OVERVIEW: HUD CONTINUUM OF CARE PROGRAM * FFY2015 VT Coalition to End Homelessness (VT Balance of State CoC) www.helpingtohouse.org

Does your agency want to submit an application for a <u>NEW</u> or <u>RENEWAL</u> CoC Project?

- 1) Participate in your local CoC and/or a committee of the VT Coalition to End Homelessness.
- 2) Read the following and all related resources, including the "HUD CoC Program Interim Rule", "Intro to VT CoC's", and NAEH/USICH/HUD CoC websites.
- Collaborate with your local CoC to assess current CoC projects & need for new/different ones.
 *See the "All Options Chart" by county
- 4) Submit "letter of interest" form to VSHA for ANY current/renewal project and *new projects*.
- 5) An unbiased VCEH Ranking Committee will review & prioritize all CoC project proposals.
- 6) Any CoC project applicant may appeal the funding & ranking decision to the Ranking Committee.
- 7) VT BoS CoC votes on slate of project applications to be submitted to HUD for consideration.
- 8) Any CoC project applicant may send a direct appeal to HUD if they feel unfair treatment of project selection made by the Ranking Committee and/or the VT BoS CoC.

ACRONYMS/DEFINITIONS

USICH = US Interagency Council on Homelessness; all federal programs & States collaborating to end homelessness (view *Opening Doors- <u>http://usich.gov/opening_doors/</u>).* End Veteran Homeless = December 2015; End Chronic Homeless = December 2017; End Youth & Family & All Homeless = 2020.

HUD = US Dept. of Housing & Urban Development; funds Continuum of Care (CoC) Program thru an annual *competition*; and Emergency Solutions Grants Program (ESG) through *formula* (non-competitive).

HUD CoC NOFA = Notice of Funding Availability for the annual Continuum of Care Program competition.

HUD CoC Program = competitive homeless program regulated by annual NOFA, CoC Interim Rule, etc.

Continuum of Care = HUD-recognized geographic area (*i.e. VT BoS CoC*) coordinated by a primarydecision making group (*i.e. VT Coalition to End Homelessness*) to submit an annual CoC Program application, conduct Point-in-Time count of the homeless; oversee the Collaborative Applicant and HMIS Lead, planning, etc.

Homeless/Subpopulation Need = local need of literal/chronic homelessness; Point-in-Time Counts; provider experiences; community observations; VT 211 reports; HMIS data; etc.

Services = HUD wants CoC project funds to support housing with services from non-CoC sources (*i.e. Medicaid/TANF-Reach Up, state & private funds; etc.*).

Housing First = different models applicable to PSH-Chronic Homeless Households or RRH-Families; quick transition from shelter/street directly into affordable housing of choice with few barriers/preconditions, mental health services not required to attain or keep housing.

Chronic Homeless (CH) = persons on streets/shelter for one full year or 4 episodes over past three years; individuals with a disabling condition (and their families); served through Permanent Supportive Housing (i.e. Shelter+Care, HUD-VASH/Veterans, HOPWA, etc.).

Disabling Conditions (MH+) = PSH projects must serve: Severe/Persistent Mental Health, HIV/AIDS, Substance Abuse Disorder, Developmental Disability, Chronic Disease and/or other Disabling Condition. **Summary:** Each year, CoCs across the U.S. apply for HUD CoC Program funds through a competitive process. The VT BoS will soon submit CoC project applications with an estimated value of **\$2,730,000**.

FFY2015 HUD CoC NOFA will be released mid-July with a 60-90 day deadline.

Last year over 400 HUD CoC projects across the U.S. were eliminated due to non-funding or reallocation. VT BoS CoC earned an almost perfect application score, primarily due to our collaborative diligence to reallocate all of the *CoC Services Only* projects (and one Transitional Housing project) into new Rapid Rehousing projects to serve Rutland, Caledonia, Windham and Windsor Counties. As a result, we kept <u>all</u> of our funds in Vermont for one more year; plus awarded a new CoC Planning grant (\$30,000). This year, we may be eligible for up to **\$80,000** for a CoC Planning grant to pay for stipends to formerly homeless members, an AmeriCorps, staff support for the CoC application, PIT/HIC, etc.

The McKinney-Vento Act as amended by HEARTH, in combination with heightened attention by the U.S. Interagency Council on Homelessness to realign **ALL** federal funding, HUD has changed its priorities for use of the CoC Program to target serving certain populations by specific programs (*i.e. VT BoS reduced Chronic Homelessness by* **50%** *this year due to HUD-recommended policy changes to Shelter+Care*).

As directed by USICH, HUD recognizes that communities may see value in keeping some current projects that may be out of alignment with current federal priorities of the CoC Program. This means VT BoS CoC and the State needs to match those programs with more appropriate, "alternative funding sources".

All CoCs in the U.S., including Vermont, runs an increasing risk of permanently losing limited federal funding if we do not continue the reallocation process to adjust CoC programs to new federal priorities.

FFY2015 HUD CoC Registration Notices-Priorities: During the FFY2015 NOFA, HUD will continue "the <u>Reallocation process</u>...and the <u>Tier 1 & Tier 2</u> funding process [Tier 2 is not guaranteed to be funded]...**to promote a more competitive process between CoCs.**" CoCs will also have the opportunity to apply for <u>Bonus Projects [PSH-CH]</u>, not likely for VT BoS CoC as limited funding targeted to "Highest Needs" CoCs. CoCs again required to <u>rank all projects</u> submitted to HUD.

- <u>Strategic Resource Reallocation</u>: comprehensive review of CoC projects; maximize mainstream resources [fund projects with services from non-CoC funds]; "Transitional Housing can be an effective tool for addressing *certain [homeless] needs...*to serve *Youth, Domestic Violence*, and/or *Addiction/Recovery*...HUD *strongly encourages* CoCs & recipients to carefully review CoC-TH projects...to determine if *rapid-rehousing* might be a better model..."
- 2. <u>Ending Chronic Homelessness</u>: increase PSH units/target existing to serve CH.
- 3. <u>Ending Family Homelessness</u>: reallocation Transitional Housing to create new CoC-Rapid Rehousing.
- 4. Ending Youth Homelessness: coordinate with youth partners & address LGBTQ youth.
- 5. <u>Ending Veteran Homelessness</u>: CoC projects prioritize VA non-eligible veterans & partner with VA.
- 6. <u>Using a Housing First Approach</u>: Remove Barriers; Coordinated Entry; Client-Centered Services; Prioritize Households Most in Need; Inclusive CoC Decision-Making [*all relevant providers at table*].
- *FFY2015 HUD CoC Program Registration Notice*-<u>https://www.hudexchange.info/resource/4464/fy-2015-coc-program-registration-notice/</u>

Eligible Types for New CoC Projects in the FFY2015 CoC NOFA:

- <u>Coordinated Entry System (CES)</u> = collaborative process to assist & prioritize homeless households.
- <u>Homeless Management Information System (HMIS)</u> = database & process to assist with providing services, assessing agency/local/state/federal need, reporting, performance, etc.
- <u>CoC Rapid Rehousing (PH:RRH)</u> = quick transition to permanent housing with a time-limited (up to 24 months) tenant-based rental subsidy with services (as needed) to serve families living on street/shelter; *FFY15 NOFA added other populations*. (*i.e. new VSHA RRH: Rutland-HPC & Windham-GWC for July 2015; add Caledonia-NEKCA & Windsor-UVH winter 2015*.)
- <u>Coc Permanent Supportive Housing (PH:PSH)</u> = Housing assistance combined with services funded by other sources (i.e. Medicaid) to serve an individual experiencing a current episode of literal homelessness with a disabling condition (and their family, if applicable); current CoC-PSH projects *should* first serve Chronic Homeless/Highest Need; new projects *must* serve *CH only*; Housing First practices strongly recommended by USICH/HUD/VA.
 - <u>Operations/Leasing</u> = participants reside in a fixed unit/building that is leased or owned by recipient/sponsor agency paid via *leasing* or *operations*.
 - <u>Tenant-Based Rental Assistance (TBRA)</u> = scattered-site; similar to Sect. 8 HCV voucher; participant connected to sponsor with case management via *subsidy* (*i.e. VSHA Shelter+Care*).
 - <u>Sponsor-Based RA (SBRA)</u> = non-profit sponsor leases/owns building or units and subleases to a participant with a rental subsidy administered by another entity (*i.e. VSHA Shelter+Care*).
 - <u>Project-Based RA (PBRA)</u> = non-profit sponsor leases/owns building or units and subleases to a participant with a rental subsidy administered by another entity (*i.e. VSHA Shelter+Care*);

*RA must be administered by a State, unit of general local government, or a public housing agency.

Options to Fund CoC Projects:

- <u>Reallocate</u> = a community process to shift funds in whole or in part from existing CoC-funded projects into one or more NEW CoC projects. (*i.e. see above "eligible FFY2015 CoC projects"*).
- <u>Retool</u>= change current CoC **Transitional Housing** to serve "certain [homeless] needs" (*i.e. Homeless* Youth, Persons Fleeing Domestic Violence, or Treatment/Recovery of Substance Abuse Disorder).
- <u>Renew</u> = reapply for current CoC project funding without changes.

When Should a CoC Reallocate? [USICH "Allocation"]: The most important CoC tool to make strategic improvements by creating new, evidence-informed projects thru elimination of underperforming projects or ones more appropriately funded from other sources. CoCs should direct funding towards projects that:

- a. Serve the highest need individuals or families;
- b. Help participants obtain permanent housing as rapidly & directly from homelessness as possible;
- c. Ensure long-term housing stability; and
- *d.* Ensure the best and most cost-effective fit given a community's needs.

CoCs should strive to match their inventory of projects to the needs of people experiencing homelessness. A CoC may find that the majority of existing projects serve lower-barrier households but that they cannot meet the needs of chronically homeless individuals/families. Through reallocation, CoCs can correct this imbalance to ensure adequate capacity. Reallocation specifically applies to projects funded through HUD's CoC program; communities should assess ALL of the projects in their inventory, regardless of how they are funded, and decide which ones are most needed and which ones shifted to other purposes.

- *"Strategic Resource Allocation: Role of Long-Term, Congregate Transitional Housing in Ending Homelessness"* <u>http://usich.gov/usich_resources/coc-resources/</u>.
- "Creating Effective Systems to End Homelessness: A Guide to Reallocating Funds in the CoC Program" <u>http://usich.gov/resources/uploads/asset_library/FINAL_Reallocation_Tool_09_30_14.pdf</u>.