated for particular populations & would not be available for just anyone who is unsheltered. We also talk to the shelters to see if they are turning people away & why because we know we do not count everyone who is unsheltered the night of the count. At this time we are unable to cover the entire city. Finally we look at the surveys completed on that night & extrapolate the results to the whole. This gives us not only the numbers that are unserved but also the specific populations that are underserved.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

CoCs should complete the following information in conjunction with the HMIS Lead Agency. All information is to be current as of the date in which this application is submitted. For additional instructions, refer to the detailed instructions available on the left menu bar.

Select the HMIS implementation type: Statewide

Select the CoC(s) covered by the HMIS: KY-502 - Lexington/Fayette County CoC, KY-500
(select all that apply) - Kentucky Balance of State CoC, KY-501 -
Louisville/Jefferson County CoC

Does the CoC Lead Organization have a written agreement with HMIS Lead Organization? Yes

If yes, the agreement (e.g., contract, Memorandum of Understanding, etc.) must be submitted with the application.

Is the HMIS Lead Organization the same as CoC Lead Organization? No

Has the CoC selected an HMIS software product? Yes

If "No" select reason:

If "Yes" list the name of the product: ServicePoint 4

What is the name of the HMIS software company? Bowman Internet Systems

Does the CoC plan to change HMIS software within the next 18 months? No

Indicate the date on which HMIS data entry started (or will start): 10/01/2004
(format mm/dd/yyyy)

Is this an actual or anticipated HMIS data entry start date? Actual Data Entry Start Date

Indicate the challenges and barriers impacting the HMIS implementation: Inadequate bed coverage for AHAR participation, Poor data quality, Inability to integrate data from providers with legacy data systems, No or low participation by non-HUD funded providers
(select all the apply):

If CoC indicated that there are no challenges or barriers impacting HMIS implementation, briefly describe either why CoC has no challenges or how all barriers have been overcome (limit 1000 characters).

If CoC identified one or more challenges or barriers impacting HMIS implementation, briefly describe how the CoC plans to overcome them (limit 1000 characters).

We continue to engage non-HUD funded agencies in the community through the Continuum and through Metro United Way, to convince them about benefits of HMIS participation.

We have tried HMIS data integration with legacy systems, however we have been unsuccessful in the past in implementing it. The cost of programming expertise required for such a task is beyond our HMIS budget.

We are helping agencies to improve data quality with better training and user support. We have improved the data quality monitoring, developed better data quality reports and check data quality 4 times year.

We will implement client ID card scanners at selected emergency shelters in January 2010. We are targeting this HMIS expansion on the shelters that had poor bed coverage in 2008 AHAR.

2B. Homeless Management Information System (HMIS) Lead Organization

Enter the name and contact information for the HMIS Lead Agency. This is the organization responsible for implementing the HMIS within a CoC. There may only be one HMIS Lead Agency per CoC.

Organization Name Kentucky Housing Corporation

Street Address 1 1231 Louisville Road

Street Address 2

City Frankfort

State Kentucky

Zip Code 40601

Format: xxxxx or xxxxx-xxxx

Organization Type State or Local Government

If "Other" please specify

Is this organization the HMIS Lead Agency in more than one CoC? Yes

2C. Homeless Management Information System (HMIS) Contact Person

Enter the name and contact information for the primary contact person at the HMIS Lead Agency.

Prefix: Mrs.
First Name Carol
Middle Name/Initial
Last Name Sell
Suffix
Telephone Number: 502-564-7630
(Format: 123-456-7890)
Extension 721
Fax Number: 502-564-5708
(Format: 123-456-7890)
E-mail Address: csell@kyhousing.org
Confirm E-mail Address: csell@kyhousing.org

2D. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

HMIS bed coverage measures the level of participation in a CoC's HMIS. It is calculated by dividing the total number of year-round non-DV HMIS-participating beds available in the CoC by the total number of year-round non-DV beds available in the CoC. Participation in HMIS is defined as collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data at least annually.

HMIS bed coverage is calculated by dividing the total number of year-round non-DV HMIS-participating beds in each housing type by the total number of non-DV beds available in each program type. For example, the bed coverage rate for Emergency Shelters (ES) is equal to the total number of year-round, non-DV HMIS-participating ES beds divided by the total number of non-DV ES beds available in the CoC. CoCs can review or assess HMIS bed coverage by calculating their rate monthly, quarterly, semiannually, annually, or never. CoCs are considered to have low bed coverage rates if they only have a rate of 0-64% among any one of the housing types. CoCs that have a housing type with a low bed coverage rate should describe the CoCs plan to increase bed coverage in the next 12-months in the space provided.

The 2005 Violence Against Women Act (VAWA) Reauthorization bill restricts domestic violence provider participation in HMIS unless and until HUD completes a public notice and comment process. Until the notice and comment process is completed, HUD does not require nor expect domestic violence providers to participate in HMIS. HMIS bed coverage rates are calculated excluding domestic violence provider beds from the universe of potential beds.

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

* Emergency Shelter (ES) Beds	86%+
* Safe Haven (SH) Beds	86%+
* Transitional Housing (TH) Beds	76-85%
* Permanent Housing (PH) Beds	76-85%

How often does the CoC review or assess its HMIS bed coverage? Annually

If bed coverage is 0-64%, describe the CoC's plan to increase this percentage during the next 12 months:

We plan to increase bed coverage in permanent housing by collecting data from Louisville Home TBRA program, and in transitional housing by adding the Healing Place Transitional Housing. Agencies that operate these programs already participate in Kentucky HMIS. We are also working on implementing a card swipe system in order to capture more accurately those entering the emergency shelters and other large service provider projects.

2E. Homeless Management Information System (HMIS) Data Quality

Instructions:

Enter the percentage of missing or unknown records AND the percentage of records where the value is "refused" or unknown ("don't know") for each Universal Data Element listed below. Universal Data Elements are information fields that HUD requires all homeless service providers participating in a local HMIS to collect on all homeless clients seeking housing and/or services. They include personal identifying information as well as information on a client's demographic characteristics and recent residential history. The elements target data that are essential to the administration of local homeless assistance programs as well as obtaining an accurate picture of the extent, characteristics and the patterns of service use of the local homeless population.

Where the collection of Social Security Numbers is not authorized by law, failure to collect this data element will not competitively disadvantage an application. Additionally, in lieu of the actual SSN, the response categories of "Don't Know" and "Refused" are considered valid response categories, per the HMIS Data and Technical Standards.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2009.

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	0%	2%
* Date of Birth	0%	0%
* Ethnicity	2%	0%
* Race	0%	0%
* Gender	0%	0%
* Veteran Status	1%	10%
* Disabling Condition	5%	29%
* Residence Prior to Program Entry	2%	8%
* Zip Code of Last Permanent Address	5%	31%
* Name	0%	0%

Instructions:

The Annual Homeless Assessment Report (AHAR) is a national report to Congress on the extent and nature of homelessness in America. The AHAR uses data from Homeless Management Information Systems (HMIS) to estimate the number and characteristics of people who use homeless residential services and their patterns of service use. The data collection period for AHAR 4 began on October 1, 2007 and ended on September 30, 2008. Communities must have had a minimum bed coverage rate of 65 percent throughout the entire reporting period in two or more reporting categories; i.e., emergency shelters for individuals (ES-IND), emergency shelters for families (ES-FAM), transitional housing for individuals (TH-IND), and transitional housing for families (TH-FAM) to be eligible to participate in AHAR 4.

Did the CoC or subset of CoC participate in AHAR 4? Yes

Did the CoC or subset of CoC participate in AHAR 5? Yes

How frequently does the CoC review the quality of client level data? Quarterly

How frequently does the CoC review the quality of program level data? Annually

Describe the process, extent of assistance, and tools used to improve data quality for agencies participating in the HMIS (limit 750 characters):

Process = Four quarterly checks with each homeless project in CoC (data quality report and check of client counts each time), one annual 40118 APR report check (we compare HMIS data with the APR report), and one annual AHAR review for the CoC.

Assistance = ongoing agency staff training, user support, and HMIS reports that identify data quality problems.

Tools = data entry training materials, periodic data quality reports sent to agencies, annual AHAR review with the CoC, onsite TA for agencies that request assistance.

Describe the existing policies and procedures used to ensure that valid program entry and exit dates are recorded in the HMIS (limit 750 characters):

Policy = KYHMIS policy is that each client needs to be entered to HMIS within 10 days of program entry. All Users and Agencies agree in writing to follow KYHMIS policies before they are given access to the database.

Procedure = user training stresses the need for accurate entry/exit dates. We follow up with agencies 4 times a year and perform a client count check for a specific point in time, for each homeless project in HMIS. If agency is required to submit HUD 40118 APR report, we compare it to HMIS data. Agencies get 30 days to fix data discrepancies, or they risk losing renewal funding.

2F. Homeless Management Information System (HMIS) Data Usage

Instructions:

HMIS can be used for a variety of activities. These include, but are not limited to:

- Data integration/data warehousing to generate unduplicated counts; Involves assembling HMIS data from multiple data collection systems into a single system in order to de-duplicate client records.
- Use of HMIS for point-in-time count of sheltered persons
- Use of HMIS for point-in-time count of unsheltered persons
- Use of HMIS for performance measurement; Using HMIS to evaluate program or system-level performance, focusing on client-level outcomes, or measurable changes in the well-being of homeless clients.
- Use of HMIS for program management; Using HMIS data for grant administration, reporting, staff supervision, or to manage other program activities.
- Integration of HMIS data with mainstream system; Merging HMIS data with data from other mainstream systems, such as welfare, foster care, educational, or correctional systems.

Indicate the frequency in which each of the following activities is completed:

Data integration/data warehousing to generate unduplicated counts:	Annually
Use of HMIS for point-in-time count of sheltered persons:	Never
Use of HMIS for point-in-time count of unsheltered persons:	Never
Use of HMIS for performance assessment:	Annually
Use of HMIS for program management:	Quarterly
Integration of HMIS data with mainstream system:	Never

2G. Homeless Management Information System (HMIS) Data and Technical Standards

Instructions:

- For each item, indicate whether the activity is completed monthly, quarterly (once each quarter), semiannually (two times per year), annually (every year), or never.
- Unique user name and password: CoC assesses that system user name and password protocols are followed and meet HMIS technical standards.
 - Secure location for equipment: CoC manages physical access to systems with access to HMIS data in compliance with HMIS technical standards.
 - Locking screen savers: CoC makes HMIS workstations and HMIS software automatically turn on password-protected screen savers when a workstation is temporarily not in use.
 - Virus protection with auto update: CoC protects HMIS systems from viruses by using virus protection software that regularly updates virus definitions from the software vendor.
 - Individual or network firewalls: CoC protects systems from malicious intrusion behind a secure firewall.
 - Restrictions on access to HMIS via public forums: CoC allows secure connections to HMIS data only through PKI certificate or IP filtering as defined in the HMIS technical standards.
 - Compliance with HMIS Policy and Procedures manual: CoC ensures HMIS users are in compliance with community-defined policies and protocols for HMIS use.
 - Validation of off-site storage of HMIS data: CoC validates that off-site storage of HMIS data is secure.

Indicate the frequency in which the CoC or HMIS Lead completes a compliance assessment for each of the following HMIS privacy and security standards:

* Unique user name and password	Monthly
* Secure location for equipment	Annually
* Locking screen savers	Annually
* Virus protection with auto update	Annually
* Individual or network firewalls	Annually
* Restrictions on access to HMIS via public forums	Never
* Compliance with HMIS Policy and Procedures manual	Annually
* Validation of off-site storage of HMIS data	Annually

How often does the CoC assess compliance with HMIS Data and Technical Standards? Annually

How often does the CoC aggregate data to a central location (HMIS database or analytical database)? Annually

Does the CoC have an HMIS Policy and Procedures manual? Yes

If 'Yes' indicate date of last review or update by CoC: 05/31/2008

If 'No' indicate when development of manual will be completed (mm/dd/yyyy):

2H. Homeless Management Information System (HMIS) Training

Instructions:

An important component of a functioning HMIS is providing comprehensive training to homeless assistance providers that are participating in the HMIS. In the section below, indicate the frequency in which the CoC and/or HMIS Lead Agency offers each of the following training activities:

- Privacy/Ethics training: Training to homeless assistance program staff on established community protocols for ethical collection of client data and privacy protections required to manage clients' PPI (protected personal information).
- Data Security training: Training to homeless assistance program staff on established community protocols for user authentication, virus protection, firewall security, disaster protection, and controlled access to HMIS.
- Using HMIS data locally: Training on use of HMIS data to understand the local extent and scope of homelessness.
- Using HMIS data for assessing program performance: Training on use of HMIS to systematically evaluate the efforts programs are making to address homelessness.
- Basic computer skills training: Training on computer foundation skills such as mouse and keyboard functions, web searching, document saving, and printing.
- HMIS software training: Training on use and functionality of HMIS software including adding new clients, updating client data, running reports, and managing client cases.

Indicate the frequency in which the CoC or HMIS Lead Agency offers each of the following training activities:

Privacy/Ethics training	Monthly
Data Security training	Monthly
Data Quality training	Monthly
Using HMIS data locally	Quarterly
Using HMIS data for assessing program performance	Annually
Basic computer skills training	Quarterly
HMIS software training	Monthly

2I. Continuum of Care (CoC) Point-in-Time Homeless Population

Instructions:

This section must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations on a single night. Because 2009 was a required point-in-time count year, CoCs were required to conduct a one day, point-in-time count during the last 10 days of January--January 22nd to 31st. Although point-in-time counts are only required every other year, HUD requests that CoCs conduct a count annually if resources allow. Data entered in this chart must reflect a point-in-time count that took place during the last 10 days of January 2009, unless a waiver was received by HUD.

Additional instructions on conducting the point-in-time count can be found in the detailed instructions, located on the left hand menu.

Indicate the date of the most recent point-in-time count (mm/dd/yyyy): 02/19/2009

For each homeless population category, the number of households must be less than or equal to the number of persons.

Households with Dependent Children				
	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Households	37	95	2	134
Number of Persons (adults and children)	109	253	6	368
Households without Dependent Children				
	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Households	740	259	148	1,147
Number of Persons (adults and unaccompanied youth)	740	259	148	1,147
All Households/ All Persons				
	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Total Households	777	354	150	1,281
Total Persons	849	512	154	1,515

2J. Continuum of Care (CoC) Point-in-Time Homeless Subpopulations

Instructions:

Enter the number of sheltered and unsheltered adults who belong in each subpopulation category. As in the Homeless Populations chart, this chart must be completed using statistically reliable and unduplicated counts or estimates of homeless persons based on the point-in-time count conducted during the last ten days of January 2009. Only adults should be included in the counts for this chart, except for the Unaccompanied Youth (those under age 18) category. Subpopulation data is required for sheltered persons and optional for unsheltered persons, with the exception of Chronically Homeless.

	Sheltered	Unsheltered	Total
* Chronically Homeless (Federal definition)	174	73	247
* Severely Mentally Ill	526	36	562
* Chronic Substance Abuse	445	36	481
* Veterans	275	43	318
* Persons with HIV/AIDS	37	7	44
* Victims of Domestic Violence	326	29	355
* Unaccompanied Youth (under 18)	17	0	17

2K. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulation: Point-In-Time (PIT) Count

Instructions:

CoCs are only required to conduct a one-day point-in-time count every two years (biennially) however, HUD strongly encourages CoCs to conduct an annual point-in-time count, if resources allow. Below, select the time period that corresponds with how frequently the CoC plans to conduct a point-in-time count:

- biennially (every other year);
- annually (every year);
- semi-annually (twice a year); or
- quarterly (once each quarter).

CoCs will separately calculate and enter the percentage of emergency shelter and transitional housing providers that provided data for the Homeless Population and Subpopulation charts. For example, if 9 out of 12 transitional housing programs provided point-in-time data, enter 75%. If all providers for a program type contributed data, enter 100%.

How frequently does the CoC conduct a point-in-time count? Annually

Enter the date in which the CoC plans to conduct its next point-in-time count: (mm/dd/yyyy) 01/28/2010

Indicate the percentage of homeless service providers supplying population and subpopulation data that was collected via survey, interview, and/or HMIS.

Emergency shelter providers: 100%

Transitional housing providers: 97%

2L. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Methods

Instructions:

CoCs may use one or more methods to count sheltered homeless persons. Indicate the method(s) used to gather and calculate population data on sheltered homeless persons. Check all applicable methods:

- Survey Providers: Providers counted the total number of clients residing in each program on the night designated as the point-in-time count.
- HMIS: The CoC used HMIS to complete the point-in-time sheltered count.
- Extrapolation: The CoC used extrapolation techniques to estimate the number and characteristics of sheltered homeless persons from data gathered at emergency shelters and transitional housing programs. CoCs that use extrapolation techniques are strongly encourage to use the HUD General Extrapolation worksheet.

Indicate the method(s) used to count sheltered homeless persons during the last point-in-time count: (Select all that apply):

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

If Other, specify:

Describe how the data on the sheltered homeless population, as reported on 2I, was collected and the sheltered count produced (limit 1500 characters):

Originally the Louisville CoC scheduled the PIT on 1.29.09. However, days prior to that date, Kentucky & other surrounding states suffered a severe ice storm. Fearing this would skew the count, concern for the volunteer's safety & the fact that many shelters were without power & struggling to meet the needs of their guests, with HUD's permission we rescheduled the count for 2.19.09. Before the night of the count, surveys & simple count forms were distributed to shelter staff. Instructions were given both verbally & in writing on how to complete the forms. The night of the count (2.19.09) shelters were instructed to count every person in the shelter between 6:00 & 8:00 pm. This count was recorded on the "simple count" forms indicating number of single females, single males, families & children present. Everyone was asked but not required to complete a survey asking more specific information. Simultaneously (6:00-8:00pm) we were counting persons at our central counting location. After determining where the person planned on sleeping that night we gave them a sticker indicating where they were staying. The shelters knew that if a person was in their shelter with a certain sticker that person should NOT be counted. Likewise if our outreach teams came upon a person on the street with a sticker, that person should not be counted.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the sheltered population count (limit 1500 characters):

In 2008 we counted 2,098 persons. In 2009 we counted 1,515 persons. While this seems to be a decrease of 583 persons, we know the decrease is not as dramatic as is presented. During the 2009 count we received a number of surveys from two non-HUD funded projects that indicated that the persons completing the surveys did not meet the HUD definition of homeless. After studying the situation we decided that we could not include these two projects in our count as we did not feel confident that the people counted in those projects were indeed HUD homeless. While we believe that some of the people in those projects would meet the HUD definition of homeless we could not reasonably identify who those persons were. When comparing to our 2008 count, these two projects could account for roughly 200 persons.

2M. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation Data

Instructions:

Check all methods used by the CoC to produce the sheltered subpopulations data reported in the subpopulation table.

- HMIS: The CoC used HMIS to gather subpopulation information on sheltered homeless persons without extrapolating for any missing data.
- HMIS data plus extrapolation: The CoC used HMIS data and extrapolation techniques to estimate the number and subpopulation characteristics of sheltered homeless persons in the CoC. Extrapolation techniques accounted for missing HMIS data and the CoC completed HUD's Extrapolation Tool.
- Sample of PIT interviews plus extrapolation: The CoC conducted interviews with a random or stratified sample of sheltered homeless adults and unaccompanied youth to gather subpopulation information. The results from the interviews were extrapolated to the entire sheltered homeless population to provide statistically reliable subpopulation estimates for all sheltered persons. CoCs that made this selection are encourage to used the applicable HUD Sample Strategy tool.
- Interviews: The CoC conducted interviews with every homeless person staying in an emergency shelter or transitional housing program on the night designated for the point-in-time count.
- Non-HMIS client level information: Providers used individual client records (e.g., case management files) to provide the CoC with subpopulation data for each adult and unaccompanied youth living in a sheltered program on the night designated for the point-in-time count.

Additional instructions on this section can be found in the detailed instructions, located on the left hand menu. Also, for more information about any of the techniques listed above, see: *LA Guide for Counting Sheltered Homeless People*, at http://www.hudhre.info/documents/counting_sheltered.pdf.

Indicate the method(s) used to gather and calculate subpopulation data on sheltered homeless persons (select all that apply):

HMIS	
HMIS plus extrapolation:	
Sample of PIT interviews plus extrapolation:	X
Sample strategy:	
Provider expertise:	
Non-HMIS client level information:	
None:	
Other:	

If Other, specify:

Describe how data on sheltered subpopulations, as reported on 2J, was collected and the subpopulation data produced (limit 1500 characters):

We conduct our PIT on the same night as the street count. First we work with the shelters to train those who will be conducting the count. There are two parts to the count. The first part is for the shelter staff to count the number of persons in the shelter during the time designated for the street count, from 6-8pm. The shelter staff is asked to complete a "simple count" sheet that asks how many men, women, unaccompanied youth & the number of families (including the number of persons represented in those families) that are physically in the shelter at this time. Anyone with a sticker or who indicates that they have been counted "on the street" is not included in that number. The second part of the count involves giving everyone in the shelter the opportunity to complete a survey. We get about a 75% return rate on the survey. Most folks are very willing to participate. This survey asks questions that help us determine the characteristics of the population in the shelter. We use this information to determine subpopulations within the sheltered population. We extrapolate the information gained from the surveys to the whole population.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the sheltered subpopulations data. Response should address changes in all sheltered subpopulation data (limit 1500 characters):

In 2009 a number of surveys from two non-HUD funded projects indicated the persons completing the surveys did not meet the HUD definition of homeless. We decided not to include these projects in the count. While we believe some of the people in those projects do meet the HUD definition of homeless we could not identify who they were. These 2 projects work primarily with substance abusers accounting for some of the decrease in chronic substance abusers counted that night. There is also a drastic decrease in chronic homeless persons. After reviewing the 2008 AHAR numbers we discovered an error in reporting the number of chronic homeless which accounts for some of the decrease. We also decided it was more accurate to extrapolate this information from the surveys rather than asking shelter staff to identify the chronically homeless as we did in 2008. This also accounts for a reduced number. In addition, we have created over 80 units for the chronically homeless in the past 2 years along with other PSH projects not exclusively focused on the chronic population but houses a number of persons meeting the definition. The veteran population seems to have dropped in 2009. At this time we have used over 70 VASH vouchers & the HCHV program is still taking referrals.

2N. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Quality

Instructions:

CoCs often undertake a variety of steps to improve the quality of the sheltered population and subpopulation data. These include, but are not limited to:

- Instructions: The CoC provided written instructions to providers to explain protocol for completing the sheltered PIT count.
- Training: The CoC trained providers on the protocol and data collection forms used to complete the sheltered PIT count.
- Remind/Follow-up: The CoC reminded providers about the count and followed up with providers to ensure the maximum possible response rate from all programs.
- HMIS: The CoC used HMIS to verify data collected from providers for the sheltered count.
- Non-HMIS De-duplication techniques: The CoC used strategies to ensure that each sheltered and unsheltered homeless person was not counted more than once during the point in time count. The non-HMIS de-duplication techniques must be explained in the box below.

CoCs that select "Non-HMIS de-duplication techniques" must describe the techniques used. De-duplication is the process by which information on the same homeless clients within a program or across several programs is combined into unique records.

**Indicate the steps used by the CoC to ensure the data quality of the sheltered persons count:
 (select all that apply)**

Instructions:	<input type="checkbox"/>
Training:	<input checked="" type="checkbox"/>
Remind/Follow-up	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
Non-HMIS de-duplication techniques:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Describe the non-HMIS de-duplication techniques, if selected (limit 1000 characters):

The shelter PIT count is conducted at the same time & on the same night as the street count. Once someone is inside a shelter they are unlikely to leave as this would jeopardize their place/bed in the shelter for that night. Therefore persons were unlikely to be counted at more than one shelter. However, it was a night when the shelters were open all night to receive people wishing to get out of the cold. (Beds were not guaranteed) Therefore, when a person was counted on the street they were given a sticker to indicate that they were counted. If that person then went to a shelter, the staff would know not to count them again. Also, everyone who entered the shelter was asked if they had been counted on the street. If they said yes & did not have a sticker, they were given one. Because we advertise the night & time of the count weeks in advance & because our homeless population is very cooperative in working with us, wearing a sticker was not an issue for most of those counted.

20. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Methods

Instructions:

CoCs can use a number of methodologies to count unsheltered homeless persons. These include, but are not limited to:

- Public places count: The CoC conducted a point-in-time count based on observation of unsheltered homeless persons, but without interviews.
- Public places count with interviews: The CoC conducted a point-in-time count and either interviewed all unsheltered homeless persons encountered during the public places count or a sample of these individuals.
- Service-based count: The CoC interviewed people using non-shelter services, such as soup kitchens and drop-in centers, screened for homelessness, and counted those that self-identified as unsheltered homeless persons. In order to obtain an unduplicated count, every person interviewed in a service-based count must be asked where they were sleeping on the night of the last point-in-time count.
- HMIS: The CoC used HMIS in some way to collect, analyze, or report data on unsheltered homeless persons. For example, the CoC entered respondent information into HMIS in an effort to check personal identifying information to de-duplicate and ensure persons were not counted twice.

For more information on any of these methods, see *A Guide to Counting Unsheltered Homeless People* at: http://www.hudhre.info/documents/counting_unsheltered.pdf.

Indicate the method(s) used to count unsheltered homeless persons: (select all that apply)

Public places count:	<input checked="" type="checkbox"/>
Public places count with interviews:	<input checked="" type="checkbox"/>
Service-based count:	<input type="checkbox"/>
HMIS:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

2P. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Level of Coverage

Instructions:

Depending on a number of factors, the level of coverage for a count of unsheltered persons may vary from place to place. Below, indicate which level of coverage best applies to the count of unsheltered homeless persons in the CoC.

¿ Complete coverage means that every part of a specified geography, such as an entire city or a downtown area, every street is canvassed by enumerators looking for homeless people and counting anyone who is found.

¿ Known locations means counting in areas where unsheltered homeless people are known to congregate or live.

¿ A combined approach merges complete coverage with known locations by counting every block in a portion of the jurisdiction (e.g. central city) AND conducting counts in other areas of the jurisdiction where unsheltered persons are known to live or congregate.

Indicate the level of coverage of unsheltered homeless persons in the point-in-time count: Known Locations

If Other, specify:

2Q. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Data Quality

Instructions:

CoCs may undertake one or more methods to improve data quality of the unsheltered population and subpopulation data, as reported on 2I and 2J, respectively. Check all steps that the CoC has taken to ensure data quality:

- Training: The CoC conducted trainings(s) for point-in-time enumerators or CoC staff.
- HMIS: The CoC used HMIS to check for duplicate entries or for some other purpose.
- De-duplication techniques: The CoC used strategies to ensure that each unsheltered homeless person was not counted more than once during the point-in-time count.

All CoCs should have a strategy for reducing the occurrence of counting persons more than once during a point-in-time count, also known as de-duplication. De-duplication techniques should always be implemented when the point-in-time count extends beyond one night or takes place during the day at service locations used by homeless people that may or may not use shelters.

For more information on de-duplication and other techniques used to improve data quality, see [A Guide for Counting Unsheltered Homeless People](http://www.hudhre.info/documents/counting_unsheltered.pdf) at: www.hudhre.info/documents/counting_unsheltered.pdf.

Indicate the steps used by the CoC to ensure the data quality of the unsheltered persons count. (select all that apply)

Training:	X
HMIS:	
De-duplication techniques:	X
Other:	

If Other, specify:

Describe the techniques used by the CoC to reduce duplication, otherwise known as de-duplication (limit 1500 characters):

The shelter Point in Time count was conducted at the same time and on the same night as the street count. When a person was counted on the street they were given a sticker to indicate that they had been counted. If that person then went to a shelter, the shelter staff would know not to count them again. Also, everyone who entered the shelter that night was asked if they had been counted on the street. If they said yes and did not have a sticker, they were given one. These stickers also helped to identify people who may have been counted in another part of the city. Because we advertise the night and time of the count weeks in advance and because our homeless population is very cooperative in working with us, wearing the sticker was not an issue for most of those who were counted.

Describe the CoCs efforts to reduce the number of unsheltered homeless household with dependent children. Discussion should include the CoCs outreach plan (limit 1500 characters):

Louisville Metro Human Services offers homeless assessments to families who come to one of eight Neighborhood Places throughout Jefferson County. Families are referred to emergency shelters but often the shelters are full. In response to this need the Homeless Families Response Team (HFRT) was formed. Neighborhood Place workers assess the family's current situation, verify homelessness and refer families to HFRT. Neighborhood Place workers also start the process of referring to mainstream services. HFRT works to place the family in the most appropriate housing while continuing work on connecting to mainstream services and increasing employment options and income. Families not housed are often "lost" within the system because of lack of available temporary housing (emergency and transitional). Many families fear the possibility of losing their children because of their homelessness and therefore do not remain in contact with the HFRT. This situation creates several barriers to our CoC accurately accounting for these families in our annual count. Because these families are likely to take advantage of any opportunity to stay with someone overnight, however temporary, HUD's strict definition of homelessness and the family's fear of losing their children, this population is severely underrepresented in our annual counts. This under representation leads to an inability to show need and consequently there is a lack of resources to meet the needs of these unsheltered families.

Describe the CoCs efforts to identify and engage persons that routinely sleep on the streets or other places not meant for human habitation (limit 1500 characters):

Seven Counties Services Mental Health Outreach Team is the program the CoC uses to identify and engage persons on the street. It is designed to assist people experiencing both homelessness and mental illness. The Team consists of three case managers and a project coordinator. The Outreach Team spends approximately 25% of its time engaging people through street outreach and 75% of its time providing follow-up and case management to persons they have engaged through street outreach. Daily outreach is provided in outdoor areas of Louisville Metro where homeless persons gather, in day centers, and in overnight shelters. The provision of case management includes: linking individuals to mental health services, assistance with application for mainstream social services and entitlements (food stamps, Social Security benefits, Medicaid), and help in acquiring permanent housing. There has been a recent increase in demand for services provided by the Mental Health Outreach Team as people are in greater need of help in accessing local resources, especially housing. During the point in time count this Outreach Team takes the lead in identifying and visiting the places where those who routinely sleep on the streets. They, along with volunteers from the community mental health agency, visit as many camps as possible to count those on the street on the night of the count.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the unsheltered population data (limit 1500 characters):

There was only a difference of 9 people from 2008 to 2009. While the weather in 2009 was cold enough to warrant our implementing the policy of accepting persons throughout the night in order to allow them to get out of the cold, it was milder than in 2008. Many homeless persons said that it was not cold enough for them to seek a place in a shelter.

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

Objective 1: Create new permanent housing beds for chronically homeless individuals.

Instructions:

Ending chronic homelessness is a HUD priority. CoCs can work towards accomplishing this by creating new beds for the chronically homeless. Describe the CoCs short-term and long-term plan for creating new permanent housing beds for the chronically homeless. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to create new permanent housing beds for the chronically homeless (limit 1000 characters)?

In the next 12 months we are scheduled to have 25 more permanent housing beds available specifically for the chronically homeless. We also have other projects that have vouchers that are not specifically for the chronically homeless but are always available to that population just as they are available to other populations. 24% of our permanent housing beds that are NOT specifically for the chronically homeless are in fact housing the chronically homeless. (87 beds of 359) These 87 beds are NOT reflected in the numbers below.

Describe the CoC plan for creating new permanent housing beds for the chronically homeless over the next ten years (limit 1000 characters)?

We plan to create approximately 25 permanent housing beds for the chronically homeless each year. We also plan to create other permanent housing beds that are not specifically intended for the chronically homeless but will house the chronically homeless as appropriate. As stated above 24% of these type beds are indeed housing the chronically homeless. The numbers below do NOT reflect these beds.

- How many permanent housing beds do you currently have in place for chronically homeless persons? 188
- How many permanent housing beds do you plan to create in the next 12-months? 25
- How many permanent housing beds do you plan to create in the next 5-years? 75
- How many permanent housing beds do you plan to create in the next 10-years? 150

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

Objective 2: Increase percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent.

Instructions:

Increasing the self-sufficiency and stability of homeless participants is an important outcome measurement of HUD's homeless assistance programs. Describe the CoCs short-term and long-term plan for increasing the percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of homeless persons remaining in permanent housing for at least six months to at least 77 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

We plan to educate our case managers around the rapid rehousing philosophy. One of our projects currently using the rapid rehousing philosophy is experiencing terrific results in permanent housing placement & retention. A presentation to the entire CoC to show its success in this specific community is planned. We believe this will help move those currently in transitional & emergency shelter more quickly & result in successful housing placements. We plan to continue to show the results of all projects using this philosophy to encourage others to use this philosophy as well. In 2009, Louisville Metro granted the CoC \$1.5 mil. in CDBG funds previously not available to us. We established a community wide case management program that increased the number of case managers, provided more in depth services & provided access to S+C for smaller projects who lacked capacity for the required case management.

Describe the CoC's long-term plan to increase the percentage of homeless persons remaining in permanent housing for at least six months to at least 77 percent? CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

We believe that the increased case management funded through CDBG funds will help to stabilize those going into permanent housing & provide the support needed for these persons to maintain their housing longer. Louisville Metro is also adopting procedures to more regularly do income assessments for those in S+C. This will help to make sure that those in S+C are required to pay the appropriate amount of rent, not more than or less than 30% of their income. The CoC also required that all case managers being funded through HPRP be trained & provide assistance through the SOAR program. This will help to ensure that persons are receiving the income to which they are entitled.

What percentage of homeless persons in permanent housing have remained for at least six months? 76

In 12-months, what percentage of homeless persons in permanent housing will have remained for at least six months? 80

In 5-years, what percentage of homeless persons in permanent housing will have remained for at least six months? 81

In 10-years, what percentage of homeless persons in permanent housing will have remained for at least six months? 81

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

Objective 3: Increase percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent.

Instructions:

The ultimate objective of homeless assistance is to achieve the outcome of helping homeless families and individuals obtain permanent housing and self-sufficiency. Describe the CoC's short-term and long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

Currently we have reached the threshold of 65%. We plan to continue to educate our agencies & case managers of the success experiences with the rapid rehousing philosophy. One of our projects, dedicated to the chronically homeless, is using the rapid rehousing philosophy & is experiencing terrific results in placement & in retention into permanent housing. We are planning a presentation by this project to the entire CoC to show how it works, not only generically but also in this specific community. We believe this will help to move folks currently in transitional housing more quickly & result in more successful housing placements.

Describe the CoC's long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent? CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

We continue to encourage the use of the rapid rehousing model and as stated above we plan to continue to show the community how it works in the Louisville Metro community. The use of HPRP rapid rehousing funds will help to encourage this philosophy and provide the financial assistance needed to move people into permanent housing. As part of the awarding of HPRP case management funds, the CoC required that all case managers funded with HPRP receive SOAR training and implement SOAR services. This will help to ensure that people receive the income to which they are entitled and provide the income needed to maintain permanent housing. We also anticipate that once this practice is firmly established in the community it will continue after the HPRP funds are exhausted.

What percentage of homeless persons in transitional housing have moved to permanent housing? 67

In 12-months, what percentage of homeless persons in transitional housing will have moved to permanent housing? 68

In 5-years, what percentage of homeless persons in transitional housing will have moved to permanent housing? 69

In 10-years, what percentage of homeless persons in transitional housing will have moved to permanent housing? 69

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

Objective 4: Increase percentage of persons employed at program exit to at least 20 percent.

Instructions:

Employment is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Describe the CoCs short-term and long-term plans for increasing the percentage of persons employed at program exit to at least 20 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of persons employed at program exit to at least 20 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

While we are over the threshold of 20% we know that improvement is possible. One of the major barriers to employment and housing is the lack of an official ID. The Louisville Metro Continuum has worked with the County Attorney to allow the opportunity for homeless persons to obtain one replacement ID per year at a much reduced rate one time per month. During our annual Homeless Connect/Stand Down event in October we were able to obtain over 150 replacement IDs in one day.

Describe the CoC's long-term plan to increase the percentage of persons employed at program exit to at least 20 percent. CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

Another barrier to employment and housing is a person having a criminal record. We have worked with the Legal Aid Society and the County Attorney's office to create a "homeless court". This court is held outside the normal court house facilities but operates as an official judicial proceeding. The court will hear misdemeanors and work to resolve and expunge these records. This project has gotten off to a slow start but we continue to work toward providing the service that our homeless population needs in order to clear barriers to employment and housing.

What percentage of persons are employed at program exit?	34
In 12-months, what percentage of persons will be employed at program exit?	35
In 5-years, what percentage of persons will be employed at program exit?	36
In 10-years, what percentage of persons will be employed at program exit?	36

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

Objective 5: Decrease the number of homeless households with children.

Instructions:

Ending homelessness among households with children is a HUD priority. CoCs can work towards accomplishing this by creating beds and/or increasing supportive services for this population. Describe the CoCs short-term and long-term plans for decreasing the number of homeless households with children. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to decrease the number of homeless households with children (limit 1000 characters)?

In the next 12 months we will be using the opportunities presented by the HPRP monies to focus on rapidly rehousing homeless families that come to centralized community based centers. These centers are equipped to serve a variety of populations with various entitlement and needs based programs. The prevention monies available through HPRP will be used to keep families in their homes. Many families are just a step away from being HUD homeless and the prevention efforts will allow families to avoid the final step into homelessness.

Describe the CoC's long-term plan to decrease the number of homeless households with children (limit 1000 characters)?

We will continue to use the HPRP monies to assist homeless families and avoid homeless for those just a step away from homelessness. We are submitting with this application a permanent housing project that includes a variety of bedroom sizes. Roughly 30% or 20 units will be designated for families with children. We hope to continue to create projects that serve a variety of populations; chronic, singles and families with children in the next several years.

What is the current number of homeless households with children, as indicated on the Homeless Populations section (2I)? 134

In 12-months, what will be the total number of homeless households with children? 114

In 5-years, what will be the total number of homeless households with children? 64

In 10-years, what will be the total number of homeless households with children? 14

3B. Continuum of Care (CoC) Discharge Planning

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols developed to ensure that persons being discharged from a publicly- funded institution or system of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should similarly have in place or be developing policies and protocols to ensure that discharged persons are not released directly onto the streets or into CoC funded homeless assistance programs. In the space provided, provide information on the policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs). Response should address the following:

- ¿ What? Describe the policies that have been developed or are in the process of being developed.
- ¿ Where? Indicate where persons routinely go upon discharge from a publicly funded institution or system of care.
- ¿ Who? Identify the stakeholders or collaborating agencies.

Failure to respond to each of these questions will be considered unresponsive.

For each of the systems of care identified below, describe any policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs) (limit 1500 characters).

Foster Care:

The Kentucky Cabinet for Health and Family Services staff of the Independent Living Unit work with youth at their 17th birthday to determine the youth's desire to re-commit with the state or leave state's care. At the direction of the KY state legislature through HB 376, youth that cannot re-commit with the state or choose to age-out are informed of the Pilot Project and referred by the Cabinet worker to Pilot Project staff six months before the youth's 18th birthday. The youth and Pilot Project staff establish a plan, at the client's direction, which will increase her/his ability to remain stable and self-sufficient in the community. Together they address housing, work, education, and access to mainstream services. Pilot Project staff follow the client for six months after release from foster care. The Homeless Prevention Pilot Project was developed in 2005 to prevent homelessness by re-integration of individuals leaving state funded institutions, including Foster Care. Collaborating agencies in the Louisville CoC include the Cabinet for Health and Family Services, Department for Mental Health and Mental Retardation Services; Family & Children's Place (case management agency), and the Coalition for the Homeless (grant coordinating agency.)

Health Care:

When area hospitals need to discharge a homeless client who may benefit from a "healing bed," they call Phoenix Health Center (Louisville's Health Care for the Homeless project, also known as the Family Health Center.) A medical provider from Phoenix Health Center assesses the client to determine if they need a "healing bed." There are 6 healing beds available in the community, 3 for men and 3 for women. When a person is placed in a healing bed a member of the Family Health Center Outreach Team meets with the person to determine what kinds of services are needed and to help the person access needed service, including housing and mainstream services, in the community. Patients being released from local health care facilities who are not from the Louisville CoC and do not have the resources to return home often face homelessness. Hospitals regularly refer these patients to the local Travelers Aid, a program that provides Greyhound bus tickets or other financial assistance enabling those stranded in Louisville to return to their home community and support system. Collaborating agencies in the Louisville CoC area include local hospitals, Travelers Aid, Community Ministries and churches and Greyhound.

Mental Health:

Homeless patients will be referred to a Pilot Project staff 72 hours prior to release. The client and Pilot Project staff establish a plan, at the client's direction, which will increase her/his ability to remain stable and self-sufficient in the community. Together they address housing, work, education, and access to mainstream services. Pilot Project staff follow the client for six months after release from the state institution. Based on outcomes, continuous funding will be sought to make the Pilot Project a Standard Operating Procedure with the Cabinet for Health and Family Services division of Substance Abuse and Mental Health. Collaborating agencies in the Louisville CoC area include the Cabinet for Health and Family Services, Department for Mental Health and Mental Retardation Services, Family and Children's Place (case management agency), Central State Hospital, and the Coalition for the Homeless (grant coordinating agency).

Corrections:

Homeless serve-outs from state correctional facilities are referred to Pilot Project staff 120 days prior to release. The client & Project staff establish a plan to increase her/his ability to remain stable & self-sufficient in the community. They address housing, work, education & access to mainstream services. Project staff follow the client for 6 mos. after release. The KY Dept. of Corrections has a Re-Integration Specialist working in the KY State Reformatory & KY Correctional Institute for Women. The Re-Integration Specialist assists inmates diagnosed with mental illness serving out their sentence to return to their home community. Re-integration services start approx. 6 mos. pre-release & continue in the community for approx. 1 yr. Clients are assisted with housing, securing income supporting independence & accessing support services. Inmates being released from local jails who are not from Louisville & do not have resources to return home often face homelessness. Jails refer these inmates to Traveler's Aid for bus tickets or other financial assistance enabling them return home. Collaborating agencies incl. the Cab. for Health & Family Serv., Dept. for Mental Health & Mental Retardation Serv, Family & Children's Place (case management agency), KY Dept. of Corrections, KY State Reformatory, KY Correctional Inst. for Women, the Coalition for the Homeless (grant coordinating agency), local jails, Traveler's Aid, Community Ministries & churches & Greyhound.

3C. Continuum of Care (CoC) Coordination

Instructions:

A CoC should regularly assess the local homeless system and identify shortcomings and unmet needs. One of the keys to improving a CoC is to use long-term strategic planning to establish specific goals and then implement short-term/medium-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet the local CoC shortcomings and unmet needs.

New in 2009, CoCs are expected to describe the CoC's level of involvement and coordination with HUD's American Recovery and Reinvestment Act of 2009 programs, such as the Homelessness Prevention and Rapid Re-housing Program (HPRP), the Community Development Block Grant-Recovery (CDBG-R), the Tax Credit Assistance Program and the Neighborhood Stabilization Program (NSP1 or NSP2). Finally, CoCs with jurisdictions that are receiving funds through the HUD-VASH initiative should describe coordination with this program as well. CoCs that include no jurisdictions receiving funds from any one of these programs, should indicate such in the text box provided.

Does the Consolidated Plan for the jurisdiction(s) that make up the CoC include the CoC strategic plan goals for addressing homelessness? Yes

If yes, list the goals in the CoC strategic plan that are included in the Consolidated Plan:

1. To develop more supportive services for the homeless population.
2. Create an Affordable Housing Trust Fund to better serve the homeless population.
3. Increase awareness of homelessness in our local community.

Describe how the CoC is participating in or coordinating with the local Homeless Prevention and Rapid re-housing Program (HPRP) initiative, as indicated in the substantial amendment to the Consolidated Plan 2008 Action Plan (1500 character limit):

Louisville Metro & the Coalition for the Homeless has an established grants allocation process used to distribute ESG, HOPWA & CDBG funds to the homeless service providers. Louisville Metro decided to use this process to distribute part of the HPRP funds. While the direct assistance dollars are distributed by the Neighborhood Place sites (Louisville's one stop shop for assistance), the HMIS requirement is managed by the existing CoC HMIS staff. There are biweekly coordinating meetings of all partners who are expending HPRP funds. The case management requirement is provided through existing CoC case management agencies. The Coalition's grants committee made the recommendations to the city as to how the case management dollars are to be spent & who is chosen to provide the service. This allowed for direct input into who is most able to provide these services & the coordination between already existing CoC programs with the new efforts through HPRP.

Describe how the CoC is participating in or coordinating with the local Neighborhood Stabilization Program (NSP) initiative, HUD VASH, and/or any HUD managed American Reinvestment and Recovery Act programs (2500 character limit)?

The CoC is represented by the Coalition for the Homeless who currently serves as the lead agency for the CoC. While many individual agencies are represented in these efforts, it is the Coalition that brings the overall picture to the table. Louisville Metro's mayor set up 9 task forces to brainstorm, oversee and monitor the progress of how the ARRA funds were to be spent and targeted. The Coalition for the Homeless serves on 5 of the 9 task forces. They are: Social Services & Homelessness, Public & Affordable Housing, Workforce Training, Education, & Public Protection. The role of the Coalition is to bring the perspective of the CoC, the CoC's goals & objectives, & an understanding of the gaps in services & housing. Many CoC member agencies have direct connections with the Veteran's Administration & those providing access to HUD VASH housing vouchers, however because the VA has chosen to run the VASH program completely outside of the CoC it is difficult for the CoC to require any policies for coordination with CoC efforts. We do know that the HCHV program has used over 70 VASH vouchers & is still taking referrals. The CoC has representation on the task force charged with providing stakeholder input to the NSP initiative. Specific neighborhoods to be targeted & the scope vs depth of assistance to neighborhoods were specifically addressed. The CoC supports the creation of new or rehabbed housing that is primarily rental in nature in order to increase the availability of housing units for our population. The CoC supports the creation of these units but also realizes that without subsidies for these units the homeless population is unlikely to be able to access them. The CoC is committed to being at the table of these initiatives in order to highlight the specific obstacles faced by the homeless population.

4A. Continuum of Care (CoC) 2008 Achievements

Instructions:

For the five HUD national objectives in the 2009 CoC application, enter the 12-month numeric achievements that you provided in Exhibit 1, Part 3A of the 2008 electronic CoC application. Enter this number in the first column, "Proposed 12-Month Achievement". Under "Actual 12-Month Achievement" enter the actual numeric achievement that your CoC attained within the past 12 months that is directly related to the national objective. CoCs that did not submit an Exhibit 1 application in 2008 should answer no to the question, "Did CoC submit an Exhibit 1 application in 2008?"

Objective	Proposed 12-Month Achievement (number of beds or percentage)		Actual 12-Month Achievement (number of beds or percentage)	
Create new permanent housing beds for the chronically homeless.	42	Beds	58	B e d s
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 71.5%.	80	%	76	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 63.5%.	64	%	67	%
Increase percentage of homeless persons employed at exit to at least 19%	24	%	34	%
Decrease the number of homeless households with children.	377	Households	134	H o u s e h o l d s

Did CoC submit an Exhibit 1 application in 2008? Yes

For any of the HUD national objectives where the CoC did not meet the proposed 12-month achievement as indicated in 2008 Exhibit 1, provide explanation for obstacles or other challenges that prevented the CoC from meeting its goal:

The Louisville CoC exceeded all of our goals in 2008 with the exception of increasing the percentage of homeless persons staying in permanent housing over 6 months. Our goal was 80% and we were able to achieve 76%. While this is close to our goal and above the HUD goal of 71.5% we realize there is always more to do. We feel with the infusion of HPRP funds, a stronger emphasis on prevention and increased case management capabilities we will be able to increase our percentage to 80%. This past year the City of Louisville designated over \$1.5 million dollars in CDBG funds to be used within our homeless service provider system. Over \$400,000 was designated for case management services. This case management will allow us to serve more people in permanent housing projects such as shelter + care and other permanent housing programs and it will allow us to give more intensive service to those already in permanent housing.

4B. Continuum of Care (CoC) Chronic Homeless Progress

Instructions:

HUD must track each CoCs progress toward ending chronic homelessness. A chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four episodes of homelessness in the past three years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency shelter during that time. An episode is a separate, distinct, and sustained stay on the streets and/or in an emergency homeless shelter.

This section asks each CoC to track changes in the number of chronically homeless persons as well the number of beds available for this population. For each year, indicate the total unduplicated point-in-time count of the chronically homeless. For 2006 and 2007, this number should come from Chart K in that that year's Exhibit 1. The 2008 and 2009 data has automatically been pulled forward from the respective years 2I. Next, enter the total number of existing and new permanent housing beds, from all funding sources, that were/are readily available and targeted to house the chronically homeless for each year listed.

CoCs must also identify the cost of new permanent housing beds for the chronically homeless. The information in this section can come from point-in-time data and the CoCs housing inventory.

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for 2007, 2008, and 2009.

Year	Number of CH Persons	Number of PH beds for the CH
2007	257	129
2008	259	162
2009	247	188

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2008 and January 31, 2009. 45

Identify the amount of funds from each funding source for the development and operations costs of the new permanent housing beds designated for the chronically homeless, that were created between February 1, 2008 and January 31, 2009.

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development					
Operations	\$644,609				\$49,557
Total	\$644,609	\$0	\$0	\$0	\$49,557

If the number of chronically homeless persons increased or if the number of permanent beds designated for the chronically homeless decreased, please explain (limit 750 characters):

The number of chronic homeless persons decreased and the number of permanent housing beds for the chronically homeless increased.

4C. Continuum of Care (CoC) Housing Performance

Instructions:

In this section, CoCs will provide information from the recently submitted APR for all projects within the CoC, not just those being renewed in 2009.

HUD will be assessing the percentage of all participants who remain in S+C or SHP permanent housing (PH) for more than six months. SHP permanent housing projects include only those projects designated as SH-PH. Safe Havens are not considered permanent housing. Complete the following table using data based on the most recently submitted APR for Question 12(a) and 12(b) for all permanent housing projects within the CoC.

Does CoC have permanent housing projects for which an APR should have been submitted? Yes

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	143
b. Number of participants who did not leave the project(s)	394
c. Number of participants who exited after staying 6 months or longer	117
d. Number of participants who did not exit after staying 6 months or longer	294
e. Number of participants who did not exit and were enrolled for less than 6 months	206
TOTAL PH (%)	77

Instructions:

HUD will be assessing the percentage of all transitional housing (TH) participants who moved to a PH situation. TH projects only include those projects identified as SH-TH. Safe Havens are not considered transitional housing. Complete the following table using data based on the most recently submitted APR for Question 14 for all transitional housing projects within the CoC.

Does CoC have any transitional housing programs for which an APR should have been submitted? Yes

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	174
b. Number of participants who moved to PH	116
TOTAL TH (%)	67

4D. Continuum of Care (CoC) Enrollment in Mainstream Programs and Employment Information

Instructions:

HUD will be assessing the percentage of clients in all of your existing projects who gained access to mainstream services, especially those who gained employment. This includes all S+C renewals and all SHP renewals, excluding HMIS projects. Complete the following charts based on responses to APR Question 11 for all projects within the CoC.

Total Number of Exiting Adults: 936

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	231	25	%
SSDI	80	9	%
Social Security	15	2	%
General Public Assistance	0	0	%
TANF	126	13	%
SCHIP	3	0	%
Veterans Benefits	18	2	%
Employment Income	319	34	%
Unemployment Benefits	3	0	%
Veterans Health Care	33	4	%
Medicaid	222	24	%
Food Stamps	363	39	%
Other (Please specify below)	254	27	%
Medicare, Child Support, Medical Assist., Housing Subsidy, WIC, Transportation, Child care subsidy			
No Financial Resources	245	26	%

The percentage values will be calculated by the system when you click the "save" button.

Does CoC have projects for which an APR should have been submitted? Yes

4E. Continuum of Care (CoC) Participation in Energy Star and Section 3 Employment Policy

Instructions:

HUD promotes energy-efficient housing. All McKinney-Vento funded projects are encouraged to purchase and use Energy Star labeled products. For information on Energy Star initiative go to: <http://www.energystar.gov>

A "Section 3 business concern" is one in which: 51% or more of the owners are section 3 residents of the area of service; or at least 30% of its permanent full-time employees are currently section 3 residents of the area of service, or within three years of their date of hire with the business concern were section 3 residents; or evidence of a commitment to subcontract greater than 25% of the dollar award of all subcontracts to businesses that meet the qualifications in the above categories is provided. The "Section 3 clause" can be found at 24 CFR Part 135.

Has the CoC notified its members of the Energy Star Initiative? Yes

Are any projects within the CoC requesting funds for housing rehabilitation or new construction? No

4F. Continuum of Care (CoC) Enrollment and Participation in Mainstream Programs

It is fundamental that each CoC systematically help homeless persons to identify, apply for, and follow-up to receive benefits under SSI, SSDI, TANF, Medicaid, Food Stamps, SCHIP, WIA, and Veterans Health Care as well as any other State or Local program that may be applicable.

Does the CoC systematically analyze its projects APRs in order to improve access to mainstream programs? Yes

If 'Yes', describe the process and the frequency that it occurs.

Each project must submit their APR to the CoC for review & scoring. We evaluate the APR for accuracy & completeness. Then a graduated scale of bonus points are given according to the project's level of success in clients gaining employment, financial resources, & the increase in those who gain access to mainstream resources. This process is done on a yearly basis & the scores are one part of the process used in ranking of projects. Even though we did not need to rank the renewals this year we continued the practice in order to show the community how the projects ranked against each other & how well they are meeting the HUD goals. We also compare the information given on the APR with the information generated by our HMIS system. Scores are given for how well these two sources of information match. If a project does not score well, the Advisory Group meets with the director of the project & reviews the information. Ideas are shared as to why the scores are low & how to increase them.

Does the CoC have an active planning committee that meets at least 3 times per year to improve CoC-wide participation in mainstream programs? Yes

If "Yes", indicate all meeting dates in the past 12 months.

July 10, 2008
Aug 14, 2008
Sept 11, 2008
Oct 9, 2008
Nov 13, 2008
Dec 11, 2008
Jan 8, 2009
Feb 12, 2009
Mar 12, 2009
Apr 9, 2009
May 14, 2009
Jul 9, 2009
Aug 11, 2009
Sept 10, 2009
Oct 8, 2009

Does the CoC coordinate with the State Interagency Council on Homelessness to reduce or remove barriers to accessing mainstream services? Yes

Does the CoC and/or its providers have specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs? Yes

If yes, identify these staff members Provider Staff

Does the CoC systematically provide training on how to identify eligibility and program changes for mainstream programs to provider staff. Yes

If "Yes", specify the frequency of the training. Semi-annually

Does the CoC use HMIS as a way to screen for mainstream benefit eligibility? No

If "Yes", indicate for which mainstream programs HMIS completes screening.

Has the CoC participated in SOAR training? Yes

If "Yes", indicate training date(s).

- September 22-23, 2009 - 17 trained
- June 30 - July 1, 2009 - 2 trained
- May 7-8, 2009 - 2 trained
- February 4-5, 2009 17 trained
- June 17-18, 2008 - 33 trained
- September 5-6, 2007 - 28 trained
- March 14-15, 2006 - 31 trained
- August 15-16, 2006 - 25 trained

4G: Homeless Assistance Providers Enrollment and Participation in Mainstream Programs

Indicate the percentage of homeless assistance providers that are implementing the following activities:

Activity	Percentage
<p>1. Case managers systematically assist clients in completing applications for mainstream benefits. 1a. Describe how service is generally provided:</p>	91%
<p>Assessing need and eligibility for specific mainstream services is a routine function of initial assessments of clients. Assisting clients in completing applications for mainstream benefits is a regular and consistent part of the case management process. Clients are generally encouraged to make the initial contact with the agency from which they are seeking service. If this is not possible or clients request assistance case managers coach and sometimes take the lead in making these contacts. Often case managers accompany clients to mainstream benefit appointments to provide support and additional information. These services are provided as part of the regular case management process and as needed by the client.</p>	
<p>2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.</p>	83%
<p>3. Homeless assistance providers use a single application form for four or more mainstream programs: 3.a Indicate for which mainstream programs the form applies:</p>	0%
<p>No such single application form exists in our CoC. We could develop a preliminary assessment form but an actual application form would not be accepted by the mainstream programs at this time.</p>	
<p>4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.</p>	91%
<p>4a. Describe the follow-up process:</p>	
<p>Service providers have follow up processes in place as part of providing on going case management. Processes include regular - on average bi weekly - meetings between the case manager and the client. During this time, case managers verify that clients have indeed applied for services and review the status of that application. Documentation of eligibility determinations and services provided or received are kept in client files. Follow up phone calls and other forms of contact are made by case managers as needed until final determinations are made and services are either denied or received. Ongoing monitoring of the service being provided is also a part of ongoing case management.</p>	

Part A - Questionnaire for HUD's Initiative on Removal of Regulatory Barriers

Part A. Local Jurisdictions. Counties Exercising Land Use and Building Regulatory Authority and Other Applicants Applying for Projects Located in such Jurisdictions or Counties [Collectively, Jurisdiction]

<p>*1. Does your jurisdiction's comprehensive plan (or in the case of a tribe or TDHE, a local Indian Housing Plan) include a "housing element"?</p> <p>A local comprehensive plan means the adopted official statement of a legislative body of a local government that sets forth (in words, maps, illustrations, and/or tables) goals, policies, and guidelines intended to direct the present and future physical, social, and economic development that occurs within its planning jurisdiction and that includes a unified physical plan for the public development of land and water. If your jurisdiction does not have a local comprehensive plan with a housing element, please select No. If you select No, skip to question # 4.</p>	<p>Yes</p>
<p>2. If your jurisdiction has a comprehensive plan with a housing element, does the plan provide estimates of current and anticipated housing needs, taking into account the anticipated growth of the region, for existing and future residents, including low, moderate and middle income families, for at least the next five years?</p>	<p>No</p>
<p>3. Does your zoning ordinance and map, development and subdivision regulations or other land use controls conform to the jurisdiction's comprehensive plan regarding housing needs by providing: a) sufficient land use and density categories (multi-family housing, duplexes, small lot homes and other similar elements); and, b) sufficient land zoned or mapped "as of right" in these categories, that can permit the building of affordable housing addressing the needs identified in the plan?</p> <p>(For purposes of this notice, "as-of-right" as applied to zoning, means uses and development standards that are determined in advance and specifically authorized by the zoning ordinance. The ordinance is largely self-enforcing because little or no discretion occurs in its administration). If the jurisdiction has chosen not to have either zoning, or other development controls that have varying standards based upon districts or zones, the applicant may also enter yes.</p>	<p>Yes</p>
<p>4. Does your jurisdiction's zoning ordinance set minimum building size requirements that exceed the local housing or health code or that are otherwise not based upon explicit health standards?</p>	<p>No</p>
<p>*5. If your jurisdiction has development impact fees, are the fees specified and calculated under local or state statutory criteria?</p> <p>If no, skip to question #7. Alternatively, if your jurisdiction does not have impact fees, you may select Yes.</p>	<p>Yes</p>
<p>6. If yes to question #5, does the statute provide criteria that sets standards for the allowable type of capital investments that have a direct relationship between the fee and the development (nexus), and a method for fee calculation?</p>	<p>No</p>

Part A - Page 2

<p>*7. If your jurisdiction has impact or other significant fees, does the jurisdiction provide waivers of these fees for affordable housing?</p>	<p>No</p>
<p>*8. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through gradated regulatory requirements applicable as different levels of work are performed in existing buildings?</p> <p>Such code language increases regulatory requirements (the additional improvements required as a matter of regulatory policy) in proportion to the extent of rehabilitation that an owner/developer chooses to do on a voluntary basis. For further information see HUD publication: Smart Codes in Your Community: A Guide to Building Rehabilitation Codes (http://www.huduser.org/publications/destech/smartcodes.html.)</p>	<p>No</p>
<p>*9. Does your jurisdiction use a recent version (i.e. published within the last 5 years or, if no recent version has been published, the last version published) of one of the nationally recognized model building codes (i.e. the International Code Council (ICC), the Building Officials and Code Administrators International (BOCA), the Southern Building Code Congress International (SBCI), the International Conference of Building Officials (ICBO), the National Fire Protection Association (NFPA)) without significant technical amendment or modification.</p> <p>In the case of a tribe or TDHE, has a recent version of one of the model building codes as described above been adopted or, alternatively, has the tribe or TDHE adopted a building code that is substantially equivalent to one or more of the recognized model building codes?</p>	<p>Yes</p>
<p>Alternatively, if a significant technical amendment has been made to the above model codes, can the jurisdiction supply supporting data that the amendments do not negatively impact affordability.</p>	
<p>*10. Does your jurisdiction's zoning ordinance or land use regulations permit manufactured (HUD-Code) housing "as of right" in all residential districts and zoning classifications in which similar site-built housing is permitted, subject to design, density, building size, foundation requirements, and other similar requirements applicable to other housing that will be deemed realty, irrespective of the method of production?</p>	<p>Yes</p>
<p>*11. Within the past five years, has a jurisdiction official (i.e., chief executive, mayor, county chairman, city manager, administrator, or a tribally recognized official, etc.), the local legislative body, or planning commission, directly, or in partnership with major private or public stakeholders, convened or funded comprehensive studies, commissions, or hearings, or has the jurisdiction established a formal ongoing process, to review the rules, regulations, development standards, and processes of the jurisdiction to assess their impact on the supply of affordable housing?</p>	<p>Yes</p>
<p>*12. Within the past five years, has the jurisdiction initiated major regulatory reforms either as a result of the above study or as a result of information identified in the barrier component of the jurisdiction's "HUD Consolidated Plan?" If yes, briefly describe. (Limit 2,000 characters.)</p>	<p>No</p>
<p>*13. Within the past five years has your jurisdiction modified infrastructure standards and/or authorized the use of new infrastructure technologies (e.g. water, sewer, street width) to significantly reduce the cost of housing?</p>	<p>Yes</p>

Part A - Page 3

<p>*14. Does your jurisdiction give "as-of-right" density bonuses sufficient to offset the cost of building below market units as an incentive for any market rate residential development that includes a portion of affordable housing?</p> <p>(As applied to density bonuses, "as of right" means a density bonus granted for a fixed percentage or number of additional market rate dwelling units in exchange for the provision of a fixed number or percentage of affordable dwelling units and without the use of discretion in determining the number of additional market rate units.)</p>	<p>Yes</p>
<p>*15. Has your jurisdiction established a single, consolidated permit application process for housing development that includes building, zoning, engineering, environmental, and related permits?</p> <p>Alternatively, does your jurisdiction conduct concurrent, not sequential, reviews for all required permits and approvals?</p>	<p>No</p>
<p>*16. Does your jurisdiction provide for expedited or "fast track" permitting and approvals for all affordable housing projects in your community?</p>	<p>No</p>
<p>*17. Has your jurisdiction established time limits for government review and approval or disapproval of development permits in which failure to act, after the application is deemed complete, by the government within the designated time period, results in automatic approval?</p>	<p>No</p>
<p>*18. Does your jurisdiction allow "accessory apartments" either as: a) a special exception or conditional use in all single-family residential zones or, b) "as of right" in a majority of residential districts otherwise zoned for single-family housing?</p>	<p>Yes</p>
<p>*19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?</p>	<p>No</p>
<p>*20. Does your jurisdiction require affordable housing projects to undergo public review or special hearings when the project is otherwise in full compliance with the zoning ordinance and other development regulations?</p>	<p>No</p>

Continuum of Care (CoC) Project Listing

Instructions:

To upload all Exhibit 2 applications that have been submitted to this CoC, click on the "Update List" button. This process may take several hours depending on the size of the CoC, however the CoC can either work on other parts of Exhibit 1 or it can log out of e-snaps and come back later to view the updated list. To rank a project, click on the icon next to each project to view project details.

For additional instructions, refer to the 2008 Project Listing Instructions on the left-hand menu bar.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
Shelter Plus Care...	2009-10-26 09:51:...	1 Year	Louisville/J effer...	236,712	Renewal Project	S+C	TRA	U
Louisville HMIS -...	2009-11-16 15:26:...	1 Year	Coalition for the...	122,311	Renewal Project	SHP	HMIS	F
Single Transition..	2009-11-14 15:07:...	1 Year	Choices, Inc.	35,196	Renewal Project	SHP	TH	F
Shelter Plus Care...	2009-10-26 12:11:...	1 Year	Louisville/J effer...	27,504	Renewal Project	S+C	PRA	U
Journey House	2009-11-17 14:11:...	1 Year	Schizophr enia Fou...	211,649	Renewal Project	SHP	TH	F
Collaborati ve Hou...	2009-11-12 08:07:...	1 Year	Kentucky Housing ...	372,154	Renewal Project	SHP	PH	F
CHI	2009-11-13 15:48:...	1 Year	Society of St. Vi...	420,699	Renewal Project	SHP	PH	F
SHP Homeless Fami...	2009-11-06 16:05:...	1 Year	Louisville/J effer...	66,012	Renewal Project	SHP	SSO	F
St. Jude Women's ...	2009-11-12 11:06:...	1 Year	Society of St. Vi...	137,938	Renewal Project	SHP	TH	F
Transitiona l Hous...	2009-11-09 15:05:...	1 Year	The Salvation Arm...	119,600	Renewal Project	SHP	TH	F
Homes With Heart	2009-11-16 14:33:...	1 Year	House of Ruth, Inc.	137,694	Renewal Project	SHP	PH	F
Shelter Plus Care...	2009-11-17 15:34:...	1 Year	Louisville/J effer...	31,248	Renewal Project	S+C	TRA	U
Family Transition..	2009-11-16 12:31:...	1 Year	Choices, Inc.	35,301	Renewal Project	SHP	TH	F

Louisville After-...	2009-11-04 10:34:...	1 Year	Kentucky Housing ...	479,860	Renewal Project	SHP	SSO	F
Sober Living I-Mu...	2009-11-17 14:21:...	1 Year	Schizophr enia Fou...	28,054	Renewal Project	SHP	PH	F
Shelter Plus Care...	2009-10-26 12:30:...	1 Year	Louisville/J effer...	81,600	Renewal Project	S+C	SRA	U
Transitiona l Hous...	2009-11-04 14:34:...	1 Year	Bellewood Presbyt...	88,327	Renewal Project	SHP	TH	F
Permanent Support...	2009-11-09 13:40:...	1 Year	Bellewood Presbyt...	143,478	Renewal Project	SHP	PH	F
Follow-Up for Suc...	2009-11-13 13:48:...	1 Year	Volunteers of Ame...	164,045	Renewal Project	SHP	SSO	F
Shelter Support a...	2009-11-09 10:02:...	1 Year	Family Health Cen...	255,146	Renewal Project	SHP	SSO	F
PSH-CH	2009-11-13 16:03:...	1 Year	Society of St. Vi...	427,747	Renewal Project	SHP	PH	F
West Louisville C...	2009-11-02 11:43:...	1 Year	The Center for Wo...	49,875	Renewal Project	SHP	TH	F
Shelter Plus Care...	2009-10-26 11:43:...	1 Year	Louisville/J effer...	31,248	Renewal Project	S+C	SRA	U
Women's permanent ...	2009-11-13 07:56:...	1 Year	Wayside Christian...	25,575	Renewal Project	SHP	PH	F
Transitiona l Serv...	2009-11-17 16:23:...	1 Year	New Directions Ho...	58,245	Renewal Project	SHP	TH	F
Transitiona l Hous...	2009-11-13 13:58:...	1 Year	Volunteers of Ame...	371,611	Renewal Project	SHP	TH	F
Shelter Plus Care IV	2009-10-26 09:20:...	1 Year	Louisville/J effer...	217,008	Renewal Project	S+C	TRA	U
SVDP On Campus PSH	2009-11-17 16:36:...	2 Years	Society of St. Vi...	606,872	New Project	SHP	PH	P1
Collaborati ve Hou...	2009-11-12 08:27:...	1 Year	Kentucky Housing ...	246,723	Renewal Project	SHP	PH	F
Permanent Housing...	2009-10-30 14:39:...	1 Year	Home of the Innoc...	88,844	Renewal Project	SHP	PH	F

Men's permanent s...	2009-11-06 11:44:...	1 Year	Wayside Christian...	103,369	Renewal Project	SHP	PH	F
Permanent Support...	2009-11-05 14:28:...	1 Year	Father Maloney's ...	169,846	Renewal Project	SHP	PH	F
Shelter Plus Care...	2009-10-26 09:09:...	1 Year	Louisville/J effer...	1,140,156	Renewal Project	S+C	TRA	U
Permanent Support...	2009-11-16 11:02:...	1 Year	Jefferson Street ...	75,316	Renewal Project	SHP	PH	F
Women's safe haven	2009-11-06 11:50:...	1 Year	Wayside Christian...	81,902	Renewal Project	SHP	SH	F
Shelter Plus Care...	2009-11-17 15:48:...	1 Year	Louisville/J effer...	44,640	Renewal Project	S+C	TRA	U
Shelby Men's Center	2009-11-12 09:40:...	1 Year	Volunteers of Ame...	128,390	Renewal Project	SHP	TH	F
Homes With Hope	2009-11-13 11:15:...	1 Year	Society of St. Vi...	115,516	Renewal Project	SHP	TH	F
Mental Health Out...	2009-11-03 16:29:...	1 Year	Seven Counties Se...	93,060	Renewal Project	SHP	SSO	F
Sober Living II B...	2009-11-17 14:16:...	1 Year	Schizophr enia Fou...	21,000	Renewal Project	SHP	PH	F
Shelter Plus Care...	2009-11-06 14:10:...	1 Year	Louisville/J effer...	35,712	Renewal Project	S+C	SRA	U
Transitiona l Hous...	2009-11-12 07:52:...	1 Year	Kentucky Housing ...	279,095	Renewal Project	SHP	TH	F
SHP Human Service...	2009-10-26 13:33:...	1 Year	Louisville/J effer...	38,249	Renewal Project	SHP	SSO	F

Budget Summary

FPRN	\$5,191,827
Permanent Housing Bonus	\$606,872
SPC Renewal	\$1,845,828
Rejected	\$0

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Certification of ...	11/11/2009