My New Kentucky Home

Update of Kentucky's Strategic Plan to End Homelessness

November 2018

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Acknowledgments

The following individuals and entities contributed to the drafting of this updated plan:

My New Kentucky Home illustration provided by visual arts students at Noe Middle School, Louisville, facilitated by Samantha Brooks, Arts and Humanities Department Chair

Introduction

Over the past five years, Kentucky made great strides toward improving statewide strategies to address planning and coordination of behavioral health, primary care services, and access to permanent housing to reduce homelessness. In the 2012 Update to the Kentucky Ten Year Plan to End Homelessness, eight strategic goals were identified.

Eight Federal Goals

Original 8 Goals	Update on Each Goal
Align Kentucky's goals with the Home, Together (U.S. Interagency Council on Homelessness)[1] goals;	Goals have been aligned in this update;
Formalize a Continuum of Care (CoC) governance structure for the Balance of State which will develop roles and responsibilities for HMIS, CoC, and ESG leaders and will establish an external service provider group to help KHC guide CoC policies;	Governance structure has been adopted by the CoC membership as of 12/07/2017;
Develop effective discharge planning across state institutions;	In progress through the Kentucky Interagency Council on Homelessness (KICH);
Develop a regional coordinated or centralized intake and assessment (coordinated entry) approach so the needs of the homeless can be met with the most appropriate resources;	In place in all 3 geographic areas (Lexington, Louisville, and Balance-of-State);
Place greater emphasis of ESG efforts on rapid re-housing and prevention and less emphasis on shelter operations;	This was accomplished through scoring criteria in ESG application rounds beginning in 2011, with the unintended consequence of weakening shelters as crisis response system; this plan update addresses this issue;
Increase accountability of agencies receiving federal homeless program funds to produce more permanent housing outcomes, meet their program performance benchmarks and operate programs in full compliance with regulations;	In progress through the Continuum of Care reporting and application processes;
Expand performance measures in Homeless Management Information System (HMIS) including specified standard indicators;	In place through the Memorandum of Agreement with the HMIS Lead, Kentucky Housing Corporation;
Measure the progress of each region/agency to determine their success by reviewing critical data points, including by expanding bed coverage in HMIS.	In progress through the establishment of coordinated entry process and system performance measure analysis in all geographic areas.

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[1] U.S. Interagency Council on Homelessness. (2018, July). *Home, Together.* Retrieved from USICH: https://www.usich.gov/resources/uploads/asset_library/Home-Together-Federal-Strategic-Plan-to-Prevent-and-End-Homelessness.pdf

Additional Goals for 2018 and Beyond

Increase affordable housing options and opportunities for persons experiencing homelessness;
Strengthen the discharge process for persons exiting substance abuse programs;
Assess and develop responses to address systemic racism in the homeless system based on data;
Increase agency participation in HMIS, targeting providers who do not receive homeless assistance funding from the U.S. Department of Housing and Urban Development (HUD);
Broaden the number and types stakeholders participating in CoC governance;
Improve access to homeless assistance among people identifying as LGBTQ;
Encourage and support agencies providing emergency shelter and/or crisis beds to lower programmatic barriers to services.

Historical Background

Objective 1 of the U.S. Interagency Council on Homelessness (USICH) *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness, as Amended in 2015* is to "provide and promote collaborative leadership at all levels of government and across all sectors to inspire and energize Americans to commit to preventing and ending homelessness." A key strategy of this objective is to "get states and localities to update and implement plans to end homelessness to reflect local conditions and the comprehensiveness of this Federal Plan, as well as to develop mechanisms for effective implementation."[2]

The Commonwealth of Kentucky has a long and strong history of coordinated planning efforts to prevent and end homelessness. In 2002, Kentucky was one of eight states invited by the U.S. Department of Health and Human Services (HHS) and the U.S. Department of Housing and Urban Development (HUD) to participate in the Homeless Policy Academy, which provided intensive policy-building forums designed to help states develop action plans for improving access to mainstream services for people experiencing homelessness. As a result of these academies, Governor Ernie Fletcher created the Kentucky Council on Homeless Policy (KCHP) to develop a ten-year plan to end chronic homelessness in Kentucky. In 2005, KCHP released *Kentucky's Ten Year Plan to End Chronic Homelessness*, which was compiled with input from local partners and the public through 12 community forums.[3]

Recognizing the success of this coordinated planning effort and that "effectively addressing homelessness requires collaboration among state agencies, local governments, the private sector, and service provider networks to coordinate program development, deliver essential services, and provide housing," Governor Ernie Fletcher issued Executive Order 2007-751 to create the Kentucky Interagency Council on Homelessness (KICH), forming a centralized organization to ensure that collaboration. This led to a year-long planning process intended to develop local priorities, recommendations and action strategies for implementing *Kentucky's Ten-Year Plan to End Homelessness* in coordination with the cities of Louisville and Lexington, as well as the six designated Continuum of Care regions within the state of Kentucky. This culminated in the release of *Ten Year Plan to End Homelessness: Update 2009*, which

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[2] U.S. Interagency Council on Homelessness. (2015). *Opening doors: Federal strategic plan to prevent and end homelessness.* Retrieved from U.S. Interagency Council on Homelessness: https://www.usich.gov/resources/uploads/asset_library/USICH_OpeningDoors_Amendment2015_FINAL.pdf
[3] Kentucky Council on Homeless Policy. (2005). *Kentucky's ten-year plan to end chronic homelessness.* Retrieved from Kentucky Interagency Council on Homelessness: https://www.hhck.org/s/10year-plantoendhomelessness2005.pdf

updated progress made towards meeting the plan's goals and the collaborative response to the increased demand for homeless services as a result of the economic crisis.[4] To ensure alignment of Kentucky's goals with those established by USICH through *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness-2010* in 2010, the Commonwealth released *Steps Toward Ending Homelessness: 2012 Update to Kentucky's Ten Year Plan to End Homelessness,* which also updated Kentucky's progress towards meeting established goals.[5]

The most recent updates of the federal plan, *Opening Doors* (2012) and *Home, Together* (2018) establish four key goals that the Commonwealth of Kentucky has adopted: 1) Prevent and end homelessness among Veterans in 2015; (2) Finish the job of ending chronic homelessness in 2017; (3) Prevent and end homelessness for families, youth, and children in 2020; and (4) Set a path to end all types of homelessness. Implementing a system-wide "Housing First" model that that "minimizes barriers to housing access or pre-conditions related to housing readiness, sobriety, or engagement in treatment" while assisting participants "to move into permanent housing quickly and provide the intensive supportive services needed to help residents achieve and maintain housing stability and improvements in their overall condition" to assessment and services is an essential step identified by USICH for meeting these goals.[6]

Current Snapshot of Homelessness in Kentucky

In the annual Point in Time Count (PITC, or K-Count) of homeless persons, 3688 adults and children were reported as literally homeless in Kentucky.[7] The count takes place in January of each year and is designed to be a census of people experiencing homelessness within a twenty-four-hour period, not a cumulative count of those served in a year.

As demonstrated in Figure 1, of the 3688 people counted in 2018, 2077 were counted in the Balance-of-State, 685 in Lexington-Fayette County, and 926 in Louisville-Jefferson County.
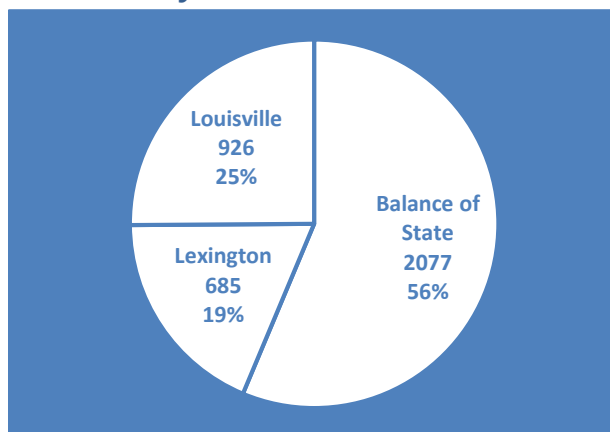
Figure 1: 2018 numbers reported from each CoC
Source: Kentucky Housing Corporation

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[4] Kentucky Interagency Council on Homelessness. (2009). *Ten-year plan to end homelessness: Update 2009.* Retrieved from Kentucky Interagency Council on Homelessness: https://www.hhck.org/s/10year-plantoendhomelessness.pdf

[5] Kentucky Interagency Council on Homelessness. (2012). *Steps Toward Ending Homelessness.* Retrieved from HHCK: https://www.hhck.org/s/2012-Steps-Toward-Ending-Homelessness-syaw.pdf

[6] U.S. Interagency Council on Homelessness. (2015). *Opening doors: Federal strategic plan to prevent and end homelessness.* Retrieved from U.S. Interagency Council on Homelessness: https://www.usich.gov/resources/uploads/asset_library/USICH_OpeningDoors_Amendment2015_FINAL.pdf

[7] Kentucky Housing Corporation. (2018, September). *K-Count Results.* Retrieved from Kentucky Housing Corporation: http://www.kyhousing.org/Resources/Data-Library/Pages/K-Count-Results.aspx

Over time, the numbers of persons counted during the PITC has decreased, as demonstrated in Figure 2. This may be the result of targeting resources to various subpopulations, improved survey methodology, and/or the defunding of emergency shelter and transitional housing beds.

Figure 2: Five-year trend of PITC reports

Total Homeless
- 2014: 4,998
- 2015: 4,825
- 2016: 4,237
- 2017: 4,025
- 2018: 3,688
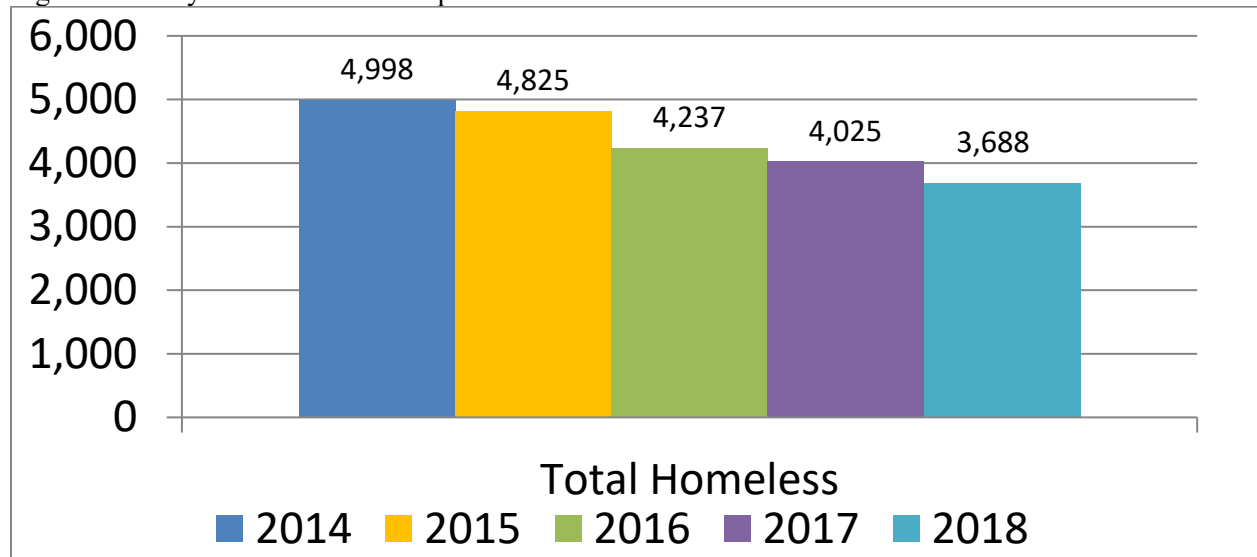
Source: Kentucky Housing Corporation

From 2017 to 2018, several subpopulations of people experiencing homelessness declined slightly, including chronically homeless, veterans, and adults with a substance use disorder, as seen in Figure 3. Additionally, HUD provided clarification on how domestic violence survivors were to be categorized.

Figure 3: Reports among selected categories of homelessness

Category	2017	2018
Chronically Homeless Persons	405	369
Veterans	489	369
Adults with a Serious Mental Illness	617	615
Adults with a Substance Use Disorder	800	622
Adults with HIV/AIDS	24	11
Adult Victims of Domestic Violence*	*898*	*388*

Source: Kentucky Housing Corporation

*In 2018, HUD required CoCs to report the number of people who were currently experiencing homelessness because of domestic violence. In previous years, people were asked if they were survivors of domestic violence (experienced at any time).

Ending Family and Youth Homelessness: Defining and Understanding Need

However, these K-Count figures are likely an undercount of homeless families and youth, as only 296 households with children, which includes 617 children under 17, 19 unaccompanied youth under 18, and

229 youth ages 18 to 24 were counted.[8] HUD's current definition of homelessness excludes most children and youth who are actually homeless: those staying in motels, or temporarily with others because they have nowhere else to go. This is especially true in rural areas, where it is difficult to access services to get third party verification of homeless status required to be eligible for HUD homeless services programs. The National Advisory Committee on Rural Health and Human Services in its 2014 report on Rural Homelessness found that:

> since homelessness in rural areas looks different than homelessness in urban areas, measuring homelessness by counting shelter beds and individuals living on the street likely undercounts the homeless population in rural America. Many individuals and families experiencing homelessness in rural areas are living in cars, doubled up with friends or family, or living in substandard housing…those living in substandard but stable housing and those living in doubled up situations do not qualify as homeless under the HUD definition of homeless.[9]

In contrast to the K-Count figures, the Kentucky Department of Education counted 26,752 unduplicated students in the 2016-17 school year, based upon its statewide count of those meeting the federal Department of Education definition of homelessness.[10]

Given this discrepancy, it is imperative that KICH, KHC, and the CoCs work with partners to obtain more comprehensive information on the scope of family and youth homelessness with improvements in counting methods, coordination and dissemination of information and new research that expands understanding of the problem. KICH and the CoCs have linked to the Kentucky Department of Education State Homeless Coordinator for the Title X, Part C - Education for Homeless Children and Youth Program. This office provides links to McKinney-Vento Grant Coordinators in public school districts across the Commonwealth. The CoCs and KICH will work with homeless services and housing providers to ensure that families and youth experiencing homelessness are aware of children's McKinney-Vento Education rights and that those rights are being honored.

Considerations for an Aging Population

On a nationwide basis, as people have experienced repeated episodes of homelessness over long periods of time, or become homeless at a later age in life, the population in the aggregate is older than it was even ten years ago. At a presentation at the National Alliance to End Homelessness conference in July 2018, the organization Justice in Aging presented considerations for homeless service providers:
- Premature aging;
- Accessibility challenges;
- Crime;
- Trouble accessing benefits;
- Risk of institutionalization.

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[8] Kentucky Housing Corporation. (2018, September). *K-Count Results.* Retrieved from Kentucky Housing Corporation: http://www.kyhousing.org/Resources/Data-Library/Pages/K-Count-Results.aspx

[9] National Advisory Committee on Rural Health and Human Services. (2014). *Homelessness in Rural America.* Retrieved from Health Resources and Services Administration: https://www.hrsa.gov/advisorycommittees/rural/publications/homelessnessruralamerica.pdf

[10] Kentucky Department of Education. (2018, September 4). *Homeless Children and Youth Data Collection and Reporting.* Retrieved from KDE: https://education.ky.gov/federal/progs/txc/Pages/Homeless-Children-and-Youth-Data-Collection-and-Reporting.aspx

Moreover, there are several recommendations to address homelessness for older adults, as follows:
- Increase income supports;
- Make health care affordable and accessible;
- Increase supply of subsidized, affordable, accessible housing;
- Create sufficient permanent supportive housing and programs;
- Expand availability of low-cost legal services.

KICH will examine the data derived from HMIS to reconcile national trends with state trends and will address implementation with care for older adults in the Strategies section.

Racial Disparities in the Homeless System

Another nationwide trend that bears review in Kentucky is the disproportionate occurrence of homelessness among racial minorities. According to the National Alliance to End Homelessness, in the aggregate: [11]
- African Americans make up more than 40% of the homeless population but represent 13 percent of the general population;
- American Indians/Alaska Natives, Native Hawaiians and Pacific Islanders, and those of more than one race each make up less than 5 percent of the general population. But each group's share of the homeless population is more than double their share of the general population;
- The proportion of Native Hawaiians and Pacific Islanders in the homeless population (1.3 percent) is 6.5 times higher than their proportion in the general population (0.2 percent);
- Those identifying as Hispanic make up 18 percent of the general population but 21 percent of the homeless population;
- Both Whites and Asians are significantly underrepresented among the homeless population.

In the coming years, KICH will review Kentucky's HMIS data to obtain baseline data on potential racial disparities in all three CoCs and make recommendations to rectify these trends.

Functional Zero for Targeted Populations

Kentucky's goal is to achieve a "functional zero" for persons experiencing homelessness in those populations by the deadlines established by *Opening Doors.* Achieving a functional zero end to homelessness occurs when availability of housing and service resources is sufficient to meet the needs of everyone in the episodic or chronic homelessness group that wanted the resources. In practice, this means a homeless and re-housing services system exists where people who lose their housing will be back in housing within 30 days.

Veteran Homelessness

By 2015, 220 Mayors and County Executives in the Commonwealth had endorsed the Mayor's Challenge to End Veteran Homelessness. Late that year, Louisville achieved functional zero as a result of their Rx: Housing Veterans project.

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[11] National Alliance to End Homelessness. (2018, June 6). *Racial Disparities in Homelessness in the United States.* Retrieved from NAEH: https://endhomelessness.org/resource/racial-disparities-homelessness-united-states/

HUD Veterans Affairs Supportive Housing (VASH) vouchers and VA Supportive Services for Veteran Families (SSVF) programs are serving homeless veterans with eligible discharge status. KHC and public housing authorities have designated Housing Choice Vouchers to serve veterans experiencing homelessness who are ineligible for Veterans Administration programs.

To that end, the Lexington CoC in conjunction with Lexington Veterans Affairs will reapply for the functional zero designation from the federal partners in 2018.

Chronic Homelessness
Family and Child Homelessness

However, achieving the functional zero goals for those experiencing chronic homelessness and for families, youth, and children in 2020 may remain a challenge due to the profound need for increased affordable housing resources in Kentucky's urban and rural communities. This finding of *Steps Toward Ending Homelessness: 2012 Update* still holds true: "there continues to be an insufficient supply of all types of safe, decent and affordable housing. Adequate funding for supportive services is critical to help find stable housing… To address the gaps and barriers, the state must continue to create more housing for the homeless and locate additional sources of funding."[12]

Role of Kentucky Interagency Council on Homelessness

As stated in *Opening Doors-As Amended in 2015, "*successful implementation" of plans to end homelessness "occurs when there is broad support for the strategies—this is evidenced by the involvement of business and civic leadership, local public officials, faith-based volunteers, and mainstream systems that provide housing, human services, and health care."[13] As such, it is vitally important to have a diversity of interests represented in the planning and management of the Commonwealth's efforts to end homelessness. In its role as "the single statewide homelessness planning and policy development resource for the Commonwealth of Kentucky,"[14] KICH must work to incorporate key stakeholders not currently active in homeless services and/or policy development into this process. KICH's formal decision-making body consists of the following:

- The secretary of the Cabinet for Health and Family Services;
- The executive director of the Homeless and Housing Coalition of Kentucky;
- The chief executive officer of the Kentucky Housing Corporation;
- The commissioner of the Kentucky Department of Veterans' Affairs;
- The secretary of the Justice and Public Safety Cabinet;
- The secretary of the Education and Workforce Development Cabinet;

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[12] Kentucky Interagency Council on Homelessness. (2012). *Steps Toward Ending Homelessness.* Retrieved from HHCK: https://www.hhck.org/s/2012-Steps-Toward-Ending-Homelessness-syaw.pdf

[13] U.S. Interagency Council on Homelessness. (2015). *Opening doors: Federal strategic plan to prevent and end homelessness.* Retrieved from U.S. Interagency Council on Homelessness: https://www.usich.gov/resources/uploads/asset_library/USICH_OpeningDoors_Amendment2015_FINAL.pdf, p. 32.

[14] Legislative Research Commission. (2016, July 25). *194A.735 Homelessness Prevention Project -- Goals -- Support -- Timetables -- Participation -- Discharge plan -- Administrative regulations -- Data collection -- Reports -- Kentucky Interagency Council on Homelessness*. Retrieved from Kentucky Revised Statutes: http://www.lrc.ky.gov/Statutes/statute.aspx?id=45029

- The secretary of the Transportation Cabinet;
- The executive director of the Administrative Office of the Courts;
- The state budget director;
- A representative from the Kentucky Housing Association, representing public housing authorities, appointed by the Governor for a two (2) year term; and
- An individual who has previously experienced homelessness and addiction, appointed by the Governor for a two (2) year term.

The Interagency Council is supported by a Steering Committee currently consisting of representatives of nonprofit homeless service providers, local governments, divisions of state government cabinets, nonprofit housing developers, the Veterans Administration, the Kentucky Coalition Against Domestic Violence, and advocates for persons with disabilities, amongst others. KICH has an ad hoc subcommittee structure, including Medicaid and the Strategic Plan Committees. Increasing and diversifying Steering Committee membership can help broaden KICH's reach and input into the plan update.

The three Continua of Care in the Commonwealth – Lexington, Louisville, and the Kentucky Balance of State – are vital partners in developing the update to the Strategic Plan. Each CoC is governed by an advisory board responsible for coordinating a vision, policies, strategies and activities toward ending homelessness and making funding recommendations for HUD and other funding streams available for homeless services. While membership in each advisory board may include homeless services providers, the boards also include a formerly homeless individual, representatives of organizations serving homeless subpopulations (veterans, persons with substance use disorders; persons with HIV/AIDS; the chronically homeless; families with children; unaccompanied youth; the seriously mentally ill; and victims of intimate partner violence). In requesting applications for Continuum of Care funding, HUD has repeatedly emphasized that CoCs must be driven by "an inclusive and outcome-oriented community process, including an organization structure(s) and decision-making process for developing and implementing a CoC strategy that is inclusive of representatives from both the private and public sectors" (p. 50).[15]

As in the federal plan, it is the Commonwealth of Kentucky's goal to "transform homeless services to crisis response systems that prevent homelessness and rapidly return people who experience homelessness to stable housing," utilizing a client-centered approach that quickly "connects people experiencing homelessness to housing and services options that are appropriate to their needs."[16] A strengthened KICH with broader participation can help ensure that all programs and systems that come in contact with person experiencing homelessness are engaged in the update to *Kentucky's Ten Year Plan to End Homelessness,* regardless if they receive HUD homeless and housing services funding from a participating jurisdiction or funding from other federal programs.

In creating the update to the *Strategic Plan to End Homelessness,* KICH is guided by the following values, priorities and goals:

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[15] U.S. Department of Housing and Urban Development. (2018, June). *Notice of Funding Availability (NOFA) for the Fiscal Year (FY) 2018 Continuum of Care.* Retrieved from FY 2018 CoC Program NOFA: https://www.hudexchange.info/resources/documents/FY-2018-CoC-Program-Competition-NOFA.pdf

[16] U.S. Interagency Council on Homelessness. (2015). *Opening doors: Federal strategic plan to prevent and end homelessness.* Retrieved from U.S. Interagency Council on Homelessness: https://www.usich.gov/resources/uploads/asset_library/USICH_OpeningDoors_Amendment2015_FINAL.pdf

- 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;
- We value innovative and diverse programming that addresses gaps in community services;
- We value quality programming that is accountable to the community through outcomes measurement;
- We value the effort to access the maximum amount of funding available for homeless assistance and affordable housing;
- We value the commitment to serve all people who are in need of assistance regardless of regardless of age, race, color, creed, religion, sex, handicap, national origin, familial status, marital status, sexual orientation, or gender identity;
- We value and respect the decisions and choices of those who find themselves homeless and seek to optimize self-sufficiency.

Kentucky's Strategic Plan to End Homelessness is an expression of a collective commitment to actively seek long-term and sustainable solutions to the issue, rather than continuing to simply manage episodes of homelessness as they occur. The significant focus of this plan is on investing our precious local resources in a manner that better serves the homeless people and, in so doing, eliminates homelessness in Kentucky. The recommendations presented in this report represent ideas presented in various meetings of the three CoCs, KICH, and other interested partners.

CABHI Resources

Additionally, Kentucky received a 2015 HHS Substance Abuse and Mental Health Services Administration (SAMHSA) Cooperative Agreement for the Benefit of Homeless Individuals (CABHI) Grant. Through the *Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities (KDBHDID) SAMHSA CABHI Grant Narrative-2015,* the Commonwealth committed to "Improve the Kentucky Homelessness services system by updating the state's plan to end homelessness; and thereby improve statewide strategies to address planning and coordination of behavioral health, primary care services, and access to permanent housing to reduce homelessness."

The Lexington CoC was awarded a CABHI grant in 2017 that will enable the Lexington CoC to assemble a team of SSI/SSDI Outreach, Access and Recovery (SOAR) outreach workers that will help connect individuals to permanent housing, as well as other mainstream benefits and necessary support services.

Additional regional resources include Mountain Comprehensive Care Center (Prestonsburg), Bluegrass.org (Lexington), Centerstone (Louisville), and NorthKey Community Care (Covington).

Coordinated Entry

Driving the need to broaden key stakeholder engagement with homeless policy planning and implementation is the ongoing development and enactment of "Coordinated Access/Entry/Assessment" systems throughout the Commonwealth, hereafter referred to as Coordinated Entry. Federal HEARTH Act regulations found at 24 CFR 578.7(a)(8) require CoCs to "establish and operate either a centralized or coordinated assessment system that provides an initial, comprehensive assessment of the needs of

individuals and families for housing and services."[17] The 2018 CoC Notice of Funding Availability states, "These systems help communities assess the needs of program participants and effectively match homeless persons with the most appropriate resources available to address their particular needs" (p. 21).[18] An essential part of this system is identifying and partnering with mainstream services. *Opening Doors* calls for increased collaboration to leverage and integrate resources of mainstream systems: "preventing and ending homelessness is not possible through targeted homeless programs alone, but requires the leveraging of mainstream resources and programs in the areas of housing, employment, education, health care, and income supports" (p. 29).[19]

Kentucky's three CoCs are at different stages of implementing their Coordinated Entry systems and have chosen different processes, but all are driven by the same principles using a client-centered approach. Coordinated Entry should:

- Target the correct housing intervention to the correct household based on their need as determined by an objective assessment, prioritizing those with the highest acuity and need.
- Divert people away from the system who can solve their own homelessness.
- Greatly reduce the length of homelessness by moving people quickly into the appropriate housing.
- Greatly increase the possibility of housing stability by targeting the appropriate housing intervention to the corresponding needs.

Prioritization helps service and housing providers eliminate waitlists to serve those who have the most severe needs first with available and appropriate housing interventions as quickly as possible. All three CoCs have selected the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) package as their common assessment tool. Louisville has developed an additional tool targeted toward families.

Louisville

The Louisville CoC, serving Jefferson County, implemented a Coordinated Entry system in May 2014. Louisville uses a Single Point of Entry/One Door approach for people to access homeless and housing services. The "Bed One Stop" program administered by the Coalition for the Homeless removes the need for homeless people to wait in line in inclement weather, wait for a lottery to determine if they have a safe place to stay, or wander from place to place to find a bed for the night. Anyone can contact 637-BEDS to make a shelter reservation any day of the year. Individuals and families who are not homeless but are seeking assistance are diverted to more appropriate community resources, such as Neighborhood Place and Metro United Way. This process ensures that shelter is reserved for those in greatest need, creates a way for institutions including hospitals and jails to prevent the release of homeless persons to the streets, and prevents people from becoming homeless in the first place by making referrals to homeless

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[17] Government Publishing Office. (2015, December 7). *Part 578 - Continuum of Care Program.* Retrieved from Electronic Code of Federal Regulations: https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=ec5b19581ae1f0c8dfbbcc7a79bfb83d&ty=HTML&h=L&r=PART&n=pt24.3.578#se24.3.578_17

[18] U.S. Department of Housing and Urban Development. (2018, June). *Notice of Funding Availability (NOFA) for the Fiscal Year (FY) 2018 Continuum of Care.* Retrieved from FY 2018 CoC Program NOFA: https://www.hudexchange.info/resources/documents/FY-2018-CoC-Program-Competition-NOFA.pdf

[19] U.S. Interagency Council on Homelessness. (2015). *Opening doors: Federal strategic plan to prevent and end homelessness.* Retrieved from U.S. Interagency Council on Homelessness: https://www.usich.gov/resources/uploads/asset_library/USICH_OpeningDoors_Amendment2015_FINAL.pdf

prevention services in the community. Because the system utilizes a scan card system, the length of time for check in has been greatly reduced at shelters and the data on homeless persons served is better than ever in the past. Additionally, Louisville has a "Common Assessment Team," which assesses each homeless household in Louisville and then determines the most appropriate housing referral based on vulnerability and their eligibility. The Common Assessment Team maintains one community referral list for all HUD CoC-funded permanent supportive housing, ESG Rapid Re-Housing, and HOME Tenant-Based Rental Assistance (TBRA) options in Louisville.

Lexington

The Lexington CoC has been actively operating a "no wrong door" Coordinated Entry system in Lexington since late 2016. Individuals and families experiencing homelessness have several ways to access homeless assistance services. All emergency services such as shelter, drop-in centers, domestic violence centers, hotlines, and other crisis centers do not prioritize services based on severity of need or vulnerability but utilize a low barrier access model. All individuals/families will receive access to coordinated entry at any emergency service. All emergency services in Lexington-Fayette County operate 24/7/365. Individuals/families can access immediate services and then be referred to the Coordinated Entry process. The United Way 211 program operates outside of typical coordinated entry assessment hours. Citizens can call, text, email or web search the United Way of the Bluegrass's 211 program for more information on housing and support services in Lexington and Fayette County. The Hope Center's Street Outreach team provides two dedicated outreach workers to assist unsheltered citizens in Lexington-Fayette County to access housing and support services through the Coordinated Entry process. Their work will be complemented by the previously mentioned CABHI SOAR certified grant team that is currently being organized in the Lexington CoC. All CoC and ESG funded agencies are required to immediately give access to the Coordinated Entry process to any and all citizens that present to them as homeless. Citizens can walk into other community agencies that are participating members of the Coordinated Entry process. Any veteran can walk into the Veterans Administration Medical Center located in Lexington and immediately receive access to services provided by the Homeless Program. If the Veteran is deemed ineligible for VAMC services, referrals will be completed with community providers.

Balance-of-State

The Kentucky Balance of State (BoS) CoC serves 118 of 120 Kentucky Counties, excluding Jefferson and Fayette. The BoS CoC is subdivided into six regions that incorporate the established Area Development District (ADD) multi-county regions. These CoC regions are composed of interested homeless service providers, developers, community leaders, advocates, financial institutions, and people utilizing the homeless service delivery system. Each CoC Region appoints two representatives to the BoS CoC Advisory Board, who is tasked with decision-making and governance of the BoS CoC while KHC serves as the Collaborative Applicant and HMIS System Admin on behalf of the BoS CoC. With such a geographically expansive CoC to implement Coordinated Entry, the BoS CoC Advisory Board has opted to utilize the state's 15 Area Development Districts (ADDs) as designated geographical sub-regions for Coordinated Entry Local Prioritization Communities (LPCs). These LPCs are local/regional group that are responsible for the implementation of the Coordinated Entry System, ensuring universal access to available housing resources and prioritization of these resources is based on length time homeless and severity of service needs. Each of the 15 BoS CoC LPCs are comprised of the area's HUD funded (Continuum of Care and Emergency Solution Grants programs) homeless and housing service providers, as well as interested community partners, non HUD funded homeless service providers, local law enforcement, veteran service providers, community mental health providers, and homeless liaisons for local school districts. All LPCs are governed by the BoS CoC Coordinated Entry Policies and Procedures

(developed by the Coordinated Entry Committee and approved by the Advisory Board), which outline in detail how each LPC can fully implement Common Assessment and Coordinated Entry, regardless of location and/or resource stock. Finally, each LPC has elected a Lead Agency who is entity responsible for general oversight of the local Coordinated Entry system. The LPC Lead Agency generates and maintains the LPC Prioritization List, schedules and facilitates regular meetings, and provides continued education to LPC agencies as well as serves on the BoS CoC Advisory Board Coordinated Entry Committee.

The BoS CoC began implementation of its Coordinated Entry system with a pilot program in Region 6 (now the Bluegrass ADD LPC), which began in July 2015. Since then the BoS CoC learned much about BoS-wide implementation. The BoS CoC Advisory Board has adopted HUD CPD Notices 16-11 and CPD 17-01. The Coordinated Entry Committee has utilized the HUD Coordinated Entry Self-Assessment Tool, as well as updated BoS CoC Policies and Procedures annually. The BoS CoC was awarded 16 hours of HUD Technical Assistance to complete the third version of the Policies and Procedures which was presented to the Advisory Board for approval in January 2018. KHC has designated a Coordinated Entry Technical Assistance Specialist who works in tandem with the Advisory Board and the Coordinated Entry Committee. The BoS CoC began training each LPC in the fall of 2016 with the goal of each LPC being functional prior to the HUD January 23, 2018 deadline, which was successful. By December 2017, each Lead Agency was been identified and each LPC has begun meeting to begin prioritization of CoC and ESG resources for those experiencing Category 1 and Category 4 of HUD's homeless definition.

The BoS CoC Advisory board has approved a "No Wrong Door" model for Coordinated Entry access and assessment. "No Wrong Door" describes the experience of accessing the Coordinated Entry system in a Continuum of Care from the client's perspective and is a system that is designed so that the client only has to go one place for housing referral to the appropriate assistance rather than from agency to agency. This model is client-centric and designed to create universal and easy access to available permanent housing resources for those experiencing homelessness. The "No Wrong Door" approach ensures that access to available permanent housing is easily obtained from program to program and region to region with a universal intake procedure and Common Assessment Tool. In addition to each LPC and its participating agencies serving as access points, the BoS CoC has ensured each United Way 211 call system in the state will have Lead Agency/LPC information for Coordinated Entry/Common Assessment Referral in areas not served by other United Ways.

Once an individual or family has been assessed with a VI-SPDAT the service provider determines the outcome of the assessment and unique needs of the individual or family seeking services. If the individual or family scores for a Rapid Re-Housing (RRH) intervention or Permanent Supportive Housing (PSH) intervention, they are entered into KYHMIS and simultaneously referred to the LPC. Those who score for diversion are automatically referred to other mainstream resources within a community and diverted from the Coordinated Entry system. Once an RRH or PSH scoring individual or family is entered into the corresponding LPC project in KYHMIS they are automatically placed onto the Prioritization List in which they are prioritized by Chronic Homelessness status, disability and acuity, as rapidly as possible on a community-by-community basis when housing resources are available via the LPC Meeting. The Lead Agency runs and manages the list at least monthly, while bi-weekly is highly recommended. All CoC and ESG funded participating LPC agencies may only take permanent housing (RRH and PSH) referrals off of the Prioritization List through the LPC Meeting and Coordinated Entry process. In other words, all CoC and ESG permanent housing resources must be only be utilized via the Coordinated Entry system, eliminating all side door access to HUD-funded homeless assisted housing.

The BoS Coordinated Entry process will be governed by the following principles embedded into the policies and procedures:

- 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;
- Housing First principles, including commitment to serve people regardless of criminal background, rental history, and/or lack of income;
- Innovative and diverse programming that addresses gaps in community services
- Adherence to high-quality programming that is accountable to the community through outcomes measurement;
- Effort to access the maximum amount of funding available to KY BoS CoC;
- Commitment to serve all people who are in need of assistance regardless of age, race, color, creed, religion, sex, handicap, national origin, familial status, marital status, sexual orientation, or gender identity;
- Commitment to make the Coordinated Entry system accessible to those least likely to apply for homeless assistance;
- Client choice and decisions among those who find themselves homeless and seek to optimize self-sufficiency;
- Program accountability to individuals and families experiencing homelessness, specifically those who are experiencing chronic homelessness or are high-acuity;
- Program compliance with current HUD rules and regulations;
- System access, prioritization, and housing placement uniformity;
- Adequate program staff competence and training to create an environment, locally and throughout the BoS CoC, of coordination, uniformity, and speed in housing placement.

Diversion and Prevention from Homelessness

While emergency shelters and other points of access to the Coordinated Entry system are imperative to ending homelessness, other alternatives should be considered. Diversion from the homeless system helps households to identify ways to maintain or obtain housing suitable to their needs during a housing crisis without entering shelter or an unsheltered situation. Homeless service providers may have implemented parts of these strategies in the past on a project-level basis, but HUD calls for a coordinated, systemic response in its Coordinated Entry guidance to ensure equal access to housing resources. Additionally, finding solutions before homelessness occurs reduces the trauma homelessness causes and reduces the demands on a burdened emergency shelter system.[20]

Kentucky's diversion strategies include:
- Problem-solving discussions at access points;
- Connecting families with community resources and family supports;
- Housing search and placement;
- Flexible financial assistance to help people resolve the housing crisis at hand.

The last strategy is a subset of diversion, often known as prevention. Prevention for those at imminent risk of homelessness has been employed formally since HUD's now-ended Homelessness Prevention and Rapid Re-Housing Program during the Great Recession, and in the subsequent Emergency Solutions

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[20] National Alliance to End Homelessness. (2018, October 1). *Key Takeaways: the Role of Emergency Shelter in Diversion.* Retrieved from NAEH: https://endhomelessness.org/resource/role-emergency-shelter-diversion/

Grant Interim Rule. The regulations governing ESG Prevention funds, however, limit its flexibility in administration. The state, CoCs, and individual communities, should consider the creation of a more flexible funding stream to address a variety of housing crisis, particularly given recent research on the impact of evictions from rental property.

A Note on Evictions

In 2016, eviction trends broke out of discussions within housing circles and gained national prominence in mainstream media, thanks to the work of Dr. Matthew Desmond and others. Dr. Desmond's research supports the theory that evictions are a causal factor in poverty, instead of the reverse. In 2018, he released Eviction Lab, a website dedicated to compiling data on evictions based on jurisdictions for policymaking purposes. The Kentucky Center for Investigative Reporting noted that not only was Louisville's rate more than double the national average, evictions were higher in neighborhoods in the southern and western parts of Jefferson County composed of higher percentages of racial minorities.[21]

In Kentucky, a selection of jurisdictions shows high rates of eviction relative to the national average, even though the data indicate that these figures may undercount the numbers and rates of eviction.[22]

	U.S.	Kentucky	Lexington	Louisville	Henderson	Paducah	Somerset	Frankfort
Eviction rate per 100 renter homes	2.34%	2.91%	4.59%	4.82%	2.9%	1.42%	1.79%	3.66%
Evictions annually	X	12,980	2829	5094	209	82	43	215
Evictions per day	X	35.46	7.73	13.92	0.57	0.22	0.12	0.59

Diversion and prevention strategies should consider the growing body of data on eviction and address ways to mitigate its effects.

Medical Respite

As the homeless population has aged on a nationwide basis, medical respite programs have been established in various communities, including Lexington. According to the National Health Care for the Homeless Council:

> [m]edical respite care is acute and post-acute medical care for homeless persons who are too ill or frail to recover from a physical illness or injury on the streets but are not ill enough to be in a hospital. Unlike "respite" for caregivers, "medical respite" is short-term residential care that allows homeless individuals the opportunity to rest in a safe environment while accessing medical care and other supportive services. Medical respite care is offered in a variety of settings including freestanding facilities, homeless shelters, nursing homes, and transitional housing.[23]

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[21] Ryan, J., & Kanik, A. (2018, July 5). *Instability grows as Louisville eviction rate doubles national average*. Retrieved from WFPL: http://wfpl.org/kycir-evictions-louisville/

[22] Eviction Lab. (2016). *Kentucky*. Retrieved from Eviction Lab: https://evictionlab.org/map/#/2016?geography=states&type=er&locations=21,-85.284,37.531%2B2148006,-85.676,38.189%2B2146027,-84.471,38.028

[23] National Health Care for the Homeless Council. (2018). *Medical Respite*. Retrieved from NHCHC: https://www.nhchc.org/resources/clinical/medical-respite/

In Lexington, the Office of Homelessness Prevention and Intervention provided local funds to an organization to develop a medical respite program in 2016. The Hope Center hired two staff persons and quickly began to provide services directly to Lexington's unsheltered homeless population. The target number to be served was 40 as identified in the most recent Point in Time count. This team went into homeless camps, parks and isolated areas to develop relationships and assisted with obtaining basic resources such as housing, food, medical care and transportation. The team also connected individuals with mainstream benefits, including SNAP benefits, medical insurance and disability benefits. In the first year, the team reached 48 unique individuals who were living on the streets in Lexington. In the following year, the Outreach Team served 83 of individuals. By January 2018, the Street Outreach expanded services to include evening hours and began start-up planning for SOAR services. The team built relationships with psychiatric facilities, jails, medical and mental health providers, hospitals, police and emergency personnel to identify and provide services to individuals identified as being homeless or at risk of becoming homeless. The team worked with the local Social Security Administration and Office of Disability Determination to plan for expedited approval of benefits using the SOAR process.

Role of the Housing Policy Advisory Committee

The state Housing Policy Advisory Committee (HPAC), administered by Kentucky Housing Corporation, is a resource for policy input and dissemination of information. Under the 1996 Commonwealth of Kentucky Housing Policy Act, KHC created an advisory committee on housing policy consisting of ten ex officio state government members, seventeen at-large members appointed by the chairman of the Board of Directors of KHC, one member of the Senate and one member of House of Representatives.[24] HPAC submits an annual reporting of activities and policy recommendations to the governor. Many of objectives established by the Commonwealth of Kentucky Housing Policy Act of 1996 mirror the objectives of KICH and the CoCs, especially the charge to "encourage and strengthen collaborative planning and partnerships among social service providers, all levels of government, and the public and private sectors, including for-profit and nonprofit organizations, in the production of affordable housing." Increased coordination and collaboration between state-wide coordination between KICH, HPAC and CoC Advisory Boards is essential to implementation of the Strategic Plan to End Homelessness.

Access to Mainstream Services

Home, Together, the federal update, clearly identifies linking persons experiencing homelessness to mainstream services as a primary systems goal to ensure that homelessness is a one-time experience.[25] Preventing and ending homelessness is not possible through targeted homeless programs alone, but requires the leveraging of mainstream resources in housing, employment, education, health care, and income supports. While these mainstream resources have a broader mandate and population than people experiencing homelessness, states and communities can adopt practices and policies which can increase access for and in some cases prioritize people experiencing homelessness. They can also ensure that mainstream systems and resources are coordinated with homeless services and targeted interventions.

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[24] Legislative Research Commission. (2010, July 15). *104A.035 Advisory Committee on Housing Policy.* Retrieved from Kentucky Revised Statutes: http://www.lrc.ky.gov/Statutes/statute.aspx?id=6928
[25] U.S. Interagency Council on Homelessness. (2018, July). *Home, Together.* Retrieved from USICH: https://www.usich.gov/resources/uploads/asset_library/Home-Together-Federal-Strategic-Plan-to-Prevent-and-End-Homelessness.pdf

Kentucky endorses and adopts this priority to ease and simplify Kentuckians' access to social services. The state is working towards this goal in several ways. It will require the Commonwealth, KICH, and the Continua of Care to continually identify of additional partners from both homeless assistance programs and mainstream support service providers that assist clients with housing, economic and social stability. Additionally, the implementation of four mainstream programs (Child Care Assistance Program, Medicaid, Supplemental Nutrition Assistance Program, and Temporary Assistance for Needy Families) into the Cabinet for Health and Family Services' Benefind eligibility screening tool should streamline connection with households' supports to achieve stability.

Medicaid

Continuing to enrolling eligible Kentuckians experiencing homelessness in Medicaid will continue to be a priority for the Commonwealth. The KICH Steering Committee currently counts a representative from the Department for Medicaid Services as a member.

The continued provision of health care coverage to low-income Kentuckians through Medicaid expansion enables homeless service providers to bill Medicaid for housing-related services as described in the Center for Medicaid and CHIP Services June 26, 2015 bulletin.[26] This resource will enable limited homeless housing and homeless services funds to serve more people.

To that end, Kentucky has devoted CABHI resources to implementing a Medicaid Academy, designed to train homeless service providers in Medicaid billing. The first cohort of twelve organizations across the Commonwealth began work in May 2018, with training provided by state experts in the Department of Medicaid Services and the Corporation for Supportive Housing. This technical assistance will be provided as long as resources are available to do so.

SSI/SSDI Outreach, Access and Recovery (SOAR)

SOAR is a national initiative to provide training to case managers and other social service workers as they assist their clients in applying for disability benefits through the Social Security Administration. For many people who are homeless, have mental health problems that impair cognition, or who are returning to the community from institutions (jails, prisons or hospitals), access to these programs can be extremely challenging. The application process for Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI) can be complicated, detailed, and often difficult to navigate. Typically, only about 10-15 percent of individuals who are homeless found a way to access these benefits. Others apply and can wait for over two years before a final determination is made. For those who utilize the SOAR application process, approval rates for disability benefits grow to around 70 percent and approval can occur within 60 days. Through the SAMHSA-funded SOAR Initiative, KHC, the Kentucky Division of Behavioral Health, and KICH partnered with the Social Security Administration and Disability Determination Services to provide trainings across the state at no cost to attendees from 2010-2013 and on an as-needed basis. SOAR training continues to be available for free online.[27] There are dedicated SOAR application

[26] Wachino, V. (2015, June 26). *CMCS Informational Bulletin: Coverage of Housing-Related Activities and Services for Individuals with Disabilities.* Retrieved from CMS: https://www.medicaid.gov/federal-policy-guidance/downloads/CIB-06-26-2015.pdf

[27] U.S. Department of Health and Human Services, Substance Abuse Mental Health Services Administration. (n.d.). *SSI/SSDI Outreach, Access and Recovery (SOAR) Online Training.* Retrieved from SOAR WORKS: https://soarworks.prainc.com/course/ssissdi-outreach-access-and-recovery-soar-online-training

review teams at the Cabinet for Health and Family Service, Disability Determination Services. In Northern Kentucky, some cases have been approved for homeless individuals in a 15-day timeframe.

Additionally, Assertive Community Treatment (ACT) Teams at each of the state's 14 Community Mental Health Centers will have a SOAR Specialist, who will carry a caseload of those persons who qualify for disability but have not yet been through the disability application process. The ACT Team will refer those persons that they believe qualify but who have not ever applied for disability or have not been successful. As part of the Coordinated Entry systems being implemented by the state's CoCs, clients will be assessed for eligibility for SSI/SSDI and referred to a SOAR specialist for assistance with applications.

Move Up Strategy from Permanent Supportive Housing to Subsidized Housing

USICH clearly identifies the role traditional Housing Choice Vouchers can play in expanding the availability of limited permanent supportive housing resources:[28]

> PHAs can choose to partner with CoCs and local homeless service providers to make tenant-based Housing Choice Vouchers (HCV, or Section 8) available through the use of preferences for people who have achieved stability in PSH and no longer require the same level of supportive services. In turn, this creates increased turnover in limited PSH, which will allow them to permanently house other eligible households, like the chronically homeless. One of the strategies in Opening Doors is to create greater incentives for individuals and families to move on from PSH as they are ready, but the lack of affordable housing stock in many communities creates barriers to making this a reality. PHAs can play an important role in allowing individuals and families to move on from PSH and into affordable housing if and when they no longer need the intensive services provided in a PSH program, particularly for households with incomes that are too low to pay for housing within the local community without ongoing rental assistance. (p 1-2)

KICH and KHC will work in partnership with the CoCs and Public Housing Authorities in the state to develop and implement "Move Up" policies and procedures to transition people from permanent supportive housing to subsidized HCV or traditional Public Housing units when supportive services are no longer necessary for recipients to maintain their housing stability.

In its 2016 *Moving to Work Annual Plan,* the Louisville Metro Housing Authority (LMHA) established a Special Referral Program with the Louisville Coalition for the Homeless, to be known as the Move Up program. LMHA allocates 100 vouchers to the new program, allowing chronically homeless families that no longer need intensive case management services to transition from temporary homeless services vouchers to permanent housing. Families using these vouchers would continue to receive less intensive social services including on-call case management services. This has the added benefit of freeing up homeless services vouchers for the use of additional families. The program will be evaluated for effectiveness and continued operation.[29]

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[28] U.S. Interagency Council on Homelessness. (n.d.). *USICH PHA Guidebook.* Retrieved from USICH: https://www.usich.gov/resources/uploads/asset_library/PHA_MovingUp.pdf

[29] Louisville Metro Housing Authority. (2017, August 7). *Louisvile Metro Housing Authority Moving to Work Annual Plans and Report.* Retrieved from LMHA: http://www.lmha1.org/FY%202018%20MTW%20Annual%20Plan%20-%20Version%203%20(Approved%208-7-2017).pdf

In the Balance-of-State, KHC has implemented a preference for persons exiting permanent supportive housing to receive an HCV. The referral must be made from a current BoS CoC PSH project within the 87 counties KHC serves as the PHA, and the PSH project staff must conduct an assessment to assess housing readiness.[30]

Serving Domestic and Intimate Partner Violence Survivors

It is a priority of KICH, KHC, and the CoCs to provide survivors of domestic violence access to specialized homeless shelter, housing, and services. Representatives of Victim Services Providers (VSP) serve on the KICH Steering Committee and each CoC Advisory Board. Kentucky Coalition Against Domestic Violence (KCADV) and its funded agencies are key partners in developing policies and procedures that protect clients' confidentiality and recognize their rights under the Violence Against Women Reauthorization Act of 2013 (VAWA 2013).[31] As such, VSPs providing HUD-funded homeless services use a comparable database that adheres to the same technology data standards as the Kentucky HMIS system. VSPs provide aggregate data to participating jurisdictions for reporting purposes.

The CoCs are working closely to ensure that Coordinated Entry systems will engage survivors of domestic violence in a trauma-informed way and link them to safety planning, advocacy, and access to specialized services to address their safety concern.

VAWA 2013 includes McKinney-Vento Homeless Assistance-funded programs (Emergency Solutions Grant and Continuum of Care) as "covered" housing programs. As such, survivors of domestic violence and/or sexual assault served by those programs are granted: basic anti-discrimination rights and limitations; the ability to bifurcate a lease; emergency housing transfers; notice of documentation to claim VAWA housing protections; confidentiality, and notice of VAWA rights and VAWA self-certification form. The CoCs and the ESG Participating Jurisdictions are responsible for creating an emergency transfer plan develop the emergency transfer plan to coordinate emergency transfers that must be used by all recipients and subrecipients in within their geographic area. Additionally, if lease bifurcation due to VAWA results in the eviction of the qualifying member, remaining household members have a right to continued assistance until lease in effect at time of eviction expires. Landlords in Tenant-Based Rental Assistance and leasing programs must be notified about their tenants' VAWA rights.[32]

In addition to these federal requirements, in the past KICH has endorsed passage of the Lease Termination for Victims of Assault, Domestic Violence and Stalking Act by the Kentucky legislature. The bill, as passed and signed into law in 2017, allows victims to terminate a lease upon 30 days' written

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[30] Kentucky Housing Corporation. (2017, April 3). *Continuum of Care.* Retrieved from KHC: http://www.kyhousing.org/Specialized-Housing/Documents/Kentucky%20Moving%20On%20Referral.pdf

[31] U.S. Government Publishing Office. (2013, March 7). *PUBLIC LAW 113 - 4 - VIOLENCE AGAINST WOMEN REAUTHORIZATION ACT OF 2013.* Retrieved from GPO: https://www.gpo.gov/fdsys/pkg/PLAW-113publ4/pdf/PLAW-113publ4.pdf

[32] U.S. Department of Housing and Urban Development. (2016, November 16). *Violence Against Women Reauthorization Act of 2013: Implementation in HUD Housing Programs (Final Rule).* Retrieved from Federal Register: https://www.federalregister.gov/documents/2016/11/16/2016-25888/violence-against-women-reauthorization-act-of-2013-implementation-in-hud-housing-programs

notice to the landlord if the victim has any kind of order of protection: an Emergency Protective Order (EPO), Domestic Violence Order, a pre-trial release no-contact order, or a stalking restraining order.[33]

Family Equal Access

In 2016, HUD created a Final Rule on Equal Access to HUD-funded housing programs.[34] The rulemaking process was established to explicitly grant access to individuals in accordance with their gender identity, as well as all individuals and families without restriction in sexual orientation and/or marital status, perceived or real. This administrative law applies to all programs receiving Community and Planning Development funds through HUD, including emergency shelters. Homeless assistance and housing programs in Kentucky receiving such funding shall not ask about sexual orientation or gender identity as part of the eligibility process.

Establishing a Framework of Data Sharing and Performance Measurement

To make effective decisions about how to shift the individual programs toward a comprehensive homeless crisis response system, it is critical to understand what elements currently exist. This includes mapping the existing system and developing system-wide housing models, that includes identifying gaps in resources at the local, regional and statewide levels. Analyzing and understanding this data will illuminate the most efficient path for persons experiencing homelessness to reach permanent housing and any other needed services, and provide a framework for rebalancing the allocation of housing and service resources in the system where needed.

A commitment to continuous quality improvement is paramount in any consumer-oriented system. Quality improvement focuses on ensuring that the system, individual providers, and consumers all have adequate tools to evaluate and improve system functionality and performance, especially as it relates to the experience of the homeless consumer. HUD has repeatedly demonstrated that their emphasis with homeless programs is on measuring the Homeless Prevention and Response System as a whole. This is in contrast with other funding sources that reward individual agencies competing against each other. System-wide performance goals reward agencies for collaborating with each other as part of a system. This also means collaboration among regional partners as well. Everyone is measured together.

The System Performance Measurement and Quality Improvement Committee established by the Balance of State CoC Advisory Board is responsible for providing guidance and oversight into the monitoring of CoC system performance. The Committee has elected to focus initially on two of the HUD National Performance Measures: length of time persons remain homeless and successful placement in permanent housing. These two measures were selected, in part, because of the availability of data and relative ease at which the data could be tracked at the overall CoC, LPC and program levels.

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[33] Legislative Research Commission. (2017, June 29). *KRS 383.300 Protections for person with rental or lease agreement who is protected by domestic violence order or interpersonal protective order.* Retrieved from Kentucky Legislature: http://www.lrc.ky.gov/Statutes/statute.aspx?id=47052

[34] U.S. Department of Housing and Urban Development. (2016, September 21). *Equal Access in Accordance With an Individual's Gender Identity in Community Planning and Development Programs.* Retrieved from Federal Register: https://www.hudexchange.info/resources/documents/Equal-Access-Final-Rule-2016.pdf

The Committee will utilize CoC System Performance Measure reports produced from HMIS data by KHC and program-level data to establish performance targets and guide the topics and content of trainings and technical assistance offered to service, shelter and housing providers. In addition, the Committee will review data over time to assess system wide improvements and identify any apparent trends in the data. Finally, in the future the Committee will, as it determines it to be effective and feasible, incorporate the other National Performance Measures into the assessment and plans for improvement of the BOS's system performance.

Conclusion and Implementation Strategies

Any effective implementation of strategies to prevent and end homelessness requires four components **Community Wide Involvement, Effective Providers, Creative Bureaucracies,** and **Political Will.** Having just one or two of these in a community will show some results, but in order to see an actual reduction in the number of people who experience homelessness, all components need to be working together toward a common goal of preventing and ending homelessness. Additionally, to make sure these components are organized under a model that prevents and ends homelessness, a community needs a lead agency to bring all these together and guide implementation of the plan. The goal is to move the system to be more responsive to the needs of individuals and families experiencing homelessness in a way that is mutually beneficial for all parties concerned, most importantly those that experience homelessness or may be on the verge of it.

Strategy 1: Create an effective governance structure that can move recommendations in the plan forward. The structure of the primary decision-making group should have representation from all key stakeholders involved in homelessness;

Strategy 2: Decide on a lead implementer to ensure action is taken on accepted recommendations;

Strategy 3: Formally approve and accept the plan;

Strategy 4: Review and prioritize adopted recommendations. Map out timelines and responsible entities for implementing accepted recommendations;

Strategy 5: Define clear roles and responsibilities (MOU²s) for those responsible for aspects of monitoring and implementing the plan;

Strategy 6: Create structured and time-limited committees to increase coordination and planning. Consider repurposing existing committees instead of creating new committees to begin implementation of action items and strategies outlined in the updated plan;

Strategy 7: Ensure full community buy-in through ongoing engagement of all partners needed to prevent and end homelessness through these structures;

Strategy 8: Increase participation, either by outreach or funding, among all providers in the community regardless of their funding sources around successful outcomes and data collection;

Strategy 9: Examine and support the role of medical respite as an option for vulnerable individuals experiencing homelessness in the health care system;

Strategy 10: Implement systems built with quality services designed to meet the needs of an aging homeless population;

Strategy 11: Develop coordinated and comprehensive diversion and prevention systems for people at risk of homelessness;

Strategy 12: Advocate for policies to limit evictions and, where unavoidable, mitigate their lasting impact on housing-insecure households;

Strategy 13: Continue good work on issues not covered in these recommendations. Evaluate and update those committee charges if necessary. Additionally, stay flexible and open on other opportunities and issues;

Strategy 14: Implementation tasks and timelines should adhere to the Federal Plan to Prevent and End Homelessness and must adhere to HEARTH regulations.

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