

Transcription

Media File Name: CoC.mp3

Media File ID: 2415398

Media Duration: 52:36

Order Number:

Date Ordered: 2015-10-29

Transcription by Speechpad

www.speechpad.com

Support questions: support@speechpad.com

Sales questions: sales@speechpad.com

Michelle: Hello everyone, and welcome to the overview of the Continuum of Care program for Healthy Start and MIECHV Grantees webinar. I'm Michelle Vadaloro [SP], and I'm here with the Healthy Start EPIC Center. I'll be moderating today's webinar. With me on the line are members of the EPIC Center team as well as MCHB Division of Healthy Start and Perinatal Services staff. We have approximately 90 minutes set aside today for this webinar, and the webinar is being recorded. The recording, along with the transcript and slides will be posted to the EPIC Center website following the webinar.

Before I introduce our great speakers for today, I wanted to let you know that we do want your participation during today's webinar. So at any point, if you have questions or comments, please chat them in at the bottom left corner of your screen. We will be only taking questions via chat, and if we don't get to them by the end of the webinar, we'll include them in a frequently asked questions document that we'll post with the webinar materials on the EPIC website.

So, let me introduce our speakers for today. First we have Ebony Rankin, who joined HUD in 2011 as the office administrator for the General Deputy Assistant Secretary for Community Planning and Development. She joined the Special Needs Assistance Program office in 2012. She is presently a desk officer for the State of Ohio and focuses on continuum of care policy. Before joining HUD, Ebony was commissioned in 2001 via ROTC at Virginia Tech. She is also currently a Lieutenant Commander, serving as a Navy Reservist on the Navy Wounded Warriors Safe Harbor team.

We also have for you today Tracy Turner, who is a retired United States Marine who served for 23 years on active duty and is now a federal employee with the Department of Housing and Urban Development in the Special Needs Assistance Programs office. The SNAPs office facilitates the homeless assistance programs that are applied for through a competitive grant competition. Her primary task in the SNAPs office includes co-leading the team that designs and edits the electronic grant application system, known as ESAP, for the Continuum of Care program and participating on the CoC Regulations

teams, in which she serves as Rental Assistance SME. She has a Master's degree in management from the University of Maryland and is currently pursuing a second Master's from Logos University.

So, without further ado, I will hand it over to our speakers.

Ebony: Thank you, Michelle. This is Ebony Rankin and this webinar is a brief overview of the Continuum of Care, or CoC program. We will discuss who is eligible for the program, what the CoC program is and what it contains, program components and eligible costs. And finally we will discuss how we will focus on mainstream resources and coordinate an entry, which are two of the areas where we encourage collaborating with other agencies and other stakeholders. And throughout this webinar, we will highlight parts of the CoC program that are relevant to you as Healthy Start and Home Visiting grantees.

Before we start, I would like to get a sense of the level of familiarity with the CoC program of all the listeners on the call. So if you can answer the question that just popped on your screen. "Has your organization worked with or is a member of its local CoC?" And we'll just pause and let people respond. Okay, great. So it looks like we have most people on the call have not worked with or is a member of its local CoC. So I think most of this information will be fairly new to you, and like she said, feel free to ask questions in the chat as we go along.

The entity that receive funds from the CoC program are called recipients. We used to call them grantees for our old program, but now we call them recipients. Now, recipients can be either nonprofit organizations or a unit of state or local government such as a public housing authority. Our recipients are allowed to have sub-recipients. However, those sub-recipients must meet the same eligibility requirements. Our recipients do not have to have a housing background, but have to serve homeless individuals or families and use the funds for eligible costs, and the eligible costs will be discussed later. So just to be sure, nonprofits that receive Home Visiting and Healthy Start funds

technically can receive CoC funds if you are working with the homeless and for one of our eligible costs.

Now the people and the families who are eligible to participate in the project funded by the CoC program have to be homeless based on HUD's definition. Now we break our definition into four categories. The type of program the participant is eligible for, whether it be permanent supportive housing or transitional housing, depends on what category of homeless a participant or head of household falls under.

So those who fall under category one are literally homeless. They're either sleeping on the street or in another place that's not fit for human habitation, like a car or abandoned building. An individual or family that is losing their primary night time residence within 14 days is considered homeless under category two. Now, our definitions of homeless do not necessarily match up with other agencies' definitions. So we have category three. For example, some agencies consider couch surfing as homeless. HUD does not. So category three is kind of like a separate category that we don't really fund too many programs that serve folks that fall under category three.

Now recipients that want to serve participants or homeless under category three must receive special permission to do so. And any individual or family who's fleeing or attempting to flee domestic violence and that causes a person to lose their night time residence will be considered homeless under category four. Now those who are homeless under category one and category four pretty much are eligible for all types of our programs. And category two are eligible for transitional housing. Now it is important to note here that participants who fall under any of these categories must lack the resources or support networks to obtain other permanent housing.

Now, the graph on your screen shows the amount of funds that we've awarded since FY2012, when the CoC program started. We awarded \$1.6 billion in FY 2012. There was an increase to \$1.7 billion in FY 2013, \$1.83 billion in FY

2014. And this year, we are going to award \$1.89 billion for the FY 2015 competition. And that competition is actually currently going on right now. Now there are over 400 CoC's across the country. They're in all 50 states and in Puerto Rick, the Virgin Islands and Guam. Each year, we conduct our competition, in which the recipients compete for funds in the CoC program.

So new projects can have multiple operating years for new projects. However, most of the projects we fund are renewal projects. And renewal projects must apply for funds every year. It is important to remember that funds that are actually awarded directly to our recipients, the nonprofits and the units of local government, for the nonprofit, like I said before, you are eligible to apply for funds in the CoC program. You will first have to contact your local CoC to see how you get in on a process.

So what's makes up an actual CoC? Geographically, a CoC can be one or more counties, cities or towns. For example Cayuga County in Ohio is one CoC. So Cayuga County is Cleveland and then the surrounding towns is one CoC. But on the other hand, you have a big city like Chicago is its own CoC. In some instances the CoC can be the remaining geographies within the state that's not already part of another CoC. So those are called balance of states. So we have an Ohio balance of state, where those towns in Ohio that are not already part of a CoC, they're a part of the balance of state. The geography of the CoC cannot cross over state lines. So you can't have a town in Ohio and then a town in Kentucky both being part of the same CoC. And I think the only exception to that is Kansas City, because it's Kansas City, Missouri and Kansas City, Kansas.

Listed on this slide are all types of organizations that are required to be represented in the CoC. Now where the organizations listed on this slide are located in the CoC, we expect them to be a part of the continuum. So this certainly includes organizations that receive federal funds from other agencies, like HHS, which means you, as nonprofit organizations and social service providers should be in contact with your local CoC. And like I said before, are possibly eligible to apply for CoC program funds. And all of the organizations

listed here have some interest in serving the homeless individuals and families in their community.

Now, you may be asking, if program funds go directly to our recipient, and not the CoC, well, what's the actual purpose of the CoC? The CoC is expected to be the overall coordinator of the efforts in homelessness in the community. They provide the community-wide commitment to the goal of ending homelessness, and they help provide funding for housing the homeless and families. So a big part of our CoC competition is the CoC application. The scoring that a CoC receives and a priority listing that it submits during that competition determines what projects in its community are actually funded. So if the CoC gets a high enough score, we will fund almost all of their projects, if not all, that falls under that CoC. Now, if the CoC scores low, there may be one, two or three projects that applied for funding that don't get funded, all because of the CoC score.

Now, CoC also promotes access to effective utilization of mainstream programs like the Healthy Start and Home Visiting programs. And another goal of the CoC is to help individuals and family experiencing homelessness to become self-sufficient as much as possible.

Now, every competition, we communicate our policy priorities to the CoC and our grantees via our notice of funding availability, or our NOFA. And we align our policy priorities with the administration's goals articulated in opening doors to federal strategic plans to prevent and end homelessness. And that federal strategic plan has actual dates of when we're supposed to end homelessness for certain groups and is aligned with HUD's strategic plan.

So our first policy priority is strategic resource allocation, and that means CoC's have to decide how to best use the resources available to end homelessness within their community, including CoC program funds, state and local funds, public and assistance housing units and mainstream resources, service resources such as Medicaid. We expect the CoC to use not just HUD's funds, but funds from other agencies, from the state and local funds, to help end homelessness.

Now in order to move towards the opening doors goal of ending chronic homelessness by 2017, we encourage our CoC's and our recipients to take a number of steps, like increasing the number of units available for chronically homeless individuals and families, and giving them priority and targeting them for permanent support of housing beds. Now the definition of chronic...you can be homeless, but not chronically homeless, and that definition is located on our website. The link will be at the end of this webinar.

Another policy priority is ending family homelessness. One of the new projects that we allow recipients to create is rapid rehousing projects for families. Now rapid rehousing is designed to assist homeless individuals and families, with or without disabilities, to move as quickly as possible into permanent housing and achieve stability in that housing. So rapid rehousing assistance is time limited, individualized and flexible. It should complement and enhance homeless systems [inaudible 00:14:26]. In addition, we encourage CoC's to work with their affordable housing community to facilitate access to affordable housing units. And the opening doors goal of ending family homelessness is in 2020, which is coming up really fast.

Another policy priority for us is ending youth homelessness. Now, we really stress to CoC that they should take into account the specific challenges faced by homeless youth when designing youth specific projects. And we expect CoC to understand the unique needs of youth, and they should be reaching out to youth serving organizations and agencies to help them fully participate in the CoC. We also expect them to work together to develop resources and programs that better serve homeless youth including the LGBTQ, lesbian, gay bisexual, transgender and questioning youth.

Another one of our policy priorities is ending veteran homelessness. Now the goal to end veteran homelessness is by 2015, this year. And so we're going on a really hard push to make that happen by the end of the year. Now, it's within reach for many communities, so the CoC's are asked to take specific steps to

reach this goal, and that includes prioritizing veterans that are not eligible for VA services, so those veterans with a less than honorable discharge, a dishonorable discharge, and to work with the VA to coordinate their resources, like HUD-VASH vouchers or supportive services.

And then finally, one of our really big policies and priorities is using the Housing First approach. Now, Housing First prioritizes rapid placement and stabilization in permanent housing. And we do not have service participation requirements or pre-conditions such as sobriety or a minimum income threshold. So we really push that our programs do not have a requirement that people be sober or have a clean criminal background record to get into our program. We're really pushing housing first. So projects using the Housing First approach, they should have supportive services based on the needs and desires of the program participants. So they shouldn't be requiring program participants to participate in these services but have them available just in case.

Now, I will now go to my colleague, Tracy Turner, and she will discuss program components and eligible costs. Tracy?

Tracy: Thank you, Ebony. So now we're going to talk about program components. The minimum rule establishes five components through which funds may be awarded. But currently at this time, HUD basically focuses on the first four, of which I will briefly discuss.

Permanent supportive housing, which is known as PH, is to provide housing without a designated length of stay. So when we say permanent, that's exactly what we mean. As long as the program participant desires to stay in the housing, if they meet all of the qualifications, and as long as the housing is being funded, then it is considered permanent housing.

Underneath permanent housing, we also have what we call permanent supportive housing. Permanent supportive housing has a special qualification

that at least one adult in the family or one adult in the household has to have a qualifying disability. So often times we find that persons with disabilities may have a hard time maintaining housing because, say a lack of income or very low income. And therefore, they need subsidy in maintaining and keeping adequate housing. And that falls under the permanent supportive housing component, which is still under the PH.

Also under permanent housing is rapid re-housing. And we're going to talk about rapid re-housing in a little bit, but rapid re-housing is geared towards families with children and also individuals such as homeless youth and persons who are fleeing domestic violence situations.

The number two component is transitional housing. Transitional housing is...for a better term, we would call that temporary housing. Transitional housing can last anywhere from 3 up to 24 months. The purpose of transitional housing is to move homeless individuals eventually into permanent housing. So transitional housing often times is a stepping stone to actually obtaining permanent housing. And as I said before, it has a limited time of stay, which is up to 24 months.

Our third component is supportive services only. Supportive services addresses special needs of program participants to obtain and maintain housing. It enables the participants to live independently. So there are many different services under supportive services for which a project can decide that they will provide these services to their program participants as they are helping them to maintain their housing.

One of the things is that they may need assistance with moving costs. Usually, we find that all of the program participants will need some type of case management. They need to be evaluated on what their services include, and then they need to be directed into the direction of getting those services. They also would need some help with housing search to find the appropriate housing type for their family mix. They also would need help with employment, gaining employment. And then when you are talking about families with children, they

may need help in acquiring childcare and job training and like skills. So often times, we find that people who would have a hard time maintaining housing, it's because they do not have the adequate life skills. And so there's...often times, life skills training is provided for them to help them overcome that obstacle.

The fourth component is HMIS, which is our Homeless Management Information System. HMIS is usually used by the CoC funds for the cost of contributing data to the HMIS system. HMIS funds are usually used to purchase computers and hardware and software, telephones, fax machines, technical support, leasing the office space and etcetera. HMIS is a requirement under the CoC program, so we do require that all CoC's have some type of HMIS in which they can account for all of their program participants. Now in the case of domestic violence we do not suggest that domestic violence participants are counted in HMIS because domestic violence falls under the statute of confidentiality. So often times their identities have to be kept confidential because of their former or potential abuser.

Homelessness prevention is...we don't address that directly, but rapid re-housing is one of our ways of trying to prevent homelessness altogether when, at all, possible, to get families and individuals rapidly re-housed.

Some of our eligible costs, so we talked about some eligible costs. So Ebony did start to mention about the CoC and the CoC training. And so therefore, with the CoC, we expect for the CoC to be able to execute certain activities. And some of their activities involve developing a community wide or region wide process which involves the coordination of all of the nonprofit homeless providers, victims' service providers, public housing agencies, school districts and so forth. It's like a collaboration of the entire community, but the CoC has to be able to plan and coordinate that. Also, we expect the CoC to be able to develop a system in which they can evaluate the projects that come from actual applicants that will fall under their CoC, and if those projects are eligible and if they desire to approve them to be submitted to HUD. Also, the CoC has to prepare and submit their own application to HUD, which is a CoC application, and that application is on behalf of the entire continuum of care.

Next, we're going to talk about leasing, leasing and rental assistance, and we will also get into this a little more a little along in the presentation. But with leasing and rental assistance, there are two types of methods in which we provide subsidies or financial assistance for housing. Leasing is generally the rental agreement is between the landlord and the recipient. And with rental assistance, the agreement is between the landlord and the program participant. And so, as I said before, those are our two forms of avenues in which we provide the actual funding to help with housing.

We also have supportive services, as I mentioned before. And we'll go into more detail about the supportive services. The supportive services are very important to enable program participants to obtain, maintain housing and to be able to learn how to live independently so they will not end up experiencing several more episodes of homelessness.

We also have operating costs. Operating costs are for the recipients who are the actual landlords of the housing units which are being provided to participants. So understand that when you are a landlord that you have certain operating costs that you have to maintain. You have to maintain the building. You have to maintain safety within the building. These are used to pay the day to day costs of operating either a PH or PH housing in a single structure or individual unit. And I say single structures because sometimes we will have supportive services that need to be housed in a structure, and they need operating costs. Or we have an individual housing unit that needs to be maintained, such as maintenance and repair, building security, the utilities, electricity, gas, water and property taxes and etcetera.

The next eligible cost is HMIS, which I also mentioned before, and that is accounting for program participants. And, like I said, a similar system must be used for domestic violence, which is to ensure their confidentiality. And finally is our project admin. Project admin, or project administrative costs. The applicants may request up to 10% of their award to pay for admin costs. The

admin costs are associated with the general management, oversight and coordination of the program that they are running. They include salaries for staff, wages of recipient staff or staffs engaged in program administration. So project admin costs are very important to ensure that the project continues to run because you need staff to run it.

And so now we're going to talk about our actual avenues of providing funding for housing, leasing and rental assistance. As I mentioned before, the rental agreement with the leasing is basically between the landlord and the recipient, and the rest must be reasonable. So what do we mean by reasonable? What we mean is that the rent that is being charged to lease these housing units cannot be escalated just because the landlord knows that the funding is coming through federal grants. In other words, that similar leasing units that are not underneath the program, whatever their rate is, then the leasing units that are under the CoC program should be at the same rate, or at the same rent.

And we also have rental assistance. With the rental assistance agreement, it's actually between the landlord and the participant, and the rent must be within the FMR. You may say, what is this FMR? So the FMR is actually the fair market rate, so the fair market rate for that area. And all across the country, different areas, they have different fair market rates. You will find some that are very high, such as in New York, or the Los Angeles, California area. And then you will have some that are very low, let's say in the Southern states like Tennessee or Mississippi. But these calculations of rent, they must be based on the fair market rate. So initially when a project comes in as a new project, they must apply for the full FMR rate. And if, on subsequent renewals if they find, well, we really don't need all that money, that they can come in at the actual rent that HUD is paying. So there are two ways with the rental assistance.

Now, with the leasing, leasing often includes utility costs, so all of these costs would be included with the funding that is requested for the leasing projects. The leasing projects are not subject to the FMR, but they must use the FMR as a standard. So, in other words, the leasing projects that are being submitted, they cannot exceed whatever the FMR rate is for that area.

And in both of these instances, with leasing and rental assistance, the program participants are required to pay up to 30% of their adjusted income as contribution towards the rent. So let's say for someone who does not have a job, but they have been able to secure veterans benefits or SSI or SSDI, those type of things, or they have children and they have been able to secure subsidies for childcare or for having children or WIC and those type of situations. And so the CoC programs take this all into account, that there are different ways that people can have some type of income. And then there will be a calculation based on whatever their income is, up to 30% of their adjusted income, what they can pay actually towards their rent.

And going back to rental assistance, I just want to make a point that rental assistance have three types of what we call subcomponent types. So rental assistance can be a project based or sponsored base, and that is usually with the actual recipient of the grant, they are running that housing unit or the facility that houses the unit. So it's considered a project based or sponsored base. Often times with project based and sponsored based, the program participants are required to live in a certain facility or certain unit.

But with the tenant based, the tenant based rental assistance, the tenant, or the program participant, they have the option to decide where it is that they want to live and then they will be subsidized to help them with that rent.

And now we're moving on to supportive services. Now, supportive services include all types of services, and all projects do not include all services. So, actually the applicants, when they are developing their projects and proposing to HUD what they are requesting funding for, they have to decide who their target population is. And based on that, then they have to decide, well what type of supportive services would they need?

So in the point of targeting single mothers with children, for example, then they would understand that with those services they would definitely need case management to help assess what are their needs. Then they more likely will need child care because if they are getting any help and assistance with employment assistance and job training, they have to have a safe place to place their children during that time. They may need to go back to school and require to get educational services. They may need housing search, help with housing search and counseling services. They may need life skills training. I mean, often times you find, especially with young people with children, that they never really had the adequate training on how to be a parent and how to sustain a household and how to take care of all the responsibilities of a household and how to maintain a livelihood to take care of the household. So they would need life skills training. And they also often need transportation and they may even initially, upon when they acquire housing, that they need utility deposit as well.

So we have a question right here. What supportive service is eligible costs of the CoC program? And what I just explained from the list that we just saw, so furniture for participants, move-in kits, legal representation for custody, cell phones for participants. And I will give you some time right now to make your selection for what you think is an eligible cost of supportive services in the CoC program.

And hopefully you have pretty much made your selections now. Oh. Move-in kits. Yes, most of you got that right, that it would be move-in, help them with move-in costs, move-in assistance, to pay for moving, to pay for utilities, first month's rent, security deposit, those types of things. So, yeah, most of you got it and you're absolutely correct.

So now we're going to talk a little bit about mainstream resources. HUD strongly encourages CoC and project applicants to ensure that they are maximizing the use of all mainstream services that are available. So what do you mean by mainstream services? Well, mainstream services mirrors our supportive services.

So, case in point, if they need to have any type of substance abuse or mental health abuse training, or they need to be able to adequately come out of a substance abuse situation, they're going to need counseling. So there are also mainstream resources that would provide those same types of services. And so often times, we have in our CoC programs that the project applicant, they will marry up with mainstream resources and they may even get some of these mainstream resources to provide what we call "in-kind services," so that they are going to provide their services and not charge the program applicant for their services. They are giving it to them by pro bono, and those types of things. But mainstream services are very, very important, and CoC should be proactively engaged in the ADA implementation of their effort.

So, when we talk about the CoC program allows for the use of funds for services, HUD does encourage CoC to consider if the services being funded are eligible under the mainstream federal programs and whether they are essential to helping people connect to or to maintain permanent housing. We're also looking for CoC to proactively seek and provide information to their recipients within the geographic area about the mainstream opportunities and funding opportunities and use these funds whenever it is possible. Individual projects should also seek out these mainstream resources to pay for services currently being charge to the CoC program grant, which will free up the CoC program funds that could be reallocated to create more units for housing.

And so one of the priorities of the CoC program is the housing. We want to get people housed. We want to get people off of the street. So if we could take some of that money that was being used for supportive services and that the CoC's were able to get mainstream resources to replace it, then they could take their money and they could reallocate it and use it to increase the units of housing that they have available and to bring in more program participants.

CoC leaders can help in this effort by ensuring that all recipients within the CoC are aware of other funding opportunities and that programs already

receiving funding from multiple sources maximize those resources. While the CoC and ESG program allows for the use of funds for services, HUD encourages CoC's and recipients to consider the following: is the service being funded eligible under a mainstream federal program? And is the service essential to helping people to obtain and maintain permanent housing, if possible, for the services that are being provided to the program participants?

And when we say the CoC's can engage in ACA efforts by forming partnerships with healthcare entities that are credentialed to provide Medicaid services, this emphasis on the partnership with ACA is part of the healthcare initiative of our current administration to ensure that all families have access to adequate healthcare and medical services, and also to determine how these funds may be used by recipients to serve the homeless.

So, the CoC has their part, but then also program participants also have their part in trying to access and obtain other mainstream resources and not just wholly depend on supportive services that are provided through the CoC program. And one of the reasons why we do this is because, if you noticed in the beginning of the presentation, that Ebony had pointed out each year how the funding amount changed. And yes, it's true, since 2012, and up to 2015, it has steadily increased. But, with each administration, we are not sure of what their priorities will be. With the current administration, they have pushed to increase our money. But we don't know what's going to happen with the upcoming election and if a new administration doesn't have this as a priority and in their platform. And therefore, we want to ensure that the program will continue to operate whether or not they get CoC funding.

And now I'm going to turn it back over to my colleague, Ebony.

Ebony: Thank you, Tracy. And the final thing we will talk about today is coordinated entry. Now, each CoC is required to have a coordinated entry process in place. And what this means is that each CoC is required to coordinate the recipients in other agencies to have a single point of entry for a

personal or family that is homeless within our program. For example, if there's someone you know that's in your program that's homeless, there's one place you know that they can go, and they will be assessed of their needs. And then, from there, once they are assessed, we send them out to...if they need housing, they'll let them know where they're eligible for housing, or if they need some other kind of service. But the coordinated entry process is mandatory for all CoC's to have. And we understand that most are in the process of finalizing their process.

An effective coordinated entry process ensures that people with the greatest needs receive priority. So if there's a single person that's presented and a family with young children that's presented at the same time, and there's only one unit available, more than likely this family with the young child or young children will have priority over the single person. The coordinated entry process doesn't screen people out, it just prioritizes based on need. And you can't get screened out because of lack of employment or income, drug or alcohol abuse or having a criminal record. So it requires all the recipients in our program, all those nonprofits and units of local government, to be part of this system. So there's some nonprofits we found that were screening people out because they'd had a criminal record. Well, the coordinated entry system, if a person presents, and that system says the housing for the nonprofit is the best for that person, that nonprofit cannot turn around and say no, we can't take this person because they have a criminal record.

And so the coordinated entry process also incorporates participant choice. So the participant, within reason, can choose the location and type of housing, the level of services and other options that the household can participate in. And so they're not required to participate in the supportive services if they don't want. But the supportive services has to be offered.

Now, like I said before, they should prioritize those who are identified as most in need and we consider those who have been living on the street the longest, the chronically homeless individuals and homeless household with children living in unsheltered situations, and those who are considered most medically

vulnerable for placement into appropriate housing. So those are the type of things that will make a good, effective coordinated entry system.

So now is the time that we are saying if anyone has any questions, they can use the chat box to put their questions in at this time.

Michelle: All right, thank you both very much, Ebony and Tracy. That was really great. So I just to remind everyone to use the chat box to ask your questions. Okay, I see that we have one question so far. You mentioned earlier about the rapid re-housing programs for families. Can you talk about the process and how long it generally takes for a family to be housed?

Ebony: Now, for rapid re-housing, it depends on the CoC and the inventory that the CoC has within their geography. Rapid re-housing is considered a part of permanent housing, but the actual funding only lasts for 24 months, I think is the longest for rapid re-housing. And what it is, is that if a family presents and they're eligible under one of their categories for rapid re-housing, they will go through the coordinated entry process. If they're eligible for a unit that's a rapid re-housing unit, they will find out during the coordinated entry process. And if that's acceptable to the family, the family will be able to move into a rapid re-housing unit. And rapid re-housing units are tenant based rental assistance. So it works sort of like Section 8 housing, where the tenant can find a unit or a landlord that will rent to them, and then we will pay the rent for that unit for up to 24 months. And as Tracy said, it's tenant based, so they can go anywhere.

Tracy: And also, I would like to add that rapid re-housing, up until this year, we were really emphasizing this for families with children because we found that it was more effective with families with children and getting them off the street or preventing from being homeless for any extended period of time. But now, it's been opened up for individuals as well as for homeless youth, who are the ages between 18 and 24, and also for victims fleeing domestic violence, which we often find that they will be in an emergency shelter, so we want to quickly

move them out of the emergency shelter and put them into some type of permanent housing.

And so another part of the question was how soon? It really depends on the organization that's running the program, but we emphasize in our program instructions that they have to do this as quickly as possible because we want their situation of homelessness to be as short-term as possible.

Ebony: And to find out, like Tracy said, rapid re-housing, we have it certain populations. And our NOFA spells out, especially for those new projects, what populations your new rapid re-housing projects can target.

Michelle: Great, thank you. Just a reminder, if you have questions, you can go ahead and chat them in. We do have another question. Where can I get information on my local CoC to become involved or how do I find out who is a recipient?

Ebony: Okay, on your screen, you'll see the link to our website, HUDexchange.info. If you go to that website, and I think you think on homelessness assistance and under CoC you will be able to find a list or a map of the different CoC's.

Michelle: Okay, thank you.

Ebony: And I do want to clarify something with the poll question about the move-in kits. Move-in is a supportive service, like Tracy said. We will pay for first and last months, your rental deposit, but as far as actual pots and pans, cleaning material, that kind of stuff, we do not pay for it. So it depends on what kind of move-in that you're asking for that we pay for. And we do pay for legal representation for custody of those who are trying to get reunited with their children. We do pay for legal representation.

Michelle: Great, thank you. We have another question. If you were going to apply, what data would be considered credible to explain your proposed plan for ending homelessness?

Ebony: Now that is up to the CoC. We have...because you first have to get permission from your CoC to apply under them. And what we look for is...our numbers we look for are point in time counts. So we do have something called a point in time count that happens every January, and it tells us how many people, homeless folks are on the street in a town or a city at a particular time in January. And that'll give you a sense of how much need is in your community or your area. And then you would need to go to the CoC, because they also have some other requirements that will need to be added on to that.

Michelle: Thank you. Just a reminder, if you have questions, we're taking questions via chat only. I'll give it another minute to see if we get any more questions. While we're waiting for just any of our last couple questions to come in, I just wanted to remind everyone that we won't be having any webinars in November, but we are looking forward to seeing you all at the Healthy Start convention on November 16th and 17th in Washington D.C. And just to kind of pique your interest, we will be having three webinars in December. One will be on preconception, one on the CoIIN screening tool and one on centralized intake. And more information on those will be available as we get closer to those dates.

And seeing no more questions, I would really like to thank both of our speakers today. It was really a great presentation, and I would like to remind everybody one more time to always check the EPIC Center alerts and visit the EPIC Center website for updates, webinar information, transcripts from the webinars and slide presentations that have taken place. And that concludes our webinar for today. Thanks, everyone, for your participation, and I hope you have a great day.