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 HUD Virtual Help Desk at www.hudhre.info.

CoC Name and Number (From CoC Registration): (dropdown values will be changed)   KY-501 - Louisville/Jefferson County CoC

Collaborative Applicant Name: Coalition for the Homeless, Inc.

CoC Designation: CA

1B. Continuum of Care (CoC) Operations

Instructions:

Collaborative Applicants will provide information about the existing operations of the CoC. The first few questions ask basic information about the structure and operations: name, meeting frequency, and if the meetings have an open invitation process for new members. If there is an open invitation process for new members, the Collaborative Application will need to clearly describe the process. Additionally, the CoC should include homeless or formerly homeless persons as part of the operations process. The Collaborative Applicant will indicate if the CoC structure includes homeless or formerly homeless members and if yes, what the connection is to the homeless community.

Next, indicate if the CoC provides written agendas of the CoC meetings, includes a centralized or coordinated assessment system in the jurisdiction, and if the CoC conducts monitoring of ESG recipients and subrecipients. If the CoC does not provide any of these, explain the plans of the CoC to begin implementation within the next year. For any of the written processes that are selected, specifically describe each of the processes within the CoC.

Finally, select the processes for which the CoC has written and approved documents: establishment and operations of the CoC, code of conduct for the board, written process for board selection that is approved by the CoC membership, and governance charters in place for both the HMIS lead agency as well as participating organizations, especially those organizations that receive HUD funding. For any documents chosen, the CoC must have both written and approved documents on file.

Name of CoC Structure: Louisville Metro Continuum of Care

How often does the CoC conduct open meetings? Monthly

Are the CoC meetings open to the public? Yes

Is there an open invitation process for new members? Yes

If 'Yes', what is the invitation process?
(limit 750 characters)

In July or August of each year the CoC sends out an invitation electronically to all members of the CoC requesting Intent to Apply and/or Pre-applications for grants that agencies intend to submit for that year's application. This invitation applies to both new and renewal grants. Anytime there is a request for the opportunity to apply for CoC/HUD funds, (throughout the year) the process of coming to the monthly CoC meetings is explained and an invitation is extended. Anyone in the CoC is welcome to bring or invite anyone to the CoC meeting.

Are homeless or formerly homeless representatives members part of the CoC structure? Yes

If formerly homeless, what is the connection to the community? Community Advocate

Does the CoC provide

CoC Checks	Response
Written agendas of meeting?	Yes
Centralized assessment?	No
ESG monitoring?	Yes

If 'No' to any of the above what processes does the CoC plan to implement in the next year?
(limit 1000 characters)

At this time the CoC does not have a centralized assessment. We implemented a trial process for ESG proj & learned that while the assessment is comprehensive a better referral process & staffing are needed. We are asking for a new SSO grant to fund a centralized assessment process with this application & will come together as a community to design a process that is more comprehensive, better meets the community's needs & takes into consideration the lessons from our trial project of this year.
The CoC monitors ESG agencies through the Quality Assurance Standards. These standards insure that agencies adhere to basic quality standards in providing safe, clean and humane services. We also monitor for case management services and participation in HMIS. As part of the ESG monitoring process by the unit of local government (Louisville Metro), projects are asked to complete quarterly reports that cover capacity and progress on outcomes determined by HUD and chosen by the projects. Funding decisions are made by the unit of local government using the information gleaned from these reports.

Based on the selection made above, specifically describe each of the processes chosen
(limit 1000 characters)

The CoC community meets on a monthly basis with written agendas for ea meeting. The advisory group which will become the CoC Board also meets on a monthly basis with written agendas.

We do not yet have a centralized assessment process but began a trial process this past year. We plan on meeting as a community to create a more effective process in the coming yr. We hope we will have a centralized process in place by July 2013.

The CoC monitors ESG shelters for Quality Assurance Standards as described above but does not currently do ESG grant monitoring. We are in the process of working with the city, the ESG recipient - to create such a process using similar benchmarks & tools we currently use for SHP projects. This process includes a report card for ea project that indicates capacity rates, outcomes measurement of housing goals, HMIS data quality, & CoC participation. Length of stay would be added to the ESG report card. This report card is used to show the community how the projects are doing & helps the community decision makers determine project performance using real data.

Does the CoC have the following written and approved documents:

Type of Governance	Yes/No
CoC policies and procedures	Yes
Code of conduct for the Board	Yes
Written process for board selection	Yes
Governance charter among collaborative applicant, HMIS lead, and participating agencies.	Yes

1C. Continuum of Care (CoC) Committees

Instructions:

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

Committees and Frequency:

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Advisory Group	Monitors & coordinates the CoC process facilitating informed, reasonable decisions by the CoC community regarding all aspects of service provision to the homeless. Specific duties: coordinates & scores pre-application process, advises applicants of HUD regulations & expectations. Monitors housing & service availability, funding needs vs funds available & monitors the community's progress toward HUD's stated goals.	Monthly or more
CoC Membership	Decides the needs of the community, how the CoC process is administered, endorses the projects to be submitted for funding consideration & the community priority rankings. This group holds the ultimate responsibility for ensuring quality Louisville appropriate homeless services while meeting the specific goals of HUD.	Monthly or more
Interagency Homeless Youth Working Group	Focuses on homeless kids, their needs, gaps in services, etc. This group works closely with the school system to identify the overall numbers of homeless kids & families & provides ways to meet these kids/families needs during the time these kids/families are homeless.	Monthly or more
Service Provider Network	Allows service provider directors to discuss current challenges & brainstorm potential collaborations. Guest speakers feature new resources & system-wide updates are shared.	quarterly (once each quarter)
Client Engagement	To continually find ways to involve clients in the homeless provider decision making processes. Solicits comments from clients & former clients to learn ways to improve services.	quarterly (once each quarter)

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

N/A

1D. Continuum of Care (CoC) Member Organizations

Click on the icon to enter information for the CoC Member Organizations.

Membership Type
Public Sector
Private Sector
Individual

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Enter the number or public organizations, private organizations, or individuals for each of the categories below. Each section below must have at least one field completed.

 Public Sectors: Enter the number of organizations that are represented in the CoC's planning process.
   Enter the number of organizations that serve each of the subpopulations listed.
   Enter the number of organizations that participate in each of the roles listed.

 Private Sectors: Enter the number of organizations that are represented in the CoC's planning process.
   Enter the number of organizations that serve each of the subpopulations listed.
   Enter the number of organizations that participate in each of the roles listed.

 Individuals: Enter the number of individuals that are represented in the CoC's planning process.
   Enter the number of individuals that serve each of the subpopulations listed.
   Enter the number of individuals who participate in each of the roles listed.

Type of Membership: Public Sector
Click Save after selection to view grids

Number of Public Sector Organizations Represented in Planning Process

	Law Enforcement/ Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/ Universities	State Government Agencies	Other
Total Number	3	6	1	1	4	3	4

Number of Public Sector Organizations Serving Each Subpopulation

	Law Enforcement/ Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/ Universities	State Government Agencies	Other
Subpopulations							
Seriously mentally ill	3	6	0	1	4	2	2
Substance abuse	3	6	1	1	4	2	1
Veterans	3	6	1	1	4	3	2

HIV/AIDS	3	6	1	1	4	2	1
Domestic violence	3	6	1	1	4	3	0
Children (under age 18)	3	6	0	1	1	2	1
Unaccompanied youth (ages 18 to 24)	3	6	1	1	4	2	0

Number of Public Sector Organizations Participating in Each Role

	Law Enforcement/ Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/ Universities	State Government Agencies	Other
Roles							
Committee/Sub-committee/Work Group	0	2	0	1	3	2	1
Authoring agency for consolidated plan	0	1	0	0	0	0	0
Attend consolidated plan planning meetings during past 12 months	0	2	0	1	3	2	0
Attend consolidated plan focus groups/ public forums during past 12 months	1	6	1	1	4	2	0
Lead agency for 10-year plan	0	0	0	0	0	0	0
Attend 10-year planning meetings during past 12 months	0	2	0	1	4	2	0
Primary decision making group	0	2	0	1	0	1	1

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Enter the number or public organizations, private organizations, or individuals for each of the categories below. Each section below must have at least one field completed.

 Public Sectors: Enter the number of organizations that are represented in the CoC's planning process.
    Enter the number of organizations that serve each of the subpopulations listed.
    Enter the number of organizations that participate in each of the roles listed.

 Private Sectors: Enter the number of organizations that are represented in the CoC's planning process.
    Enter the number of organizations that serve each of the subpopulations listed.
    Enter the number of organizations that participate in each of the roles listed.

 Individuals: Enter the number of individuals that are represented in the CoC's planning process.
    Enter the number of individuals that serve each of the subpopulations listed.
    Enter the number of individuals who participate in each of the roles listed.

Type of Membership: Private Sector
Click Save after selection to view grids

Number of Private Sector Organizations Represented in Planning Process

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
Total Number	1	11	7	4	39	0

Number of Private Sector Organizations Serving Each Subpopulation

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
Subpopulations						
Seriously mentally ill		6		2	6	
Substance abuse		4		3	8	
Veterans				1	3	
HIV/AIDS				2	2	
Domestic violence					1	
Children (under age 18)		4	1	3	5	
Unaccompanied youth (ages 18 to 24)			1	1	6	

Number of Private Sector Organizations Participating in Each Role

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
Roles						
Committee/Sub-committee/Work Group	1	5	5	2	21	
Authoring agency for consolidated plan						
Attend consolidated plan planning meetings during past 12 months						
Attend Consolidated Plan focus groups/ public forums during past 12 months						
Lead agency for 10-year plan			1			

Attend 10-year planning meetings during past 12 months						
Primary decision making group		1	1	1	4	

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Enter the number or public organizations, private organizations, or individuals for each of the categories below. Each section below must have at least one field completed.

 Public Sectors: Enter the number of organizations that are represented in the CoC's planning process.
   Enter the number of organizations that serve each of the subpopulations listed.
   Enter the number of organizations that participate in each of the roles listed.

 Private Sectors: Enter the number of organizations that are represented in the CoC's planning process.
   Enter the number of organizations that serve each of the subpopulations listed.
   Enter the number of organizations that participate in each of the roles listed.

 Individuals: Enter the number of individuals that are represented in the CoC's planning process.
   Enter the number of individuals that serve each of the subpopulations listed.
   Enter the number of individuals who participate in each of the roles listed.

Type of Membership: Individual
Click Save after selection to view grids

Number of Individuals Represented in Planning Process

	Homeless	Formerly Homeless	Other
Total Number		4	1

Number of Individuals Serving Each Subpopulation

	Homeless	Formerly Homeless	Other
Subpopulations			
Seriously mentally ill		1	
Substance abuse		1	
Veterans			

HIV/AIDS			
Domestic violence			
Children (under age 18)			
Unaccompanied youth (ages 18 to 24)			

Number of Individuals Participating in Each Role

	Homeless	Formerly Homeless	Other
Roles			
Committee/Sub-committee/Work Group		1	1
Authoring agency for consolidated plan			
Attend consolidated plan planning meetings during past 12 months			
Attend consolidated plan focus groups/ public forums during past 12 months		4	
Lead agency for 10-year plan		4	
Attend 10-year planning meetings during past 12 months		4	
Primary decision making group		2	

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

Instructions:

The CoC solicitation of project applications and the project application selection process should be conducted in a fair and impartial manner. For each of the following items, indicate all of the methods and processes the CoC used in the past year to assess the performance, effectiveness, and quality of all requested new and renewal project(s). Where applicable, describe how the process works.

In addition, indicate if any written complaints have been received by the CoC regarding any CoC matter in the last 12 months, and how those matters were addressed and/or resolved.

Open Solicitation Methods (select all that apply): c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership, f. Announcements at Other Meetings, e. Announcements at CoC Meetings

Rating and Performance Assessment Measure(s) (select all that apply): m. Assess Provider Organization Capacity, g. Site Visit(s), h. Survey Clients, n. Evaluate Project Presentation, j. Assess Spending (fast or slow), p. Review Match, o. Review CoC Membership Involvement, r. Review HMIS participation status, e. Review HUD APR for Performance Results, c. Review HUD Monitoring Findings

Describe how the CoC uses the processes selected above in rating and ranking project applications.
(limit 750 characters)

The CoC uses a Quality Assurance Syst to monitor ind projs. Site visits & client surveys determine safety, cleanliness & client satisfaction. The CoC issues a report card for ea proj 2X per yr indicating project capacity rate & how it is reaching its housing goal. HMIS quality & % of persons entered into HMIS are included. Timeliness in responding to CoC requests for info, application forms & participation in CoC activities are indicated. Copies of HUD Monitoring findings, whether the proj has returned funds & how much are required at ea renewal cycle. This info is used to determine projects incl in the current application. Any project falling below HUD housing goals is required to give a presentation to the CoC community prior to voting. Match letters are collected during application.

Did the CoC use the gaps/needs analysis to ensure that project applications meet the needs of the community? Yes

Has the CoC conducted a capacity review of each project applicant to determine its ability to properly and timely manage federal funds?   Yes

Voting/Decision-Making Method(s) (select all that apply):   b. Consumer Representative Has a Vote, d. One Vote per Organization, f. Voting Members Abstain if Conflict of Interest

Is the CoC open to proposals from entities that have not previously received funds in the CoC process?   Yes

If 'Yes', specifically describe the steps the CoC uses to work with homeless service providers that express an interest in applying for HUD funds, including the review process and providing feedback (limit 1000 characters)

The CoC coord. discusses the following w/the interested agency: HUD requirements, activities to be funded, amt of money sought, & amt of match required. The agency is informed of the monthly CoC mtg requirement & it is recommended the agency be partnered w/an existing agency for coaching. Before the funding cycle, a pre-app is required to ID those applying for funds. New agencies & those w/new staff are given one on one assist. to ensure app process understanding. All pre-apps are reviewed & the CoC coord. meets w/ea. agency needing assist. This process ensures ea. proj has the correct info in their pre-app & is ready to complete the ESNAPS app. Projs use the pre-app for ESNAPS app completion. Once the ESNAPS app is submitted the coord reviews the app to ensure consistency w/the overall CoC app & compliance w/the NOFA & other HUD guidance. The process has several opportunities for feedback in person & through a return of the pre-app &/or ESNAPS app.

Were there any written complaints received by the CoC regarding any matter in the last 12 months?   No

**If 'Yes', briefly describe complaint(s), how it was resolved, and the date(s) resolved
(limit 1000 characters)**

N/A

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

Instructions:

For each housing type, indicate if there was a change (increase or reduction) in the total number of beds counted in the 2012 Housing Inventory Count (HIC) as compared to the 2011 HIC. If there was a change, describe the reason(s) in the space provided for each housing type. If the housing type does not exist in the CoC, select "Not Applicable" and indicate that in the text box for that housing type.

Indicate if any of the transitional housing projects in the CoC utilized the transition in place method; i.e., if participants in transitional housing units remained in the unit when exiting the program to permanent housing. If the units were transitioned, indicate how many.

Emergency Shelter: Yes

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

The biggest reason for the fluctuation in emergency beds is the reality of different numbers of children in families from one PIT to another. We have also lost a number of beds used for medical emergencies. There was a private funder funding these beds and that funder is no longer funding those beds.

HPRP Beds: No

**Briefly describe the reason(s) for the change in HPRP beds or units, if applicable
(limit 750 characters)**

No Change

Safe Haven: No

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

There has been no change in the number of Safe Haven beds.

Transitional Housing: Yes

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

The reason for the fluctuation in beds for transitional housing is the reality of different numbers of children in units at any point in time. Most of our transitional housing is for families and there is always a fluctuation from one PIT to another even though we have not added or subtracted units in the system. With this application, several of our TH projects are transitioning into PSH.

Did any projects within the CoC utilize transition in place; i.e., participants in transitional housing units transitioned in place to permanent housing?   No

If yes, how many transitional housing units in the CoC are considered "transition in place":

Permanent Housing: Yes

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

135 beds were added to the system this past year. We added 90 beds or 54 new units. The other part of the increase is due to clients gaining income, thus reducing the amount of subsidy needed in our voucher programs. This created opportunities to house more people with existing voucher dollars.

CoC certifies that all beds for homeless persons were included in the Housing Inventory Count (HIC) as reported on the Homelessness Data Exchange (HDX), regardless of HMIS participation and HUD funding: Yes

1G. Continuum of Care (CoC) Housing Inventory Count - Data Sources and Methods

Instructions:

Complete the following items based on data collection methods and reporting for the Housing Inventory Count (HIC), including Unmet need determination. The information should be based on a survey conducted in a 24 hour period during the last ten days of January 2012. CoCs were expected to report HIC data on the Homelessness Data Exchange (HDX).

Did the CoC submit the HIC data in HDX by April 30, 2012? Yes

If 'No', briefly explain why the HIC data was not submitted by April 30, 2012 (limit 750 characters)

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

Indicate the steps taken to ensure the accuracy of the data collected and included in the housing inventory count (select all that apply): Follow-up, Updated prior housing inventory information, Training, Instructions, HMIS, Confirmation

Must specify other:

N/A

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

Specify "other" data types:

Along with the annual street count, an additional 3 day survey of street homeless done as part of the 100K Homes project and 600 persons served through Stand Down is entered into HMIS. These persons continue to be served all year long and with HMIS unduplication we are able to determine a more accurate number of persons who are homeless but are not served through the shelter system. This HMIS data is used to help understand unmet need in the community at the CoC level and is used by the CoC and project applicants in designing new programs that target the greatest need populations and their unique needs.

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

We rely heavily on HMIS data from services only projects, PIT street counts & housing inventory (sheltered) counts. HMIS is used to unduplicate these persons. Stakeholder discussion is used to determine if the numbers seem to match what the stakeholders are seeing. If not, we look for other ways to capture those not already captured, enter them into HMIS & allow the system to unduplicate. One indicator that we recently gained access to are the numbers of homeless children identified by the local school district (JCPS). Determining how JCPS defines homelessness & how the children are counted helps us identify children & families meeting the HUD homeless definition that we may otherwise miss in counting homeless families.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

All CoCs are expected to have a functioning Homeless Management Information System (HMIS). An HMIS is a computerized data collection application that facilitates the collection of information on homeless individuals and families using residential or other homeless services and stores that data in an electronic format. CoCs should complete this section in conjunction with the lead agency responsible for the HMIS. All information should reflect the status of HMIS implementation as of the date of application submission.

Select the HMIS implementation coverage area: Statewide

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

Is there a governance agreement in place with the CoC? Yes

If yes, does the governance agreement include the most current HMIS requirements? Yes

If the CoC does not have a governance agreement with the HMIS Lead Agency, please explain why and what steps are being taken towards creating a written agreement (limit 1000 characters)

N/A

Does the HMIS Lead Agency have the following plans in place? Data Quality Plan, Privacy Plan, Security Plan

Has the CoC selected an HMIS software product? Yes

If 'No', select reason:

If 'Yes', list the name of the product: ServicePoint

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

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

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

Indicate the challenges and barriers impacting the HMIS implementation (select all the apply): No or low participation by non-HUD funded providers, Inadequate resources, Poor data quality

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

N/A

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

Low participation:
Single Point of Entry project will offer benefits to full HMIS participation. This project increases shelter integration in the Continuum. Shelters will find it harder to participate in the CoC homeless system if they choose not to participate in HMIS.

Inadequate resources:
We are using HUD grant reallocation to fully fund HMIS. However, this approach takes funding away from new permanent supported housing. We have also started to pass along increasing share of HMIS costs to the shelters that use it.

Data quality:
HMIS data quality is a struggle for the large emergency shelters, due to the volume of it. We plan to improve data quality by shifting some of the data entry work to our own staff through the single point of entry. This will allow us closer monitoring, ability to pinpoint where the data quality issue are originating and it will lighten the burden on the emergency shelter staff.

Does the CoC lead agency coordinate with the HMIS lead agency to ensure that HUD data standards are captured? Yes

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

In the chart below, enter the total budget for the CoC's HMIS project for the current operating year and identify the funding amount for each source:

Operating Start Month/Year	July	2012
Operating End Month/Year	June	2013

Funding Type: Federal - HUD

Funding Source	Funding Amount
SHP	$122,311
ESG	$0
CDGB	$0
HOPWA	$0
HPRP	$0
Federal - HUD - Total Amount	$122,311

Funding Type: Other Federal

Funding Source	Funding Amount
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

Funding Type: State and Local

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

Funding Type: Private

Funding Source	Funding Amount
Individual	$0
Organization	$4,000
Private - Total Amount	**$4,000**

Funding Type: Other

Funding Source	Funding Amount
Participation Fees	$16,000

Total Budget for Operating Year	$152,311

Is the funding listed above adequate to fully fund HMIS? No

If 'No', what steps does the CoC Lead agency, working with the HMIS Lead agency, plan to take to increase the amount of funding for HMIS? (limit 750 characters)

We are reallocating some of our existing SHP funding within the CoC to the HMIS project. We also have to increasing participation fees for the agencies that use HMIS.

How was the HMIS Lead Agency selected by the CoC? Agency was Appointed

If Other, explain (limit 750 characters)

N/A

2C. Homeless Management Information Systems (HMIS) Bed and Service Volume Coverage

Instructions:

HMIS bed coverage measures the level of provider participation in a CoC's HMIS. Participation in HMIS is defined as the collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data on an at least annual basis.

HMIS bed coverage is calculated by dividing the total number of year-round beds located in HMIS-participating programs by the total number of year-round beds in the Continuum of Care (CoC), after excluding beds in domestic violence (DV) programs. HMIS bed coverage rates must be calculated separately for emergency shelters, transitional housing, and permanent supportive housing.

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

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

* Emergency Shelter (ES) beds	86%+
* HPRP beds	No beds in CoC
* Safe Haven (SH) beds	86%+
* Transitional Housing (TH) beds	86%+
* Rapid Re-Housing (RRH) beds	86%+
* Permanent Housing (PH) beds	86%+

How often does the CoC review or assess its HMIS bed coverage?   At least Quarterly

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

N/A

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

Instructions:

HMIS data quality refers to the extent that data recorded in an HMIS accurately reflects the extent of homelessness and homeless services in a local area. In order for HMIS to present accurate and consistent information on homelessness, it is critical that all HMIS have the best possible representation of reality as it relates to homeless people and the programs that serve them. Specifically, it should be a CoC's goal to record the most accurate, consistent and timely information in order to draw reasonable conclusions about the extent of homelessness and the impact of homeless services in its local area. Answer the questions below related to the steps the CoC takes to ensure the quality of its data. In addition, the CoC will indicate participation in the Annual Homelessness Assessment Report (AHAR) and Homelessness Pulse project for 2011 and 2012 as well as whether or not they plan to contribute data in 2013.

Does the CoC have a Data Quality Plan in place for HMIS? Yes

What is the HMIS service volume coverage rate for the CoC?

Types of Services	Volume coverage percentage
Outreach	4%
Rapid Re-Housing	0%
Supportive Services	23%

Indicate the length of stay homeless clients remain in the housing types in the grid below. If a housing type does not apply enter "0":

Type of Housing	Average Length of Time in Housing (Months)
Emergency Shelter	1
Transitional Housing	8
Safe Haven	3

Indicate the percentage of unduplicated client records with null or missing values on a day during the last 10 days of January 2012 for each Universal Data Element below:

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
Name	0%	0%
Social security number	0%	0%
Date of birth	0%	0%
Ethnicity	1%	0%

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
Race	1%	0%
Gender	0%	0%
Veteran status	1%	2%
Disabling condition	1%	5%
Residence prior to program entry	1%	3%
Zip Code of last permanent address	1%	5%
Housing status	3%	0%
Destination	0%	0%
Head of household	0%	0%

How frequently does the CoC review the quality of project level data, including ESG? At least Quarterly

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

Process:
CoC monitors data quarterly. Each project is required to submit two reports, one for quality and one for accuracy. Submission dates are aligned wit the Point in Time dates. The minimum for data quality is less than 5% of data missing; the minimum for data accuracy is 100% (exact head count).
Assistance:
Coalition provides staff training, data monitoring, Help desk support, and onsite visits to all HMIS users in the CoC.
Tools:
Published data quality procedures, data entry training materials, data quality reports, the SOP manual(Standard Operating Policy). Low data quality triggers project monitoring. Data quality results are considered when the project requests renewal funding from CoC.

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

If less than quarterly for program level data, client level data, or both, explain the reason(s) (limit 750 characters)

N/A

Does the HMIS have existing policies and procedures in place to ensure that valid program entry and exit dates are recorded in HMIS? Yes

Indicate which reports the CoC submitted usable data (Select all that apply): 2012 AHAR Supplemental Report on Homeless Veterans, 2012 AHAR

Indicate which reports the CoC plans to submit usable data (Select all that apply): 2013 AHAR Supplemental Report on Homeless Veterans, 2013 AHAR

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

Instructions:

CoCs can use HMIS data for a variety of applications. These include, but are not limited to, using HMIS data to understand the characteristics and service needs of homeless people, to analyze how homeless people use services, and to evaluate program effectiveness and outcomes.

In this section, CoCs will indicate the frequency in which it engages in the following.

- Integrating or warehousing data to generate unduplicated counts
- Point-in-time count of sheltered persons
- Point-in-time count of unsheltered persons
- Measuring the performance of participating housing and service providers
- Using data for program management
- Integration of HMIS data with data from mainstream resources

Additionally, CoCs will indicate if the HMIS is able to generate program level that is used to generate information for Annual Progress Reports for: HMIS, transitional housing, permanent housing, supportive services only, outreach, rapid re-housing, emergency shelters, and prevention.

Indicate the frequency in which the CoC uses HMIS data for each of the following:

Integrating or warehousing data to generate unduplicated counts:	At least Annually
Point-in-time count of sheltered persons:	At least Quarterly
Point-in-time count of unsheltered persons:	At least Annually
Measuring the performance of participating housing and service providers:	At least Quarterly
Using data for program management:	At least Quarterly
Integration of HMIS data with data from mainstream resources:	Never

Indicate if your HMIS software is able to generate program-level reporting:

Program Type	Response
HMIS	Yes
Transitional Housing	Yes
Permanent Housing	Yes
Supportive Services only	Yes
Outreach	Yes
Rapid Re-Housing	Yes
Emergency Shelters	Yes
Prevention	Yes

2F. Homeless Management Information Systems (HMIS) Data, Technical, and Security Standards

Instructions:

In order to enable communities across the country to collect homeless services data consistent with a baseline set of privacy and security protections, HUD has published HMIS Data and Technical Standards. The standards ensure that every HMIS captures the information necessary to fulfill HUD reporting requirements while protecting the privacy and informational security of all homeless individuals.

Each CoC is responsible for ensuring compliance with the HMIS Data and Technical Standards. CoCs may do this by completing compliance assessments on a regular basis and through the development of an HMIS Policy and Procedures manual. In the questions below, CoCs are asked to indicate the frequency in which they complete compliance assessment.

For each of the following HMIS privacy and security standards, indicate the frequency in which the CoC and/or HMIS Lead Agency complete a compliance assessment:

* Unique user name and password	At least Annually
* Secure location for equipment	At least Annually
* Locking screen savers	At least Annually
* Virus protection with auto update	At least Annually
* Individual or network firewalls	At least Annually
* Restrictions on access to HMIS via public forums	At least Annually
* Compliance with HMIS policy and procedures manual	At least Annually
* Validation of off-site storage of HMIS data	At least Annually

How often does the CoC Lead Agency assess compliance with the HMIS Data and Technical Standards and other HMIS Notices?   At least Annually

How often does the CoC Lead Agency aggregate data to a central location (HMIS database or analytical database)?   At least Quarterly

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

If 'Yes', does the HMIS Policy and Procedures manual include governance for:

HMIS Lead Agency		X
Contributory HMIS Organizations (CHOs)		X

If 'Yes', indicate date of last review or update by CoC: 01/18/2013

If 'Yes', does the manual include a glossary of terms? Yes

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

2G. Homeless Management Information System (HMIS) Training

Instructions:

Providing regular training opportunities for homeless assistance providers that are participating in a local HMIS is a way that CoCs can ensure compliance with the HMIS Data and Technical Standards. In the section below, CoCs will indicate how frequently they provide certain types of training to HMIS participating providers.

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

* Privacy/Ethics training	At least Monthly
* Data security training	At least Quarterly
* Data quality training	At least Monthly
* Using data locally	At least Quarterly
* Using HMIS data for assessing program performance	At least Quarterly
* Basic computer skills training	Never
* HMIS software training	At least Monthly
* Policy and procedures	At least Quarterly
* Training	At least Monthly
* HMIS data collection requirements	At least Monthly

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

Instructions:

The point-in-time count assists communities and HUD towards understanding the characteristics and number of people sleeping on the streets, including places not meant for human habitation, emergency shelters, and transitional housing. Beginning in 2012, CoCs are required to conduct a sheltered point-in-time count annually. The requirement for unsheltered point-in-time counts remains every two years; however, CoCs are strongly encouraged to conduct the unsheltered point-in-time count annually. CoCs are to indicate the date of the sheltered point-in-time count and what percentage of the community's homeless services providers participated and whether there was an increase, decrease, or no change between the 2011 and 2012 sheltered counts.

CoCs will also need to indicate the percentage of homeless service providers supplying sheltered information and determining what gaps and needs were identified.

How frequently does the CoC conduct the its sheltered point-in-time count: quarterly (once each quarter)

Indicate the date of the most recent sheltered point-in-time count (mm/dd/yyyy): 10/31/2012

If the CoC conducted the sheltered point-in-time count outside the last 10 days in January, was a waiver from HUD obtained prior to January 19, 2012? Not Applicable

Did the CoC submit the sheltered point-in-time count data in HDX by April 30, 2012? Yes

**If 'No', briefly explain why the sheltered point-in-time data was not submitted
by April 30, 2012 (limit 750 characters)**

We do a sheltered PIT on the last Wednesday of each quarter so we did do a sheltered PIT during the last 10 days of January 2012 but we also did one in April, July and October of 2012.

Indicate the percentage of homeless service providers supplying sheltered population and subpopulation data for the point-in-time count that was collected via survey, interview and HMIS:

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

Comparing the 2011 and 2012 sheltered point-in-time counts, indicate if there was an increase, decrease, or no change and describe the reason(s) for the increase, decrease, or no change (limit 750 characters)

The sheltered count decreased from 1,536 persons in 2011 to 1,380 in 2012. A decrease of 156 persons. The weather was milder in 2012 on the night of the point in time count. We believe the number of persons in shelter decreased because more people chose to stay outside. The number of unsheltered counted rose by 60 person. There was on overall decrease of persons counted sheltered and unsheltered by 96 persons.

Based on the sheltered point-in-time information gathered, what gaps/needs were identified in the following:

Need/Gap	Identified Need/Gap (limit 750 characters)
* **Housing**	Given that we counted 1,197 households homeless on the night of the PIT, on average about 2/3 of those homeless need PSH (798 households) and we had only 44 PSH units open, we identify that we have a gap of permanent supported housing of roughly 754 units. As for the roughly 399 households that are homeless but do not meet the qualifications for permanent supported housing, we anticipate that roughly 1/2 (200 households) would be able to find affordable housing without a subsidy. Section 8 has a long waiting list and our HOPE VI initiatives are making public housing units scarce. Thus we anticipate a gap of roughly 200 housing subsidies for those who do not meet the PSH qualifications.
* **Services**	Case management services are very tight thus making even the permanent supported housing opportunities difficult to take advantage of because we do not have sufficient resources to meet the need for case management.
* **Mainstream Resources**	Our CoC has a team dedicated to providing SOAR services but the capacity of the team is not such that all homeless persons/households in need of SOAR screening and subsiquent assessment can be served. Additional resources for dedicated SOAR workers could boost our ability to lower the amount of subsidy needed for permanent supported housing thus increasing the number of subsidies available to more households.

2I. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulations: Methods

Instructions:

Accuracy of the data reported in the sheltered point-in-time count is vital. Data produced from these counts must be based on reliable methods and not on "guesstimates." CoCs may use one or more method(s) to count sheltered homeless persons. This form asks CoCs to identify and describe which method(s) were used to conduct the sheltered point-in-time count. The description should demonstrate how the method(s) was used to produce an accurate count.

Indicate the method(s) used to count sheltered homeless persons during the 2012 point-in-time count
(Select all that apply):

Survey providers:	X
HMIS:	X
Extrapolation:	
Other:	

If Other, specify:

N/A

Describe the methods used by the CoC, based on the selection(s) above, to collect data on the sheltered homeless population during the 2012 point-in-time count. Response should indicate how the method(s) selected were used to produce accurate data
(limit 1500 characters)

We conduct a sheltered count 4 times per year so the shelters are used to the method used. We ask the shelters to literally count the persons in the shelter and submit the numbers by a handwritten report. We also ask the shelter to run an HMIS report that shows the number of persons using the shelter on that night. We then ask the shelter to reconcile the two numbers if there is a discrepancy. They have 5 days to reconcile the numbers. They are then asked to submit both the HMIS report and the manual report to the Coalition for the Homeless - the CoC lead agency. The Coalition compares the two reports looking for both discrepancies in numbers and for a level of quality data in the HMIS report. The shelter project then receives a grade for accuracy and quality for each of the four PIT dates along with an indication of whether the reports were submitted on time, late or not at all. These grades are reported to the entire CoC two times per year. These grades are used to determine project performance and level of participation in the CoC. This system encourages quality and accurate data.

2J. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Collection

Instructions:

CoCs are required to produce data on seven subpopulations. These subpopulations are: chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, victims of domestic violence, and unaccompanied youth (under 18). Subpopulation data is required for sheltered homeless persons. Sheltered chronically homeless persons are those living in emergency shelters only.

CoCs may use a variety of methods to collect subpopulation information on sheltered homeless persons and may utilize more than one in order to produce the most accurate data. This form asks CoCs to identify and describe which method(s) were used to gather subpopulation information for sheltered populations during the most recent point-in-time count. The description should demonstrate how the method(s) was used to produce an accurate count.

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

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

If Other, specify:

N/A

Describe the methods used by the CoC, based on the selection(s) above, to collect data on the sheltered homeless subpopulations during the 2012 point-in-time count. Response should indicate how the method(s) selected were used in order to produce accurate data on all of the sheltered subpopulations
(limit 1500 characters)

We conduct a sheltered count 4 times per year so the shelters are used to the method used. We ask the shelters to literally count the persons in the shelter and submit the numbers by a handwritten report. We also ask the shelter to run an HMIS report that shows the number of persons using the shelter an that night. We then ask the shelter to reconcile the two numbers if there is a discrepancy. They have 5 days to reconcile the numbers. They are then asked to submit both the HMIS report and the manual report to the Coalition for the Homeless - the CoC lead agency. The Coalition compares the two reports looking for both discrepancies in numbers and for a level of quality data in the HMIS report. The shelter project then receives a grade for accuracy and quality for each of the four PIT dates along with an indication of whether the reports were submitted on time, late or not at all. These grades are reported to the entire CoC two times per year. These grades are used to determine project performance and level of participation in the CoC. This system encourages quality and accurate data. The subpopulations are gleaned from the HMIS data. The quality report and grade insures that the subpopulation information is completed in HMIS thus giving us data that is accurate and timely.

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

Instructions:

The data collected during point-in-time counts is vital for CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level to plan services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country and to provide Congress and OMB with information regarding services provided, gaps in service, performance, and funding decisions. It is vital that the quality of data reported accurate and of high quality. CoCs may undertake once or more actions to improve the quality of the sheltered population data.

Indicate the method(s) used to verify the data quality of sheltered homeless persons (select all that apply):

Instructions:	X
Training:	X
Remind/Follow-up	X
HMIS:	X
Non-HMIS de-duplication techniques:	
None:	
Other:	

If Other, specify:

N/A

If selected, describe the non-HMIS de-duplication techniques used by the CoC to ensure the data quality of the sheltered persons count (limit 1000 characters)

N/A

Based on the selections above, describe the methods used by the CoC to verify the quality of data collected on the sheltered homeless population during the 2012 point-in-time count. The response must indicate how each method selected above was used in order to produce accurate data on all of the sheltered populations (limit 1500 characters)

We conduct a sheltered count 4 times per year so the shelters are used to the method used. We ask the shelters to literally count the persons in the shelter & submit the numbers by a handwritten report. We also ask the shelter to run an HMIS report that shows the number of persons using the shelter an that night. We then ask the shelter to reconcile the two numbers if there is a discrepancy. They have 5 days to reconcile the numbers. They are then asked to submit both the HMIS report & the manual report to the Coalition for the Homeless - the CoC lead agency. The Coalition compares the 2 reports looking for both discrepancies in numbers & for a level of quality data in the HMIS report. The shelter project then receives a grade for accuracy & quality for each of the 4 PIT dates along with an indication of whether the reports were submitted on time, late or not at all. These grades are reported to the entire CoC 2 times per year. These grades are used to determine project performance & level of participation in the CoC. This system encourages quality & accurate data. Because this process is done 4 times per year it helps us monitor whether projects are completing the information correctly & accurately. We issue reminders before the date of the PIT & the day after the PIT to make sure the process is completed & we issue requests for information 5 days after the PIT to those who have not responded. Training is provided to anyone who requests it before, during & after the process.

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

Instructions:

The unsheltered point-in-time count assists communities and HUD towards understanding the characteristics and number of people sleeping on the streets, including places not meant for human habitation. CoCs are required to conduct an unsheltered point-in-time count every two years (biennially); however, CoCs are strongly encouraged to conduct the unsheltered point-in-time count annually. CoCs are to indicate the date of the last unsheltered point-in-time count and whether there was an increase, decrease, or no change between the last point-in-time count and the last official point-in-time count conducted in 2011.

How frequently does the CoC conduct an unsheltered point-in-time count? annually (every year)

Indicate the date of the most recent unsheltered point-in-time count (mm/dd/yyyy): 01/25/2012

If the CoC conducted the unsheltered point-in-time count outside the last 10 days in January, was a waiver from HUD obtained prior to January 19, 2011 or January 19, 2012? Not Applicable

Did the CoC submit the unsheltered point-in-time count data in HDX by April 30, 2012? Yes

If 'No', briefly explain why the unsheltered point-in-time data was not submitted by April 30, 2011 (limit 750 characters)

N/A

Comparing the 2011 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 reason(s) for the increase, decrease, or no change (limit 750 characters)

The unsheltered count in 2012 showed an increase of 60 persons from 2011 although the overall count that included a sheltered count actually decreased by 96 persons. We believe the reason for the increase in the unsheltered count for 2012 was because of milder weather on the night of the 2012 count compared to 2011 and therefore more people chose to stay out in 2012.

2M. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Methods

Instructions:

Accuracy of the data reported in point-in-time counts is vital. Data produced from these counts must be based on reliable methods and not on "guesstimates." CoCs may use one or more methods to count unsheltered homeless persons. This form asks CoCs to identify which method(s) they use to conduct their point-in-time counts and whether there was an increase, decrease, or no change between 2011 and the last unsheltered point-in-time count.

Indicate the method(s) used to count unsheltered homeless persons during the 2011 or 2012 point-in-time count (select all that apply):

Public places count:	
Public places count with interviews on the night of the count:	X
Public places count with interviews at a later date:	
Service-based count:	
HMIS:	
Other:	
None:	

If Other, specify:

N/A

Describe the methods used by the CoC based on the selections above to collect data on the unsheltered homeless populations and subpopulations during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to produce accurate data on all of the unsheltered populations and subpopulations (limit 1500 characters)

We conduct our unsheltered count at the same time and on the same night as our sheltered count. We ask the persons staying on the street to come to a central location to be counted while we have outreach teams going to the known camps at the same time. We conduct the count from 6-8 pm. As folks come to the central location we ask them where they plan on sleeping that night. If they say "in a shelter" they are given a certain kind of sticker. If they say "on the street" they get another type of sticker. We count only those with the "on the street" sticker. The outreach teams count those folks in the camps who do not have a sticker and give a sticker to everyone they count. If a person counted on the street or at the central location and then goes to a shelter, the shelter knows not to count that person because of the sticker the person is wearing. We let the folks know that wearing the sticker is very important that night and we find that they are very cooperative with the system. We have been doing it this way long enough that they are used to the system. We do interviews at the central location to determine subpopulations, etc. We do not do interviews at the camps but rather extrapolate the information from the surveys done at the central location to the campsite numbers. All persons counted are asked two questions to determine their veterans status giving us as accurate a count of veterans as possible.

2N. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Level of Coverage

Instructions:

CoCs may utilize several methods when counting unsheltered homeless persons. CoCs need to determine what area(s) they will go to in order to count this population. For example, CoCs may canvas an entire area or only those locations where homeless persons are known to sleep. CoCs are to indicate the level of coverage incorporated when conducting the unsheltered count.

Indicate where the CoC located the unsheltered homeless persons (level of coverage) that were counted in the last point-in-time count: A Combination of Locations

If Other, specify:

We had our outreach teams, assisted by over 120 volunteers, go out to count on the streets and in known camps throughout the city/county. We also had a drop in location where we counted those who came in during the time of the count. We used a system of stickers to ensure unduplication between the outreach teams efforts and the drop in center.

2O. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Data Quality

Instructions:

The data collected during point-in-time counts is vital for CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level to plan services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country and to provide Congress and OMB with information regarding services provided, gaps in service, performance, and funding decisions. It is vital that the quality of data reported is accurate and of high quality. CoCs may undertake one or more actions to improve the quality of the sheltered population data.

All CoCs should engage in activities to reduce the occurrence of counting unsheltered persons more than once during the point-in-time count. The strategies are known as de-duplication techniques. De-duplication techniques should always be implemented when the point-in-time count extends beyond one night or takes place during the day at service locations used by homeless persons that may or may not use shelters. CoCs are to describe de-duplication techniques used in the point-in-time count. CoCs are also asked to describe outreach efforts to identify and engage homeless individuals and families.

Indicate the steps taken by the CoC to ensure the quality of the data collected for the unsheltered population count
(select all that apply):

Training:	X
HMIS:	
De-duplication techniques:	X
"Blitz" count:	
Unique identifier:	
Survey question:	X
Enumerator observation:	X
Other:	

If Other, specify:

Describe the techniques, as selected above, used by the CoC to reduce the occurrence of counting unsheltered homeless persons more than once during the most recent point-in-time count
(limit 1500 characters)

We conduct our unsheltered count at the same time and on the same night as our sheltered count. We ask the persons staying on the street to come to a central location to be counted while we have outreach teams going to the known camps at the same time. We conduct the count from 6-8 pm. As folks come to the central location we ask them where they plan on sleeping that night. If they say "in a shelter" they are given a certain kind of sticker. If they say "on the street" they get another type of sticker. We count only those with the "on the street" sticker. The outreach teams count those folks in the camps who do not have a sticker and give a sticker to everyone they count. If a person is counted on the street or at the central location and then goes to a shelter, the shelter knows not to count that person because of the sticker the person is wearing. We let the folks know that wearing the sticker is very important that night and we find that they are very cooperative with the system. We have been doing it this way long enough that they are used to the system. We do interviews at the central location to determine subpopulations, etc. We do not do interviews at the camps but rather extrapolate the information from the surveys done at the central location to the campsite numbers. We did ask all persons counted two questions to determine their veteran status.

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

We do not normally count a large number of unsheltered homeless households with dependent children, especially during the winter months. We believe this is due to the fact that homeless families operate differently than singles & the community is less likely to allow a homeless child to stay on the streets in the winter months. That being said, we have outreach teams, that when they identify a homeless family on the street, contact the Coalition for the Homeless to connect them with the Louisville Metro Housing Authority who has been instructed by the director to serve such families as soon as an available voucher is identified. We have been working with the Housing Authority to focus available vouchers to homeless families-especially those literally on the streets. When there is no family identified on the street, these "available" vouchers are targeted to families living in the shelters who would not qualify for housing opportunities that require there be a disability present in the family (such as PSH or S+C). We are also working with the local school system to identify families that are living on the streets or are at imminent risk of losing their housing. The Interagency Homeless Youth Working Group was created in response to the rising number of homeless students reported each year in the local school system. This committee, staffed by The Coalition for the Homeless, is made up of members of Jeff Co Public Schools, family courts, DCBS & homeless service providers.

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

We engaged our outreach teams, along with over 120 volunteers, to go out into the streets and known camps to count those sleeping on the streets the night of the point in time. We also had a drop in center located at a facility regularly used by those sleeping on the streets. We advertised the count days in advance and used stickers to identify those already counted in another location to unduplicate. We also participated in the 100K Homes project, meeting all year long, to identify persons living on the streets. This effort, while it did not take place during the last week of January, has informed the CoC of the real numbers of people living on the streets along with their physical and mental conditions. This effort has also informed us of better ways to conduct the street count which we are implementing with the 2013 street count.

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

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

Instructions:

Ending chronic homelessness continues to be a HUD priority. CoCs can do this by creating new permanent housing beds that are specifically designated for this population.

CoCs will enter the number of permanent housing beds expected to be in place in 12 months, 5 years, and 10 years. These future estimates should be based on the definition of chronically homeless.

CoCs are to describe the short-term and long-term plans for creating new permanent housing beds for chronically homeless individuals and families who meet the definition of chronically homeless. CoCs will also indicate the current number of permanent housing beds designated for chronically homeless individuals and families. This number should match the number of beds reported in the FY2012 Housing Inventory Count (HIC) and entered into the Homeless Data Exchange (HDX).

How many permanent housing beds are currently in place for chronically homeless persons?   137

In 12 months, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?   151

In 5 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?   161

In 10 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?   171

**Describe the CoC's short-term (12 month) plan to create new permanent housing beds for persons who meet HUD's definition of chronically homeless
(limit 1000 characters)**

The Louisville CoC has determined that by designating new SHP funded PSH beds for the chronic homeless, we are creating a housing barrier for the non-chronic. Therefore we do not plan to create chronic only beds using SHP unless it is the only opportunity for new CoC PSH beds as determined by HUD. We propose projects target the chronic homeless & apply for PSH that will serve all homeless clients. This way the PSH can serve all homeless persons in need but projects are focusing on those in greatest need. We have successfully reduced the number of chronic homeless in the last yr by approx 74 people. However, through 100K Homes we secured 70 housing vouchers outside CoC funded PSH that are targeted to the chronic homeless.

Describe the CoC's long-term (10 year) plan to create new permanent housing beds for persons who meet HUD's definition of chronically homeless
(limit 1000 characters)

The Louisville CoC has determined that by designating new PSH beds for the chronic homeless, we are creating a housing barrier for the non-chronic. Therefore we do not plan to create chronic only beds unless it is the only opportunity for new CoC PSH beds as determined by HUD. We propose projects target the chronic homeless & apply for PSH that will serve all homeless clients. This way the PSH can serve all homeless persons in need but projects are focusing on those in greatest need. We have successfully reduced the number of chronic homeless in the last yr by approx 74 people. Through 100K Homes we secured 70 housing vouchers outside CoC funded PSH that served the chronic homeless but were not specifically designated to that population. We also have a 10 yr plan goal of creating 300 new permanent housing units.

Describe how the CoC, by increasing the number of permanent housing beds for chronically homeless, will obtain the national goal of ending chronic homelessness by the year 2015
(limit 1000 characters)

While the Louisville CoC is not purposefully creating more PSH for the chronically homeless due to the reasons stated above, we ARE focusing on creating more permanent housing and identifying those people who are long term stayers and/or meet the 100K Homes criteria for likely to die on the streets. This effort has done more to identify and house our chronically homeless and it does not create the situation of having available chronically homeless PSH but not enough PSH for other homeless populations.

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

Objective 2: Increase the percentage of participants remaining in CoC funded permanent housing projects for at least six months to 80 percent or more.

Instructions:

Increasing self-sufficiency and stability of permanent housing program participants is an important outcome measurement of HUD's homeless assistance programs. Each CoC-funded permanent housing project is expected to report the percentage of participants remaining in permanent housing for more than six months on its Annual Performance Report (APR). CoCs then use this data from all of its permanent housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

In this section, CoCs will indicate the current percentage of participants remaining in these projects, as indicted on form 4C. as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded permanent housing projects for which an APR was required should indicate this by entering "0" in the numeric fields and note that this type of project does not exist in the CoC in the narratives. CoCs are then to describe short-term and long-term plans for increasing the percentage of participants remaining in all of its CoC-funded permanent housing projects (SHP-PH or S+C) to at least 80 percent.

What is the current percentage of participants remaining in CoC-funded permanent housing projects for at least six months? 80%

In 12 months, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 81%

In 5 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 90%

In 10 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months? 90%

Describe the CoCs short-term (12 month) plan to increase the percentage of participants remaining in CoC-funded permanent housing projects for at least six months to 80 percent or higher
(limit 1000 characters)

The Louisville CoC has created a "Blueprint to End Homelessness" which includes short and long-term strategies toward the elimination of homelessness. Because permanent housing resources are so valuable in our community for the success of the overall plan, the Louisville CoC decided it was best to set the standard for permanent housing stability high at the beginning and move it even higher throughout the plan. Therefore, our short-term (12 month) plan for participants of supportive housing remaining for at least six months is 81%. We have exceeded this goal in the past and plan to maintain this through the provision of housing choice and strong support services supplemented through non-CoC funding including SAMHSA and CDBG.

Describe the CoCs long-term (10 year) plan to increase the percentage of participants remaining in CoC-funded permanent housing projects for at least six months to 80 percent or higher
(limit 1000 characters)

The Louisville CoC has created a "Blueprint to End Homelessness" which includes short and long-term strategies toward the elimination of homelessness. Because permanent housing resources are so valuable in our community for the success of the overall plan, the Louisville CoC decided it was best to set the standard for permanent housing stability high at the beginning and move it even higher throughout the plan. Therefore, our long-term (10 year) plan for participants of supportive housing remaining for at least six months is 90%. We plan to maintain this through the provision of housing choice and strong support services supplemented through non-CoC funding including SAMHSA and CDBG.

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

Objective 3: Increase the percentage of participants in CoC-funded transitional housing that move into permanent housing to 65 percent or more.

Instructions:

The transitional housing objective is to help homeless individuals and families obtain permanent housing and self-sufficiency. Each transitional housing project is expected to report the percentage of participants moving to permanent housing on its Annual Performance Report h(APR). CoCs then use this data from all of the CoC-funded transitional housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

In this section, CoCs will indicate the current percentage of transitional housing project participants moving into permanent housing as indicated on from 4C. as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC funded transitional housing projects for which an APR was required should enter "0" in the numeric fields below and note that this type of housing does not exist in the narratives. CoCs are then to describe short-term and long-term plans for increasing the percentage of participants who move from transitional housing projects into permanent housing to at least 65 percent or more.

What is the current percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 71%

In 12 months, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 71%

In 5 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 71%

In 10 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing? 71%

Describe the CoCs short-term (12 month) plan to increase the percentage of participants in CoC-funded transitional housing projects that move to permanent housing to 65 percent or more
(limit 1000 characters)

The Louisville CoC has created a "Blueprint to End Homelessness" which includes short and long-term strategies toward the elimination of homelessness. Because Louisville has chosen to target transitional housing units to higher need clients in need of extensive services, our goal for the successful transition from transitional to permanent housing is to hold steady our current benchmark of 71%. Louisville has struggled to meet the 65% goal for years but was able to exceed it for this funding cycle. We are reallocating several of our transitional housing projects to permanent supported housing this year.

Describe the CoCs long-term (10 year) plan to increase the percentage of participants in CoC-funded transitional housing projects that move to permanent housing to 65 percent or more
(limit 1000 characters)

Because Louisville has chosen to target transitional housing units to higher need clients in need of extensive services, our goal for the successful transition from transitional to permanent housing is to hold steady our current benchmark of 71%. Louisville has struggled to meet the 65% goal for years but was able to exceed it for this funding cycle. The Louisville CoC is also closely monitoring transitional housing programs annually to determine if they are serving appropriate populations, if they are actually more aligned in their design as permanent housing & should be changed & if they are still useful in the new CoC design. Those that are more appropriate as permanent housing will be reallocated as such & low performing projects will also be reallocated. As this evaluation continues, we expect to see fewer transitional housing beds in Louisville over the next 10 years, but a higher rate of successful transition from transitional to permanent housing.

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

Objective 4: Increase percentage of participants in all CoC-funded projects that are employed at program exit to 20 percent or more.

Instructions:

Employment is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Each CoC-funded project (excluding HMIS dedicated only projects) is expected to report the percentage of participants employed at exit on its Annual Performance Report (APR). CoCs then use this data from all of its non-HMIS projects to report on the overall CoC performance on form 4D. Continuum of Care (CoC) Cash Income.

 In this section, CoCs will indicate the current percentage of project participants that are employed at program exit, as reported on 4D, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded non-HMIS dedicated projects (permanent housing, transitional housing, or supportive services only) for which an APR was required should enter "0" in the numeric fields below and note in the narratives. CoCs are to then describe short-term and long-term plans for increasing the percentage of all CoC-funded program participants that are employed at program exit to 20 percent or more.

What is the current percentage of participants in all CoC-funded projects that are employed at program exit?   25%

In 12 months, what percentage of participants in all CoC-funded projects will be employed at program exit?   25%

In 5 years, what percentage of participants in all CoC-funded projects will be employed at program exit?   25%

In 10 years, what percentage of participants in all CoC-funded projects will be employed at program exit?   25%

**Describe the CoCs short-term (12 month) plan to increase the percentage of participants in all CoC-funded projects that are employed at program exit to 20 percent or more
(limit 1000 characters)**

The Louisville CoC has created a "Blueprint to End Homelessness" which includes short and long-term strategies toward the elimination of homelessness. Due to the weak economy and high numbers of disabled persons within the Louisville homeless population, the Louisville CoC set the one-year goal of employment for the homeless at 20%. However, we have exceeded that goal in year one with an employment rate of 25%. This goal was exceeded through strong employment components in many of our emergency and transitional programs.

Describe the CoCs long-term (10 year) plan to increase the percentage of participants in all CoC-funded projects who are employed at program exit to 20 percent or more
(limit 1000 characters)

The Louisville CoC has created a "Blueprint to End Homelessness" which includes short and long-term strategies toward the elimination of homelessness. Due to the weak economy and high numbers of disabled persons within the Louisville homeless population, the Louisville CoC set the one-year goal of employment for the homeless at 20%. However, we have exceeded that goal in year one with an employment rate of 25%. This goal was exceeded through strong employment components in many of our emergency and transitional programs. We raised the goal to 25% and expect to maintain or exceed that level of employment with continued employment programs in shelters, an improving economy and the addition of supported employment in our "housing first" supportive housing programs.

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

Objective 5: Increase the percentage of participants in all CoC-funded projects that obtained mainstream benefits at program exit to 20% or more.

Instructions:

Access to mainstream resources is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Each CoC-funded project (excluding HMIS dedicated only projects) is expected to report the percentage of participants who received mainstream resources by exit on its Annual Performance Report (APR). CoCs then use this data from all of its non-HMIS projects to report on the overall CoC performance on form 4E. Continuum of Care (CoC) Non-Cash Benefits.

In this section, CoCs will indicate the current percentage of project participants who received mainstream resources by program exit, as reported on 4E, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded non-HMIS dedicated projects (permanent housing, transitional housing, or supportive services only) for which an APR was required should enter "0" in the numeric fields below and note in the narratives. CoCs are to then describe short-term and long-term plans for increasing the percentage of all CoC-funded program participants who received mainstream resources by program exit to 20 percent or more.

What is the current percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit? 57%

in 12 months, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit? 60%

in 5 years, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit? 60%

in 10 years, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit? 60%

**Describe the CoCs short-term (12 months) plan to increase the percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit to 20% or more
(limit 1000 characters)**

The Louisville CoC has created a "Blueprint to End Homelessness" which includes short and long-term strategies toward the elimination of homelessness. Due to the high number of persons with disabilities in the Louisville homeless population and the importance of mainstream services to insure success after shelter, the Louisville CoC has set a very high goal of mainstream services access upon program exit of 60%. The success of this goal is achieved through a unified list of questions during assessment to understand eligibility and a strong SOAR program.

Describe the CoCs long-term (10-years month) plan to increase the percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit to 20% or more (limit 1000 characters)

The Louisville CoC has created a "Blueprint to End Homelessness" which includes short and long-term strategies toward the elimination of homelessness. Due to the high number of persons with disabilities in the Louisville homeless population and the importance of mainstream services to insure success after shelter, the Louisville CoC has set a very high goal of mainstream services access upon program exit of 60%. The success of this goal is achieved through a unified list of questions during assessment to understand eligibility and a strong SOAR program.

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

Objective 6: Decrease the number of homeless individuals and families:

Instructions:

Ending homelessness among households with children, particularly for those households living on the streets or other places not meant for human habitation, is an important HUD priority. CoCs can accomplish this goal by creating new beds and/or providing additional supportive services for this population.

In this section, CoCs are to describe short-term and long-term plans for decreasing the number of homeless households with children, particularly those households that are living on the streets or other places not meant for human habitation. CoCs will indicate the current total number of households with children that was reported on their most recent point-in-time count. CoCs will also enter the total number of homeless households with children they expect to report on in the next 12 months, 5 years, and 10 years.

What is the current total number of homeless households with children as reported on the most recent point-in-time count?	163%
In 12 months, what will be the total number of homeless households with children?	147%
In 5 years, what will be the total number of homeless households with children?	110%
In 10 years, what will be the total number of homeless households with children?	55%

Describe the CoCs short-term (12 month) plan to decrease the number of homeless households with children
(limit 1000 characters)

The Louisville CoC has created a "Blueprint to End Homelessness" which incls short & long-term strategies toward the elimination of homelessness. Due to the lack of resources provided through the HUD budget for permanent low-income housing for families, the rising cost of rental housing & the loss of HPRP, we were unable to meet our goal of lowering family homelessness by 10% this yr although we did work to access 26 new units of permanent housing for families & rapid rehousing assistance for 50 additional families. This has increased the number of homeless families moving from shelter to permanent housing. However, it means new families are able to move more quickly into newly opened shelter beds actually increasing our homeless family count because most homeless families are invisible until they arrive at shelter. We participated in a family study that assisted in securing 26 permanent housing units for families. This study randomly helped move families out of shelter & into PH.

**Describe the CoCs long-term (10 year) plan to decrease the number of homeless households with children
(limit 1000 characters)**

The Lou. CoC has created a "Blueprint to End Homelessness" which includes short & long-term strategies toward the elimination of homelessness. Due to the lack of resources provided for permanent low-income housing for families, the rising cost of rental housing & the loss of HPRP, we did not meet our goal of lowering family homelessness by 10%. However, we accessed 26 new units of permanent housing for families & rapid rehousing assistance for 50 additional families. This increased the number of families moving from shelter to permanent housing but new families quickly moved into newly opened shelter beds actually increasing our homeless family count. The Coalition for the Homeless was awarded a grant in 2012 to study the rising number of homeless children in Jefferson Co. Public Schools. Recommendations to lower homelessness & access appropriate resources for this population will be released in 2013 & be used to create new strategies toward this long-term goal.

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

Objective 7: Intent of the CoC to reallocate Supportive Services Only (SSO) and Transitional Housing (TH) projects to create new Permanent Housing (PH) projects.

Instructions:

CoCs have the ability to reallocate poor performing supportive services only and transitional housing projects to create new permanent supportive housing, rapid re-housing, or HMIS projects during each competition. Reallocation of poor performing projects can be in part or whole as the CoC determines.

CoCs will indicate if they intend to reallocate projects during this year's competition and if so, indicate the number of projects being reallocated (in part or whole) and if reallocation will be used as an option to create new permanent supportive housing, rapid re-housing, or HMIS projects in the next year, next two years, and next three years. If the CoC does not intend to reallocation it should enter '0' in the first section.

If the CoC does intend to reallocate projects it should clearly and specifically describe how the participants in the reallocated projects (supportive services only and/or transitional housing) will continue to receive housing and services. If the CoC does not intend to reallocate or does not need to reallocate projects to create new permanent supportive housing, rapid re-housing, or HMIS projects it should indicate the each of the narrative sections.

Indicate the current number of projects submitted on the current application for reallocation: 7

Indicate the number of projects the CoC intends to submit for reallocation on the next CoC Application (FY2013): 1

Indicate the number of projects the CoC intends to submit for reallocation in the next two years (FY2014 Competition): 1

Indicate the number of projects the CoC intends to submit for reallocation in the next three years (FY2015 Competition): 1

If the CoC is reallocating SSO projects, explain how the services provided by the reallocated SSO projects will be continued so that quality and quantity of supportive services remains in the Continuum (limit 750 characters)

The CoC is reallocating 2 SSO projects and reducing 1 SSO project to create a new SSO project that will be part of our common and coordinated assessment. These two SSO projects were doing similar work on a more limited basis and the CoC decided to combine and expand the efforts to make the process and services CoC wide. We believe by combining these two projects we will be able to provide better services to a wider population while also standardizing the assessment and referral process in the CoC.

If the CoC is reallocating TH projects, explain how the current participants will obtain permanent housing or efforts to move participants to another transitional housing project
(limit 750 characters)

We are reallocating 4 transitional housing projects and 1 permanent supported housing project along with reducing several grants to create 5 new permanent supported housing projects. The current participants will be transitioned into the new permanent supported housing project or into other permanent housing as appropriate. Because the current transitional housing projects are still in operation for several months this gives the projects time to transition the current participants into appropriate permanent housing. Any participant that is still in need of transitional housing at the time of the project's end will be transferred into other transitional housing projects at that time.

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

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

Is the discharge policy in place "State" mandated policy or "CoC" adopted policy?   State Mandated Policy

If "Other," explain:

**Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness
(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 seen an increase in young adults aged 18-24 living in emergency shelters that are not from foster care. To address this rising need, the CoC has created a Coalition Supporting Young Adults that has solicited best practices from local experts, conducted a survey of young adults and will be producing a report of recommendations to lower homelessness among this population in 2013. The Coalition also worked with other advocates in 2012 to update the state law to improve discharge planning for kids exiting foster care. The new law requires the state to meet with every foster care child 6 months prior to their 18th birthday to explain their options, to give the foster care child the option of having this meeting with a judge, and to increase the time someone exiting foster care can change their mind and recommit until 21 years old to one year versus 6 months.

**If the CoC does not have an implemented discharge plan for foster care, specifically describe the gap(s) in completing a comprehensive discharge plan
(limit 1000 characters)**

N/A

Specifically, 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. Ea child has an assigned case manager who must begin working with them on a transition plan 6 mos prior to their 18th birthday. Ea 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 State University to provide additional case manangement 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.

Specifically indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

KY Housing Corp works with young adults exiting foster care to find affordable rental housing in the most appropriate community for their future. Additional family, employment and educational opportunities and services are taken into consideration in choosing the relocation community and appropriate apartment. CHAFFE funds are used to cover the cost of an apartment for up to one year. Case management services for the transition are provided by the Cabinet for Family and Children and Western State 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. This program provides additional case manangement beyond the transition to independence for those exiting state institutions to insure that they maintain their rental housing.

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

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

Is the discharge policy in place "State" mandated policy or "CoC" adopted policy?   Other

If "Other," explain:

Locally mandated through the local hospitals

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

The Louisville CoC holds a seat on the Louisville Systems Strategy committee. This body is made up of all medical institutions in Metro Louisville in order to provide the best coordination of services. This body addresses gaps in medical services, appropriate discharge & difficulty in getting patients to follow discharge plans when released. Additionally, Phoenix Health Care for the Homeless works closely with our local hospitals (especially University Hospital) to insure appropriate release of homeless persons with medical conditions into the community. Phoenix staff provide in-reach to the hospitals as well as a hotline the hospitals can call for referral to healing beds in the community. Funding for these healing beds is at risk now & the Louisville CoC is working to insure replacement of this important funding.

If the CoC does not have an implemented discharge plan for health care, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

N/A

Specifically, 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 U of L Hospital & Phoenix Health Care for the Homeless. U of L provides the majority of indigent care in the community & works with Phoenix Health Care to transition the health care of clients exiting the hospital. U of L 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 U of L 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 supportive housing funded through Sec 8 & SAMHSA.

**Specifically indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs
(limit 1000 characters)**

In order to prevent persons from dying on the streets of Louisville, we have worked to create a 100K Homes team that includes outreach staff, Phoenix Health Care for the Homeless, the Louisville CoC, U of L Hospital & others. This team identifies those living on the streets & those using & exiting hospitals to insure that these clients can be referred to & assisted in obtaining permanent supportive housing versus returning to the streets. This program includes VASH & other local housing options, but the majority of units are a set aside from Sec 8 which provides scattered site rental housing of the client's choosing within the community. This program tracks those in permanent supportive housing to monitor the lowered use of hospital & emergency room services as well as the lowered use of emergency shelter.

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

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

Is the discharge policy in place "State" mandated policy or "CoC" adopted policy?   State Mandated Policy

If "Other," explain:

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

The Louisville CoC tracks the release of clients from mental health institutions into homeless services through quarterly reports run by The Coalition for the Homeless. At no point have these numbers increased above .9%. The Louisville CoC also holds a seat on the Louisville Systems Strategy committee. This body is made up of all medical facilities within the community & works to coordinate services & fill medical gaps. One primary role of this group is to track how well clients exiting medical & mental health facilities follow through with their discharge plans & work to create better systems to improve this outcome. The CoC has also worked with other advocates through a local mental health planning council to try to lower the use of mental health services within the community & to use these funds for community-based services that lower the need for institutional discharge.

If the CoC does not have an implemented discharge plan for mental health, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

N/A

Specifically, 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 case managers in outreach or from the local emergency shelter to make the best referral to shelter, permanent housing or other housing options. This will soon be coordinated through a new single point of entry managed by The Coalition for the Homeless. Central State also tracks whether clients followed through with housing & mental health referrals included in the transition plan.

Specifically indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

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 option. 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 with in the community. These referrals are made in cooperation with an outreach or shelter case manager. For those clients at greatest risk of transitioning back to homelessness from Central State & other mental health insitutions, the Commonwealth of Kentucky has created the homeless prevention program which provides an additional case manager to work with the client past their transition to housing in order to help access & maintain housing.

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

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

Is the discharge policy in place "State State Mandated Policy
**mandated
policy or "CoC" adopted policy?**

If "Other," explain:

**Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness
(limit 1000 characters)**

The Louisville CoC tracks the release of clients from state corrections facilities into homeless services thu quarterly reports run by the Coalition for the Homeless. At no point have these numbers increased above 1%. The Coalition also worked with other advocates to get 2 bills passed that have improved discharge from state corrections facilities. The 1st bill passed in '08 & 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. The bill also included funding for 8 case managers within the state corrections system to help with discharge plans as well as funding for obtaining social security cards & state ID's neeeded to obtain benefits. The 2nd bill passed in '11 creates a 3-tier transition plan for those exiting state corrections facilities. Those at greatest risk of homelessness receive 6 mos of intensive life skills training & coaching prior to release as well as paid half way house services if needed.

**If the CoC does not have an implemented discharge plan for corrections, specifically describe the gap(s) in completing a comprehensive discharge plan
(limit 1000 characters)**

N/A

Specifically, 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.

Specifically Indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

While state corrections facilities cannot hold a person who is ready for release, they work hard to insure that a plan is in place 6 months prior to release so that it can be tested & changed if necessary prior to release. The majority of homeless persons who exit state corrections facilities without housing are placed in half way houses through funding provided by the state & assisted in obtaining employment & housing from there. For those clients at highest risk of exiting into homelessness, the Commonwealth of KY has created the Homeless Prevention Program which provides case management beyond the transition from an institution to insure the person not only obtains housing, but maintains it into the future.

3C. Continuum of Care (CoC) Coordination

Instructions:

A CoC should regularly assess its local homeless assistance system and identify gaps and unmet needs. CoCs can improve their communities through long-term strategic planning. CoCs are encouraged to establish specific goals and implement short-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources and priorities, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet local needs.

Does the Consolidated Plan for the jurisdiction(s) that make up the CoC include the CoC strategic plan goals for addressing homelessness?	Yes
If 'Yes', list the goals in the CoC strategic plan that are included in the Consolidated Plan:	All priorities in the "Blueprint to End Homelessness" are included in the Metro Louisville ConPlan except the new goals added last yr to bring our plan in line with "Opening Doors." Goals included are: 1)create 600 units of PH & rapid rehousing for families, 2)create 300 units of PSH, 3)shorten the ave length of stay in the CoC to 30 days or less, 4)incr. coordination of prevention & improve referrals to avoid homelessness, 5)insure 85% of homeless beds are entered in HMIS & 95% of these have complete records, 6)insure no more than 1% of the homeless have been discharged from state institutions, 7)incr. outreach & target limited PH resources to those in greatest need, 8)insure at least 65% of homeless persons have income & 25% have employment, 9)insure case management services are available in all programs to insure a common assessment & needed services within 14 days of service entry.

Now that the Homeless Prevention and Rapid Re-housing Program (HPRP) program(s) in the CoC have ended, describe how the CoC is working with service providers to continue to address the population types served by the HPRP program(s)
(limit 1000 characters)

The Louisville CoC has 3 strategies for addressing the loss of HPRP. 1st, homeless prevention services provided through HPRP & ESG are now being provided by the local community action agency with CSBG funding. Prevention is also provided through Louisville Metro Gov. & local community ministries as well as many smaller providers. The Louisville CoC has created a homeless prevention planning committee to coordinate these efforts & allow the new single point of entry to refer people to these services & away from the shelter system. Metro Louisville has also set aside a portion of ESG funding to provide rapid rehousing services to appropriate families in shelter. The new common assessment will determine the most appropriate referrals for this service in order to help them transition from shelter quickly. Finally, the Louisville Metro Housing Authority set aside Sec 8 vouchers to provide rapid rehousing for families in shelter. These referrals are made through the CoC & will soon take place as part of the common assessment.

Describe how the CoC is participating in or coordinating with any of the following: HUD-VASH, HOPWA, Neighborhood Stabilization Programs, Community Development Block Grants, and ESG?
(limit 2500 characters)

Administrators and recipients of VASH, HOPWA, NSP, CDBG and ESG all participate as members of the CoC. VASH staff are also active members of the Lousiville 100k Homes campaign, sit on the CoC Advisory committee and hold an annual homeless veteran conference in collaboration with the CoC. The ESG administrator sits on the CoC Advisory committee and is a partner in developing CoC policies, committees and benchmarks. Finally, the new common assessment will assess clients and make referrals for programs funded through each of these HUD sources.

Indicate if the CoC has established policies that require homeless assistance providers to ensure all children are enrolled in school and connected to appropriate services within the community?   Yes

If 'Yes', describe the established policies that are in currently in place: The CoC requires that all programs serving school aged kids have a designated person who is responsible for ensuring school attendance for all school aged children. In addition, the Jefferson Co Public School system has a paid homeless education coordinator who works to insure that all homeless children in the school system are identified, know their rights to an education, receive transportation for access to the most appropriate school and receive any additional resources needed to maintain school stability. The homeless coordinator goes to all local family shelters and the homeless day care program to assess kids and insure services. She provides backpacks and other school supplies. She intervenes when kids are denied school or transportation access and she provides education to teachers, parents and administrators as needed.

Specifically describe the steps the CoC, working with homeless services providers, has taken 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 1500 characters)

Unfortunately, the number of homeless and at risk kids (including kids on the streets, in shelter and doubled up) in the Jefferson Co Public School system has continued to rise to over 12,500 kids last year (over 10% of the general population). Due to this, the Louisville CoC and other community partners have created the Interagency Homeless Youth Working Group to study and address this issue. The committee will be releasing a report of recommendations in 2013 and working with the school system to implement. They created a training CD with resources for all JCPS teachers on the rights of homeless kids and how best to serve them. They also worked with local researchers to access a HUD grant to study the effects of unstable housing on kids' education. This training CD and information from the research will be coupled with an on-site training for teachers in the nine schools identified as having the largest number of homeless kids. JCPS is also providing training to parents in the shelter system about their rights and school choice.

Specifically describe how the CoC collaborates, or will collaborate, with emergency shelters, transitional housing, and permanent housing to ensure families with children under the age of 18 are not denied admission or separated when entering shelter or housing (limit 1500 characters)

The Louisville CoC established a policy not allowing emergency shelters, transitional housing or permanent housing facilities to deny access or separate families with children under 18 in 2011. This policy is included in the CoC policies and procedures and the Quality Assurance Standards used to monitor all shelters. Two local family shelters have acquired and renovated new facilities making this possible through increased space and greater privacy in the new facilities.

Describe the CoC's current efforts to combat homelessness among veterans. Narrative should identify organizations that are currently serving this population, how this effort is consistent with CoC strategic plan goals, and how the CoC plans to address this issue in the future (limit 1500 characters)

The Louisville VA is the lead entity working to lower the number of homeless veterans in Louisville. They participate as members of the Louisville CoC and sit on the CoC Advisory Group. They also lead an annual homeless veteran conference in coordination with the CoC. The VA coordinates homeless outreach to veterans, manages the VASH program, coordinates an annual Stand Down event in collaboration with the CoC, makes referrals to other veterans' benefits and services, participates in the annual street count and coordinates referrals and funding to local shelters for VA transitional housing beds. VA funding for transitional housing is provided to Interlink, Salvation Army and Wayside who all have set aside transitional beds for veterans. This coordination, outreach and VASH resources has led to a decrease of homelessness among veterans in Louisville, one of the goals established in the "Blueprint to End Homelessness". The CoC and Louisville VA are working to lower the number of homeless veterans even more through the 100K Homes program. This program allows the whole community to identify those homeless veterans living on the streets and in greatest risk of dying in order to target VASH and other resources to them.

Describe the CoC's current efforts to address the youth homeless population. Narrative should identify organizations that are currently serving this population, how this effort is consistent with the CoC strategic plan goals, and the plans to continue to address this issue in the future (limit 1500 characters)

Currently the Louisville CoC is addressing the issue of homeless youth in a two-pronged approach. One group called the Interagency Homeless Youth Working Group is addressing the needs of 12,389 homeless students in the Jefferson County Public School system. This group is examining how the school system, the Family Court System, and the Dept of Community Based Services could all better work together to reduce the number of homeless students, provide a full range of services, improve academic achievement, and help move students and their families into affordable housing. The other group called the Coalition Supporting Young Adults is made up of 20+ agencies that provide assistance for homeless young adults ages 16-24 in crisis without support. Agencies include the school system, numerous young adult shelters, YMCA Safe Place, YouthBuild Louisville, Metro Office for Youth Development and others. This group is examining what services these young adults need that are not being sprovided and what next steps should be taken by the community to provide these services. Reports from both groups will be publicized in 2013 and implementation of propsoed changes will begin.

Has the CoC established a centralized or   Yes
coordinated assessment system?

If 'Yes', describe based on ESG rule 576.400
(limit 1000 characters)

The Louisville CoC has created a plan to implement both a single point of entry and common assessment as key components of our CoC. To date, we have created the single point of entry and common assessment tools. We have tested the tools with local shelters, asssessed all beds for referral, created job descriptions, worked with recipients of existing service only programs in the shelters to redesign staff to administer the common assessment, created a staff training plan, and accessed ESG funding to purchase the equipment and software to establish a single point of entry with scan cards for the homeless. The final result will be a single point to certify homelessness and defer as appropriate to homeless prevention and a common assessment team to assess each client in shelter within two weeks of entry to help move from shelter to permanent housing as quickly as possible.

Describe how the CoC consults with the ESG jurisdiction(s) to determine
how ESG funds are allocated each program year
(limit 1000 characters)

The ESG administrator serves on the CoC Advisory group in order to coordinate planning decisions. The CoC runs quarterly reports from HMIS in the form of report cards to evaluate agencies not meeting benchmarks so that technical assistance can be provided as soon as possible. Additionally, the CoC and ESG staff are working with service agencies to complete an assessment of the cost per successful exit at all homeless agencies to help allocate ESG and CoC funding. The CoC staff also attend planning meetings of the ESG grant program in order to comment on the greatest ESG needs and best use of funds per HMIS data and past agency success.

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)

All homeless programs in Louisville market their services through brochures, radio and other marketing methods. Referrals are also made from street outreach and soon the single point of entry to insure referrals are made free of discrimination. The Coalition for the Homeless monitors each agency's marketing and entry procedures to insure that they are free of discrimination and that outreach is made to agencies that serve the disabled, minorities and other special populations that may be underrepresented. The Coalition also produces a publication called "Street Tips" also included on our website listing contacts for all homeless shelters and service agencies in the community.

3D. Continuum of Care (CoC) Strategic Planning Coordination

Instructions:

CoCs should be actively involved in creating strategic plans and collaborating within the jurisdiction towards ending homelessness. CoCs should clearly and specifically respond to the following questions as they apply to coordination and implantation within the CoC, planning, review, and updates to the local 10-Year plan that includes incorporating the Federal Strategic Plan, "Opening Doors," and coordination with Emergency Solutions Grants within the CoC jurisdiction.

Has the CoC developed a strategic plan?   Yes

Does the CoC coordinate the implementation of a housing and service system that meets the needs of homeless individuals and families? (limit 1000 characters)

The Louisville CoC has a well established extensive CoC system to serve the homeless. It includes shelter, transition and permanent housing for singles, families and special populations. An increase in prioritization and production of permanent supportive housing has led to a decrease in homelessness among singles, chronically homeless and veterans. However, a lack of permanent housing subsidies and adequate employment have led to a lack of adequate emergency housing for homeless families.

Describe how the CoC provides information required to complete the Consolidated Plan(s) within the CoC's geographic area (limit 1000 characters)

The Louisville CoC uses HMIS data and the annual "Blueprint to End Homelessness" progress report to determine the greatest unmet homeless needs and best use of limited funding. This information is used to provide formal comment for the Consolidated Plan. The Metro Louisville staff also request input in developing the Consolidated Plan both prior to development of the draft and after the draft publication is released.

Describe how often the CoC and jurisdictional partner(s) review and update the CoC's 10-Year Plan (limit 1000 characters)

The CoC and Metro Louisville meet annually to review the progress report on "The Blueprint to End Homelessness." This allows the CoC and Metro Louisville staff an opportunity to change programming, funding or other activities in order to progress further in areas where the goals are not met. The CoC and Metro Louisville also use this time to change or update "Blueprint" goals as necessary for future years. In 2011, this update included adding new goals to address the new federal "Opening Doors" priorities.

Specifically describe how the CoC incorporates the Federal Strategic Plan, "Opening Doors" goals in the CoC's jurisdiction(s) (limit 1000 characters)

The federal "Opening Doors" plan was compared side by side with the Louisville "Blueprint to End Homelessness" in 2011. Five important goals outlined in the "Opening Doors" plan were identified as missing and added to the "Blueprint" with local strategies to implement. These were approved through presentation and vote at a CoC meeting. Finally, the updated goals were presented to the Kentucky Interagency Council on Homelessness to insure they are coordinated statewide.

Select the activities in which the CoC coordinates with the local Emergency Solutions Grant(ESG):

Develop performance standards for activities assisted by ESG funds

Based on the selections above, describe how the CoC coordinates with the local ESG funding (limit 1000 characters)

The Louisville CoC & Metro Louisville (who administer ESG) have always worked together to coordinate ESG & CoC planning & funding by sitting on funding panels & attending ESG planning & comment sessions as well as CoC advisory & member meetings, but this coordination has increased since the publication of the new ESG regulations. The ESG & CoC staff formally meet on a monthly basis to discuss progress on the plan to implement the new requirements of the ESG & HEARTH programs. The CoC & Metro Louisville have created joint committees to insure client input, create a common assessment, defer clients as appropriate to homeless prevention & insure adequate discharge from institutions. Metro Louisville & the CoC have also jointly planned a new single point of entry for the CoC system which will be implemented by the CoC. The funding for the initial costs of this system will also be paid through ESG. The CoC, Metro Louisville & service providers also agreed on the realignment of federal funds including the use of CSBG for homeless prevention, the use of ESG for the single point of entry & rapid rehousing, the use of CoC funding for the common assessment & the transition of several transitional housing projects to permanent supportive housing. Finally the CoC & Metro Louisville have developed joint benchmarks & a report card for measuring program success.

Does the CoC intend to use HUD funds to serve families with children and youth defined as homeless under other Federal statutes?

No

If 'Yes', has the CoC discussed this with the local HUD CPD field office and received approval?

If 'Yes', specifically describe how the funds will be used to prevent homelessness among families with children and youth who are at the highest risk of becoming homeless
  (limit 1500 characters)

N/A

If 'Yes', specifically describe how the funds will be used to assist families with children and youth achieve independent living
  (limit 1500 characters)

N/A

3E. Reallocation

Instructions:

Reallocation is a process whereby a CoC may reallocate funds in whole or in part from renewal projects to create one or more new permanent housing, rapid re-housing, or dedicated HMIS projects. The Reallocation process allows CoCs to fund new permanent housing, rapid re-housing, or dedicated HMIS projects by transferring all or part of funds from existing grants that are eligible for renewal in FY2012 into a new project.

Does the CoC plan to reallocate funds from one or more expiring grant(s) into one or more new permanent housing, rapid re-housing, or dedicated HMIS project(s) or one new SSO specifically designated for a centralized or coordinated assessment system?   Yes

3F. Reallocation - Grant(s) Eliminated

CoCs that choose to reallocate funds into new permanent supportive housing, rapid re-housing, or dedicated HMIS project(s) may do so by eliminating one or more of its expiring grants.   CoCs that intend to create a new centralized or coordinated assessment system can only eliminate existing SSO project(s).

Amount Available for New Project: (Sum of All Eliminated Projects)				
$916,730				
Eliminated Project Name	**Grant Number Eliminated**	**Component Type**	**Annual Renewal Amount**	**Type of Reallocation**
Journey House	KY0054B4I011104	TH	$215,680	Regular
Bellewood PSH	KY0062B4I011104	PH	$146,214	Regular
Shelby Men's Center	KY0098B4I011103	TH	$130,836	Regular
Follow Up for Suc...	KY0052B4I011104	SSO	$167,170	Regular
Homeless Families...	KY0073B4I011104	SSO	$67,269	Regular
Choices TH	KY0051B4I011104	TH	$71,841	Regular
Homes with Hope	KY0075B4I011104	TH	$117,720	Regular

3F. Reallocation: Details of Grant(s) Eliminated

Complete each of the fields below for each grant that is being eliminated during the FY2011 Reallocation process. CoCs should refer to the final approved FY2011 Grant Inventory Worksheet to ensure all information entered here is accurate.

Eliminated Project Name: Journey House

Grant Number of Eliminated Project: KY0054B4I011104

Eliminated Project Component Type: TH

Eliminated Project Annual Renewal Amount: $215,680

3F. Reallocation: Details of Grant(s) Eliminated

Complete each of the fields below for each grant that is being eliminated during the FY2011 Reallocation process. CoCs should refer to the final approved FY2011 Grant Inventory Worksheet to ensure all information entered here is accurate.

Eliminated Project Name: Bellewood PSH

Grant Number of Eliminated Project: KY0062B4I011104

Eliminated Project Component Type: PH

Eliminated Project Annual Renewal Amount: $146,214

3F. Reallocation: Details of Grant(s) Eliminated

Complete each of the fields below for each grant that is being eliminated during the FY2011 Reallocation process. CoCs should refer to the final approved FY2011 Grant Inventory Worksheet to ensure all information entered here is accurate.

Eliminated Project Name: Shelby Men's Center

Grant Number of Eliminated Project: KY0098B4I011103

Eliminated Project Component Type: TH

Eliminated Project Annual Renewal Amount: $130,836

3F. Reallocation: Details of Grant(s) Eliminated

Complete each of the fields below for each grant that is being eliminated during the FY2011 Reallocation process. CoCs should refer to the final approved FY2011 Grant Inventory Worksheet to ensure all information entered here is accurate.

Eliminated Project Name: Follow Up for Success

Grant Number of Eliminated Project: KY0052B4I011104

Eliminated Project Component Type: SSO

Eliminated Project Annual Renewal Amount: $167,170

3F. Reallocation: Details of Grant(s) Eliminated

Complete each of the fields below for each grant that is being eliminated during the FY2011 Reallocation process. CoCs should refer to the final approved FY2011 Grant Inventory Worksheet to ensure all information entered here is accurate.

Eliminated Project Name: Homeless Families Response Team

Grant Number of Eliminated Project: KY0073B4I011104

Eliminated Project Component Type: SSO

Eliminated Project Annual Renewal Amount: $67,269

3F. Reallocation: Details of Grant(s) Eliminated

Complete each of the fields below for each grant that is being eliminated during the FY2011 Reallocation process. CoCs should refer to the final approved FY2011 Grant Inventory Worksheet to ensure all information entered here is accurate.

Eliminated Project Name: Choices TH

Grant Number of Eliminated Project: KY0051B4I011104

Eliminated Project Component Type: TH

Eliminated Project Annual Renewal Amount: $71,841

3F. Reallocation: Details of Grant(s) Eliminated

Complete each of the fields below for each grant that is being eliminated during the FY2011 Reallocation process. CoCs should refer to the final approved FY2011 Grant Inventory Worksheet to ensure all information entered here is accurate.

Eliminated Project Name: Homes with Hope

Grant Number of Eliminated Project: KY0075B4I011104

Eliminated Project Component Type: TH

Eliminated Project Annual Renewal Amount: $117,720

3G. Reallocation - Grant(s) Reduced

CoCs that choose to reallocate funds into new permanent housing, rapid re-housing, or dedicated HMIS project(s) may do so by reducing the grant amount for one or more of its expiring grants. CoCs that are reducing projects must identify those projects here. CoCs that intend to create a new centralized or coordinated assessment system can only reduce existing SSO project(s).

Amount Available for New Project (Sum of All Reduced Projects)					
$87,037					
Reduced Project Name	**Reduced Grant Number**	**Annual Renewal Amount**	**Amount Retained**	**Amount available for new project**	**Reallocation Type**
Louisville After-...	KY0055B4I011104	$489,000	$478,800	$10,200	Regular
Collaborative Hou...	KY0050B4I011104	$630,673	$607,642	$23,031	Regular
Transtional Housi...	KY0099B4I011103	$284,411	$230,605	$53,806	Regular

3G. Reallocation: Details of Grant(s) Reduced

Complete each of the fields below for each SHP grant that is being reduced during the FY2012 HHN Reallocation process. CoCs should refer to the final approved FY2012 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: Louisville After-Care Services

Grant Number of Reduced Project: KY0055B4I011104

Reduced Project Current Annual Renewal Amount: $489,000

Amount Retained for Project: $478,800

Amount available for New Project:
(This amount will auto-calculate by selecting "Save" button) $10,200

3G. Reallocation: Details of Grant(s) Reduced

Complete each of the fields below for each SHP grant that is being reduced during the FY2012 HHN Reallocation process. CoCs should refer to the final approved FY2012 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: Collaborative Housing for the Chronically Homeless

Grant Number of Reduced Project: KY0050B4I011104

Reduced Project Current Annual Renewal Amount: $630,673

Amount Retained for Project: $607,642

Amount available for New Project:
(This amount will auto-calculate by selecting "Save" button) $23,031

3G. Reallocation: Details of Grant(s) Reduced

Complete each of the fields below for each SHP grant that is being reduced during the FY2012 HHN Reallocation process. CoCs should refer to the final approved FY2012 Grant Inventory Worksheet to ensure all information entered here is accurate.

Reduced Project Name: Transtional Housing for Young Adults

Grant Number of Reduced Project: KY0099B4I011103

Reduced Project Current Annual Renewal Amount: $284,411

Amount Retained for Project: $230,605

Amount available for New Project: $53,806
(This amount will auto-calculate by selecting "Save" button)

3H. Reallocation - Proposed New Project(s)

CoCs that choose to reallocate funds into new permanent housing, rapid re-housing, dedicated HMIS, or SSO projects may do so by reducing the grant amount for one or more of its expiring grants. CoCs must identify if the new project(s) it plans to create and provide requested information for each. Click on the to enter information for each of the proposed new reallocated projects.

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

$1,003,767				
Current Priority #	**New Project Name**	**Component Type**	**Transferred Amount**	**Reallocation Type**
20	HMIS SPE	HMIS	$79,502	Regular
21	Coordinated ...	SSO	$188,168	Regular
24	Journey House	PH	$215,680	Regular
25	Choices PSH	PH	$71,841	Regular
26	Homes with Hope	PH	$117,720	Regular
42	PSH Non Chro...	PH	$184,642	Regular
17	PSH Non Chro...	PH	$146,214	Regular

3H. Reallocation: Details of Proposed New Project(s)

Complete each of the fields below for each new reallocated project the CoC is requesting in the FY2012 CoC Competition. CoCs may only reallocate funds to new permanent housing, rapid re-housing, dedicated HMIS, or SSO projects.

2012 Rank (from Project Listing):	20
Proposed New Project Name:	HMIS SPE
Component Type:	HMIS
Amount Requested for New Project:	$79,502

3H. Reallocation: Details of Proposed New Project(s)

Complete each of the fields below for each new reallocated project the CoC is requesting in the FY2012 CoC Competition. CoCs may only reallocate funds to new permanent housing, rapid re-housing, dedicated HMIS, or SSO projects.

2012 Rank (from Project Listing):	21
Proposed New Project Name:	Coordinated Assessment
Component Type:	SSO
Amount Requested for New Project:	$188,168

3H. Reallocation: Details of Proposed New Project(s)

Complete each of the fields below for each new reallocated project the CoC is requesting in the FY2012 CoC Competition. CoCs may only reallocate funds to new permanent housing, rapid re-housing, dedicated HMIS, or SSO projects.

2012 Rank (from Project Listing): 24

Proposed New Project Name: Journey House

Component Type: PH

Amount Requested for New Project: $215,680

3H. Reallocation: Details of Proposed New Project(s)

Complete each of the fields below for each new reallocated project the CoC is requesting in the FY2012 CoC Competition. CoCs may only reallocate funds to new permanent housing, rapid re-housing, dedicated HMIS, or SSO projects.

2012 Rank (from Project Listing): 25

Proposed New Project Name: Choices PSH

Component Type: PH

Amount Requested for New Project: $71,841

3H. Reallocation: Details of Proposed New Project(s)

Complete each of the fields below for each new reallocated project the CoC is requesting in the FY2012 CoC Competition. CoCs may only reallocate funds to new permanent housing, rapid re-housing, dedicated HMIS, or SSO projects.

2012 Rank (from Project Listing): 26

Proposed New Project Name: Homes with Hope

Component Type: PH

Amount Requested for New Project: $117,720

3H. Reallocation: Details of Proposed New Project(s)

Complete each of the fields below for each new reallocated project the CoC is requesting in the FY2012 CoC Competition. CoCs may only reallocate funds to new permanent housing, rapid re-housing, dedicated HMIS, or SSO projects.

2012 Rank (from Project Listing):	42
Proposed New Project Name:	PSH Non Chronic #2
Component Type:	PH
Amount Requested for New Project:	$184,642

3H. Reallocation: Details of Proposed New Project(s)

Complete each of the fields below for each new reallocated project the CoC is requesting in the FY2012 CoC Competition. CoCs may only reallocate funds to new permanent housing, rapid re-housing, dedicated HMIS, or SSO projects.

2012 Rank (from Project Listing):	17
Proposed New Project Name:	PSH Non Chronic #1
Component Type:	PH
Amount Requested for New Project:	$146,214

3I. Reallocation: Reallocation Balance Summary

Below is a summary of the information entered on forms 3D-3G for CoC reallocated projects. The last field, "remaining reallocation balance" should indicate "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 project(s).

Reallocated funds available for new project(s):	$1,003,767
Amount requested for new project(s):	$1,003,767
Remaining Reallocation Balance:	$0

4A. Continuum of Care (CoC) FY2011 Achievements

Instructions:

In the FY2011 CoC application, CoCs were asked to propose numeric achievements for each of HUD's five national objectives related to ending chronic homelessness and moving individuals and families to permanent housing and self-sufficiency through employment. CoCs will report on their actual accomplishments since FY2011 versus the proposed accomplishments.

In the column labeled FY2011 Proposed Numeric Achievement enter the number of beds, percentage, or number of households that were entered in the FY2011 application for the applicable objective. In the column labeled Actual Numeric Achievement enter the actual number of beds, percentage, or number of households that the CoC reached to date for each objective.

CoCs will also indicate if they submitted an Exhibit 1 (now called CoC Consolidated Application) in FY2011. If a CoC did not submit an Exhibit 1 in FY2011, enter "No" to the question. CoCs that did not fully meet the proposed numeric achievement for any of the objectives should indicate the reason in the narrative section.

Additionally, CoCs must indicate if there are any unexecuted grants. The CoC will also indicate how project performance is monitored, how projects are assisted to reach the HUD-established goals, and how poor performing projects are assisted to increase capacity that will result in the CoC reach and maintain HUD goals.

CoCs are to provide information regarding the efforts in the CoC to address average length of time persons remain homeless, the steps to track additional spells of homelessness and describe outreach procedures to engage homeless persons. CoCs will also provide specific steps that are being taken to prevent homelessness with its geography as outlined in the jurisdiction(s) plan.

Finally, if the CoC requested and was approved by HUD to serve persons under other Federal statutes, the CoC will need to describe how the funds were used to prevent homelessness and how the funds were used to assist families with children and youth achieve independent living.

Objective	FY2011 Proposed Numeric Achievement		FY2011 Actual Numeric Achievement	
Create new permanent housing beds for the chronically homeless	167	Beds	137	Beds
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%	80	%	80	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%	66	%	71	%
Increase the percentage of homeless persons employed at exit to at least 20%	26	%	25	%
Decrease the number of homeless households with children	130	Households	163	Households

Did the CoC submit an Exhibit 1 application in FY2011?   Yes

If the CoC was unable to reach its FY2011 proposed numeric achievement for any of the national objectives, provide a detailed explanation (limit 1500 characters)

The Louisville CoC is not focused on creating PSH for the chronic homeless but rather focusing on identifying those who are chronically homeless and targeting those people for housing. We find that creating housing specifically for a target population actually creates barriers for serving all homeless. Targeting the population for housing is more effective and allows all who are ID'd as homeless to have housing options. We housed 74 chronically homeless individuals last year through our targeted efforts, serving them with housing available to all homeless persons. We missed our goal of 26% of those leaving our programs being employed by 1%. Our bigger concern is that we have more homeless families in the system than in the last 3 years. We are working with the school system to help us identify families who are imminently at risk of homelessness and we have created a task force to specifically focus on homeless families. It is also true that we have difficulty identifying families who are not in the shelter system because they do not sleep on the streets and are not identified in the street count. We had an increase in homeless families this year. We believe the larger number means that we are moving families out of the shelter faster and thus serving more families. By working with the school system we are hoping to be better able to identify families who are not in the shelter system but would be if there were room in the shelters.

How does the CoC monitor recipients' performance? (limit 750 characters)

The CoC puts together a report card for each project in the CoC. This report card monitors capacity 4 X's per yr & progress toward the HUD goals for housing, employment & income. It also monitors HMIS participation, data quality, participation in the CoC & whether the project turned money back to HUD. This report card is distributed to all CoC members 2 X's per yr - thus giving the entire CoC information regarding all projects within the CoC. It is intended that when projects are up for renewal, CoC voting members will use this information when casting their ballots for project inclusion in the overall HUD application & when determining where projects will be ranked. The CoC also requires projects to submit their latest HUD monitoring letter as part of the pre-application process.

How does the CoC assist project applicants to reach HUD-established performance goals? (limit 750 characters)

The CoC meets with individual projects that are not meeting the HUD established performance goals. We look for anomalies that may be present that would cause the low performance for one year only and we monitor for historical low performance. We use the report card assembled 2 X's per year to both inform the Advisory Group and the CoC community of project performance. This also creates a peer pressure situation where projects do not want to be seen as low performers to the community. We also talk frequently at CoC meetings of how the community is doing as a whole with HUD established goals. This keeps the goals in front of the projects and gives the message that these goals are indeed important.

How does the CoC assist poor performers to increase capacity? (limit 750 characters)

The CoC targeted transitional housing projects with a 2 fold purpose. The CoC Advisory Group met with ea TH project not meeting the TH HUD goal to ID any special circumstances that explained the low performance. Then conversation turned to how projects could increase their ability to meet the HUD goal. Ea project ID'd where they could increase efforts, how they could provide program services beyond clients exit from the TH project & how they are operating more as a program than a TH shelter for homeless persons. We had very frank discussions about how the project really saw itself & identified ways of emphasizing shelter over program while being creative about providing program services. The Coalition also provides training on best practices to shelters ot help improve outcomes.

Does the CoC have any unexecuted grants awarded prior to FY2011? No

If 'Yes', list the grants with awarded amount:

Project Awarded	Competition Year the Grant was Awarded	Awarded Amount
NA	0	$0
NA	0	$0
NA	0	$0
NA	0	$0
NA	0	$0
	Total	$0

What steps has the CoC taken to track the length of time individuals and families remain homeless? (limit 1000 characters)

At this time we use AHAR and a comprehensive APR report covering all projects in the CoC to show us length of time in homelessness for individuals and families. Due to limitations to date in the Bowman System, we cannot track lenght of homelessness systemwide, only by program. In 2012, we established existing lengths of stay. Our goal is to lower those by 10% in 2012 - 13.

What steps has the CoC taken to track the additional spells of homelessness of individuals and families in the CoC's geography? (limit 1000 characters)

At this time we do not have effective ways to track the number of homeless episodes a person or family experiences within the CoC's geography. We can only track on a limited basis the number of times a person uses a particular project or program. We are unable to track when a person or family reenters the homeless provider system through multiple programs. We are working with the HMIS software developer to develop a report that will help us track this information.

What specific outreach procedures has the CoC developed to assist homeless service providers in the outreach efforts to engage homeless individuals and families? (limit 1500 characters)

The Louisville CoC participated in two projects that increased our efforts to identify homeless individuals on the street and more effectively moving families from shelter to permanent housing. By participating in the 100K Homes project we identified 300 people on the streets of Louisville and to date have been able to permanently house approximately 62 people. This effort, while originally a 3 day effort to ID people on the street has changed the way the community does outreach and views those living on the street. The experience of 100K Homes is changing the way we plan on conducting our street count in 2013. Because a Housing First method was used to house those identified, it has also changed the opinion of many in the community that Housing First truly does work in our community. By participating in the Homeless Families Study we learned that some of our systems for homeless families are not working and that we are actually creating some barriers to families obtaining housing. Participation in this study has helped our community to work toward moving families into permanent housing faster, given there are appropriate units available. We have several outreach teams that serve specific populations throughout the year. The most extensive is geared toward mental health but we also have an outreach team focused on veterans, unaccompanied youth and a team that is focused on identifying those eligible for SOAR services.

What are the specific steps the CoC has incorporated to prevent homelessness within the CoC geography and how are these steps outlined in the jurisdiction(s) plans? (limit 1500 characters)

We have begun the process of bringing agencies and groups together that focus on prevention and stabilization in the community. We are planning a community wide gathering to begin the process of raising awareness and linking prevention agencies into the work of the CoC. At this time we are focusing on bringing together our Community Ministries, Neighborhood Places, St. Vincent de Paul conferences and other faith based efforts to identify what is being done, where there is duplication, and how we can work together better to provide a more seamless prevention effort, eliminating the need to "shop around" for needed services and resources. This referral info will e used in the single point of entry to refer people to prevcention progranms versus shelter. THe CAP program has allocated CSBG to homeless pervention and the city has allocated recaptured ESG to prevention as well to insure adequate resources.

Did the CoC exercise its authority and receive   No
approval from HUD to serve families with
children and youth defined as homeless
under other Federal statutes?

If 'Yes', specifically describe how the funds were used to prevent
homelessness among families with children and youth who are at the
highest risk of becoming homeless
(limit 1500 characters)

N/A

If 'Yes', specifically describe how the funds were used to assist families
with children and youth achieve independent living
(limit 1500 characters)

N/A

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

Instructions:

HUD tracks each CoCs progress toward ending chronic homelessness.

 CoCs are to track changes from one year to the next in the number of chronically homeless persons as well as the number of beds available for this population. CoCs will complete this section using data reported for the FY2010, FY2011, and FY2012 (if applicable) point-in-time counts as well as the data collected and reported on the Housing Inventory Counts (HIC) for those same years. For each year, indicate the total unduplicated point-in-time count of chronically homeless as reported in that year. For FY2010 and FY2011, this number should match the number indicated on form 2J of the respective years Exhibit 1. For FY2012, this number should match the number entered on the Homeless Data Exchange (HDX). CoCs should include beds designated for this population from all funding sources.

 Additionally, CoCs will specifically describe how chronic homeless eligible is determined within the CoC and how the data is collected.

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for FY2010, FY2011, and FY2012:

Year	Number of CH Persons	Number of PH beds for the CH
2010	203	134
2011	259	127
2012	187	137

What methods does the CoC used to determine chronic homeless eligibility and how is data collected for this population (limit 1000 characters)

Case managers are trained on the definition of chronic homelessness and are encouraged to look for persons who meet this definition. We use HMIS to identify the chronically homeless during the PIT and yearly census. When referring persons to programs that serve the chronically homeless, part of the referral is to include documentation of the persons chronic status by documenting the 4 times homeless in one year or the year time period that the person is homeless. This documentation can come from HMIS, observations by our outreach teams or documentation from shelters where the person stayed.

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2011 and January 31, 2012: 10

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

N/A

Identify the amount of funds from each funding source for the development and operations costs of the new permanent housing beds designated for the chronically homeless, that were created between February 1, 2011 and January 31, 2012:

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development					
Operations					$66,640
Total	$0	$0	$0	$0	$66,640

4C. Continuum of Care (CoC) Housing Performance

Instructions:

HUD will assess CoC performance of participants remaining in permanent housing for 6 months or longer. To demonstrate performance, CoCs must use data on all permanent housing projects that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using cumulative data on the most recent APRs submitted by all permanent housing projects within the CoC that should have submitted one. Once amounts have been entered click "Save" which will auto-calculate the percentage. CoCs that do not have CoC-funded permanent housing projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded permanent housing projects currently operating within their CoC that should have submitted an APR.

Does the CoC have any permanent housing projects for which an APR was required to be submitted? Yes

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	210
b. Number of participants who did not leave the project(s)	851
c. Number of participants who exited after staying 6 months or longer	191
d. Number of participants who did not exit after staying 6 months or longer	659
e. Number of participants who did not exit and were enrolled for less than 6 months	192
TOTAL PH (%)	80

Instructions:

HUD will assess CoC performance in moving participants from transitional housing programs into permanent housing. To demonstrate performance, CoCs must use data on all transitional housing projects that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using cumulative data on the most recent APRs submitted by all transitional housing projects within the CoC that should have submitted one. Once amounts have been entered click "Save" which will auto-calculate the percentage. CoCs that do not have CoC-funded transitional housing projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded transitional housing projects currently operating within their CoC that should have submitted an APR.

Does the CoC have any transitional housing projects for which an APR was required to be submitted? Yes

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	427
b. Number of SHP transitional housing participants that moved to permanent housing upon exit	302
TOTAL TH (%)	71

4D. Continuum of Care (CoC) Cash Income Information

Instructions:

HUD will assess CoC performance in assisting program participants with accessing cash income sources. To demonstrate performance, CoCs must use data on all non-HMIS projects that should have submitted an APR in e-snaps for the most recent operating year. Projects that did not submit an APR on time must also include the data in this calculation.

Complete the table below using cumulative data as reported on the most recent submitted HUD APR in e-snaps for all non-HMIS projects within the CoC that should have submitted one. The CoC will first indicate the total number of exiting adults. Next, enter the total number of adults who exited CoC non-HMIS projects with each source of cash income. Once the total number of exiting adults has been entered, select "Save" and the percentages will auto-calculate. CoCs that do not have any non-HMIS projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded non-HMIS projects currently operating within the CoC that should have submitted an APR.

Total Number of Exiting Adults: 701

Total Number of Exiting Adults

Cash Income Sources (Q25a1.)	Number of Exiting Adults	Exit Percentage (Auto-Calculated)
Earned income	244	35%
Unemployment insurance	11	2%
SSI	169	24%
SSDI	96	14%
Veteran's disability	8	1%
Private disability insurance	0	0%
Worker's compensation	0	0%
TANF or equivalent	55	8%
General assistance	8	1%
Retirement (Social Security)	7	1%
Veteran's pension	9	1%
Pension from former job	1	0%
Child support	25	4%
Alimony (Spousal support)	0	0%
Other source	18	3%
No sources (from Q25a2.)	182	26%

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

Does the CoC have any non-HMIS projects for which an APR was required to be submitted? Yes

4E. Continuum of Care (CoC) Non-Cash Benefits

Instructions:

HUD will assess CoC performance in assisting program participants with accessing non-cash benefit sources to improve economic outcomes of homeless persons. To demonstrate performance, CoCs must use data on all non-HMIS that should have submitted an APR in e-snaps for the most recent operating year. Projects that did not submit an APR on time must also include the data in this calculation.

Complete the table below using cumulative data from the most recent submitted HUD APR in e-snaps for all non-HMIS projects within the CoC that should have submitted one. The CoC will first indicate the total number of exiting adults. Next, enter the total number of adults who exited CoC non-HMIS projects with each source of non-cash benefits. Once the total number of exiting adults has been entered, select "Save" and the percentages will auto-calculate. CoCs that do not have any non-HMIS projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded non-HMIS projects currently operating within the CoC that should have submitted an APR.

Total Number of Exiting Adults: 701

Total Number of Exiting Adults:

Non-Cash Benefit Sources (Q26a1.)	Number of Exiting Adults	Exit Percentage (Auto-Calculated)
Supplemental nutritional assistance program	467	67%
MEDICAID health insurance	129	18%
MEDICARE health insurance	43	6%
State children's health insurance	7	1%
WIC	13	2%
VA medical services	14	2%
TANF child care services	6	1%
TANF transportation services	0	0%
Other TANF-funded services	2	0%
Temporary rental assistance	0	0%
Section 8, public housing, rental assistance	58	8%
Other source	2	0%
No sources (from Q26a2.)	187	27%

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

Does the CoC have any non-HMIS projects for which an APR was required to be submitted? Yes

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

Instructions:

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

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

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

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

If 'Yes' to above question, click save to provide activities

If yes, are the projects requesting $200,000 or more? No

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

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

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

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

As part of the semi annual report card that is distributed to the CoC community there is a section that indicates the percent of people who leave the project with income of any kind. We track obtaining income the same way we track if someone leaves the project with employment. While we do not have a target or goal for this at this time, we are aware that gaining income is as important/more important than gaining employment for many of our clients. These report cards are used as part of the voting process and projects are compared to other projects in how well they are accessing mainstream services for their clients. We also stress that those projects that are accessing mainstream services - particularly in the form of cash income - are stretching our housing dollars and providing access to vouchers that may not be available if clients were not contributing a portion of their income to their housing.

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

If 'Yes', indicate all meeting dates in the past 12 months:

March 14, 2012, March 22, 2012, May 17, 2012, June 6, 2012, Aug 27, 2012, Sept 17, 2012

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

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

If 'Yes', identify these staff members: Provider Staff

Does the CoC systematically provide training on how to identify eligibility and program changes for mainstream programs to provider staff: No

If 'Yes', specify the frequency of the training: Not Applicable

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

If 'Yes', indicate for which mainstream programs HMIS completes screening:

Has the CoC participated in SOAR training? Yes

If 'Yes', indicate training date(s):

September 21 and 22, 2011 with 19 participants from the Louisville CoC.
April 18 and 19, 2012 with 20 participants from the Louisville CoC.

4H. Homeless Assistance Providers Enrollment and Participation in Mainstream Programs

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

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits. **1a. Describe how service is generally provided:**	95%
Assessing need and eligibility for specific mainstream services is a routine function of initial assessments of clients. Assisting clients in completing applications for mainstream benefits is a regular and consistent part of the case management process. Clients are generally encouraged to make the initial contact with the agency from which they are seeking service. If this is not possible or clients request assistance case managers coach and sometimes take the lead in making these contacts. Often case managers accompany clients to mainstream benefit appointments to provide support and additional information. These services are provided as part of the regular case management process and as needed by the client. Most case managers are trained in SOAR. Case management meetings are held in the shelters and for PSH the meetings are held at the case managers' office or in home. In home visits are required at least monthly.	

Activity	Percentage
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs:	95%

Activity	Percentage
3. Homeless assistance providers use a single application form for four or more mainstream programs: **3.a Indicate for which mainstream programs the form applies:**	0%
No such single application form exists in our CoC. We could develop a preliminary assessment form but an actual application form would not be accepted by the mainstream programs at this time.	

Activity	Percentage
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received:	95%
4a. Describe the follow-up process:	
Service providers have follow up processes in place as part of on going case management. Processes incl. regular - on ave. bi weekly - meetings between the case manager & client. Case managers verify the clients have applied for services & review the status of the application. Documentation of eligibility determinations & services provided or received are kept in client files. Follow up phone calls & other services are denied or received. Ongoing monitoring of services is also a part of ongoing case management. Case management meetings take place in the office or in home. PSH projects generally require in home visits at least monthly. Shelter case managers meet with clients at the shelter.	

4I. Unified Funding Agency

Instructions

CoCs that were approved for UFA designation during the FY2011 CoC Registration process must complete all of the questions below in full.

Is the collaborative applicant able to apply to HUD for funding for all of the projects within the geographic area and enter into a grant agreement with HUD for the entire geographic area?

Is the collaborative applicant able to enter into legal binding agreements with subrecipients and receive and distribute funds to subrecipients for all projects with the geographic area?

What experience does the CoC have with managing federal funding, excluding HMIS experience?
(limit 1500 characters)

Indicate the financial management system that has been established by the UFA applicant to ensure grant funds are executed timely with subrecipients, spent appropriately, and draws are monitored. (limit 1500 characters)

Indicate the process for monitoring subrecipients to ensure compliance with HUD regulations and the NOFA. (limit 1500 characters)

What is the CoC's process for issuing concerns and/or findings to HUD-funded projects?
(limit 1500 characters)

Specifically describe the process the CoC will use to obtain approval for any proposed grant agreement amendments prior to submitting the request for amendment to HUD.
(limit 1500 characters)

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Con Plan Certific...	01/04/2013
CoC-HMIS Governance Agreement	No	Governance Charter	01/11/2013
Other	No		
Other	No		
Other	No		
Other	No		
Other	No		
Other	No		

Attachment Details

Document Description: Con Plan Certification

Attachment Details

Document Description: Governance Charter

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

Page	Last Updated
1A. Identification	No Input Required
1B. CoC Operations	01/14/2013
1C. Committees	01/14/2013
1D. Member Organizations	01/14/2013
1E. Project Review and Selection	01/15/2013
1F. e-HIC Change in Beds	01/15/2013
1G. e-HIC Sources and Methods	01/15/2013
2A. HMIS Implementation	01/15/2013
2B. HMIS Funding Sources	01/03/2013
2C. HMIS Bed Coverage	01/11/2013
2D. HMIS Data Quality	01/03/2013
2E. HMIS Data Usage	12/17/2012
2F. HMIS Data and Technical Standards	01/11/2013
2G. HMIS Training	01/03/2013
2H. Sheltered PIT	01/11/2013
2I. Sheltered Data - Methods	01/15/2013
2J. Sheltered Data - Collections	01/11/2013
2K. Sheltered Data - Quality	No Input Required
2L. Unsheltered PIT	01/11/2013
2M. Unsheltered Data - Methods	12/28/2012
2N. Unsheltered Data - Coverage	11/28/2012
2O. Unsheltered Data - Quality	01/15/2013
Objective 1	01/15/2013
Objective 2	01/15/2013
Objective 3	12/03/2012
Objective 4	01/11/2013

Objective 5	01/11/2013
Objective 6	01/15/2013
Objective 7	01/15/2013
3B. Discharge Planning: Foster Care	01/15/2013
3B. CoC Discharge Planning: Health Care	01/11/2013
3B. CoC Discharge Planning: Mental Health	01/11/2013
3B. CoC Discharge Planning: Corrections	01/11/2013
3C. CoC Coordination	01/15/2013
3D. CoC Strategic Planning Coordination	01/15/2013
3E. Reallocation	11/13/2012
3F. Eliminated Grants	11/21/2012
3G. Reduced Grants	12/21/2012
3H. New Projects Requested	12/21/2012
3I. Reallocation Balance	No Input Required
4A. FY2011 CoC Achievements	01/15/2013
4B. Chronic Homeless Progress	01/11/2013
4C. Housing Performance	11/13/2012
4D. CoC Cash Income Information	11/21/2012
4E. CoC Non-Cash Benefits	11/21/2012
4F. Section 3 Employment Policy Detail	11/13/2012
4G. CoC Enrollment and Participation in Mainstream Programs	01/16/2013
4H. Homeless Assistance Providers Enrollment and Participation in Mainstream Programs	01/11/2013
4I. Unified Funding Agency	No Input Required
Attachments	01/11/2013
Submission Summary	No Input Required

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 Con   solidated 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, Kentucky

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: 12-26-12

Agency	Project
Bellewood Presbyterian Home for Children	● Transitional Housing Program
Choices, Inc.	● Permanent Supportive Housing (Reallocated)
The Center for Women and Families, Inc.	● West Louisville Campus Transitional Housing Project ● Downtown Transitional Housing
The Coalition for the Homeless, Inc.	● Louisville Metro Area HMIS ● HMIS 2 Project ● HMIS 3-Single Point of Entry (New) ● CoC Planning Grant (New)
Family Health Center at Phoenix	● Shelter Support and Assessment Team
Father Maloney's Boy's Haven	● Permanent Supportive Housing for Young Adults
House of Ruth, Inc.	● Homes with Heart ● Glade House Transitional
Home of the Innocents	● Permanent Housing for young Adults with Disabilities (PHAD)
Jefferson Street Baptist Center	● Permanent Supportive Housing Program
Kentucky Housing Corporation	● Collaborative Housing for the Chronically Homeless (CH2) ● Louisville Aftercare Services (SAFAH) ● Transitional Housing for Young Adults ● Supportive Housing for the Chronically Homeless ● Louisville Alliance for Supportive Housing
Louisville Metro Department of Community Services and Revitalization	● SHP Human Services Case Management ● Kersey Condo Permanent Supportive Housing ● Simon Hall Permanent Supportive Housing ● Louisville Tenant Based Rental Assistance Permanent Supportive Housing ● de Paul Apts. Permanent Supportive Housing ● Permanent Supportive Housing Non Chronic #1 (Reallocated) ● Permanent Supportive Housing Non Chronic #2 (Reallocated) ● Common Assessment (Reallocated) ● Shelter + Care – V (not due for renewal at this time)
New Directions Housing Corporation	● Transitional Services for Homeless Families
The Salvation Army, a Georgia Corporation	● Transitional Housing for Single Parent Families
Schizophrenia Foundation of Kentucky, Inc. (dba: Wellspring)	● Journey House Permanent Supportive Housing (Reallocated) ● Sober Living I Murray/McKinney ● Sober Living II Baxter
Seven Counties Services, Inc.	● Mental Health Outreach Team
The Society of St. Vincent de Paul	● Collaborative Housing Initiative (CHI) ● Homes with Hope Permanent Supportive Housing (Reallocated) ● Permanent Supportive Housing for the Chronically Homeless (PSHCH) ● St. Jude Women's Recovery Center ● Homes Permanent Supportive Housing
Volunteers of America of Kentucky, Inc.	● Transitional Housing/Grace House
Wayside Christian Mission	● Men's Permanent Supportive Housing Program ● Women's Safe Haven ● Women's Permanent Supportive Housing Program

GOVERNANCE CHARTER FOR THE LOUISVILLE METRO CONTINUUM OF CARE

This charter lays out the agreed terms, roles and responsibilities of the various entities that make up the Louisville Metro Continuum of Care (hereinafter referred to as the "Louisville Metro CoC").

This charter is based on six core values agreed to by all parties:
1. We value programs with outcomes that demonstrate progress toward reducing and ending homelessness as quickly as possible with an ultimate goal of no more than 30 days.
2. We value innovative and diverse programming that addresses gaps in community services.
3. We value quality programming that is accountable to the community through outcomes measurement.
4. We value the effort to access the maximum amount of funding available to the Louisville Metro area.
5. We value the commitment to serve all people who are in need of assistance regardless of race, gender, age, national origin, sexual orientation, gender identity and class and to be in compliance with all applicable laws regarding program accessibility for all people.
6. We value and respect the decisions and choices of those who find themselves homeless and seek to optimize self sufficiency.

LOUISVILLE METRO COC FULL MEMBERSHIP:
The Continuum of Care Full Membership is the ultimate decision making body for the Louisville Metro CoC. The Full Membership is defined as those interested community partners who represent the interests of the homeless and attend monthly meetings of the Louisville Metro CoC held on the first Monday of each month. The community itself holds the responsibility of deciding the needs of the community, how the process is to be administered, endorsing the projects to be submitted for funding consideration and the community priority rankings although some of these responsibilities are delegated to other partners as outlined in this charter.

Role:
The Louisville Metro Full Membership is made up of agencies who serve the homeless population, agencies who serve those who are at risk of homelessness, governmental departments charged with addressing homelessness and individuals who are interested in addressing the issue of homelessness in the Louisville Metro community. The full membership body is responsible for:
1. Electing four of its members to represent the full membership on the CoC Board and approving the remaining CoC Board membership annually;
2. Providing information and advice to the CoC Board regarding best practices in homeless services;
3. Establishing and providing oversight of the HMIS system and designating an HMIS administrator;
4. Designating an entity to write the application for funding in response to HUD's annual CoC Program NOFA for homeless assistance resources;
5. Striving to provide the best services to each of the community's specific homeless populations;
6. Establishing and providing oversight of the Quality Assurance Standards (QAS) for agencies providing services and designating a QAS administrator;
7. Working within the CoC homeless provider system to provide comprehensive and appropriate services to move homeless persons as quickly and appropriately as possible;
8. Participating on CoC Committees and in monthly full membership meetings;
9. Reviewing, endorsing and establishing policies and procedures including the process of CoC Board selection;
10. Approving and ranking projects to be included in the community CoC application and designating a collaborative applicant;
11. Developing and following a governance charter detailing the responsibilities of all parties;
12. Consulting with recipients and subrecipients to establish performance targets appropriate for population and program type, monitoring the performance of recipients and subrecipients, evaluating outcomes, and taking action against poor performers;

13. Evaluating and reporting to HUD outcomes of ESG and CoC projects and consulting with ESG and CoC applicants regarding allocations;
14. Establishing and providing oversight of a coordinated assessment system and single point of entry and designating a lead for each;
15. Conducting a Point-in-Time count of homeless persons, at least biennially;
16. Conducting an annual gaps analysis; and
17. Providing information required to complete the Louisville Metro Government Consolidated Plan.

Voting Rights:
It is the policy of the Louisville Metro Continuum of Care that each Continuum of Care member/agency:
1. Holds one vote;
2. Designates a delegate and an alternate who are authorized to cast the agency vote when such action is needed;
3. Is allowed to send more than these designated people to the community meetings but when a vote is taken, only the delegate or alternate is eligible to cast a vote;
4. Is required to send a representative to at least 10 out of the last 12 community meetings prior to the vote in order to be eligible to cast a vote; and
5. If an agency is unable to send either the delegate or alternate, that agency may send a representative to the meeting and receive credit for attendance. However, only a delegate or alternate has the right to vote on any issue.
6. If an agency has not been a member of the Continuum of Care for a full twelve months at the time of a vote, the number of absences allowed that agency will be proportional to the number of months they have been a member of the CoC.
7. An agency is not eligible to vote on any issue regarding a project where that agency/member has a financial interest or serves the project's agency in any capacity; and
8. Has the right to submit new and renewal proposals within the guidelines and specifications of the U.S. Dept. of Housing and Urban Development. (The full membership then has the right and responsibility to decide which projects are to be included in the CoC application.)

Voting Methods:
The CoC community voting procedure for funding decisions and representation on the Advisory Group may be carried out within a CoC meeting of the members or through other means (email, U.S. Postal Service, FAX) as long as each completed ballot is:
• Designated for an eligible voting member (agency), and
• The ballot contains the signature of the CoC delegate or alternate.

<u>LOUISVILLE METRO COC BOARD:</u>
Each year, the Louisville Metro CoC elects a board of representatives to make strategic decisions for the Louisville Metro CoC throughout the year.

Role:
1. Design, operate and follow a collaborative process for developing the application and approving its submission;
2. Establish priorities for funding projects in the CoC geographic area;
3. Review the monitoring of all providers and determine appropriate action when benchmarks are not met;
4. Provide a vision, priorities and goals for the CoC community;
5. Establish a process for funding recommendations through HUD and other funding streams available in the community; and
6. Oversee progress of HMIS entry, common assessment and single point of entry and make recommendations for improvement.

Louisville Metro CoC Board Membership:
The Louisville Metro CoC Board is elected from the full membership at a CoC full membership meeting or through other means (email, U.S. Postal Service, FAX) and must:
1. Include at least one homeless or formerly homeless individual and
2. Represent the relevant organizations and projects serving the homeless including:
   i. Persons with substance use disorders,
   ii. Persons with HIV/AIDs,
   iii. Veterans,
   iv. The chronically homeless,
   v. Families with children,
   vi. Unaccompanied youth,
   vii. The seriously mentally ill, and
   viii. Victims of domestic violence, dating violence, sexual assault and stalking.

Election and Terms:
The Louisville Metro Continuum of Care Board is made up of no less than 15 and no more than 21 members. It should always have an odd number of members including:
1. Four representatives of the Membership Body;
2. A homeless or formerly homeless person;
3. A representative of the ESG recipient (Louisville Metro Government); and
4. Community representatives and leaders.
Members are elected by the membership body for two year staggered terms, and these representatives can serve two consecutive 2 year terms but must be off the board for one year before being elected by the membership body again.

Vacancies:
Vacancies are filled by a vote of the Full Membership at the following monthly meeting.

Quorum:
In order to do binding business, there must be a quorum of at least 51% present for a Board vote.

Officers:
The Board will elect its own Chairperson, CoC Coordinator and any other roles as seen fit by the Board.

Limitations:
Only one person per agency may serve on the Board at any given time and provider agencies represented on the Board can have a proposal on the table although they should not vote on these issues.

Grievances:
All members of the Metro Louisville CoC full membership are encouraged to report any grievances with the Metro Louisville CoC or CoC Board through this procedure without fear of reprisal. Grievances should be submitted as soon as possible to ensure proper responses.

First, the CoC member should submit their grievance in writing or in person to the Louisville Metro CoC and try to work the problem out at that level. The COC Board should respond in writing with their response or decision within 7 working days of receiving the grievance.

If the member is dissatisfied with the outcome or decision, they should submit a written request to present their grievance at the following CoC full membership meeting. The membership will vote and give a decision at that meeting.

All members also have the right to file a complaint against the Louisville Metro CoC to the U.S. Department of Housing and Urban Development (HUD). However, we encourage members to use the grievance process above first as filing a grievance with HUD can affect the score of all CoC applicants.

LOUISVILLE METRO COC COLLABORATIVE APPLICANT:
Because the Louisville Metro CoC Board is made up of volunteers, they will need to select a Collaborative Applicant to submit the CoC application to HUD each year.

Role:
It is the responsibility of the Louisville Metro Continuum of Care full membership to designate a collaborative applicant best able to insure a successful submission of the CoC proposal and complete the following:

1. Complete the electronic application in response to HUD's annual CoC Program NOFA for homeless assistance resources,
2. Present a timeline and deadlines to all project applicants for individual project plans,
3. Collect all data and submit a chart to HUD of all projects planning to reapply,
4. Create the housing inventory chart,
5. Create the grant inventory worksheet
6. Establish priorities for funding projects in the CoC geographic area,
7. Create process for ranking applications with full participation of CoC full membership,
8. Oversee committees and volunteers,
9. Update and monitor progress on the Blueprint the End Homelessness,
10. Create agendas for CoC full membership and Board meetings in collaboration with the Board Chair,
11. Notify others that they can join the CoC full membership annually,
12. Monitor who is eligible to vote on the full membership

HMIS LEAD AGENCY:
An entity must be selected by the Louisville Metro CoC to oversee HMIS management for the Louisville Metro CoC. They are responsible for:

1. Maintaining compliance with the latest HMIS Data and Technical standards published by HUD,
2. Accurately calculating the size and needs of the homeless population,
3. Tracking service and demand for homeless programs and understanding where improvements need to be made,
4. Overseeing the reporting process for the CoC,
5. Training agencies on accurate HMIS entry,
6. Reviewing the licenses of member agencies each year to determine which have been unused and recapture a needed, and
7. Coordinating a single point of entry to insure new clients are eligible for services and entered correctly.
8. Reporting as necessary to various entities such as Louisville Metro Government, the Kentucky Housing Corporation, the U.S. Department of Housing and Urban Development, etc.

Signatures: