

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

### **Instructions:**

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

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

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

**1A-3 CoC Designation:** CA

## 1B. Continuum of Care (CoC) Operations

### Instructions:

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**1B-1 How often does the CoC conduct meetings of the full CoC membership?** Monthly

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

**1B-3 Does the CoC include membership of a homeless or formerly homeless person?** Yes

**1B-4 For members who are homeless or formerly homeless, what role do they play in the CoC membership?** Outreach, Volunteer, Organizational employee, Community Advocate  
Select all that apply.

**1B-5 Does the CoC's governance charter incorporate written policies and procedures for each of the following:**

1B-5.1 Written agendas of CoC meetings?	Yes
1B-5.2 Centralized or Coordinated Assessment System?	Yes
1B-5.3 Process for Monitoring Outcomes of ESG Recipients?	Yes
1B-5.4 CoC policies and procedures?	Yes
1B-5.5 Written process for board selection?	Yes
1B-5.6 Code of conduct for board members that includes a recusal process?	Yes
1B-5.7 Written standards for administering assistance?	Yes

## 1C. Continuum of Care (CoC) Committees

### Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**1C-1 Provide information for up to five of the most active CoC-wide planning committees, subcommittees, and/or workgroups, including a brief description of the role and the frequency of meetings. Collaborative Applicants should only list committees, subcommittees and/or workgroups that are directly involved in CoC-wide planning, and not the regular delivery of services.**

	Name of Group	Role of Group (limit 750 characters)	Meeting Frequency	Names of Individuals and/or Organizations Represented
1C-1.1	Advisory Group	The Advisory Grp is to educate, review & advise the CoC in order for the larger community to make educated, prudent & "well thought out" decisions regarding community planning & to ensure that the grant is the best submission possible. The Advisory Grp assists Coalition staff, addresses process issues, assists project applicants & helps maximize the amount of funding available. At this time the Advisory Grp acts as the defacto CoC Board of Directors until the CoC formally installs the Board early in 2014. The CoC grants the Advisory Grp decision making responsibilities as necessary when time is critical & the issue to be decided is such that a smaller group is needed to study & understand the issues & consequences involved.	Monthly	Healthcare for the Homeless, Louisville Metro Government, ESG, Veteran's Administration, Volunteers of America, St John Day Center, Formerly homeless, Kentucky Housing Corporation (State), CoC Coordinator
1C-1.2	Accessing Mainstream Benefits	The role of the Accessing Mainstream Benefits Committee is to work to end homelessness through increasing resources to those in need. Their initial and biggest focus this year was to work with all opportunities to implement and access the Affordable Care Act for projects and clients. They are also charged with looking for ways to encourage projects to ensure clients are accessing all mainstream benefits for which they are eligible.	Monthly	KY & IN Regional Planning & Dev. Agency, SOAR, Wellspring, 7 Cos Outreach, St John Day Cntr, Sal Army, Vincent de Paul, Wayside Mission, KY St Gov., Vols of Am, Healthcare for Homeless, KYnect (Afford Care Act outreach), CoC Coord

1C-1.3	CoC Board Creation Task Force	The CoC created this Task Force to focus on how the community wanted to create and implement the CoC Board structure. This task force studied different models, created a process for the community to nominate CoC Board members and worked to ensure that when the Board is installed they have necessary tools available to them to begin functioning.	Monthly	Community volunteer, Volunteers of America, Legal Aid Society, Louisville Metro Government, Louisville Metro Housing Authority, Healthcare for the Homeless, Center for Non-Profit Excellence, YMCA Safe Place (Youth), CoC Coordinatory
1C-1.4	Institutional Discharge	The Institutional Discharge Committee meets to improve discharge planning from state & local institutions including prisons, jails, mental hospitals & institutions, hospitals & foster care. The committee is open to all & includes representatives of the institutions as well as the single point of entry & other referral agencies. This committee works to prevent homelessness through access to other community resources & better planning & communication.	Monthly	Louisville Metro Government, St. Vincent de Paul, ESG, St John Day Center, CoC Coordinator
1C-1.5	Common Assessment Steering Committee	The Common Assessment Steering committee implemented a communitywide process study options that involved small & large gp mtngs, opportunities for adjusting plans & finally deciding on the structure & tool for the CA project. W/input from the community this committee chose Family Health Cntr/Phoenix to implement the CA project. FHC/P is steeped in Housing First experience. The committee will act as an oversight body for the CA Team until the CoC Board is ready to take on the responsibility. This will incl monitoring implementation, grievances, training for CA team members, etc. The # 1 priority is to implement a process that gets people into appropriate permanent housing ASAP thus working to end homelessness.	Monthly	VA, hospitals, foster care, MH hospital, formerly homeless, single point of entry, mental health advocates, providers, & ESG

**1C-2 Describe how the CoC considers the full range of opinions from individuals or organizations with knowledge of homelessness or an interest in preventing and ending homelessness in the geographic area when establishing the CoC-wide committees, subcommittees, and workgroups.  
(limit 750 characters)**

The Lou Metro CoC req 1 member of the CoC Board be a homeless or formerly homeless person. Formerly homeless persons attend CoC mo meetings & are represented on committees. However, Lou CoC also created the Consumer Participation Committee. This committee meets monthly & holds hearings at homeless facilities & community-wide homeless events to gather input about the CoC process, services, unmet needs & new projects. This info is used by the CoC & project applicants to improve services & the CoC structure. Finally, all CoC funded agencies have a homeless or formerly homeless board rep & The Coalition for the Homeless, who serves as Collaborative App, has 2 formerly homeless persons on the board of directors. The CoC & committees work to end & prevent homelessness & incl reps from all special populations of the homeless.

## 1D. Continuum of Care (CoC) Project Review, Ranking, and Selection

### Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**1D-1 Describe the specific ranking and selection process the CoC uses to make decisions regarding project application review and selection, based on objective criteria. Written documentation of this process must be attached to the application along with evidence of making the information publicly available.  
(limit 750 characters)**

CoC issues a report card for ea proj 2Xs/yr w/proj progress toward HUD goals (from APRs), capacity, PIT & HMIS data quality gathered 4Xs/yr. Using rep card w/FOIA info for \$\$ returned & monitoring data, amount of leverage contributed in last app & agency participation in CoC, a score is determined. The scoring process was voted on by the CoC & shared w/potential apps at 3 meetings & notice was given on our website Dec 11th. Projs are ranked w/in 3 categories: 1)PSH mtng HUD housing retention goal, 2)PSH not mtng housing retention goal, TH mtng HUD movement to PH & SSO's mtng TH goal (65%) for moving folks to any type shelter, 3)TH & SSOs not mtng TH goal. Using the score, projs are ranked w/in ea division. The Advisory Grp does a final review & makes adjustments only as needed to address opportunities/requirements in the NOFA.

**1D-2 Describe how the CoC reviews and ranks projects using periodically collected data reported by projects, conducts analysis to determine each project's effectiveness that results in participants rapid return to permanent housing, and takes into account the severity of barriers faced by project participants. Description should include the specific data elements and metrics that are reviewed to do this analysis.  
(limit 1000 characters)**

The CoC issues a report card for ea proj 2Xs/yr w/projects' progress toward HUD goals regarding maintaining PH housing/getting into PH from TH, employment & income(from APRs) & capacity, PIT & HMIS data quality gathered 4Xs/yr. Using the report card w/FOIA info for \$\$ returned & monitoring data, amount of leverage contributed in last application & the proj/agency participation in CoC, a score is determined. Projs are ranked w/in three divisions as explained in the previous question. Projs are ranked using the score w/in ea division. The Advisory Grp looks at rankings in relationship to opportunities & requirements in NOFA & what is best for the community to determine best "final placement" of projs. Length of stay & recidivism will be added to the scoring next year. The CoC will be adding a score for how the proj participates in the Common Assessment process as it gets up & running. This information will be reviewed at least quarterly & more often at the beginning of the C/A project. We have not yet had to take into account the severity of barriers faced by proj participants as our projects with these participants are scoring higher than those with fewer/less severe barriers.

**1D-3 Describe the extent in which the CoC is open to proposals from entities that have not previously received funds in prior Homeless Assistance Grants competitions.  
(limit 750 characters)**

The CoC issues a notice for open proposals 1X per yr. When there is interest from a new entity, the agency is encouraged to come to the CoC mtngs so the community can get to know them. This also allows for the voting membership to get to know who they are & gives them a chance to learn the processes & responsibilities associated w/receiving this money. The responsibilities of meeting match, leverage, & HMIS participation are usually why agencies decline to apply for any grants. If there is continued interest, we encourage the agency to partner w/an existing agency that receives CoC funding so there is mentorship throughout the process. We review & provide feedback on all new & renewal applications from any agency to ensure success in their submission.

**1D-4 On what date did the CoC post on its website all parts of the CoC Consolidated Application, including the Priority Listings with ranking information and notified project applicants and stakeholders the information was available? Written documentation of this notification process (e.g., evidence of the website where this information is published) must be attached to the application.** 01/17/2014

**1D-5 If there were changes made to the ranking after the date above, what date was the final ranking posted?**

**1D-6 Did the CoC attach the final GIW approved by HUD either during CoC Registration or, if applicable, during the 7-day grace period following the publication of the CoC Program NOFA without making changes?** No

**1D-6.1 If no, briefly describe each of the specific changes that were made to the GIW (without HUD approval) including any addition or removal of projects, revisions to line item amounts, etc. For any projects that were revised, added, or removed, identify the applicant name, project name, and grant number. (limit 1000 characters)**

The Louisville CoC has three projects that were approved as new projects in July 2013 but due to delay by HUD failed to get under contract by Jan 31, 2013. These projects are: KY0130L4I011200 Louisville/Jefferson Co. Metro Gov. PSH Non-Chronic 1, KY0135L4I011200 Louisville/Jefferson Co. Metro Gov. PSH Non-Chronic 2 & KY0131L4I011200 Society of St. Vincent de Paul Homes with Hope PSH.

KY0082L4I011205 Wayside Christian Mission Women's Safe Haven was included on the GIW as a Safe Haven but is applying as a reallocated PSH project. The funding requested remains the same.

KY0055L4I011205 KY Housing Corp Louisville Aftercare Services is being reduced from \$478,800 to \$459,980.

KY0100L4I011204 Bellewood Transitional Housing is being eliminated and the funds, along with the remaining funds from the Louisville Aftercare Services is being reallocated into the Family and Children's Place Rapid Rehousing for Families Grant.

Finally, our planning grant funded in the 2012 round was for \$109,270 but we are now only eligible to apply for \$107,045 in 2013 due to HUD being unable to get \$458,562 worth of 2012 approved grants under contract by Dec 31, 2013.

**1D-7 Were there any written complaints received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the last 12 months?** No

**1D-7.1 If yes, briefly describe the complaint(s), how it was resolved, and the date(s) in which it was resolved. (limit 750 characters)**

N/A



## **1E. Continuum of Care (CoC) Housing Inventory**

### **Instructions:**

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**1E-1 Did the CoC submit the 2013 HIC data in Yes  
the HDX by April 30, 2013?**

## 2A. Homeless Management Information System (HMIS) Implementation

### Intructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

### 2A-1 Describe how the CoC ensures that the HMIS is administered in compliance with the CoC Program interim rule, conformance with the 2010 HMIS Data Standards and related HUD Notices. (limit 1000 characters)

The Coalition for the Homeless serves as HMIS Lead for the Louisville Metro CoC. The HMIS administrator has received training from HUD and Bowman Systems both at annual conferences and on site to insure that we are in compliance with the CoC Program interim rule, 2010 HMIS data standards and related HUD notices. Our staff and the HMIS security officer at Kentucky Housing Corporation - the KY statewide HMIS administrator - have also reviewed the interim rule, standards and notices thoroughly to insure compliance. Additionally, we provide regular training to grantees to insure compliance and created a single point of entry to insure that all initial data on clients is entered accurately and safely. Quarterly data quality checks are conducted and the CoC Lead monitors for other items of compliance.

### 2A-2 Does the governance charter in place between the CoC and the HMIS Lead include the most current HMIS requirements and outline the roles and responsibilities of the CoC and the HMIS Lead? If yes, a copy must be attached.

Yes

### 2A-3 For each of the following plans, describe the extent in which it has been developed by the HMIS Lead and the frequency in which the CoC has reviewed it: Privacy Plan, Security Plan, and Data Quality Plan. (limit 1000 characters)

The Louisville CoC follows the Kentucky statewide HMIS policies and procedures which include a privacy plan, security plan and data quality plan. These are attached as part of the CoC Charter and HMIS procedures. The Coalition for the Homeless HMIS coordinator meets with the Kentucky HMIS security officer and other HMIS staff quarterly to review and make any necessary changes to the HMIS policies and procedures. The most recent update was made in January of 2013. The Louisville Metro CoC Charter also outlines that it is the responsibility of the CoC board to review the HMIS plan including privacy plan, security plan and data quality plan annually.

**2A-4 What is the name of the HMIS software selected by the CoC and the HMIS Lead?** Service Point  
**Applicant will enter the HMIS software name (e.g., ABC Software).**

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

**2A-6 Does the CoC plan to change the HMIS software within the next 18 months?** No

## 2B. Homeless Management Information System (HMIS) Funding Sources

**2B-1 Select the HMIS implementation coverage area:** Statewide

**2B-2 Select the CoC(s) covered by the HMIS: (select all that apply)** KY-502 - Lexington/Fayette County CoC, KY-501 - Louisville/Jefferson County CoC, KY-500 - Kentucky Balance of State CoC

**2B-3 In the chart below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.**

### 2B-3.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$209,577
ESG	\$0
CDBG	\$25,000
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$234,577

### 2B-3.2 Funding Type: Other Federal

Funding Source	Funding
Department of Education	\$0
Department of Health and Human Services	\$0
Department of Labor	\$0
Department of Agriculture	\$0
Department of Veterans Affairs	\$0
Other Federal	\$0
Other Federal - Total Amount	\$0

**2B-3.3 Funding Type: State and Local**

Funding Source	Funding
City	\$0
County	\$0
State	\$10,000
State and Local - Total Amount	\$10,000

**2B-3.4 Funding Type: Private**

Funding Source	Funding
Individual	\$0
Organization	\$434,779
Private - Total Amount	\$434,779

**2B-3.5 Funding Type: Other**

Funding Source	Funding
Participation Fees	\$20,500
Other - Total Amount	\$20,500

2B-3.6 Total Budget for Operating Year	\$699,856
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**2B-4 How was the HMIS Lead selected by the CoC?** Agency was Appointed

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

N/A

## 2C. Homeless Management Information System (HMIS) Bed Coverage

### Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**2C-1 Indicate the HMIS bed coverage rate (%) for each housing type within the CoC. If a particular housing type does not exist anywhere within the CoC, select "Housing type does not exist in CoC" from the drop-down menu:**

* Emergency shelter	86%+
* Safe Haven (SH) beds	86%+
* Transitional Housing (TH) beds	86%+
* Rapid Re-Housing (RRH) beds	86%+
* Permanent Supportive Housing (PSH) beds	76-85%

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

**2C-3 If the bed coverage rate for any housing type is 64% or below, describe how the CoC plans to increase this percentage over the next 12 months.  
(limit 1000 characters)**

N/A

**2C-4 If the Collaborative Applicant indicated that the bed coverage rate for any housing type was 64% or below in the FY2012 CoC Application, describe the specific steps the CoC has taken to increase this percentage.  
(limit 750 characters)**

N/A

## 2D. Homeless Management Information System (HMIS) Data Quality

### Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**2D-1 For each housing type, indicate the average length of time project participants remain in housing. If a housing type does not exist in the CoC, enter "0".**

Type of Housing	Average Length of Time in Housing
Emergency Shelter	50
Transitional Housing	181
Safe Haven	108
Permanent Supportive Housing	313
Rapid Re-housing	77

**2D-2 Indicate the percentage of unduplicated client records with null or missing values on a day during the last 10 days of January 2013 for each Universal Data Element listed below.**

Universal Data Element	Percentage
Name	0%
Social security number	0%
Date of birth	0%
Ethnicity	1%
Race	1%
Gender	0%
Veteran status	1%
Disabling condition	4%
Residence prior to program entry	2%
Zip Code of last permanent address	4%
Housing status	7%
Head of household	0%

**2D-3 Describe the extent in which HMIS generated data is used to generate HUD required reports (e.g., APR, CAPER, etc.). (limit 1000 characters)**

The CoC requires projects to run the APR HMIS report at least quarterly, using it to determine data quality. This encourages projects to then use the report as the basis for the information entered into ESNAPS for the APR. The HMIS APR is used to determine outcomes for the HUD goals and various other goals the CoC has chosen to measure in order to determine ranking for the CoC application and to determine level of quality programming. The City also requires that reports are run out of HMIS for quarterly reporting for HMIS and selected CDBG and general fund reporting. The CAPER is also based on HMIS reporting. HMIS is used to determine length of stay, destination, use of mainstream services, and where clients are originating from among other things. We also use HMIS to determine participation in our single point of entry, client check in and client check out. This allows us to measure client outcomes but also how is the CoC doing and which projects are contributing to the CoC success and which are the ones needing assistance.

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

**2D-5 Describe the process through which the CoC works with the HMIS Lead to assess data quality. Include how the CoC and HMIS Lead collaborate, and how the CoC works with organizations that have data quality challenges.  
(Limit 1000 characters)**

The CoC coord agency & HMIS Lead are the same, collaboration is inherent. The CoC does a sheltered PIT 4X/yr & requires an ART 625 APR for the PIT night & the 3 mos. since the last quarterly PIT. Projs are graded for HMIS quality & if the PIT #'s = the manual count. The CoC requires all data elements be answered w/either info or "don't know". 4 elements - Vet status, Disabling cond, Residence prior to entry & Housing status - requiring actual info. Null values for any element or "don't know" for the 4 elements result in an "F". This info is on the semiannual report given to the community for review. Agencies receiving "F" are given additional training. HMIS is used for Single Point/Entry. Emergency shelters are given a grade for participation in SPE & HMIS data quality is included.

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



## 2E. Homeless Management Information System (HMIS) Data Usage and Coordination

### Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

### 2E-1 Indicate the frequency in which the CoC uses HMIS data for each of the following activities:

* Measuring the performance of participating housing and service providers	Quarterly
* Using data for program management	Quarterly
* Integration of HMIS data with data from mainstream resources	Never
* Integration of HMIS data with other Federal programs (e.g., HHS, VA, etc.)	Quarterly

## 2F. Homeless Management Information System (HMIS) Policies and Procedures

### Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**2F-1 Does the CoC have a HMIS Policy and Procedures Manual? If yes, the HMIS Policy and Procedures Manual must be attached.** Yes

**2F-1.1 What page(s) of the HMIS Policy and Procedures Manual or governance charter includes the information regarding accuracy of capturing participant entry and exit dates in HMIS? (limit 250 characters)**

Page 1 of the Data Quality Standards for Lou Metro CoC includes the requirement that all participants be given an entry & exit date & that this is evaluated in the quarterly data quality report. This document is part of the HMIS policy & procedures attached to the Lou Metro CoC & HMIS Charter.

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

## 2G. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count

### Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**2G-1** Indicate the date of the most recent sheltered point-in-time count (mm/dd/yyyy): 01/30/2013

**2G-2** If the CoC conducted the sheltered point-in-time count outside of the last 10 days of January 2013, was an exception granted by HUD? Not Applicable

**2G-3** Enter the date the CoC submitted the sheltered point-in-time count data in HDX: 04/19/2013

**2G-4** Indicate the percentage of homeless service providers supplying sheltered point-in-time data:

Housing Type	Observation	Provider Shelter	Client Interview	HMIS
Emergency Shelters		100%		100%
Transitional Housing		100%		100%
Safe Havens		100%		100%

**2G-5** Comparing the 2012 and 2013 sheltered point-in-time counts, indicate if there was an increase, decrease, or no change and then describe the reason(s) for the increase, decrease, or no change. (Limit 750 characters)

The overall sheltered count for 2013 increased by less than 1% over 2012. This amounted to 3 additional households and 2 additional individuals. We counted more people in shelter in 2013 and feel this is due to very cold temperatures on the night of the PIT. Since we are not interested in adding new shelter beds, focusing more on permanent housing, when our shelters are full, that is the number of people we are able to accommodate. Therefore at any PIT, when the shelters are at capacity, the number of sheltered people will be about the same. However, our overall PIT count - including the street count showed a decrease from 2012.

## 2H. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count: Methods

### Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**\* 2H-1 Indicate the method(s) used to count sheltered homeless persons during the 2013 point-in-time count:**

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

**2H-2 If other, provide a detailed description.  
(limit 750 characters)**

N/A

**2H-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population during the 2013 point-in-time count was accurate.  
(limit 750 characters)**

Shelters count those in shelter & submit #s by a handwritten report. An HMIS report is run showing the # of people in shelter that night. The shelter reconciles the 2 #s if needed. They submit the HMIS report & the manual report to the Coalition for the Homeless - CoC lead. The coalition compares the 2 reports looking for discrepancies in #s & for a level of quality data in HMIS. The shelter receives a grade for accuracy & quality for ea of the 4 PIT dates along w/an indication of whether the reports were submitted on time. These grades are reported to the entire CoC 2Xs per yr. They are used to determine proj performance & level of participation in the CoC. This info is used to determine whether the project is chosen to be included in the application & its ranking.

## 2I. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count: Data Collection

### Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**\* 2I-1 Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:**

	HMIS:	<input checked="" type="checkbox"/>
	HMIS plus extrapolation:	<input type="checkbox"/>
Sample of PIT interviews plus extrapolation:		<input type="checkbox"/>
Sample strategy: (if Sample of PIT interviews plus extrapolation is selected)		
	Provider expertise:	<input type="checkbox"/>
	Interviews:	<input type="checkbox"/>
	Non-HMIS client level information:	<input type="checkbox"/>
	Other:	<input type="checkbox"/>

**2I-2 If other, provide a detailed description.  
(limit 750 characters)**

N/A

**2I-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population count during the 2013 point-in-time count was accurate.  
(limit 750 characters)**

Shelters count those in shelter & submit #s by a handwritten report. An HMIS report is run showing the # of people in shelter that night. The shelter reconciles the 2 #s if needed. They submit the HMIS report & the manual report to the Coalition for the Homeless - CoC lead. The coalition compares the 2 reports looking for discrepancies in #s & for a level of quality data in HMIS. The shelter receives a grade for accuracy & quality for ea of the 4 PIT dates. These grades are reported to the entire CoC 2Xs per yr. They are used to determine proj performance & level of participation in the CoC. Subpopulations are gleaned from HMIS data. The quality report & grade insures the subpopulation info is completed in HMIS thus giving us accurate & timely data.

## 2J. Continuum of Care (CoC) Sheltered Homeless Point-in-Time Count: Data Quality

### Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

### \* 2J-1 Indicate the methods used to ensure the quality of the data collected during the sheltered point-in-time count:

Training:	<input checked="" type="checkbox"/>
Follow-up	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Non-HMIS de-duplication :	<input type="checkbox"/>
Other:	<input type="checkbox"/>

### 2J-2 If other, provide a detailed description. (limit 750 characters)

N/A

### 2J-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population count during the 2013 point-in-time count was accurate. (limit 750 characters)

Training: We have used the same method of counting within the shelters for years, and we conduct a sheltered count 4Xper/yr. We review the information being submitted on a quarterly basis and train as needed when the information is not accurate. We also compare the information given to us manually with that in HMIS. Projects have 5 days to fix discrepancies.

Follow-up: As we receive information from the shelters we compare it to HMIS data, information from 3 mos and 1 yr ago. All information is reviewed and discrepancies are resolved.

HMIS: We do data quality reports and grades on a quarterly basis. When there are discrepancies between HMIS and the manual counts, these issues are resolved within 5 days of the PIT.

## 2K. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time (PIT) Count

### Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**2K-1 Indicate the date of the most recent unsheltered point-in-time count:** 01/30/2013

**2K-2 If the CoC conducted the unsheltered point-in-time count outside of the last 10 days of January 2013, was an exception granted by HUD?** No

**2K-3 Enter the date the CoC submitted the unsheltered point-in-time count data in HDX:** 04/19/2013

**2K-4 Comparing the 2013 unsheltered point-in-time count to the last unsheltered point-in-time count, indicate if there was an increase, decrease, or no change and describe the specific reason(s) for the increase, decrease, or no change. (limit 750 characters)**

We saw a 57% to 59% decrease in the unsheltered count this year. A decrease of 82 households and 89 persons. We changed the time of the street count to coincide with the time utilized by our 100,000 Homes project. We thought this would result in finding more folks in camps but this did not happen. We are unsure of why other than the cold weather and the shelters were taking people throughout the night. We did add 122 more PSH beds to the homeless provider system and most of these beds did target the chronically homeless and the most vulnerable on the street.

## 2L. Continuum of Care (CoC) Unsheltered Point-in-Time Count: Methods

### Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**\* 2L-1 Indicate the methods used to count unsheltered homeless persons during the 2013 point-in-time count:**

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

**2L-2 If other, provide a detailed description. (limit 750 characters)**

N/A

**2L-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the unsheltered homeless population during the 2013 point-in-time count was accurate. (limit 750 characters)**

Public places count: Teams went out beginning at 4:00 AM walking specifically designated areas of the city counting only people found in that area. Teams were trained the night before on the methods used during 100,000 Homes Registry Week. If a person was counted that was "mobile" the person was asked if they were counted by another team or if they saw another team during the time of the count. If the answer was yes, they were not counted again. The time of the morning allowed teams to find folks sleeping & the designated areas insured areas were not overlapped. People were not likely counted at the shelters after being counted on the street due to the time of day the street count was conducted.

HMIS: We used HMIS to extrapolate the subpopulations data. Data provided by our outreach teams was used to extrapolate this information.



## **2M. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time Count: Level of Coverage**

### **Instructions:**

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**2M-1 Indicate where the CoC located unsheltered homeless persons during the 2013 point-in-time count:** A Combination of Locations

**2M-2 If other, provide a detailed description.  
(limit 750 characters)**

N/A

## 2N. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time Count: Data Quality

### Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**\* 2N-1 Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2013 unsheltered population count:**

Training:	<input checked="" type="checkbox"/>
"Blitz" count:	<input checked="" type="checkbox"/>
Unique identifier:	<input type="checkbox"/>
Survey question:	<input checked="" type="checkbox"/>
Enumerator observation:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

**2N-2 If other, provide a detailed description.  
(limit 750 characters)**

N/A

**2N-3 For each method selected, including other, describe how the method was used to reduce the occurrence of counting unsheltered homeless persons more than once during the 2013 point-in-time count. In order to receive credit for any selection, it must be described here.  
(limit 750 characters)**

Training & Blitz count: We used the methods used during Registry Week of our 100,000 Homes Project. Counters were trained the night before and teams went out at 4:00 AM to specific areas of the city to count those only in those specific areas. Time of day and assigned areas insured people were counted only one time. If a person was found mobile at that time of day, counters asked if they had already been counted or if they had seen a similar team recently in another area. If the answer was yes, the person was not counted again. When appropriate the person was questioned about their veteran status using questions the VA formulated to determine veteran status.

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

### Objective 1: Increase Progress Towards Ending Chronic Homelessness

#### Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY 2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). The first goal in Opening Doors is to end chronic homelessness by 2015. Creating new dedicated permanent supportive housing beds is one way to increase progress towards ending homelessness for chronically homeless persons. Using data from Annual Performance Reports (APR), HMIS, and the 2013 housing inventory count, complete the table below.

#### 3A-1.1 Objective 1: Increase Progress Towards Ending Chronic Homelessness

	Proposed in 2012 CoC Application	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-1.1a For each year, provide the total number of CoC-funded PSH beds not dedicated for use by the chronically homeless that are available for occupancy.		859	963	963
3A-1.1b For each year, provide the total number of PSH beds dedicated for use by the chronically homeless.	118	130	494	514
3A-1.1c Total number of PSH beds not dedicated to the chronically homeless that are made available through annual turnover.		145	145	145
3A-1d Indicate the percentage of the CoC-funded PSH beds not dedicated to the chronically homeless made available through annual turnover that will be prioritized for use by the chronically homeless over the course of the year.		53%	55%	57%
3A-1.1e How many new PSH beds dedicated to the chronically homeless will be created through reallocation?		15	5	5

**3A-1.2 Describe the CoC's two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015.**

**(limit 1000 characters)**

The CoC is dedicated to increasing PH in order to end chronic homelessness. We have done this through a 100K Homes campaign that added 75 new chronic beds in 2013 and will add a minimum of 40 more chronic beds in 2014-15. These beds are not on the 3A-1.1 chart because they are funded through the housing authority and SAMHSA. We are also working with KY's Managed Care Organizations so that PH services for supportive housing serving the chronically homeless can be Medicaid billable. And KY has created a Supported Housing Academy to help with supported housing development. The CoC is initiating a common assessment team that will be ranking all clients assessed using the VI SPDAT. This means that units that are not previously dedicated to the chronically homeless and most vulnerable in the past will now serve the chronically homeless first as they rise to the top of the waiting list for housing. The common assessment team can file a grievance if these clients are not served providing accountability in the system. In addition, all 279 of our VASH vouchers are committed to the chronically homeless.

**3A-1.3 Identify by name the individual, organization, or committee that will be responsible for implementing the goals of increasing the number of permanent supportive housing beds for persons experiencing chronic homelessness.**

**(limit 1000 characters)**

Our Common Assessment Team, lead by Cary Addison of The Family Health Center at Phoenix, will use a process that begins by consolidating all waiting lists across the continuum into one PSH waiting list. They will also be using the VI SPADT assessment to assess vulnerability and those in most need. All persons coming through our single point of entry will be assessed. While this does not exclusively use length of homelessness, it does place high priority on those homeless the longest. We anticipate that those in the top pool of need will primarily be those homeless the longest. As openings are available in PSH projects, agencies will be given several names of those in the top pool of need that fit the criteria for the PSH opening. (HIV/AIDS, DV, Severely Mentally Ill, Household size, etc.) If an agency refuses to serve all of the households given them for an opening, the Common Assessment team can file a grievance with the CoC Board.

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

### Objective 2: Increase Housing Stability

#### Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Achieving housing stability is critical for persons experiencing homelessness. Using data from Annual Performance Reports (APR), complete the table below.

**3A-2.1 Does the CoC have any non-HMIS projects for which an APR should have been submitted between October 1, 2012 and September 30, 2013?** Yes

#### 3A-2.2 Objective 2: Increase Housing Stability

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-2.2a Enter the total number of participants served by all CoC-funded permanent supportive housing projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013:	1041	1067	1108
3A-2.2b Enter the total number of participants that remain in CoC-funded funded PSH projects at the end of the operating year PLUS the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination.	952	930	964
3A-2.2c Enter the percentage of participants in all CoC-funded projects that will achieve housing stability in an operating year.	91%	87%	87%

**3A-2.3 Describe the CoC's two year plan (2014-2015) to improve the housing stability of project participants in CoC Program-funded permanent supportive housing projects, as measured by the number of participants remaining at the end of an operating year as well as the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit to 1000 characters)**

The Louisville CoC transitional and permanent housing providers have strong evidenced-based services that have consistently helped individuals and families to access and maintain permanent housing. We plan to continue in 2014 & 2015 to provide training through the CoC and Dona O'Sullivan foundation. We also plan to continue to track progress in housing stability to insure that it remains consistent over time. We also plan to continue our partnership with homeless prevention agencies to insure that resources are available as needed to assist anyone who is struggling prior to any chance of homelessness and our efforts to insure that every client is aware of mainstream benefits and services in the community that can help provide housing stability.

**3A-2.4 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of housing stability in CoC-funded projects. (limit 1000 characters)**

Our Accessing Mainstream Benefits Committee, lead by Judy Brendle of The Family Health Center at Phoenix, will continue to monitor housing stability and alert the CoC if there are concerns about a need for services. They also meet monthly at Wellspring to implement CoC-wide practices that insure that homeless clients can access mainstream benefits efficiently. Their efforts include SSI, Medicaid, VA benefits, TANF, food stamps, job training and education, but can also include referrals for health services, job training, education and homeless prevention services.

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

### Objective 3: Increase project participants income

#### Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Assisting project participants to increase income is one way to ensure housing stability and decrease the possibility of returning to homelessness. Using data from Annual Performance Reports (APR), complete the table below.

**3A-3.1 Number of adults who were in CoC-funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013:** 1658

#### 3A-3.2 Objective 3: Increase project participants income

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-3.2a Enter the percentage of participants in all CoC-funded projects that increased their income from employment from entry date to program exit?	14%	20%	20%
3A-3.2b Enter the percentage of participants in all CoC-funded projects that increased their income from sources other than employment from entry date to program exit?	15%	20%	20%

**3A-3.3 In the table below, provide the total number of adults that were in CoC-funded projects with each of the cash income sources identified below, as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013.**

Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-3.1	
Earned Income	534	32.21	%
Unemployment Insurance	29	1.75	%
SSI	483	29.13	%

SSDI	264	15.92	%
Veteran's disability	18	1.09	%
Private disability insurance	0		%
Worker's compensation	1	0.06	%
TANF or equivalent	121	7.30	%
General Assistance	28	1.69	%
Retirement (Social Security)	25	1.51	%
Veteran's pension	19	1.15	%
Pension from former job	3	0.18	%
Child support	64	3.86	%
Alimony (Spousal support)	2	0.12	%
Other Source	58	3.50	%
No sources	404	24.37	%

**3A-3.4 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes from non-employment sources from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table (3A-3.2) above.  
(limit 1000 characters)**

The CoC now has a common assessment team that will be using the VI-SPDAT to assess the needs of newly homeless persons in the homeless system. The results of this assessment will then be used by the common assessment team and case managers at the various shelter and housing agencies to verify which benefits the client should be seeking. Someone from the common assessment team or a case manager will then be named to assist that client in benefit access. The CoC has created a system with the local VA to assess each client for VA benefits. We have an active SOAR team that assists any person in accessing SSI/SSDI. Case managers also work with families and legal aid to access any unpaid salary, pensions, worker's comp, alimony or child support.

**3A-3.5 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes through employment from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above.  
(limit 1000 characters)**

The CoC will monitor employment income for each project through the quarterly score card at CoC meetings. Our Common Assessment Team, lead by Cary Addison of The Family Health Center at Phoenix, will work to create employment and job training referrals that can be used by the common assessment team and case managers to insure increased employment income.



**3A-3.6 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC-funded projects that increase income from entry date to program exit. (limit 1000 characters)**

The CoC will monitor mainstream benefit income for each project through the quarterly score card at CoC meetings. Our Accessing Mainstream Benefits Committee, lead by Judy Brendle of the Family Health Center at Phoenix meets monthly at Wellspring and will oversee CoC-wide practices that insure that homeless clients can access mainstream benefits efficiently. Their efforts include SSI, Medicaid, VA benefits, TANF, food stamps, job training and education, but can also include referrals for health services, job training, education and homeless prevention services.

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

### Objective 4: Increase the number of participants obtaining mainstream benefits

#### Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Assisting project participants to obtain mainstream benefits is one way to ensure housing stability and decrease the possibility of returning to homelessness. Using data from Annual Performance Reports (APR), complete the table below.

**3A-4.1 Number of adults who were in CoC-funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013.** 1658

#### 3A-4.2 Objective 4: Increase the number of participants obtaining mainstream benefits

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-4.2a Enter the percentage of participants in ALL CoC-funded projects that obtained non-cash mainstream benefits from entry date to program exit.	59%	59%	59%

**3A-4.3 In the table below, provide the total number of adults that were in CoC-funded projects that obtained the non-cash mainstream benefits from entry date to program exit, as reported on APRs submitted during the period between October 1, 2013 and September 30, 2013.**

Non-Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-4.1
Supplemental nutritional assistance program	1158	69.84 %
MEDICAID health insurance	334	20.14 %
MEDICARE health insurance	113	6.82 %
State children's health insurance	6	0.36 %
WIC	26	1.57 %

VA medical services	53	3.20	%
TANF child care services	12	0.72	%
TANF transportation services	4	0.24	%
Other TANF-funded services	1	0.06	%
Temporary rental assistance	3	0.18	%
Section 8, public housing, rental assistance	180	10.86	%
Other Source	8	0.48	%
No sources	351	21.17	%

**3A-4.4 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that access mainstream benefits from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit 1000 characters)**

The CoC now has a common assessment team that will be using the VI-SPDAT to assess the needs of newly homeless persons in the homeless system. The results of this assessment will then be used by the common assessment team and case managers at the various shelter and housing agencies to verify which benefits the client should be seeking. Someone from the common assessment team or a case manager will then be named to assist that client in the benefit access. The CoC has created a system with the local VA to assist each client for VA benefits. There are two staff dedicated to helping homeless persons sign up for Medicaid and other health care options. Case managers also work with clients to complete applications for various subsidized housing, SNAP benefits, WIC and any TANF benefits.

**3A-4.5 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC-funded projects that that access non-cash mainstream benefits from entry date to program exit. (limit 1000 characters)**

The CoC will monitor mainstream benefit access for each project through the quarterly score card at CoC meetings. Our Accessing Mainstream Benefits Committee, lead by Judy Brendle of The Family Health Center at Phoenix meets monthly at Wellspring and will oversee CoC-wide practices that insure that homeless clients can access mainstream benefits efficiently. Their efforts include SSI, Medicaid, VA benefits, TANF, food stamps, job training and education, but can also include referrals for health services, job training, education and homeless prevention services.

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

### Objective 5: Using Rapid Re-Housing as a method to reduce family homelessness

#### Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Rapid re-housing is a proven effective housing model. Based on preliminary evidence, it is particularly effective for households with children. Using HMIS and Housing Inventory Count data, populate the table below.

#### 3A-5.1 Objective 5: Using Rapid Re-housing as a method to reduce family homelessness.

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-5.1a Enter the total number of homeless households with children per year that are assisted through CoC-funded rapid re-housing projects.	0	3	7
3A-5.1b Enter the total number of homeless households with children per year that are assisted through ESG-funded rapid re-housing projects.	17	18	19
3A-5.1c Enter the total number of households with children that are assisted through rapid re-housing projects that do not receive McKinney-Vento funding.	0	0	0

**3A-5.2 Describe the CoC's two year plan (2014-2015) to increase the number homeless households with children assisted through rapid re-housing projects that are funded through either McKinney-Vento funded programs (CoC Program, and Emergency Solutions Grants program) or non-McKinney-Vento funded sources (e.g., TANF). Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit 1000 characters)**

Louisville Metro Government is committed to making a small increase in rapid rehousing for families in the 2014 & 2015 ESG program made possible by the small increase proposed in the 2013 budget. The CoC is also committing some reallocated dollars to a new rapid rehousing project in the 2013 application. If this project is funded, the opportunities for families will come to fruition late in 2014. This project is committed to a housing first model increasing the CoC's ability to get families in housing as quickly as possible.

**3A-5.3 Identify by name the individual, organization, or committee that will be responsible for increasing the number of households with children that are assisted through rapid re-housing in the CoC geographic area. (limit 1000 characters)**

The Louisville Rapid Rehousing Program is managed by a Rapid Rehousing committee that meets quarterly at the city building. The committee is chaired by Katina Whitlock and is made up of the various housing and service partners serving families through rapid rehousing. They are responsible for reviewing program progress, numbers served, numbers that maintain housing and unexpended funding to create recommendations for program change as needed. They also review waiting lists to determine unmet need for the rapid rehousing program. The CoC collaborative applicant has reviewed the need as well through HMIS and PIT data and made a request to the committee and city for increased ESG funding for this program in 2014 and 2015. The CoC advisory committee has also recommended that \$108,838 of CoC funds be reallocated to rapid rehousing for families due to the high need of homeless families.

**3A-5.4 Describe the CoC's written policies and procedures for determining and prioritizing which eligible households will receive rapid re-housing assistance as well as the amount or percentage of rent that each program participant must pay, if applicable. (limit 1000 characters)**

To date, the CoC doesn't have RRH except thru ESG funding. The prog serves individuals & families w/more limited housing barriers w/TBRA up to 12 mos. Clients are assessed & eligible if they are homeless w/limited barriers that can be resolved in 12 mos or less. The RRH prog uses a "lump sum" payment standard for ESG direct client assist, based on household size so the % ea client pays toward their rent is different. No client pays more than 30% of AMI for a unit meeting FMR. Clients who can achieve housing stability in 12 mos or less are prioritized to receive RRH assist. The standards used to determine housing stability in a short time incl current income, employment history, job readiness, financial matters incl debt, educational attainment, health issues incl mental health & addiction, criminal history & other issues that may prevent a person from attaining or maintaining housing. These issues are used to determine housing suitability & the length of assist. All RRH clients are re-evaluated 1X every 3 mos. No one may receive more than 24 mos of assist over 3 yrs. Those receiving financial assist receive monthly case management.

**3A-5.5 How often do RRH providers provide case management to households residing in projects funded under the CoC and ESG Programs?  
(limit 1000 characters)**

Case managers are required to see clients a minimum of one time per month. This only applies to the ESG RRH project as this CoC does not currently have any RRH projects funded under the CoC. However, the CoC is reallocating funds to a new RRH project and if this project is funded, the ESG and the CoC funded projects will be coordinated.

**3A-5.6 Do the RRH providers routinely follow up with previously assisted households to ensure that they do not experience additional returns to homelessness within the first 12 months after assistance ends?  
(limit 1000 characters)**

Case managers are required to follow up with clients at 3 months and 6 months after exit from the program. This only applies to the ESG RRH program as this CoC does not currently have any RRH projects funded under the CoC. If a new CoC-funded RRH program is funded, the CoC will work to insure that the policies are coordinated between the CoC and ESG programs.

## **3B. Continuum of Care (CoC) Discharge Planning: Foster Care**

### **Instructions:**

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**3B-1.1 Is the discharge policy in place State Mandated Policy mandated by the State, the CoC, or other?**

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

N/A

**3B-1.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.  
(limit 1000 characters)**

The Louisville CoC tracks the release of foster care clients into homeless services through quarterly reports run by the Coalition for the Homeless. At no point have these numbers increased above .3%. However the CoC has created a Coalition Supporting Young Adults to address the needs of this population that has created a one-stop drop in center for this population and is working on a phone app as well. The state strengthened discharge planning for kids providing more time to return to foster care and giving more info. on their rights. KY Housing Corp. works with young adults exiting foster care to find and pay for 12 months of affordable rental housing through CHAFFE. Case management services for the transition are provided by the Cabinet for Family and Children and Western KY University. For those youth at highest risk of homelessness upon exit from foster care, the Commonwealth of KY has also created the Homeless Prevention Project which provides additional case management beyond the transition to independence.

**3B-1.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.  
(limit 1000 characters)**

The primary entity responsible for kids exiting foster care is the KY Cabinet for Families & Children. Each child has an assigned case manager who must begin working with them on a transition plan 6 months prior to their 18th birthday. Each child must be told their rights to continue under state's care & receive free higher education. The child can ask that this info be provided by a judge as well as the case manager. Case managers are responsible for helping foster care children who continue in state's care to get a college degree, obtain housing, transition to adult mental health services (if needed) & find employment. The state has contracted with Western KY University to provide additional case management services to those who choose to leave state's care at 18. These case managers assist young adults in obtaining benefits, transportation & employment. The state has contracted with KY Housing Corp to provide housing relocation services to those choosing to leave state's care at 18. They assist young adults in finding housing, signing & understanding leases & tenant responsibilities.



## **3B. Continuum of Care (CoC) Discharge Planning: Health Care**

### **Instructions:**

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**3B-2.1 Is the discharge policy in place Other  
mandated by the State, the CoC, or other?**

**3B-2.1a If other, please explain.  
(limit 750 characters)**

Locally mandated by hospitals in the community.

**3B-2.2 Describe the efforts that the CoC has taken to ensure persons are  
not routinely discharged into homeless and specifically state where  
persons routinely go upon discharge.  
(limit 1000 characters)**

The Louisville CoC is a member of the Louisville Systems Strategy committee created to provide coordination of medical services in Louisville. This body addresses gaps in medical services, appropriate discharge and difficulty in getting patients to follow discharge plans when released. CoC member Family Health Center at Phoenix - a healthcare for the homeless provider - provides in-reach to our local hospitals to insure appropriate release of homeless persons with medical conditions and the Single Point of Entry works with the hospitals to divert persons as appropriate to other services or return to shelter after care if appropriate.

**3B-2.3 Identify the stakeholders and/or collaborating agencies that are  
responsible for ensuring that persons being discharged from a system of  
care are not routinely discharged into homelessness.  
(limit 1000 characters)**

The primary partners coordinating health care exits in order to avoid release into homelessness are UofL Hospital & Phoenix Health Care for the Homeless. UofL provides the majority of indigent care in the community & works with Family Health Center at Phoenix to transition the health care of clients exiting the hospital. UofL hospital notifies the in-reach staff of Phoenix of those to be released & when necessary Phoenix can provide placement in a healing bed until this person is well. They can also provide referrals from the hospital or healing beds to permanent housing in the community. Phoenix is also the lead agency in Louisville's 100K Homes project. They have partnered with UofL Hospital to insure that all their highest users have been identified in the community's registry of street homeless, so that those most appropriate can quickly be moved to permanent supported housing funded through Sec 8 & SAMHSA.

## **3B. Continuum of Care (CoC) Discharge Planning: Mental Health**

### **Instructions:**

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**3B-3.1 Is the discharge policy in place State Mandated Policy mandated by the State, the CoC, or other?**

**3B-3.1a If other, please explain.  
(limit 750 characters)**

N/A

**3B-3.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.  
(limit 1000 characters)**

The Louisville CoC tracks the release of clients from mental health insitutuions into homeless services which has never exceeded .9%. The Louisville CoC is a member of the Louisville Systems Strategy committee created to provide coordination of medical services in Louisville. This body addresses gaps in medical services, appropriate discharge & difficulty in getting patients to follow discharge plans when released. While Central State Hospital cannot hold a person who is ready for release, they work hard to insure that the client is referred to the most appropriate & least restrictive housing options. When the client entered the hospital from the streets or shelter, referrals were made to Louisville's 100K Homes project for permanent supportive housing, to a set aside allotment of mental health housing vouchers managed by the housing authority & to other low income housing within the community. These referrals are made in cooperation with an outreach or shelter case manager.

**3B-3.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.  
(limit 1000 characters)**

The primary entity responsible for mental health discharge in Metro Louisville is Central State Hospital. State law requires that each person must meet with a case manager to create a discharge plan. This plan must include the most appropriate & least restrictive housing option, a transition plan & appointment for mental health services (usually with the local comprehensive care center) within the community, prescriptions filled to get the client to their first appointment with community-based services & a plan for a reminder or transportation to this first appointment as appropriate. If the client entered from the streets or shelter, the case manager works with the CoC single point of entry to make the best referral to shelter, permanent housing or other housing options. Central State also tracks whether clients followed through with housing & mental health referrals included in the transition plan.

## 3B. Continuum of Care (CoC) Discharge Planning: Corrections

### Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**3B-4.1 Is the discharge policy in place State Mandated Policy mandated by the State, the CoC, or other?**

**3B-4.1a If other, please explain.  
(limit 750 characters)**

N/A

**3B-4.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.  
(limit 1000 characters)**

The Louisville CoC tracks the release of clients from state corrections facilities into homeless services thru quarterly reports run by the Coalition for the Homeless. At no point have these numbers increased above 1%. State law mandates that all prisoners exiting institutions have a discharge plan that includes the most appropriate housing, referrals for community based chemical dependency services as needed & assistance in obtaining benefits. Corrections has 8 discharge case managers and funding for obtaining social security cards & state ID's needed to obtain benefits. Those at greatest risk of homelessness receive 6 months of intensive life skills training & coaching prior to release as well as paid half way house services if needed. The Homeless Prevention Program also provides case management beyond the transition from an institution to insure housing stability.

**3B-4.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.  
(limit 1000 characters)**

The primary entity responsible for discharge from state corrections facilities is the KY Dept of Corrections. They provide case management, assistance in creating a transition plan, assistance in obtaining identification & benefits, 6 months of intensive life skills training & coaching & referrals for chemical dependency or half way house services as needed. All half way house & chemical dependency services are provided by local nonprofits within the community on a contract basis. These agencies must also provide case management to assist with the transition to permanent housing.

## 3C. Continuum of Care (CoC) Coordination

### Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**3C-1 Does the Consolidated Plan for the jurisdiction(s) within the CoC's geography include the CoC's strategic plan goals for addressing and ending homelessness?** Yes

**3C-1.1 If yes, list the goals in the CoC strategic plan. (limit 1000 characters)**

- 1) Increase self-sufficiency services for homeless persons.
- 2) Increase supportive services, including health care, mental health care, substance abuse treatment, Domestic Violence services, child care & transportation for persons who are homeless.
- 3) Provide prevention services, including emergency assistance with rent, mortgage & utilities, landlord intervention services, & assistance to obtain birth certificates, photo IDs & other documents.
- 4) To deliver permanent housing services.

**3C-2 Describe the extent in which the CoC consults with State and local government Emergency Solutions Grants (ESG) program recipients within the CoC's geographic area on the plan for allocating ESG program funds and reporting on and evaluating the performance of ESG program recipients and subrecipients. (limit 1000 characters)**

The CoC comments on ESG need and helps develop plan, they sit on review panels for ESG, they provide quarterly reports to city ESG administrator on progress toward HUD and CoC goals, they jointly hold consumer participation hearings to learn of problems with emergency shelter system, they collectively created the single point of entry and common assessment system and the ESG coordinator sits on the CoC board and attends all CoC meetings.

**3C-3 Describe the extent in which ESG funds are used to provide rapid re-housing and homelessness prevention. Description must include the percentage of funds being allocated to both activities. (limit 1000 characters)**

Although ESG funds were cut to Louisville this past year, the Louisville CoC felt it was important to continue providing rapid rehousing with as much ESG funding as possible. \$287,683 was set aside to serve 17 families this year. This is 40% of the total ESG allocation. \$69,700 is being spent on prevention through ESG which is 10% of the total allocation. Other allocations to prevention are: State funds = \$45,000, CDBG = \$84,190, Louisville Metro General funds = \$1,000,000.

**3C-4 Describe the CoC's efforts to reduce the number of individuals and families who become homeless within the CoC's entire geographic area. (limit 1000 characters)**

The Louisville Metro CoC has made a great effort over the past year to coordinate homeless prevention services community-wide. They held two homeless prevention summits to share resources and create an updated list of all homeless prevention services with contacts. This resulted in an on-going prevention work group that created a systematic process for accurate referrals to prevention services that is based on the zip code of the client being served. This is now coordinated with 211 for those newly seeking services and vice versa. The Metropolitan Housing Coalition conducted this year's analysis of impediments for Metro Louisville. It did not identify any specific impediments to homeless persons entering shelter, however, the single point of entry did identify a lack of understanding at shelters about the rights of persons with disabilities accessing and living in shelter. The CoC then conducted training to address this and conducts on-going monitoring.

**3C-5 Describe how the CoC coordinates with other Federal, State, local, private and other entities serving the homeless and those at risk of homelessness in the planning and operation of projects. (limit 1000 characters)**

The Louisville Metro CoC holds three seats on the Kentucky Interagency Council on Homelessness in order to coordinate services and programs for the homeless from the federal and state level. The resources coordinated through KICH are TANF, CHAFFEE, Medicaid, LIHTC, Workforce Development, Corrections Funding for Prisoner Reentry, Department of Mental Health service funding for ACT Teams, homeless prevention, and mental health services in Section 8. Additionally, the VA and city sit on the CoC board to improve coordination with VA services, outreach and VASH as well as CDBG and HOME. The downtown management group meets with homeless outreach teams to coordinate services on the streets with funding from local businesses and the CoC meets with the community foundation and other local foundations to express the needs of the local homeless services community. Finally, agencies that access Health Care for the Homeless, SAMHSA, and Runaway Homeless Youth Funding all sit on the CoC Board and coordinate these resources with the year-long process.

**3C-6 Describe the extent in which the PHA(s) within the CoC's geographic area are engaged in the CoC efforts to prevent and end homelessness. (limit 1000 characters)**

The Louisville Metro Housing Authority has been very active with the Louisville Metro CoC. Their director attended a national conference on coordinating PHA resources with the CoC along with the CoC coordinator. They hold seats on the RX Housing Committee, the Housing First Committee and the High Users Committee. Their biggest commitment has been to the Housing First Program where they have made available 90 vouchers for those in greatest need on the streets. They also made available 28 vouchers for homeless families in shelter and 50 vouchers for homeless families with children getting a college education in the nationally recognized Family Scholar House.

**3C-7 Describe the CoC's plan to assess the barriers to entry present in projects funded through the CoC Program as well as ESG (e.g. income eligibility requirements, lengthy period of clean time, background checks, credit checks, etc.), and how the CoC plans to remove those barriers. (limit 1000 characters)**

In Common Assessment planning, all proj were asked if the proj has prerequisites. The Common Assessment Steering Comm is determining what is acceptable. It is generally agreed prerequisites written into grants & those describing a particular population focus ie HIV/AIDs & SMI are acceptable. However, length of time sober, income eligibility & bad credit are not. Due to local laws, a sex offender designation prevents some from entering some proj that are site based. Voucher based proj can not refuse a voucher to a sex offender but landlords may due to location & other considerations. As openings come available in PSH, proj will be given a few names that fit the proj specifications ie household size, etc. If a proj refuses to serve someone recommended, a grievance process is available to the prospective client & the common assessment team. If the reason for refusal is not listed as part of the acceptable prerequisites, the project cannot refuse the client unless there is a grievous reason presented. We consistently assess barriers to entry into ESG-funded emergency shelters thru the SPE that makes referrals & tracks whether clients are able to access emergency shelter.

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

The Louisville Metro CoC is working to make all homeless permanent housing with the exception of some units for youth and victims of domestic violence housing first. We have community-wide Housing First Committee established to insure compliance. The Louisville CoC is made up of several PSH projects that are partnership grants. This results in the reality that if one partner is unwilling to do Housing First, then the entire grant is counted as not implementing housing first. Presently 13 of 21 or 62% of existing permanent housing projects in Louisville Metro CoC are in compliance with Housing First. However, if we considered the number of PSH beds in the CoC that are committed to housing first, 80% of PSH beds in the Louisville CoC would be housing first, 699 of 871 beds.

**3C-9 Describe how the CoC's centralized or coordinated assessment system is used to ensure the homeless are placed in the appropriate housing and provided appropriate services based on their level of need. (limit 1000 characters)**



The Louisville CoC recaptured CoC funding and acquired matching funds in 2012-13 to create a common assessment team in 2014. This team is managed by Family Health Center/Phoenix who also leads the Housing First and 100K Homes effort in Louisville. The team of three will meet with all newly homeless persons entering the shelter system at the shelter location within 14 days of homelessness. They will use the model VI-SPDAT already being used in our community to rank persons for PH. The common assessment team will serve the entire CoC county/region and visit all homeless shelters to insure coverage of all homeless persons. They will work in partnership with case managers at the shelters to insure a smooth transition from homelessness to housing. Based on the VI-SPDAT score, the client will be ranked on the appropriate waiting list for permanent supportive housing, rapid rehousing or transitional housing. Assessors will have touch screen devices to easily complete assessments at the shelter locations. Outreach teams will have access to the same tools in order to assess people who do not come in for shelter but only sleep on the streets.

**3C-10 Describe the procedures used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to request housing or services in the absence of special outreach. (limit 1000 characters)**

Outreach teams (including those who target veterans, youth and young adults, the mentally ill and others) will use touch screen devices with the VI-SPDAT software to assess people on the streets and in camps who do not come in for shelter but only sleep on the streets. Efforts are also made to insure that persons of every race, disability, sex and age are aware of the Louisville CoC and access through the Single Point of Entry through local churches, hospitals, neighborhood places and disability programs. Once a person has been assessed through outreach or in a shelter, the VI-SPDAT ranks them fairly on vulnerability insuring that those who have been homeless the longest and that are most vulnerable will access housing first. Shelters are not allowed to deny service for those who reach the top unless it is due to a funding limitation. Clients and the common assessment team can file a grievance with the CoC if service is denied. All shelters & outreach staff had fair housing training in Nov 2013.

**3C-11 Describe the established policies that are currently in place that require all homeless service providers to ensure all children are enrolled in early childhood education programs or in school, as appropriate, and connected to appropriate services within the community. (limit 1000 characters)**

It is the policy of the Louisville CoC that all children in shelter must be enrolled in school or early childhood education programs. Each shelter with children has an education coordinator whose name and contact information is posted at the shelter. The school system is an active partner with the CoC to insure children are enrolled. First, they have an early childhood education program located in the largest shelter. They also have placed after school and out of school learning programs with school volunteers in every shelter with children. The school system held a special training for parents of children in the shelters about their rights to an education and how to choose the best school for their children. Additional training has been provided by the school system at the shelters as well as backpacks and school materials. The new homeless education coordinator for the schools is a member of the CoC and Coalition Supporting Young Adults Committee. The CoC reports to her monthly on any issues insuring children can access and maintain in school. The CoC collaborative applicant also serves on the school district's advisory council.

**3C-12 Describe the steps the CoC, working with homeless assistance providers, is taking to collaborate with local education authorities to ensure individuals and families who become or remain homeless are informed of their eligibility for McKinney-Vento educational services. (limit 1000 characters)**

The school system held a special training for parents of children in the shelters about their rights to an education and how to choose the best school for their child. Additional training has been provided by the school system at the shelters as well as backpacks and school materials. The new homeless education coordinator for the schools is a member of the CoC and Coalition Supporting Young Adults Committee. The CoC reports to her monthly on any issues insuring children can access and maintain in school. These issues are also discussed at the monthly CoC meeting. The CoC collaborative applicant also serves on the school district's advisory council. The school system provides transportation accommodations through busing to and from the shelters to insure children can stay in their home school if appropriate. They also have placed after school and out of school learning programs with school volunteers in every shelter with children.

**3C-13 Describe how the CoC collaborates, or will collaborate, with emergency shelters, transitional housing, and permanent housing providers to ensure families with children under the age of 18 are not denied admission or separated when entering shelter or housing. (limit 1000 characters)**

The Lou CoC established a policy not allowing emergency shelters, transitional housing or PSH facilities to deny access or separate families w/children under 18 in 2011. This policy is incl in the CoC policies & procedures & the Quality Assurance Standards used to monitor all shelters. Two local family shelters have acquired & renovated new facilities making this possible thru increased space & greater privacy in the new facilities. The willingness of family shelters to provide shelter to those families w/older children is monitored thru our single point of entry. When a situation arises where a shelter refuses accommodation, the CoC reminds the shelter of the policy. If the shelter continues to refuse accommodation, the situation is made known to the entire CoC. Single Point of Entry strives to place these families in appropriate space w/in the family shelter system if it is available. Families are also asked to move around within shelter accommodations to provide appropriate privacy for all concerned. This policy was also adopted by the city's ESG administrator & is incl in all ESG contracts. It is monitored by the CoC & ESG administrators.

**3C-14 What methods does the CoC utilize to monitor returns to homelessness by persons, including, families who exited rapid re-housing? Include the processes the CoC has in place to ensure minimal returns to homelessness.  
(limit 1000 characters)**

The CoC is presently able to track whether a client returns to the same shelter though our HMIS. We are tracking this and notifying shelters now. We have also been identifying this need with Bowman Systems who has promised the ability to track re-entry to homelessness system-wide soon. In the meantime, we have worked to create a common assessment team that will identify everyone that is in the homeless system and work to get them stabilized out of homelessness as quickly as possible. This should help us identify anyone that has returned to allow us to focus additional services for housing stability.

**3C-15 Does the CoC intend for any of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes?**

No

**3C-15.1 If yes, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan.  
(limit 1000 characters)**

N/A

**3C-16 Has the project been impacted by a major disaster, as declared by President Obama under Title IV of the Robert T. Stafford Act in the 12 months prior to the opening of the FY 2013 CoC Program Competition?** No

**3C-16.1 If 'Yes', describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD. (limit 1500 characters)**

N/A

### **3D. Continuum of Care (CoC) Coordination with Strategic Plan Goals**

**Instructions:**

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**In 2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP).**

**3D-1 Describe how the CoC is incorporating the goals of Opening Doors in local plans established to prevent and end homelessness and the extent in which the CoC is on target to meet these goals.  
(limit 1000 characters)**

The Kentucky Interagency Council on Homelessness had a presentation on the Opening Doors plan by the U.S. Interagency Council on Homelessness in 2012. At that time, the Louisville Metro CoC amended their plan to end homelessness, "The Blueprint to End Homelessness," to align with the goals of Opening Doors and set goals through 2015. A progress report on the plan is published annually and all goals have been met or exceeded and updated to date. The Blueprint progress report and coordination with the single point of entry also include assessing the CoC system for barriers to shelter entry. When barriers are identified, the collaborative applicant provides training and monitoring of those shelters identified.

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

The single point of entry allows us to coordinate outreach through one number to call for assistance. We are now better able to identify how many are not getting served. We established coordination and advertising of the single point through the neighborhood places and other prevention service agencies. We also advertise at local hospitals and work with the Family Resource Centers in the schools. The Single Point of Entry provides a central location for places such as the faith based community that in the past have tried to assist families on their own. This allows us to keep track of the families that need assistance for a better understanding of the need. Our outreach teams are also providing information to the Single Point of Entry regarding families on the street.

**3D-3 Describe the CoC's current efforts to address the needs of victims of domestic violence, including their families. Response should include a description of services and safe housing from all funding sources that are available within the CoC to serve this population.  
(limit 1000 characters)**

CoC member, The Center for Women & Families provides comprehensive services & programs for victims & their children. All services are free & are provided to all regardless of gender or gender identity, race, ethnicity, sexual orientation or disability. Services incl a 24-hr crisis line, safety planning, 76 bed shelter, housing (19 units/59 beds), hospital & legal advocacy, therapy & supp groups, children's programs, economic success programs & prevention education. CWF receives support for 2 transitional housing programs thru the CoC. CWF also provides non-residential services to over 6,000 persons annually. The CoC's common assessment incl screening for DV & CWF staff conducts training on the dynamics & appropriate response to DV. Local homeless shelters make referrals to CWF & accept referrals from it when safety is not a concern. Funding for DV services incl a state levy on marriage licenses, IDA grants, local foundations, federal office on violence against women funding, ESG & city funding as well as the CoC. The Lou police have established a partnership w/the Lou Metro CoC to assess every call for potential DV.

**3D-4 Describe the CoC's current efforts to address homelessness for unaccompanied youth. Response should include a description of services and housing from all funding sources that are available within the CoC to address homelessness for this subpopulation. Indicate whether or not the resources are available for all youth or are specific to youth between the ages of 16-17 or 18-24.  
(limit 1000 characters)**

The Louisville Metro CoC has had a 24 unit shelter with services for youth up to 18 years of age for years. In 2013, these programs were expanded to young adults to 24 years of age through an outreach worker, case manager and a drop in center with laundry, shower, computer and training services. The Louisville Metro CoC also noticed a doubling of young adults in shelter two years in a row and created the Coalition Supporting Young Adults in 2012. This committee conducted surveys of young adults to understand their needs, implemented a community education campaign to share the need with the community and developed a one stop system of services that integrates local community agencies that serve this population along with a phone app to identify local services. The CoC has dedicated \$521,255 in CoC funding to provide transitional & permanent housing for young adults 18 - 24. These funds are matched with \$1,294,017 in CDBG, state & local fundraising. An additional \$1,104,293 is leveraged for projects serving young adults 18 - 24.

**3D-5 Describe the efforts, including the outreach plan, to identify and engage persons who routinely sleep on the streets or in other places not meant for human habitation.  
(limit 750 characters)**

RX: Housing is Lou's national 100K Homes campaign initiative. In 2011, 100 community volunteers went out in early morning to interview homeless people sleeping on the streets & ID those in greatest need. This is a small segment of the homeless population but, research incl a 2006 UofLouisville study, shows they are the most costly to homeless services, hospitals & jails as well as being most likely to die on the streets & the most visible in our downtown. We have housed 125 thru RX Housing, a Housing First program. RX Housing has a single waiting list & is now using the VI-SPDAT. They coordinate w/the street outreach team serving as the single point of entry on the streets & has technology to complete a VI-SPDAT on site. We have cut the number of chronic homeless persons ID'd on the streets in half w/this effort.

**3D-6 Describe the CoC's current efforts to combat homelessness among veterans, particularly those are ineligible for homeless assistance and housing through the Department of Veterans Affairs programs (i.e., HUD-VASH, SSVF and Grant Per Diem). Response should include a description of services and housing from all funding sources that exist to address homelessness among veterans.  
(limit 1000 characters)**

The Louisville Metro CoC has lowered the number of homeless veterans over the last two years by 20%. The greatest resource in achieving this has been 279 VASH vouchers. The Louisville VA also holds annual training sessions with the CoC to make them aware of VA homeless outreach (and in-reach into shelters), VASH, VA benefits and health care. The CoC has an opportunity at this session to share their greatest needs for homeless veterans. The Louisville CoC also has an SSVF grant administered through VOA, city and private funding to help homeless veterans renovate and lease-purchase housing, emergency funding through the state homeless veterans office and health care services for veterans. The Louisville VA holds seats on the Louisville CoC board and RX Housing committee. Louisville's shelters include three with Grant Per Diem programs to serve veterans but all shelters serve singles including veterans not eligible for VA services.

## 3E. Reallocation

### Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**3E-1 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new permanent supportive housing projects dedicated to chronically homeless persons?** Yes

**3E-2 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new rapid re-housing project for families?** Yes

**3E-2.1 If the CoC is planning to reallocate funds to create one or more new rapid re-housing project for families, describe how the CoC is already addressing chronic homelessness through other means and why the need to create new rapid re-housing for families is of greater need than creating new permanent supportive housing for chronically homeless persons.  
(limit 1000 characters)**

To better address the needs of the chronically homeless, the Louisville Metro CoC is in the process of implementing a Common Assessment program to create a unified pool of individuals and families in need of housing. This will ensure that the most vulnerable, including the chronically homeless, will receive priority for existing permanent supportive housing. In addition, a partnership with the Louisville Metro Housing Authority and Family Health Center at Phoenix has resulted in 91 Section 8 vouchers being reserved for use by chronically homeless individuals. Of these vouchers 70 have been used to move literally homeless individuals to housing and 21 have been used to implement a "move up" strategy for PSH participants no longer in need of intensive services, resulting in additional PSH openings for the chronically homeless. Focusing on homeless families through rapid re-housing is critical, as the 2013 point in time count found an increase of 3% in homeless families while homeless singles dropped 8% compared to the 2012 numbers. Rapid Re-Housing will allow us to reach these families and move them quickly out of the homeless system to independent living.

**3E-3 If the CoC responded 'Yes' to either of the questions above, has the recipient of the eligible renewing project being reallocated been notified?** Yes



### 3F. Reallocation - Grant(s) Eliminated

**CoCs planning to reallocate into new permanent supportive housing projects for chronically homeless individuals may do so by reducing one or more expiring eligible renewal projects. CoCs that are eliminating projects entirely must identify those projects.**

Amount Available for New Project:  
(Sum of All Eliminated Projects)

\$173,480

Eliminated Project Name	Grant Number Eliminated	Component Type	Annual Renewal Amount	Type of Reallocation
Wayside Christian...	KY0082L4I011205	SH	\$83,462	Regular
Bellewood Transit...	KY0100L4I011204	TH	\$90,018	Regular

### 3F. Reallocation - Grant(s) Eliminated Details

**3F-1 Complete each of the fields below for each grant that is being eliminated during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.**

**Eliminated Project Name:** Wayside Christian Mission Women's Safe Haven

**Grant Number of Eliminated Project:** KY0082L4I011205

**Eliminated Project Component Type:** SH

**Eliminated Project Annual Renewal Amount:** \$83,462

**3F-2 Describe how the CoC determined that this project should be eliminated.  
(limit 750 characters)**

This project received a score in the CoC scoring process that ranked this project in Tier 2. Knowing Tier 2 projects would be in greatest risk to NOT be funded, the CoC gave Wayside Christian Mission several options. 1)Apply for the safe haven as is, 2)Convert the safe haven into a PSH project for the chronically homeless with Wayside retaining the project, 3)Walk away from the funding and allow the CoC to convert the funding into PSH chronic or RRH. Under all circumstances the project would be ranked in Tier 2. Wayside chose to retain the funding but convert the project into a permanent supported housing project for chronically homeless women. This project will be ranked in Tier 2 but should be better able to meet the HUD goals in the future as PSH.

### 3F. Reallocation - Grant(s) Eliminated Details

**3F-1 Complete each of the fields below for each grant that is being eliminated during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.**

**Eliminated Project Name:** Bellewood Transitional Housing

**Grant Number of Eliminated Project:** KY0100L4I011204

**Eliminated Project Component Type:** TH

**Eliminated Project Annual Renewal Amount:** \$90,018

**3F-2 Describe how the CoC determined that this project should be eliminated.****(limit 750 characters)**

The CoC recognizes the need for TH for young adults ages 18 - 24 and it is felt that as much existing TH for this age group should be funded as is possible without endangering other projects that are performing well. When the CoC was asked to identify 5% of the overall HUD grant to be put in Tier 2, it was decided to reallocate this smaller TH grant into rapid rehousing for families. This served two purposes. We were able to preserve a much larger grant for the young adults while identifying rapid rehousing funding for families - which we also desperately need. Since the larger TH grant and this grant were being administered by the same agency, the agency itself identified this option for the CoC to consider.

### 3G. Reallocation - Grant(s) Reduced

CoCs that choose to reallocate funds into new rapid rehousing or new permanent supportive housing for chronically homeless persons may do so by reducing the grant amount for one or more eligible expiring renewal projects.

Amount Available for New Project (Sum of All Reduced Projects)					
\$18,820					
Reduced Project Name	Reduced Grant Number	Annual Renewal Amount	Amount Retained	Amount available for new project	Reallocation Type
KY Housing Corp L...	KY0055L4I011205	\$478,800	\$459,980	\$18,820	Regular

### 3G. Reallocation - Grant(s) Reduced Details

**3G-1 Complete each of the fields below for each eligible renewal grant that is being reduced during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.**

**Reduced Project Name:** KY Housing Corp Louisville Aftercare Services

**Grant Number of Reduced Project:** KY0055L4I011205

**Reduced Project Current Annual Renewal Amount:** \$478,800

**Amount Retained for Project:** \$459,980

**Amount available for New Project(s):** \$18,820

**(This amount will auto-calculate by selecting "Save" button)**

**3G-2 Describe how the CoC determined that this project should be reduced.  
(limit 750 characters)**

One of the sub recipients in the grant informed the CoC that they wanted to reduce the amount that they received from the grant. After talking to the other partners to see if any of them could absorb the amount & serve an equal # of clients, we were able to transfer all but \$18,820 to other partners in the grant. This left \$18,820 to be used for reallocation. The CoC has reallocated \$18,820 of this grant into a new Rapid Rehousing for families.

### 3H. Reallocation - New Project(s)

CoCs must identify the new project(s) it plans to create and provide the requested information for each project.

Sum of All New Reallocated Project Requests  
(Must be less than or equal to total amount(s) eliminated and/or reduced)

\$192,300

Current Priority #	New Project Name	Component Type	Transferred Amount	Reallocation Type
37	Wayside Chri...	PH	\$83,462	Regular
38	Family and C...	PH	\$108,838	Regular

### 3H. Reallocation - New Project(s) Details

**3H-1 Complete each of the fields below for each new project created through reallocation in the FY2013 CoC Program Competition. CoCs can only reallocate funds to new permanent housing—either permanent supportive housing for the chronically homeless or rapid re-housing for homeless households with children.**

**FY2013 Rank (from Project Listing):** 37

**Proposed New Project Name:** Wayside Christian Mission Women's Permanent Supported Housing #2

**Component Type:** PH

**Amount Requested for New Project:** \$83,462

### 3H. Reallocation - New Project(s) Details

**3H-1 Complete each of the fields below for each new project created through reallocation in the FY2013 CoC Program Competition. CoCs can only reallocate funds to new permanent housing—either permanent supportive housing for the chronically homeless or rapid re-housing for homeless households with children.**

**FY2013 Rank (from Project Listing):** 38

**Proposed New Project Name:** Family and Children's Place Rapid Rehousing for Homeless Families

**Component Type:** PH

**Amount Requested for New Project:** \$108,838

### 3I. Reallocation: Balance Summary

**3I-1** Below is the summary of the information entered on forms 3D-3H. and the last field, "Remaining Reallocation Balance" should equal "0." If there is a balance remaining, this means that more funds are being eliminated or reduced than the new project(s) requested. CoCs cannot create a new reallocated project for an amount that is greater than the total amount of reallocated funds available for new projects.

#### Reallocation Chart: Reallocation Balance Summary

Reallocated funds available for new project(s):	\$192,300
Amount requested for new project(s):	\$192,300
Remaining Reallocation Balance:	\$0



## 4A. Continuum of Care (CoC) Project Performance

### Instructions

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

#### **4A-1 How does the CoC monitor the performance of its recipients on HUD-established performance goals? (limit 1000 characters)**

The CoC measures the following HUD goals by tracking each CoC-funded project through HMIS on a quarterly basis: permanent housing stability, movement to permanent housing, percent employed, percent with non-employment income and benefits, recidivism, length of stay, knowledge of where people exit, data quality and data quantity. All projects are ranked by category on a report card distributed to the full CoC. Each category includes the CoC-wide goal for that performance measure so the agency knows how they compare to other programs and to the community-wide goal. The CoC checks the results quarterly to see if any agency is unfairly scored due to serving a special population, they help the agency review the results to determine if any negative scores are due to poor quality data entry and they provide technical assistance on improving either data quality or program performance.

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

If a CoC project scores below the community-wide goal in any category any quarter, the CoC collaborative applicant first contacts the agency to insure that the result is not an issue of poor HMIS data entry. If it is, the HMIS manager schedules an HMIS training and works individually with the agency to correct past data and put in place practices to avoid the result in the future. If the result is due to programmatic issues versus HMIS data, the CoC collaborative applicant meets with the agency to determine the cause and help create a plan to improve programmatic results. If necessary, the CoC collaborative applicant can provide training on best practices or match the agency with another community agency that is doing well in the area of deficiency. If several agencies have a deficiency in the same category, a group meeting is set to brainstorm a process to improve future scores and community-wide training is offered by the CoC.

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

There are times when an agency may not be meeting a HUD goal because of lack of capacity. If this is identified when meeting with the agency after reviewing a score card, the CoC collaborative applicant will brainstorm with the agency about moving resources to fill the need. If this is not possible, community-wide resources like the common assessment team are considered. If neither is possible, the CoC will consider resources like ESG, CDBG and local funding to determine if it is more important to move resources to fill this void versus continue their use for on-going services. Deficiencies are also considered in determining funding needs during the ConPlan planning process.

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

The 1st step in shortening the length of stay in shelter for the CoC was to establish an existing rate. Over the past yr, the CoC worked to transition all agencies to entry-exit HMIS entry as many were entering daily not allowing the CoC to track length of stay. Now the CoC is able to track the length of homelessness of ea client by agency. We are working with Bowman Systems to develop a community-wide tracking of length of homelessness. Until that is complete, we are able to track length of homelessness across agencies & for ESG & CoC projects by hand. This base length of homelessness is now used to measure against future months & years. All agencies are to work to move families & individuals as quickly as possible by accessing mainstream resources. This yr, we are establishing a common assessment team which will meet with ea newly homeless person within 14 days of system entry to assess & assist in accessing resources to exit shelter. We are working to increase the availability of PH & we are creating a single waiting list which allows us to serve first those who have been homeless the longest.

**4A-5 What steps has the CoC taken to reduce returns to homelessness of individuals and families in the CoC's geography?  
(limit 1000 characters)**

The CoC has established practices of following individuals and families after their exit to address issues of housing stability and prevent a return to homelessness. The CoC is able to measure returns to homelessness in HMIS. If this measurement shows a rate above the community-wide goal, they will be assisted in addressing this as described above in 4A-2. On an individual basis, if a client returns to the single point of entry after leaving the homeless system in the past, the single point of entry staff works to assist them in accessing homeless prevention services rather than returning them to shelter.

**4A-6 What specific outreach procedures has the CoC developed to assist homeless service providers in the outreach efforts to engage homeless individuals and families?  
(limit 1000 characters)**

The Louisville CoC has a community-wide coordinated outreach program that serves individuals and families across the entire county. The team includes staff of the youth shelter, mental health agency, a recovery program and veteran's administration. During cold weather, the outreach team takes out a van to bring people in. The outreach team also serves as part of the single point of entry, collecting information using IPADs on those who do not wish to come to the single point of entry. The outreach team also has access to a translation service by phone that allows them to communicate with those on the street that speak any language and they provide materials about accessing shelter through the single point of entry at 2-1-1, local churches, service agencies and various parts of town, hospitals, and community ministries and neighborhood places located in every zip code.

## 4B. Section 3 Employment Policy

### Instructions

\*\*\* TBD \*\*\*

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

**4B-1.1 If yes, which activities will the project(s) undertake to ensure employment and other economic opportunities are directed to low or very low income persons?  
(limit 1000 characters)**

N/A

**4B-2 Are any of the projects within the CoC requesting funds for housing rehabilitation or new constructions?** No

**4B-2.1 If yes, which activities will the project undertake to ensure employment and other economic opportunities are directed to low or very low income persons:**

## 4C. Accessing Mainstream Resources

### Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**4C-1 Does the CoC systematically provide information about mainstream resources and training on how to identify eligibility and program changes for mainstream programs to provider staff?** Yes

**4C-2 Indicate the percentage of homeless assistance providers that are implementing the following activities:**

* Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	95%
* Homeless assistance providers use a single application form for four or more mainstream programs.	0%
* Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	95%

**4C-3 Does the CoC make SOAR training available for all recipients and subrecipients at least annually?** Yes

**4C-3.1 If yes, indicate the most recent training date:** 10/08/2013

**4C-4 Describe how the CoC is preparing for implementation of the Affordable Care Act (ACA) in the state in which the CoC is located. Response should address the extent in which project recipients and subrecipients will participate in enrollment and outreach activities to ensure eligible households are able to take advantage of new healthcare options.  
(limit 1000 characters)**

The Louisville CoC has two staff at Family Health Centers whose sole purpose is to assist homeless persons in signing up for Medicaid and the ACA. They provide these services at the Health Care for the Homeless program and at the local shelters. There are also staff working to sign up homeless persons at the community mental health center and the area development agency. Kentucky has had a very successful ACA health exchange and has signed up a higher percentage of eligible persons than any other state, 130,000 to date. The homeless ACA outreach workers in Louisville have signed up more clients in Kentucky than any other assisters in the state. We anticipate that 95% of the homeless in Louisville will have Medicaid within a year.

**4C-5 What specific steps is the CoC taking to work with recipients to identify other sources of funding for supportive services in order to reduce the amount of CoC Program funds being used to pay for supportive service costs?  
(limit 1000 characters)**

We have \$2.5 million in SAMHSA funding and the city allocated \$1 million in CDBG. The hospitals are paying for two full time staff to provide services to high utilizers. We are working with the MCOs to allow Medicaid reimbursement for supportive housing services, drug/alcohol treatment and peer support. The community foundation is providing almost \$100,000 in training funds for homeless case managers. As described previously, we also access millions in VA, DV, youth and other special needs funding for the CoC.

## Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Certification of ...	01/28/2014
CoC Governance Agreement	No	CoC Governance Ch...	01/20/2014
CoC-HMIS Governance Agreement	No	HMIS Governance A...	01/20/2014
CoC Rating and Review Document	No	Rating and Review...	01/31/2014
CoCs Process for Making Cuts	No	Project Eliminati...	01/22/2014
FY2013 Chronic Homeless Project Prioritization List	No	2013 CH Project P...	01/28/2014
FY2013 HUD-approved Grant Inventory Worksheet	Yes	2013 Grant Invent...	12/24/2013
FY2013 Rank (from Project Listing)	No	Project Priority ...	01/31/2014
Other	No	CoC Policies and ...	01/20/2014
Other	No	HMIS Policies & P...	01/20/2014
Other	No		
Projects to Serve Persons Defined as Homeless under Category 3	No		
Public Solicitation	No	Public Solicitati...	01/28/2014

## **Attachment Details**

**Document Description:** Certification of Consistency with the Consolidated Plan

## **Attachment Details**

**Document Description:** CoC Governance Charter

## **Attachment Details**

**Document Description:** HMIS Governance Agreement

## **Attachment Details**

**Document Description:** Rating and Review Document

## **Attachment Details**

**Document Description:** Project Elimination/Reallocation Process

## **Attachment Details**

**Document Description:** 2013 CH Project Prioritization Llist

## **Attachment Details**



**Document Description:** 2013 Grant Inventory Worksheet

## **Attachment Details**

**Document Description:** Project Priority Listing

## **Attachment Details**

**Document Description:** CoC Policies and Procedures

## **Attachment Details**

**Document Description:** HMIS Policies & Procedures/Data Quality  
Process/Security/Privacy Policy

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:** Public Solicitation & Ranking Posting

## Submission Summary

Page	Last Updated
<b>1A. Identification</b>	No Input Required
<b>1B. CoC Operations</b>	01/22/2014
<b>1C. Committees</b>	01/27/2014
<b>1D. Project Review</b>	01/31/2014
<b>1E. Housing Inventory</b>	01/22/2014
<b>2A. HMIS Implementation</b>	01/27/2014
<b>2B. HMIS Funding Sources</b>	01/22/2014
<b>2C. HMIS Beds</b>	01/22/2014
<b>2D. HMIS Data Quality</b>	01/24/2014
<b>2E. HMIS Data Usage</b>	01/22/2014
<b>2F. HMIS Policies and Procedures</b>	01/22/2014
<b>2G. Sheltered PIT</b>	01/22/2014
<b>2H. Sheltered Data - Methods</b>	01/22/2014
<b>2I. Sheltered Data - Collection</b>	01/22/2014
<b>2J. Sheltered Data - Quality</b>	01/22/2014
<b>2K. Unsheltered PIT</b>	01/22/2014
<b>2L. Unsheltered Data - Methods</b>	01/22/2014
<b>2M. Unsheltered Data - Coverage</b>	01/22/2014
<b>2N. Unsheltered Data - Quality</b>	01/28/2014
<b>Objective 1</b>	01/30/2014
<b>Objective 2</b>	01/27/2014
<b>Objective 3</b>	01/27/2014
<b>Objective 4</b>	01/24/2014
<b>Objective 5</b>	01/31/2014
<b>3B. CoC Discharge Planning: Foster Care</b>	01/22/2014
<b>3B. CoC Discharge Planning: Health Care</b>	01/22/2014
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<b>3B. CoC Discharge Planning: Mental Health</b>	01/22/2014
<b>3B. CoC Discharge Planning: Corrections</b>	01/22/2014
<b>3C. CoC Coordination</b>	01/29/2014
<b>3D. Strategic Plan Goals</b>	01/27/2014
<b>3E. Reallocation</b>	01/27/2014
<b>3F. Grant(s) Eliminated</b>	01/27/2014
<b>3G. Grant(s) Reduced</b>	01/29/2014
<b>3H. New Project(s)</b>	01/31/2014
<b>3I. Balance Summary</b>	No Input Required
<b>4A. Project Performance</b>	01/22/2014
<b>4B. Employment Policy</b>	01/22/2014
<b>4C. Resources</b>	01/22/2014
<b>Attachments</b>	01/31/2014
<b>Submission Summary</b>	No Input Required

## Fontaine, Johnny

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**From:** Mary Frances Schafer <mfschafer@louhomeless.org>  
**Sent:** Monday, January 20, 2014 12:31 PM  
**To:** Fontaine, Johnny  
**Subject:** Virginia's Signature needed

**Contacts:** Johnny Fontaine

I have attached two things. One is the document that states that the CoC application projects are consistent with the Lou Metro Consolidated Plan. The other is a list of those projects. I need Virginia Peck's signature on the first document and sent back to me electronically no later than Friday January 24<sup>th</sup>. Let me know if you have questions or concerns.  
THANKS



Certification of  
Consistency w...



2991.pdf

Mary Frances Schafer  
Director of Community Coordination  
Coalition for the Homeless  
1300 S. 4th. St. Suite 250  
Louisville, KY 40208  
502-636-9550 ex:14  
Fax: 502-636-9950



**COALITION  
HOMELESS**

*If you are receiving this email in error or would like to have your name removed from this email list, please respond to this email and indicate that you would like your address removed. I will remove your name as soon as possible. THANKS!*



## Certification of Consistency with the Consolidated Plan 2013 Louisville Metro CoC Agency and Project List

Agency	Project
Choices, Inc.	<ul style="list-style-type: none"> <li>• Permanent Supportive Housing</li> </ul>
The Center for Women and Families, Inc.	<ul style="list-style-type: none"> <li>• West Louisville Campus Transitional Housing Project</li> <li>• Downtown Transitional Housing</li> </ul>
The Coalition for the Homeless, Inc.	<ul style="list-style-type: none"> <li>• Louisville Metro Area HMIS</li> <li>• HMIS 2 Project</li> <li>• HMIS 3-Single Point of Entry</li> <li>• CoC Planning Grant</li> <li>• Collaborative Housing for the Chronically Homeless (CH2) (PSH)</li> <li>• Louisville Aftercare Services (SAFAH) (SSO)</li> <li>• Transitional Housing for Young Adults (THYA)</li> <li>• Louisville Alliance for Supportive Housing (LASH) (PSH)</li> <li>• Permanent Supportive Housing for Young Adults (PSHYA)</li> </ul>
Family and Children's Place	<ul style="list-style-type: none"> <li>• Rapid Re-housing for Homeless Families (RRH)</li> </ul>
Family Health Center at Phoenix	<ul style="list-style-type: none"> <li>• Shelter Support and Assessment Team (SSO)</li> </ul>
House of Ruth, Inc.	<ul style="list-style-type: none"> <li>• Homes with Heart PSH)</li> <li>• Glade House Transitional Housing</li> </ul>
Home of the Innocents	<ul style="list-style-type: none"> <li>• Permanent Housing for young Adults with Disabilities (PHAD)</li> </ul>
Jefferson Street Baptist Center	<ul style="list-style-type: none"> <li>• Permanent Supportive Housing Program</li> </ul>
Kentucky Housing Corporation	<ul style="list-style-type: none"> <li>• Supportive Housing for the Chronically Homeless (PSHCH)</li> </ul>
Louisville Metro Department of Community Services and Revitalization	<ul style="list-style-type: none"> <li>• SHP Human Services Case Management (SSO)</li> <li>• Kersey Condo Permanent Supportive Housing</li> <li>• Simon Hall Permanent Supportive Housing</li> <li>• Louisville Tenant Based Rental Assistance Permanent Supportive Housing</li> <li>• de Paul Apts. Permanent Supportive Housing</li> <li>• Common Assessment (SSO)</li> </ul>
New Directions Housing Corporation	<ul style="list-style-type: none"> <li>• Transitional Services for Homeless Families</li> </ul>
The Salvation Army, a Georgia Corporation	<ul style="list-style-type: none"> <li>• Transitional Housing for Single Parent Families</li> </ul>
Schizophrenia Foundation of Kentucky, Inc. (dba: Wellspring)	<ul style="list-style-type: none"> <li>• Journey House Permanent Supportive Housing</li> <li>• Sober Living I Murray/McKinney (PSH)</li> <li>• Sober Living II Baxter (PSH)</li> </ul>
Seven Counties Services, Inc.	<ul style="list-style-type: none"> <li>• Mental Health Outreach Team (SSO)</li> </ul>
The Society of St. Vincent de Paul	<ul style="list-style-type: none"> <li>• Collaborative Housing Initiative (CHI) (PSH)</li> <li>• Permanent Supportive Housing for the Chronically Homeless (PSHCH)</li> <li>• St. Jude Women's Recovery Center (TH)</li> <li>• Homes Permanent Supportive Housing</li> </ul>
Volunteers of America of Kentucky, Inc.	<ul style="list-style-type: none"> <li>• Transitional Housing/Grace House</li> </ul>
Wayside Christian Mission	<ul style="list-style-type: none"> <li>• Men's Permanent Supportive Housing Program</li> <li>• Women's Permanent Supportive Housing Program</li> <li>• Women's Permanent Supportive Housing Program #2</li> </ul>

**Certification of Consistency  
with the Consolidated Plan****U.S. Department of Housing  
and Urban Development**

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Louisville Metro Continuum of Care

Project Name: See attached list

Location of the Project: Jefferson County, KY

Name of the Federal  
Program to which the  
applicant is applying: U.S. Dept. of Housing & Urban Development Continuum of Care Program

Name of  
Certifying Jurisdiction: Louisville, Jefferson county Metro Government

Certifying Official  
of the Jurisdiction  
Name: Virginia Peck

Title: Director, Louisville Metro Community Services and Revitalization

Signature: *Virginia Peck*

Date: *January 22, 2014*

## 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 One CPD Resource Exchange Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**Collaborative Applicant Name:** Coalition for the Homeless, Inc.

## Continuum of Care (CoC) New Project Listing

### Instructions:

Prior to starting the CoC New Project Listing, Collaborative Applicants should carefully review the "CoC Priority Listing Instructions" and the "CoC Project Listing" training module, both of which are available at: <https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>

To upload all new project applications that were created through reallocation and have been submitted to this CoC Project Listing, click on the "Update List" button. This process may take a few minutes based upon the number of new projects created through reallocation that need to be located in the e-snaps system. The Collaborative Applicant may update each of the Project Listings simultaneously. The Collaborative Applicant can wait for the Project Listings to be updated or can log out of e-snaps and come back later to view the updated list(s). To review a project on the New Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If there are errors identified by the Collaborative Applicant, the project can be amended back to the project applicant to make the necessary changes by clicking on the amend icon.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Rank	Comp Type
Women's permanent...	2014-01-15 10:29:...	1 Year	Wayside Christian...	\$83,462	R37	PH
CoC Rapid Re-Hous...	2014-01-30 13:35:...	1 Year	Family and Childr...	\$108,838	R38	PH



## Continuum of Care (CoC) Renewal Project Listing

### Instructions:

Prior to starting the CoC Renewal Project Listing, Collaborative Applicants should carefully review the "CoC Priority Listing Instructions" and the "CoC Project Listing" training module, both of which are available at: <https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>

To upload all renewal project applications that have been submitted to this CoC Project Listing, click on the "Update List" button. This process may take a few minutes based upon the number of renewal projects that need to be located in the e-snaps system. The Collaborative Applicant may update each of the Project Listings simultaneously. The Collaborative Applicant can wait for the Project Listings to be updated or can log out of e-snaps and come back later to view the updated list(s). To review a project on the Renewal Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If there are errors identified by the Collaborative Applicant, the project can be amended back to the project applicant to make the necessary changes by clicking on the amend icon.

**The Collaborative Applicant certifies that there is a demonstrated need for all renewal permanent supportive housing and rapid re-housing projects listed on the Renewal Project Listing.**

☒

**The Collaborative Applicant does not have any renewal permanent supportive housing or rapid re-housing renewal projects.**

☐

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Rank	Comp Type
West Louisville D...	2014-01-09 18:21:...	1 Year	The Center for Wo...	\$50,825	W20	TH
Downtown Transiti...	2014-01-09 18:16:...	1 Year	The Center for Wo...	\$34,220	W18	TH
Men's permanent s...	2014-01-10 17:34:...	1 Year	Wayside Christian...	\$109,185	W6	PH
Women's permanent...	2014-01-10 17:30:...	1 Year	Wayside Christian...	\$27,281	W7	PH
Collaborative Hou...	2014-01-13 11:42:...	1 Year	Society of St. Vi...	\$445,872	W12	PH
Permanent Support...	2014-01-13 11:52:...	1 Year	Society of St. Vi...	\$451,875	W13	PH
SVDP On Campus PSH	2014-01-13 12:01:...	1 Year	Society of St. Vi...	\$321,108	W2	PH

Shelter Plus Care...	2014-01-13 15:25:...	1 Year	Louisville/Jeffe r...	\$30,199	W1	PH
Shelter Plus Care...	2014-01-13 15:04:...	1 Year	Louisville/Jeffe r...	\$1,904,075	W11	PH
Shelter Plus Care...	2014-01-13 15:18:...	1 Year	Louisville/Jeffe r...	\$93,583	W5	PH
Shelter Plus Care...	2014-01-13 15:10:...	1 Year	Louisville/Jeffe r...	\$38,760	W16	PH
SSO Common Assess...	2014-01-13 15:51:...	1 Year	Louisville/Jeffe r...	\$188,168	W31	SSO
Permanent Support...	2014-01-14 11:29:...	1 Year	Jefferson Street ...	\$74,649	W15	PH
SHP Human Service...	2014-01-15 13:47:...	1 Year	Louisville/Jeffe r...	\$38,977	W27	SSO
MHOT 2013	2014-01-14 08:55:...	1 Year	Seven Counties Se...	\$94,833	W26	SSO
Louisville HMIS 2	2014-01-14 15:22:...	1 Year	Coalition for the...	\$5,434	W34	HMIS
Permanent Housing...	2014-01-14 13:29:...	1 Year	Home of the Innoc...	\$93,091	W36	PH
Journey Permanent...	2014-01-15 15:53:...	1 Year	Schizophrenia Fou...	\$215,680	W25	PH
Sober Living I - ...	2014-01-15 15:48:...	1 Year	Schizophrenia Fou...	\$29,582	W3	PH
Sober Living II -...	2014-01-15 15:52:...	1 Year	Schizophrenia Fou...	\$21,900	W4	PH
St. Jude Women's ...	2014-01-16 10:55:...	1 Year	Society of St. Vi...	\$140,565	W39	TH
Transitional Hous...	2014-01-16 13:54:...	1 Year	The Salvation Arm...	\$122,285	W24	TH
Transitional Serv...	2014-01-16 14:07:...	1 Year	New Directions Ho...	\$59,355	W23	TH
Transitional Hous...	2014-01-17 11:35:...	1 Year	Coalition for the...	\$230,605	W35	TH
Shelter Support a...	2014-01-17 13:08:...	1 Year	Family Health Cen...	\$260,006	W19	SSO
Permanent Support...	2014-01-17 14:20:...	1 Year	Coalition for the...	\$179,215	W10	PH
Homes with Heart ...	2014-01-17 15:25:...	1 Year	House of Ruth, Inc.	\$143,873	W14	PH
Glade Transitiona...	2014-01-17 15:21:...	1 Year	House of Ruth, Inc.	\$155,618	W28	TH
Transitional Hous...	2014-01-17 17:08:...	1 Year	Volunteers of Ame...	\$378,690	W22	TH
Permanant Support...	2014-01-21 11:45:...	1 Year	Choices, Inc.	\$71,841	W29	PH
Louisville HMIS 3...	2014-01-22 11:03:...	1 Year	Coalition for the...	\$79,502	W32	HMIS

Louisville HMIS 1	2014-01-22 11:01:...	1 Year	Coalition for the...	\$124,641	W33	HMIS
Collaborative Hou...	2014-01-22 10:58:...	1 Year	Coalition for the...	\$627,821	W17	PH
Supportive Housin...	2014-01-22 12:59:...	1 Year	Kentucky Housing ...	\$293,496	W8	PH
Louisville Allian...	2014-01-28 16:20:...	1 Year	Coalition for the...	\$665,252	W9	PH
Louisville After-...	2014-01-29 15:31:...	1 Year	Coalition for the...	\$459,980	T21	SSO

## Continuum of Care (CoC) Planning Project Listing

### Instructions:

Prior to starting the CoC Planning Project Listing, Collaborative Applicants should carefully review the "CoC Priority Listing Instructions" and the "CoC Project Listing" training module, both of which are available at: <https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>

To upload the CoC planning project application that has been submitted to this CoC Project Listing, click on the "Update List" button. This process may take a few minutes as the project will need to be located in the e-snaps system. The Collaborative Applicant may update each of the Project Listings simultaneously. The Collaborative Applicant can wait for the Project Listings to be updated or can log out of e-snaps and come back later to view the updated list(s). To review the CoC Planning Project Listing, click on the magnifying glass next to view the project details. To view the actual project application, click on the orange folder. If there are errors identified by the Collaborative Applicant, the project can be amended back to the project applicant to make the necessary changes by clicking on the amend icon.

If more than one CoC planning project was submitted, the Collaborative Applicant can only approve one CoC planning project (which must be submitted by the Collaborative Applicant) and reject all other CoC planning projects.

Project Name	Date Submitted	Project Type	Applicant Name	Budget Amount	Grant Term	Rank	Comp Type
2013 Louisville M...	2014-01-29 14:25:...	--	Coalition for the...	\$107,045	1 Year	C30	CoC Planning Proj...

## Funding Summary

### Instructions

For additional information, carefully review the "CoC Priority Listing Instructions" and the "CoC Priority Listing" training guide, both of which are available at: <https://www.onecpd.info/e-snaps/guides/coc-program-competition-resources/>.

This page contains the total budget summaries for each of the project listings for which the Collaborative Applicant approved and ranked or rejected project applications. The Collaborative Applicant must review this page to ensure the totals for each of the categories is accurate. The "Total CoC Request" indicates the total funding request amount the Collaborative Applicant will submit to HUD for funding consideration. As stated previously, 1 UFA Cost project and only 1 CoC Planning project can be submitted and only the Collaborative Applicant is eligible to request these funds.

Title	Total Amount
Renewal Amount	\$8,262,042
New Amount	\$192,300
Reallocated Amount	\$0
CoC Planning Amount	\$107,045
UFA Costs	
Rejected Amount	\$0
<b>TOTAL CoC REQUEST</b>	<b>\$8,561,387</b>

**Maximum CoC project planning amount: \$112,777**

## Submission Summary

Page	Last Updated
<b>Before Starting</b>	No Input Required
<b>1A. Identification</b>	12/23/2013
<b>2A. CoC New Project Listing</b>	01/31/2014
<b>2B. CoC Renewal Project Listing</b>	01/31/2014
<b>4A. CoC Planning Project Listing</b>	01/31/2014
<b>Submission Summary</b>	No Input Required



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FOR THE  
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🏠 / [Standard](#) / 2013 Louisville Metro CoC Collaborative Application – Final Ranking

January 16, 2014

## 2013 Louisville Metro CoC Collaborative Application – Final Ranking

The Coalition for the Homeless serving as the Collaborative Applicant for the 2013-2014 HUD CoC competition posts the following ranking for the Louisville Metro Continuum of Care.

[PDF Version](#)

Rank	Agency	Project	\$\$ Request	Type
<b>Tier 1 Funding</b>				
1	Lou Metro Gov/CSR	Kersey Condo	\$ 30,199	PSH
2	St. Vincent de Paul	Homes on Campus	\$321,108	PSH
3	Wellspring	Sober Living I/Murray/McKinney	\$29,582	PSH
4	Wellspring	Sober Living II/Baxter	\$21,900	PSH
5	Lou Metro Gov/CSR	De Paul Apts	\$93,583	PSH
6	Wayside Christian Mission	Perm Supp Housing – Men	\$109,185	PSH
7	Wayside Christian Mission	Perm Supp Housing – Women	\$27,281	PSH
8	KY Housing Corp/St John	Supportive Housing for Chronic Homeless	\$293,496	PSH
9	Coalition for the Homeless	Lou Alliance Supportive Housing	\$665,252	PSH
10	Coalition for the Homeless	Perm Supportive Housing Young Adults	\$179,215	PSH
11	Lou Metro Gov/CSR	Tenant Based Rental Assistance	\$1,904,075	PSH
12	St. Vincent de Paul	Collaborative Housing Initiative	\$445,872	PSH



[Home](#) / [Forms](#) / Continuum of Care Funding Competition Now Open!

December 11, 2013

## Continuum of Care Funding Competition Now Open!

The Notice of Funding Availability (NOFA) for the Fiscal Years 2013 and 2014 Continuum of Care (CoC) Program Competition has been posted to the OneCPD Resource Exchange.

The FY 2013 – FY 2014 CoC Application and CoC Priority Listing, and FY 2013 Project Applications are now available. The FY 2013 – FY 2014 CoC Program Competition is administered under the CoC Program interim rule and covers the application and award process for FY 2013 and FY 2014 CoC Program funds.

Please see [www.onecpd.info/e-snaps/fy-2013-coc-program-nofa-coc-program-competition/](http://www.onecpd.info/e-snaps/fy-2013-coc-program-nofa-coc-program-competition/) for more details. Project applications for approved new and renewal projects are due 30 days prior to the competition closing and must be submitted in eSnaps no later than January 4, 2014.

Please contact Director of Community Coordination Mary Frances Schafer at 502-636-9550 with any questions.

[← Give A Jam 2013](#)   [2013 Louisville Metro CoC Collaborative Application – Final Ranking →](#)

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