Memo to CoC Board

RE: Action to Reconsider the Ranking of Projects for the HUD CoC Application

CC: Emily Millett, Pat Smith, Jovita Woodrich, Lucy Pride, Monique Richardson

At the request of the Executive Committee, the Independent Review Committee met on Friday, November 13 to consider the request of the Big Bend Homeless Coalition to Appeal the Project Rejection and Request for Reconsideration of the Tiering filed on October 28, 2015. A copy of this request is attached.

In preparation for this meeting, the Review Committee received a memo from the Coalition dated November 12 concerning the Reconsideration of Tiering Order. [Attached]

Five of the seven members of the Review Committee were able to participate in the meeting. The Big Bend Homeless Coalition presented the following information to the Review Committee for its consideration:

1. Overview of the federal Opening Doors homeless plan, and the provision that the continuum of care grant projects further the goals contained in the plan and the HUD priorities aligned with these goals. The goals of ending veteran homelessness in 2015 and chronic homelessness in 2016 were emphasized. The committee members were provided a handout entitled “Ending Chronic Homelessness in 2017” from the Interagency Council on Homelessness. [Attached]

2. The commitment of our continuum of care to participate in the initiative, Zero: 2016, to end veteran and chronic homelessness.

3. The Coalition discussed the potential ramifications and negative impact that the Review Committee’s adopted two tier rankings might have upon our Continuum of Care’s present application scoring, and upon future grant year applications, based on the potential reduction in funding and permanent housing beds for serving the chronic homeless in our community.

4. The Coalition presented two options for a revised ranking and tiering of projects for this year’s application. These two options are attached. The first option, labeled the best option, includes the new project submitted by Ability First to expand its project, A Place Called Home for Families, plus the seven projects ranked by the Review Committee. The inclusion of the Ability First project was proposed based on the Coalition’s assuming that the Review Committee has the authority to adjust the new project funding requests to allow for the two new projects to be funded within the maximum new project dollars allowed of $273,509. The second option, labeled Second Best Option, proposes revising the ranking to move the Rapid Re-Housing Project from number 5 to number 7. This would place two permanent supportive housing projects ahead of the new Rapid Re-Housing project, and better ensure that HUD renewal funding will continue these two permanent supportive housing projects and their 10 beds for chronic homeless persons.
Following questions from the Review Committee members on the above information, the representatives of the Coalition left the meeting to allow the committee members to consider their recommendation.

In recognition of the priorities of the federal government, and especially HUD in the continuum of care NOFA, the Review Committee approved the Coalition’s option entitled “Best Option” for consideration by CoC Board at its emergency meeting called for November 16. All five members of the Review Committee participating voted in favor of this action.

Attachments:

October 28 letter from Coalition, Appeal and Request for Reconsideration of Tiering Decision.

November 12 memorandum from BBHC, entitled: “Reconsideration of Tiering Order”


Best Option – All Projects

Second Best Option – Re-ordering of Current Ranking

November 13 Report of Independent Review Committee

Tp/11-13-15
October 28, 2015

Big Bend Homeless Coalition
CoC Executive Committee

Via: Email

Re: Appeal and Request for Reconsideration of Tiering Decision

Dear: Leon County Commissioner Kristin Dozier
Tom Pierce
Jim McShane
Heather Mitchell
Tomi Gomory
City of Tallahassee Commissioner Gil Ziffer

As Lead Agency staff, we share responsibility for any shortcomings in this year’s HUD NOFA process, and we share your enthusiasm about the potential to improve the process going forward. By appealing the rejection of the New Bonus Project APCH for Families Expansion submitted by Ability First (expanding slots for chronically homeless families) and seeking reconsideration of the current tiering of projects, our purpose is to urge the Executive Committee to protect the Big Bend CoC’s application during the national competition.

We believe the rejection of the APCH for Families Expansion and the current tiering of the Tier 2 projects will harm our CoC’s current and future applications. We believe this because these decisions are inconsistent with HUD’s priorities, with the Opening Doors strategic plan to prevent and end homelessness, and with the prioritization decisions previously made by our CoC Board.
1. As expressed by HUD throughout the NOFA and throughout the training material HUD has produced about the NOFA, HUD’s current Policy Priorities are as follows:
   - Strategic Resource Allocation
   - Ending Chronic Homelessness
   - Ending Family Homelessness
   - Ending Youth Homelessness
   - Ending Veteran Homelessness
   - Using a Housing First Approach

2. As expressed by the Opening Doors strategic plan to prevent and end homelessness, the United States Interagency Council on Homelessness priorities are as follows:
   a) Prevent and end homelessness among Veterans in 2015
   b) **Finish the job of ending chronic homelessness in 2017**
   c) Prevent and end homelessness for families, youth, and children in 2020
   d) Set a path to end all types of homelessness

3. The current tier order prioritizes non-chronic homeless individuals over chronic homeless individuals by placing the Rapid Rehousing project above Permanent Supportive Housing projects\(^1\). This tier order contravenes HUD’s priority of “strategic resource allocation” and the Opening Doors priority of “finishing the job of ending chronic homelessness in 2017.”

\(^1\) The United States Interagency Council on Homelessness explains the difference between Rapid re-housing and permanent supportive housing as follows:

**Rapid re-housing** is the practice of focusing resources on helping families and individuals quickly move out of homelessness and into permanent housing, which is usually housing in the private market. Services to support rapid re-housing include housing search and landlord negotiation, short-term financial and rental assistance, and the delivery of home-based housing stabilization services, as needed. Priority is placed on helping individuals and families move into permanent housing as rapidly as possible and providing services to help them maintain housing. Rapid re-housing has demonstrated effectiveness in reducing homelessness, particularly among families. Rapid re-housing also increases turnover in shelters, which allows them to accommodate more families without increasing capacity.

**Permanent supportive housing** is decent, safe, affordable, community-based housing that provides tenants with the rights of tenancy and links to voluntary and flexible supports and services for people with disabilities who are experiencing homelessness. Permanent supportive housing is a proven,
4. The current tier order is also contrary to our CoC’s September 15, 2014 Board vote to adopt the **Zero: 2016 Initiative**. The **Zero: 2016 Initiative** is a movement of communities working to end veteran homelessness by the close of 2015 and end chronic homelessness one year later.

Below is an excerpt from the minutes of that September 15, 2014 meeting:

**Zero: 2016 initiative:**
Rivero presented information about the national Zero: 2016 initiative and recommended that our CoC submit an application to participate in the initiative. Discussion ensued. Because it will be very difficult to end Veteran homelessness by 2015 effective means of reintegrating chronically homeless and other highly vulnerable homeless families and individuals with psychiatric disabilities or chronic health challenges into the community by addressing their basic needs for housing and providing ongoing support.

**Summary of Rapid Rehousing and Permanent Supportive Housing and who it is designed to help**
Rapid Re-housing and Permanent Supportive Housing are both viable and effective solutions to homelessness. However, the sub populations these housing interventions target are different due to different housing and service needs. PSH serves those clients with a LONG history of homelessness combined with a disability as well as complicated housing barriers. RRH best serves clients who are entering homelessness for the first time and do not have complex housing barriers. Most often chronically homeless clients are not best suited with RRH funds because of their history of not being able to maintain housing in a traditional sense. Through rapid rehousing a client is expected to be self-sufficient after about 90 days. Generally chronically homeless clients will have long term barriers that will keep them from maintaining housing on their own without a PSH opportunity. These barriers may include severe mental illness, physical disability or substance abuse.

PSH leases are negotiated under a program or agency name while RRH leases are negotiated and upheld directly with the client. In other words, RRH clients sign their own lease and PSH clients have leases signed for by an agency or program. Chronic homeless sub populations most often would not be able to maintain housing if they were to be accountable for their lease directly due to varying factors including disabilities and lack of life skills necessary to maintain housing and lack of sufficient income. RRH clients have the skills and resources available to maintain their housing in most cases. The chronic clients served through PSH usually have no other option for maintaining safe housing.
and chronic homelessness by 2016 (the two goals of Zero: 2016) without additional permanent supportive housing and permanent housing for ELI households, Mitchell suggested that we direct a committee prioritize that need, CoC Board Minutes referring to this as “Homeless 2.0.” Mitchell moved that the CoC apply for the Zero: 2016 initiative and make the development of permanent housing [for veterans and chronically homeless individuals] a priority, with a committee created specifically to address this need; McShane seconded. Motion passed unanimously. Pourciau indicated that the development of permanent housing would be under the purview of the Planning Committee, and that we will create a subcommittee with a core group to respond to Mitchell’s motion.

Please also be aware that based on our CoC’s available data, there are 118 chronically homeless individuals awaiting permanent supportive housing.

5. In terms of the consequences of going forward with the current tier order, the U.S. Interagency Council on Homelessness 2015 HUD NOFA webinar notes the following:

- 10% of the scoring process for Tier 2 reflects a Commitment to Policy Priorities
- When making reallocation decisions, CoCs must “use CoC approved scoring criteria and selection priorities”
  - The point about reallocation is important. In light of the unlikelihood that our community (or any community) will receive its full pro rata need, the current tiering (placing renewals at the bottom of Tier 2) has essentially reversed the decision reflected in the October 7, 2015 Executive Committee minutes to “approve the renewal of all currently funded projects at the maximum amount allowed by HUD”. The current tiering effectively reallocates PSH renewal funds to RRH. The way HUD views PSH renewals is quite different from how other funders might view other types of renewal applications. Assuming funding is available, over the past several years, HUD has guaranteed funding of PSH renewals unless an applicant has experienced significant performance problems.

6. Moreover, the current tiering will likely result in the Big Bend CoC’s application losing the following points:
• Up to 3 points for no longer considering severity of needs experience by program participants.
• Up to 8 points for the extent to which projects exit households into permanent housing or households in permanent supportive housing retain housing. Max points for 80% exits to permanent housing and 80% of permanent supportive housing retention for 12 months.
• Up to 2 points for not increasing or maintaining the number of permanent supportive housing beds dedicated to chronic homelessness.

We provided the Board with a 2015 HUD NOFA points estimate of 173.5 out of a possible 200 at the October 26, 2015 meeting. The loss of 13 points would change that estimate to 160.5 and a score that low would be a barrier to our CoC receiving maximum funding. Moreover, it could have a long-lasting negative impact should the 2016 NOFA follow a similar scoring process.

7. It should be further noted that one factor that it appears was used by the IRC – that “projects that would be able to serve the most homeless persons/households” were ranked higher than other projects is neither a HUD priority, an Opening Doors priority, a Zero: 2016 priority, nor an adopted CoC priority.

Recommendation

For our CoC’s application to earn maximum points and receive the maximum funding available to our community, the best scenario would be for Tier 2 to include APCH for Families Expansion and be ordered as follows:

• HMIS
• Home Plate PSH High Need
• Home Plate Plus Three
• APCH for Families Expansion
• Big Bend Rapid Re-housing
Funding APCH for Families Expansion (6 units), would increase our community’s capacity to serve a minimum of 6 chronically homeless adults and at least 6 children. The reason our CoC Consolidated Application will score higher if the projects are tiered in this way is that we will retain and increase our permanent supportive housing slots while showing that we are committed to adding RRH into the continuum of HUD funded programs. By ordering the projects in this way, we increase the likelihood of more overall funding.

By placing the Big Bend Rapid Re-housing project at the bottom, we ironically increase the chances that the project will be at least partially funded. And by increasing the overall competitiveness of our application, even if HUD only partially funds the Big Bend Rapid Re-Housing project, we increase our capacity overall to achieve the Opening Doors strategic plan on time by progressing on both chronic and family/youth non-chronic homelessness.

The second best way for our Tier 2 projects to be ordered is as follows:

- HMIS
- Home Plate PSH High need
- Home Plate Plus Three
- Big Bend Rapid Re-housing

The worst way is for the projects to be left in the current tiering order because the current order a) reduces current PSH slots (ones that were only recently filled by chronically homelessness individuals) and b) making our overall application less competitive overall, which places us at risk of reduced funding.

We would welcome the opportunity for dialogue and discussion given the gravity and complexity of the situation. Thank you for your leadership and consideration.

Respectfully,

/s/
Sylvia W. Smith
Executive Director
Memorandum

DATE: November 12, 2015
TO: Big Bend CoC Independent Review Committee Members
FROM: Big Bend CoC Lead Agency Staff
RE: Reconsideration of Tiering Order

Introduction
The CoC Board thanks you for your willingness to serve in this vital capacity.

We (Lead Agency staff and CoC Board) failed to provide you with information critical to your assignment in October. Please accept our apologies and thanks for your willingness to revisit your assignment.

To be maximally competitive nationally, CoC ranking and tiering decisions need to align with the federal government’s Opening Doors strategic plan to prevent and end homelessness. Here is the language from the 2015 HUD NOFA that explains this:

A. Policy Priorities. The General Section establishes specific department wide policy priorities and permits each program NOFA to award up to 4 points for these priorities. While HUD will award up to two points for Affirmatively Furthering Fair Housing per Section VII.A.1.j. of this NOFA, this NOFA will not award any additional points on the General Section policy priorities. Rather, this NOFA focuses on the Administration goals articulated in Opening Doors: Federal Strategic Plan to Prevent and End Homelessness. The goals of Opening Doors are consistent with the Department’s homeless goals as stated in HUD’s Strategic Plan.

The overarching goals of Opening Doors are:

   a) Prevent and end homelessness among veterans in 2015
   b) Finish the job of ending chronic homelessness in 2017
   c) Prevent and end homelessness for families, youth, and children in 2020
   d) Set a path to end all types of homelessness

The CoC Executive Committee and Lead Agency are requesting that you please factor the Opening Doors timetable into your deliberations about ranking and tiering.

We also failed to point out to the IRC that the Big Bend CoC affirmatively adopted an initiative called Zero: 2016 that places highest priority on veterans and chronically homeless individuals.

That prioritization decision can be found in the minutes of our CoC’s September 2014 Board Meeting as follows:
Zero: 2016 initiative:
Rivero presented information about the national Zero: 2016 initiative and recommended that our CoC submit an application to participate in the initiative. Discussion ensued. Because it will be very difficult to end Veteran homelessness by 2015 and chronic homelessness by 2016 (the two goals of Zero: 2016) without additional permanent supportive housing and permanent housing for ELI households, Mitchell suggested that we direct a committee prioritize that need, CoC Board Minutes referring to this as “Homeless 2.0.” Mitchell moved that the CoC apply for the Zero: 2016 initiative and make the development of permanent housing [for veterans and chronically homeless individuals] a priority, with a committee created specifically to address this need; McShane seconded. Motion passed unanimously. Pourciau indicated that the development of permanent housing would be under the purview of the Planning Committee, and that we will create a subcommittee with a core group to respond to Mitchell’s motion.

Ramifications of Current Ranking and Tiering
It is Lead Agency staff’s view that the current ranking and tiering could result in the Big Bend CoC’s application losing points in the 2015 national competition and being less competitive in future years. Staff has estimated that by shifting two PSH projects currently serving chronically homeless individuals to the lowest ranked positions, a possible 13 points could be lost from our application. Moreover, our CoC could experience a long-lasting negative impact should the next few HUD funding cycles utilize a scoring process similar to what HUD is using in 2015.

Notes and other Information:
- When you meet next, Lead Agency staff will be present to provide any technical assistance you may need about things like federal policy priorities, CoC priorities, and program definitions and eligibilities.
- Please be aware that as an IRC you are free to request information and clarification about anything. If requested we can provide you with our Lead Agency staff’s view on what good, better, and best tiering options would look like in terms of national competitiveness. We have previously provided such information to the Executive Committee and it is ready and available.

Thank you again for your patience with this challenging process!
Ending Chronic Homelessness in 2017
No one with a disability should have to experience long-term homelessness.

The Opportunity

The President’s FY 2016 Budget request includes an increase of $265 million in HUD’s Homeless Assistance Grants. If funded by Congress, this would help to create the supportive housing necessary to achieve an end to chronic homelessness in 2017. Doing so will not only save and improve quality of lives, it will also save money. Ending chronic homelessness could reduce avoidable public costs such as avoidable emergency department visits, jail, and shelter costs.

The Need

On any given night, nearly 85,000 Americans with disabling health conditions who have been homeless for long periods of time—some for years or decades—can be found sleeping on our streets, in shelters, or other places not meant for human habitation. These men and women experiencing chronic homelessness commonly have a combination of mental health problems, substance use disorders, and medical conditions that worsen over time and too often lead to an early death.

Without connections to the right types of care, they cycle in and out of hospital emergency departments and inpatient beds, detox programs, jails, prisons, and psychiatric institutions—all at high public expense. Some studies have found that leaving a person to remain chronically homeless costs taxpayers as much as $30,000 to $50,000 per year.

The Solution

There is a proven solution to chronic homelessness: **Supportive Housing**. Supportive housing has been shown to help people permanently stay out of homelessness, improve health conditions, and, by reducing their use of crisis services, lower public costs. Numerous studies have shown that it is cheaper to provide people experiencing chronic homelessness with supportive housing than to have them remain homeless.

Based on this overwhelming evidence, the Obama Administration has continued the effort begun by the prior Administration to achieve an end to chronic homelessness through the creation of supportive housing. In 2010, the Administration set a goal to end chronic homelessness, and has focused on increasing the supply of supportive housing and promoting the adoption of Housing First practices that help people obtain housing quickly and without barriers and preconditions.

Progress to Date

Since 2010, the number of people experiencing chronic homelessness on any given night has declined by 22,892, or 21 percent. Since 2007, the number of sheltered individuals experiencing chronic homelessness declined by 25 percent, or 10,565 people, and the number of individuals experiencing chronic homelessness who are unsheltered declined by 33 percent, or 25,632 people. Communities—like the State of Utah—are announcing that they have achieved an end to chronic homelessness. Progress across the country is uneven, however, and in most communities today, there are not enough supportive housing units to end chronic homelessness. Shortfalls in the Federal budget, including through sequestration, have made it impossible to achieve the goal nationally by the original deadline of 2015.

The Strategy

The Administration remains committed to this goal, and has reset the timeframe for achieving it from 2015 to 2017. To achieve this goal in this timeframe, Federal agencies are working with national partners and communities to:

- Create more supportive housing by redirecting existing housing resources
- Leverage Medicaid and behavioral health systems to provide supportive services
- Improve the targeting of supportive housing units to people experiencing chronic homelessness
- Implement best practices like Housing First and assertive outreach and engagement.

However, even the most aggressive use of existing resources still leaves a gap of 25,500 supportive housing units. The requested increase of $265 million in HUD’s budget will fill this gap and enable communities to achieve an end to chronic homelessness nationally.

The Data

Estimates of People Experiencing Chronic Homelessness

By State, 2014

Contact
### Best Option – All Projects

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<th>Project Name</th>
<th>Funding Amount</th>
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<td>7. A Place Called Home for Families Expansion</td>
<td>$58,881</td>
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<td>8. Big Bend Rapid Re-housing</td>
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Second Best Option - Re-ordering of Current Ranking

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CoC Governing Board Meeting Minutes

November 16, 2015 Phone Conference

I. Call to Order

Meeting called to order at 10:02 a.m. with a quorum present.

CoC Board Members present: Commissioner Kristin Dozier, Commissioner Howard Kessler, Tina Worley, Brenda Williams, Meg Baldwin, Sylvia Smith, Cindy Blair, Elizabeth Dillon, Cori Bauserman, Heather Mitchell, Jim McShane, Jacob Reiter, Steve Starke, Bret Oglesby, Alison Feinberg, Brant Copeland, Chuck White, Michael Gavin, and Tom Pierce.

CoC Board Members not present: Commissioner Gil Ziffer, Commissioner Sherrie Taylor, Commissioner Betsy Barfield, Commissioner Justin Hamrick, Commissioner Patricia Patterson, Liz Rivero, Katrina Rolle, Dan Moore, Oceo Harris, Joe Taylor, Rick Kearney, Keishann Corley, Janet Bard Hanson, and Tomi Gomory.

II. Action to consider Independent Review Committee’s resubmitted project prioritization and tiering

CoC Chair Commissioner Kristin Dozier recognized the Independent Review Committee (IRC) Chair Tom Pierce to present the IRC’s project prioritization and tiering recommendation.

Chair Pierce explained the history of the IRC’s decision-making including the appeal filed following the Board’s adoption of the IRC’s first recommendation and the Executive Committee’s request that the IRC reconvene to consider aligning its decisions with Opening Doors and the CoC’s adoption of Zero: 2016. Chair Pierce explained that the IRC considered those policy priorities and the following ranking options:

BEST OPTION 1: This option includes a new project submitted by Ability1st to expand PSH units within the CoC and to rank the new Rapid Re-Housing project last.

SECOND BEST OPTION 2: This option revises the ranking to move the Rapid Re-Housing Project from #5 to #7 but does not include the new project to expand PSH units within the CoC.

Chair Piece explained that the IRC voted unanimously to recommend BEST OPTION 1 to the CoC Board for approval.

Vice-chair Chuck White asked if anyone needed to recuse themselves from this vote as they would be positively affected by these funds. Sylvia Smith listed the members that would need to recuse themselves from this vote (Dan Moore – not present, Meg Baldwin, Sylvia Smith, Bret Oglesby, Chuck White, and Michael Gavin). Cori Bauserman also recused herself.
based on the fact that the agency she represents (Big Bend Community Based Care) holds a contract with one of the Project Applicants.

*Heather Mitchell moved to accept BEST OPTION 1. Elizabeth Dillon seconded the motion. A roll call vote was conducted of non-recused members. The motion passed unanimously.*

Meeting adjourned at 10:21 a.m.