United Way of Suwannee Valley
Homeless Services Network of Suwannee Valley

2016 HUD CoC Project Application Ranking and Review Process

HUD's policy priorities for the 2015 Program Competition NOFA are as follows. (II.A.) Project applications will be reviewed against these policy priorities.

1. **Create a systemic response to homelessness**. In addition to having the right programs to end homelessness, CoCs should be developing the systemic supports that ensure homeless assistance is well coordinated, well managed, inclusive, transparent, and achieves positive outcomes.
 a. *Measure System Performance*. HUD has developed system performance measures to assess the overall impact of a CoC's homeless assistance efforts. These measures track the average length of homeless episodes, rates of return to homelessness, and other factors that determine whether a CoC is effectively serving people experiencing homelessness.
 b. *Create an effective Coordinated Entry process*. In addition to engaging people who are seeking assistance, Coordinated Entry processes should be integrated with communities' outreach work to ensure that people living in unsheltered locations are prioritized for help. Coordinated entry should achieve several goals:
      i. make it easier for persons experiencing homelessness or a housing crisis to access the appropriate housing and service interventions;
      ii. prioritize persons with the longest histories of homelessness and the most extensive ne eds; iii. lower barriers to entering programs or receiving assistance; and,
      iv. ensure that persons receive assistance and are housed as quickly as possible.
c. *Promote participant choice*. Most persons experiencing homelessness struggle to balance the cost and quality of their available housing options. Whenever possible, programs should support participant's choices.
d. *Plan as a system*. CoCs should be coordinating homeless assistance and mainstream housing and service providers to ensure that people experiencing homelessness receive assistance as quickly as possible and that the assistance is focused on helping them obtain and retain housing. CoCs should be monitoring each provider's performance, eligibility criteria, target populations, and cultural competence. They should also ensure that providers work together when a participant is moving from one program to another or when more than one program is serving the same person.
e. *Make the delivery of homeless assistance more open, inclusive, and transparent*. CoCs should ensure that the needs of all individuals and families experiencing homelessness are represented within the CoC structure by including persons who have experienced homelessness throughout the planning process and in leadership and oversight roles. CoCs should also include organizations representing persons fleeing domestic violence, the Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) community, victims of human trafficking, unaccompanied youth, individuals with disabilities and different types of disabilities, and other relevant populations in their planning body. These steps ensure that service delivery is client-centered and cultural competent.

2. **Strategically allocate resources**. Using cost, performance, and outcome data, CoCs should improve how resources are utilized to end homelessness, including CoC and ESG Program funds, state and local funds, public and assisted housing units, mainstream services resources. CoCs should manage the performance of all projects in the community and reallocate resources whenever doing so will better help them end homelessness. Steps to consider:

a. *Comprehensively review project quality, performance, and cost effectiveness, performance, effectiveness*. CoCs should use objective, performance based scoring criteria and selection priorities that are approved by the CoC to determine the extent to which each project addresses HUD's policy priorities. CoCs should reallocate funds to new projects whenever reallocation would improve outcomes and reduce homelessness. CoCs should consider how much each project spends to serve and house an individual or family as compared to other projects serving similar populations.

b. *Maximize the use of mainstream and other community-based resources.* CoCs should educate all stakeholders in the community about mainstream resources and funding opportunities, particularly new opportunities made available under the Affordable Care Act. Additionally, CoC s and homeless assistance providers should partner with other stakeholders within the community, such as Public Housing Agencies (PHAs), philanthropic organizations, and other agencies and organizations that have resources that could serve persons experiencing homelessness.

c. *Review transitional housing projects*. Recent research shows that transitional housing is generally more expensive and achieves similar or worse outcomes than other housing models serving similar populations.

 d. *Integration*. Recipients must administer their programs and activities in the most integrated setting appropriate to the needs of qualified individuals with disabilities. Recipients operating projects serving chronically homeless individuals and families must ensure individuals with disabilities can interact with individuals without disabilities to the fullest extent possible.

3. **End chronic homelessness**. To end chronic homelessness by 2017, HUD encourages three areas of focus:

a. Target persons with the highest needs and longest histories of homelessness for existing and new permanent supportive housing. CoCs should prioritize chronically homeless individuals, youth, and families who have the longest histories of homelessness and the highest needs for new and turnover unites by implementing Notice CPD 14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status.

b. Increase units. CoCs should create new permanent housing units that are dedicated to individuals, youth and families experiencing chronic homelessness; and, if CoCs have not already done so, dedicate existing permanent supportive housing units to those experiencing chronic homelessness.

c. Improve Outreach. To decrease the number of persons experiencing chronic homelessness in a community, the community must identify and continually engage all persons who are currently experiencing sheltered or unsheltered chronic homelessness and those who are in jeopardy of experiencing chronic homelessness. This includes ensuring effective communication with individuals with disabilities and taking reasonable steps to ensure meaningful access to services, programs, and activities by persons with Limited English Proficiency (LEP persons). 4. End family homelessness. Most families experiencing homelessness can be housed quickly and stably using rapid rehousing. Some will need the long-term support provided by a permanent housing subsidy or permanent supportive housing. For most CoCs this will require expanding rapid rehousing programs. HUD encourages CoCs to use reallocation to create new rapid

rehousing projects and to use ESG and other funding sources to expand rapid rehousing assistance.

5. **End youth homelessness**. CoCs should understand the varied and unique needs of youth experiencing homelessness and reach out to youth serving systems and providers to encourage their active participation in the CoC.

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6. **End veteran homelessness**. CoCs should take specific steps to reach this goal including prioritizing veterans and their families for assistance when they cannot be effectively assisted with services and coordinating closely with veteran service organizations and VA funded housing and services.

7. **Use a Housing First Approach**. Housing First is an approach to homeless assistance that prioritizes rapid placement and stabilization in permanent housing and does not have service participation requirements or preconditions. Following are steps to support a Housing First approach.

a. *Use Data to quickly and stably house homeless persons*. Programs that use a Housing First approach should be moving individuals and families quickly into permanent housing.

b. *Engage landlords and property owners*.

c. Remove barriers to entry. CoCs should review project-level eligibility criteria for all programs and remove any barriers to accessing housing and services. Persons experiencing homelessness should not be screened out of or discouraged from participating in programs because they have poor credit history, or lack income or employment. People with addictions to alcohol or substances should not be required to cease active use before accessing housing and services.

d. *Adopt client-centered service methods*. All projects should ensure housing and service options are tailored to meet the unique needs of each individual or family presenting for services and that program participants have access to the services that they reasonably believe will help them achieve their goals. However, program participants should not be required to participate in services and cannot be required to participate in disability-related services.

The HUD Notice of Funding Availability (NOFA) establishes the funding criteria for the FY 2016 Continuum of Care (CoC) Program. Project applications submitted to the CoC for inclusion on the FY 2016 Priority Listings must be reviewed and either accepted or rejected by the CoC. All projects approved by the CoC must be listed on the CoC Priority Listing in rank order with the exception of project applications for CoC planning and UFA costs, (the latter of which does not apply to HSNSV) which will not be ranked, to establish the projects within Tier 1 and the projects within Tier 2 as described in Section II.B.15. of the NOFA.

Tier 1 is equal to 93% of the CoC's Annual Renewal Demand (ARD) amount on the final HUD-approved Grant Inventory Worksheet (GIW). Any type of new or renewal project application can be placed in Tier 1. Tier 2 is the difference between Tier 1 and the CoC's ARD plus any amount available for the permanent housing bonus. This does not include the amounts available for CoC planning and UFA costs (the latter of which does not apply to HSNSV).

Note the below Performance Outcomes as well as the Monitoring Criteria related to Participant Eligibility are not relevant to HMIS; however, the renewal of the HUD funding for the CoC's HMIS is required and, therefore, must be prioritized in the CoC's project ranking.

The 2016 HUD CoC NOFA focuses on the goals articulated in *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*. Therefore, ranking will include the performance outcomes from APR reports/HMIS to include the following:

Performance Outcomes from APR reports/HMIS
1. Length of stay
2. Percent permanent housing exit destinations
3. Percent increases in income

Monitoring Criteria:
4. Participant eligibility
5. Utilization rates
6. Drawdown rates
7. Frequency or amount of funds recaptured by HUD
8. Need for specialized population services (Youth, Victims of Domestic Violence, Families with Children, Persons Experiencing Chronic Homelessness, Veterans)
9. The HUD CoC Program NOFA includes a question relative to the funded programs' timely submission of APRs; therefore, each agency's timely submission of APRs will constitute an additional ranking criteria.

It is incumbent upon the CoC membership to determine the priority of projects included in the CoC Program application. CoC Planning is not ranked but funded as a percentage of the CoCs PRN amount. The CoC will be responsible for identifying the projects for inclusion in the application, ranking the projects to be included, and re-allocating available Annual Renewal Demand (ARD) funding based on the project proposals presented, populations to be served by each project proposed/need for projects to serve such populations, project sponsor eligibility and prior project – HUD CoC Program or otherwise – performance.

Points to consider:
1. HMIS is required for receipt of federal and state funds.
2. Coordinated Entry and Assessment is required.
3. Permanent Supportive Housing for Chronically Homeless individuals/households must adhere to the recordkeeping requirements.
4. Pursuant to the CoC NOFA quoted above, "Most families experiencing homelessness can be housed quickly and stably using rapid rehousing." "HUD encourages CoCs to use reallocation to create new rapid rehousing projects and to use ESG and other funding sources to expand rapid rehousing assistance."

The Homeless Services Network of Suwannee Valley will identify members of a project review panel such that all members are free from any conflict of interest. United Way of Suwannee Valley, as the Collaborative Applicant and Lead Agency, will collect project proposals for submission to the Review Committee. The Review Committee will collectively rank the projects based on the project proposals submitted and the HUD NOFA. The Review Committee will elevate its recommendation for ranking of the renewal projects to the full coalition for ratification.