**3.31.16 Community Priority Discussion for ESG and CoC fund**

Invitation was sent to all 670 CoC members. 45 attendees representing agencies from the Continuum’s 5 County region (Erie, Niagara, Genesee, Orleans, and Wyoming) were presented.

**Introduction**

The first part of this meeting discussed prioritizing Continuum of Care (CoC) and Emergency Solution Grant (ESG) funding based on program type and sub-population. A group exercise was used to simulate actions by a “project selection committee”. The 2nd part of the meeting discussed CoC funding distribution among different geographic areas that covers in our CoC.



Our CoC renewal demand is about $10 million. In the FY2014 CoC application, only $8.5 million could stay in Tier 1, which was considered safe. The remaining $1.5 million is forced to compete nationally in Tier 2. Although HUD allows our CoC to have $2.1 million in bonus projects, we don’t know how much we will be funded for in Tier 2. Competitive funding in Tier 2 will be based on how well our CoC scores in the competition.

The Emergency Solution(ESG) grant is based on a formula. The total amount of funds is near fixed from year to year. There is also a requirement that no more than 60% of the ESG funds can be spent on shelters (including shelters, grandfathered in Transitional housing programs, coordinated entry, and outreach).

Attendees were reminded about the purpose of these two funding sources. The funding should be used towards ending homelessness, and especially meeting HUD's target of: ending veteran and chronically homelessness by 2017 and ending family and youth homeless by 2020.

**Part 1 - Community Priority Exercise**

**Procedure of part one discussion:**

Participants were randomly split into four groups. Round 1 asked groups to list 10 program types considered valuable to the CoC/ESG process. After, groups presented why they chose those particular program types.

Round 2 asked groups to rank the top 8 programs of the programs identified, explaining why their bottom two programs were cut.

**Summary of part one discussion:**

**All Support:**

* Emergency shelter for everyone (especially for youth and single male)
* Permanent Supportive Housing for Chronic homeless person and those with high vulnerability
* Code Blue
* Rapid Re-housing for everyone
* Transitional Housing for youth
* Street Outreach/Coordinated Entry.
* TH for reentry also got majority supports

**Other Mentioned Support:**

* Shelter for LGBTQ
* TH for DV
* Safe Haven
* Eviction Prevention
* TH for asylum seeker.

**Other feedback:**

* Although a majority of the attendees believe that the need for Transitional Housing (except for Youth and Reentry) could be filled by other services, like RRH or PSH, some attendees still believe TH for DV victims is a valuable services.
* Attendees recognized that Veteran programs have alternative funding. But should be prioritized if they can’t get VA services
* Services should not be restricted by geographic areas.
* People with higher needs should be prioritized (special population like ex-offenders, youth)
* Most people don’t support prevention activities, because it’s hard to prove outcome. With the need for people who are homeless, most people agree to use the limited resources on people who are homeless.

**For more detail on the part one discussion, please see Appendix 1 on page 5.**

**PART 2 - Discussion**

Introduction:

This part discusses funding distribution among different counties, especially the dynamic between the original CoC (Erie County) and the new merging area (Niagara, Genesee, Orleans and Wyoming Counties (the later 3 counties are called “GOW”)).

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| --- | --- | --- |
|  | FY2015 Pro-rata of need | FY2014 Renewable Amount |
| Erie | $11,916,836 | $9,675,868 |
| Niagara | $1,921,924 | $111,640 |
| Genesee, Orleans, Wyoming(GOW) | $472,609 | $65,344 |

Historically Niagara and GOW were two separate CoCs. They haven’t been performing well enough to get any new funding in the CoC competition and lost funding recently when the funding became more competitive. They are currently well below their pro-rata of need. Merging with a bigger and better performing CoC would improve their programs as well as giving them a better chance of getting more funding. However, our CoC is facing a tougher decision when ranking projects, especially in FY2015 competition, as 15% of renewal demand has moved to tier 2. Foreseeing this challenge will remain in the future competition, CoC lead is seeking feedback from the community to make the funding policy clearer.

Summary of the part 2 discussions:

1. Performance and program type around renewals:
2. Programs will be judged by program type and performance benchmarks set up for different programs and population (like CH and non-CH, family and single). (Please refer to Performance roundtable discussion and Quarterly Performance report). However, some performance may be measured across the board, or be compared to similar programs.
3. Coordinated entry eliminated cherry picking clients and ensures clients with higher needs get served first. All programs are facing the same challenges as their peers in the types of clients they serve.
4. We are providing quarterly reports to allow people to evaluate their programs in a more timely manner.
5. We should have CoC workgroups and discuss successful approaches so that we can share experiences and improve together as a community.
6. Group agrees that performance should be weighted most heavily in terms of ranking programs.

II. New project vs existing projects:

1. Concerns arose in the group that renewals have current clients being served, and it may not be fair for them to be replaced with a new project. However, a majority of the group showed (plus we have done a survey previously in the Alliance meeting) that low performing renewals are not only wasting HUD’s resources, but are also not meeting clients’ needs. And so low performing renewals should be eliminated to create new projects.
2. New projects should be given some time (a year or two) to reach their performance and capacity.
3. Concerns showed around Transitional Housing as it's not a best practice model. However, some members still see its value. The group suggests that we will wait and see what this year’s NOFA may be and decide what to do this year. We also should see how Rapid rehousing programs perform and see if there are any gaps that Rapid rehousing and PSH may not able to address to see if it is necessary to save TH.
4. The group cannot decide what would considered “low performing”.

III. Erie vs new merged area:

1. Group agrees that due to the limitation of funds for the merged areas, Erie should take the hit if HUD requires any cut/ putting existing program in tier 2 to protect the opportunity for CoC funding newly merged counties.
2. Low performing programs in Niagara and GOW should be partnered/advised with similar high performing program types within CoC. However, improvements need to be made as soon as possible. Consistently low performing programs will bring down the entire CoC score and will not be tolerated.
3. Niagara and GOW areas(members of their coalitions) should make an informed decision on their existing funding (with HAWNY providing the evaluation of programs, needs and gaps from existing data etc.). Decision includes whether to keep renewal program or to reallocated to other new programs, and what type of the new program would be etc.

**Appendix 1- Part One Discussion Detail:**

**Group 1- List 10**

* Emergency shelter: Everyone-refugees, youth, veterans, etc.
* Code blue
* Day services (comprehensive programming)
* Rapid Rehousing
* Transitional housing: Youth, DV, DD, Substance abuse
* Permanent supportive
* Rural falls into all categories and cannot be ignored

Reasons:

* Emergency shelter: So many programs and services stem from emergency shelter. It’s the first place folks go and needs to be a priority. There is underrepresentation of refugee needs, some inherent challenges to refugee community, can’t be addressed through other shelters
* Buffalo is the second largest taker of refugees, people come here from other cities.
* Youth also underrepresented
* Code blue: day services, for shelters that aren’t 24hrs, they wander the streets aimlessly. Comprehensive programs are needed to providing a link to case management, education, and workforce training
* Coordinated entry with a day shelter component
* TH for populations: youth, DV, DD, substance abuse: we know often DV numbers are going up, beds are not, DV victim have many issues, not able to support themselves in 6 months, get DD folks living independently (Facilitator: However, ESG/CoC funds can’t fund new DD Transitional programs that are not currently funded)
* Rural needs can’t be overlooked, similar challenges, have to remember their needs and ensure they’re being supported

Group 1- Ranking

1. Emergency shelter: Everyone-refugees, youth, veterans, etc.
2. Outreach/coordinated entry
3. Rapid Rehousing
4. Transitional housing: Youth, DV, DD, Substance abuse
5. Permanent supportive

Reasons:

* Added outreach/coordinated entry after the first discussion.
* We want to serve everyone who needs it
* Outreach and coordinated entry, when they don’t go to shelter we find them under bridges

**Group 2- List 10**

* Emergency shelter for: males, LGBTQ, domestic violence
* PSH
* Code Blue
* Rapid Re-housing
* Transitional housing for Ex-offenders
* Transitional housing for youth
* Transitional housing for asylum seekers
* Street Outreach

Reasons:

* Emergency shelters: top priority, gap for males, not a lot of options outside of City Mission so they’re going into hotels
* Code blue: case management piece to keep them engaged
* TH: for ex-offenders, youth, and asylees (not refugees)--refugees already have enough supportive services, but there is not enough for asylees

Group 2- Ranking

1. Code Blue: include street outreach and case management
2. Emergency shelter for males
3. Emergency shelter for LGBTQ
4. Emergency shelter for domestic violence
5. Rapid Re-housing
6. PSH
7. Transitional housing for youth
8. Transitional housing for Ex-offenders

Reasons:

* Eliminated TH for asylees. Need could be met using another program.

**Group 3 - List 10**

* Code Blue
* PSH for chronically homeless
* PSH for veterans
* Safe Haven
* Rapid Re-Housing
* Transitional housing for youth
* Prevention-eviction
* Street outreach
* Emergency shelter

Reasons:

* Prevention: eviction, because that’s one way to keep people housed
* ES: youth specifically, but many are family and single
* Safe haven, 16 beds for people who can’t go anywhere else--people can’t be successful in other programs.
* Street outreach is huge, without street outreach program beds wouldn’t be full. Critical for ending CH and getting functional zero.
* Code blue: summertime code red, keeping outreach efforts all year.
* PSH: most in demand model (for CH). Once CH is finished, next go to those who are high vulnerability
* Merging funding from TH to RRH for families and singles
* Keep TH for youth, they need more time and life skills in order to be successful
* PSH for veterans for those who can’t get veteran funding--if they serve country they should be housed

Group 3 - Ranking

1. Emergency Shelter for single/family
2. Emergency Shelter for youth
3. Street outreach
4. PSH for chronically homeless and high vulnerability
5. Rapid Re-Housing for family and single
6. Safe Haven
7. Code Blue
8. Transitional housing for youth

Reasons:

* Eliminated eviction prevention services--tried to find other funding streams
* Eliminated PSH for non-VA qualified Vet because the need could be satisfied by other PSH programs. there are other funding streams, and they can have preference in other program types
* Emergency shelter for youth, family and single, can accommodate reentry and refugee
* Not consider Preventative rental assistance because they can go to DSS or RRH
* Not consider TH for mental health because people can go right to PSH

**Group 4 - List 10**

* PSH for chronic and high vulnerability
* Transitional housing for youth
* Transitional housing for domestic violence
* Transitional housing for re-entry
* Rapid re-housing for family/singles
* Outreach
* Coordinated entry
* Shelter-male singles
* Code Blue

Reasons:

* TH: reentry emphasis, moving funds from TH to PSH funding or RRH
* RRH for family/single, increasing staffing cost, ensure decent housing in safe neighborhood
* SSO: coordinated entry, mandated by HUD so we have to address it
* Shelters: a gap for single males

Group 4 Ranking

1. PSH for chronic and high vulnerability
2. Shelter-male singles
3. Outreach
4. Rapid re-housing for family/singles
5. Coordinated entry
6. PSH for youth
7. Rapid re-housing for DV
8. Code Blue

Reasons:

* Reason to Eliminate Transitional housing for DV and reentry:
* Use other program model to replace current need. Put some in PSH, put some in RRH
* User shelter to address the need for reentry population
* Add PSH for youth