Before Starting the CoC Application

You must submit all three of the following parts in order for us to consider your Consolidated Application complete:

1. the CoC Application,
2. the CoC Priority Listing, and
3. all the CoC's project applications that were either approved and ranked, or rejected.

As the Collaborative Applicant, you are responsible for reviewing the following:

1. The FY 2021 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2021 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It

- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2021 CoC Program Competition on behalf of your CoC.
- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

Answering Multi-Part Narrative Questions

Many questions require you to address multiple elements in a single text box. Number your responses to correspond with multi-element questions using the same numbers in the question. This will help you organize your responses to ensure they are complete and help us to review and score your responses.

Attachments

Questions requiring attachments to receive points state, "You Must Upload an Attachment to the 4B. Attachments Screen." Only upload documents responsive to the questions posed–including other material slows down the review process, which ultimately slows down the funding process. Include a cover page with the attachment name.

- Attachments must match the questions they are associated with–if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.
- We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

1A. Continuum of Care (CoC) Identification

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

1A-1. CoC Name and Number: NC-507 - Raleigh/Wake County CoC

1A-2. Collaborative Applicant Name: Wake County Continuum of Care

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Wake County Continuum of Care dba Raleigh Wake Par

1B. Coordination and Engagement–Inclusive Structure and Participation

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

1B-1.	**Inclusive Structure and Participation–Participation in Coordinated Entry.**	
	NOFO Sections VII.B.1.a.(1), VII.B.1.e., VII.B.1.n., and VII.B.1.p.	

	In the chart below for the period from May 1, 2020 to April 30, 2021:
1.	**select yes or no in the chart below if the entity listed participates in CoC meetings, voted–including selecting CoC Board members, and participated in your CoC's coordinated entry system; or**
2.	**select Nonexistent if the organization does not exist in your CoC's geographic area:**

	Organization/Person	Participated in CoC Meetings	Voted, Including Electing of CoC Board Members	Participated in CoC's Coordinated Entry System
1.	**Affordable Housing Developer(s)**	Yes	Yes	Yes
2.	**Agencies serving survivors of human trafficking**	Yes	Yes	Yes
3.	**CDBG/HOME/ESG Entitlement Jurisdiction**	Yes	Yes	Yes
4.	**CoC-Funded Victim Service Providers**	Nonexistent	No	No
5.	**CoC-Funded Youth Homeless Organizations**	Nonexistent	No	No
6.	**Disability Advocates**	No	No	No
7.	**Disability Service Organizations**	No	No	No
8.	**Domestic Violence Advocates**	Yes	Yes	Yes
9.	**EMS/Crisis Response Team(s)**	Yes	Yes	No
10.	**Homeless or Formerly Homeless Persons**	Yes	Yes	Yes
11.	**Hospital(s)**	Yes	Yes	Yes
12.	**Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)**	Nonexistent	No	No
13.	**Law Enforcement**	Yes	Yes	No
14.	**Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates**	Yes	Yes	Yes
15.	**LGBT Service Organizations**	Yes	Yes	Yes
16.	**Local Government Staff/Officials**	Yes	Yes	Yes
17.	**Local Jail(s)**	No	No	No
18.	**Mental Health Service Organizations**	Yes	Yes	Yes

19.	**Mental Illness Advocates**	Yes	Yes	Yes
20.	**Non-CoC Funded Youth Homeless Organizations**	Yes	Yes	Yes
21.	**Non-CoC-Funded Victim Service Providers**	Yes	Yes	Yes
22.	**Organizations led by and serving Black, Brown, Indigenous and other People of Color**	Yes	Yes	Yes
23.	**Organizations led by and serving LGBT persons**	No	No	No
24.	**Organizations led by and serving people with disabilities**	No	No	No
25.	**Other homeless subpopulation advocates**	Yes	Yes	Yes
26.	**Public Housing Authorities**	Yes	Yes	Yes
27.	**School Administrators/Homeless Liaisons**	Yes	Yes	Yes
28.	**Street Outreach Team(s)**	Yes	Yes	Yes
29.	**Substance Abuse Advocates**	Yes	Yes	Yes
30.	**Substance Abuse Service Organizations**	Yes	Yes	Yes
31.	**Youth Advocates**	Yes	Yes	Yes
32.	**Youth Service Providers**	Yes	Yes	Yes
	Other:(limit 50 characters)			
33.				
34.				

By selecting "other" you must identify what "other" is.

1B-2.	**Open Invitation for New Members.**	
	NOFO Section VII.B.1.a.(2)	

	Describe in the field below how your CoC:
1.	**communicated the invitation process annually to solicit new members to join the CoC;**
2.	**ensured effective communication with individuals with disabilities, including the availability of accessible electronic formats;**
3.	**conducted outreach to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join your CoC; and**
4.	**invited organizations serving culturally specific communities experiencing homelessness in the geographic area to address equity (e.g., Black, Latino, Indigenous, persons with disabilities).**

(limit 2,000 characters)

1.NC507 began communicating the invitation process in September 2020 via direct email, mail listserv, and through Constant Contact in our CoC newsletter. Additionally, our CoC hosted twice a week in a community-wide COVID-19 response meeting with providers and system partners in our homeless response system and announcements were made at this meeting for several weeks to apply for CoC membership. The application for CoC membership was also posted to our website, wakecoc.org, and CoC staff directed organizations and individuals to the application when already meeting or coordinating with them. Members are accepted on a rolling-basis, and the CoC advertises quarterly for new CoC Members through our website, newsletter, and one-on-one as new partners emerge. 2. All electronic communications adhere to ADA standards to ensure formats and fonts translate well to page reader devices. 3. Posters seeking persons with lived experience to join the CoC are hung across the CoC at outreach centers, emergency shelters, and housing projects. Additionally, homelessness service providers outreach with past clients with

lived experience, as well as their staff members with lived experience to join the CoC. 4. Our homeless response system includes organizations that serve immigrant and refugee populations, LGTBQ identifying populations, and reentry populations. Each of these organizations were outreached to join our CoC Membership both verbally and in all electronic communications.

1B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.	
	NOFO Section VII.B.1.a.(3)	

	Describe in the field below how your CoC:
1.	solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;
2.	communicated information during public meetings or other forums your CoC uses to solicit public information; and
3.	took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.

(limit 2,000 characters)

1.Our growing CoC Membership consists of 50 organizations and individuals with diverse perspectives on preventing and ending homelessness. Within our homeless response system, we have representatives from prevention, street outreach, day services/outreach, emergency shelters, rapid rehousing, transitional housing, permanent supportive housing, homeless youth, and domestic violence projects. We also have an array of system partners to include public school McKinney Vento Liaisons, Reentry projects, behavioral health, mainstream health, workforce readiness, affordable housing, entitlement, public housing authorities, mainstream benefits, SOAR, Veteran services, refugee and immigration services, legal aid, eviction prevention, faith communities, etc. Our CoC Governance Board and Committees all have 1-6 members with Lived Experience, including our CoC Governance Board Vice Chair.2. Our CoC Membership meets monthly to receive updates on the Governance Board and Committee work being done and feedback is invited, and community conversations are held to discuss next steps. Our CoC held an extended meeting in the Spring to review System Performance Data and then held break-out groups to create CoC-wide priorities and targets to improve average length of stay, returns to homelessness, and increase in income. Additionally, 4-5 emailed CoC newsletters go to our listserv every month. Our listserv extends beyond CoC membership to include drafts of policies, surveys, and invitations to send agenda items for upcoming CoC Member meetings. 3.All feedback and information gathered in CoC Member meetings are brought back to the Committee level to incorporate prior to being presented to our CoC Governance Board for voted approval.

1B-4.	Public Notification for Proposals from Organizations Not Previously Funded.	
	NOFO Section VII.B.1.a.(4)	

	Describe in the field below how your CoC notified the public:
1.	that your CoC's local competition was open and accepting project applications;

2.	**that your CoC will consider project applications from organizations that have not previously received CoC Program funding;**
3.	**about how project applicants must submit their project applications;**
4.	**about how your CoC would determine which project applications it would submit to HUD for funding; and**
5.	**how your CoC effectively communicated with individuals with disabilities, including making information accessible in electronic formats.**

(limit 2,000 characters)

1.Our CoC began advertising the need for new projects in the CoC Program Competition 3 months prior to the NOFO release in both CoC Monthly Meetings and CoC Governance Board Meetings. Upon release of the NOFO, public notice was emailed, posted to the wakecoc.org website, and social media accounts. CoC staff also outreached to 2 new projects and 1 expansion project to encourage them to apply. An intent to apply period was open prior to the release of the NOFO and for 2 weeks after the NOFO release. 2. Our Intent to Apply Communications and form had a call for new organizations to submit new projects in our CoC that would advance our Coordinated Access System and improve SPMs. 3 new organizations submitted intent to apply forms and applications that were rated and ranked in our final CoC Prioritization list. 3. Project applicants submitted intent to apply forms electronically from a website form. Applications were submitted electronically through a Smartsheet form that was linked from our website and in email communications to the projects. Additionally, an applicant information session was held virtually 2 weeks after the release of the NOFO that walked applicants through the process of completing their application and submitting it to our Funding Review Committee. 4. Our Funding Review Committee utilized the HUD Rating and ranking Tool to score projects, conducted virtual interviews with the applicant, and had applicants complete a worksheet to answer additional questions not included in the project applications. Projects were ranked by score, prioritized if it served DV, youth and/or combined housing and healthcare, and their ability to improve our Coordinated Access System.5. All materials were available in electronic formats through emails, newsletters, meeting PowerPoint slides, and published to wakecoc.org using ADA compliant fonts and formatting.

1C. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organiza

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

1C-1.	**Coordination with Federal, State, Local, Private, and Other Organizations.**	
	NOFO Section VII.B.1.b.	

	In the chart below:
1.	**select yes or no for entities listed that are included in your CoC's coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or**
2.	**select Nonexistent if the organization does not exist within your CoC's geographic area.**

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with Planning or Operations of Projects
1.	**Funding Collaboratives**	No
2.	**Head Start Program**	No
3.	**Housing and services programs funded through Local Government**	Yes
4.	**Housing and services programs funded through other Federal Resources (non-CoC)**	Yes
5.	**Housing and services programs funded through private entities, including Foundations**	Yes
6.	**Housing and services programs funded through State Government**	Yes
7.	**Housing and services programs funded through U.S. Department of Health and Human Services (HHS)**	Yes
8.	**Housing and services programs funded through U.S. Department of Justice (DOJ)**	Yes
9.	**Housing Opportunities for Persons with AIDS (HOPWA)**	Yes
10.	**Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)**	Nonexistent
11.	**Organizations led by and serving Black, Brown, Indigenous and other People of Color**	Yes
12.	**Organizations led by and serving LGBT persons**	No
13.	**Organizations led by and serving people with disabilities**	No
14.	**Private Foundations**	No
15.	**Public Housing Authorities**	Yes
16.	**Runaway and Homeless Youth (RHY)**	Yes
17.	**Temporary Assistance for Needy Families (TANF)**	Yes
	Other:(limit 50 characters)	

18.		No

1C-2.	**CoC Consultation with ESG Program Recipients.**	
	NOFO Section VII.B.1.b.	

	Describe in the field below how your CoC:
1.	**consulted with ESG Program recipients in planning and allocating ESG and ESG-CV funds;**
2.	**participated in evaluating and reporting performance of ESG Program recipients and subrecipients;**
3.	**provided Point-in-Time (PIT) count and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area; and**
4.	**provided information to Consolidated Plan Jurisdictions within your CoC's geographic area so it could be addressed in Consolidated Plan update.**

(limit 2,000 characters)

1.NC 507 set up listening sessions with the City and the CoC related to community needs and priorities to help the City focus on how it allocated its CARES Act funds (ESG-CV and CDBG-CV). A listening session was also held regarding the City's and County's Combined Homeless and Housing Services RFP (City funding was ESG) to help focus on what CoC identified as needs and priorities.2. NC507 has facilitated conversations between the City, County, and State ESG office to discuss evaluation and reporting performance of ESG subrecipients as well as facilitated the process of monitoring & reporting by making required forms, etc. available on the CoC website. Newly created CoC Coordinated Access System tasked with monitoring and evaluation of the coordinated entry design meets the needs of the ESG Program funded projects. This committee is also tasked to ensure the current written standards are adhered to consistently. CoC governance established outcomes targets to improve system performance through the identification of the gaps in the current array of housing and services. 3. PIT and HIC data was provided directly to the City and County by CoC staff to include in HUD required planning and reporting documents. PIT and HIC data is also posted on our website. 4. A series of listening sessions were established and promoted across NC507 to provide input for entitlement communities Consolidated Plans and Action Plans.

1C-3.	**Ensuring Families are not Separated.**	
	NOFO Section VII.B.1.c.	

Select yes or no in the chart below to indicate how your CoC ensures emergency shelter, transitional housing, and permanent housing (PSH and RRH) do not deny admission or separate family members regardless of each family member's self-reported gender:

1.	**Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated.**	Yes
2.	**Conducted optional training for all CoC- and ESG-funded service providers to ensure families are not separated.**	No
3.	**Worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.**	Yes
4.	**Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance.**	Yes

5.	**Sought assistance from HUD by submitting AAQs or requesting technical assistance to resolve noncompliance of service providers.**	Yes
6.	**Other. (limit 150 characters)**	
	Coordinated with Entitlement staff to enforce compliance in projects they fund	Yes

1C-4.	**CoC Collaboration Related to Children and Youth–SEAs, LEAs, Local Liaisons & State Coordinators.**	
	NOFO Section VII.B.1.d.	

	Describe in the field below:
1.	**how your CoC collaborates with youth education providers;**
2.	**your CoC's formal partnerships with youth education providers;**
3.	**how your CoC collaborates with State Education Agency (SEA) and Local Education Agency (LEA);**
4.	**your CoC's formal partnerships with SEAs and LEAs;**
5.	**how your CoC collaborates with school districts; and**
6.	**your CoC's formal partnerships with school districts.**

(limit 2,000 characters)

NC507 has a long-standing history of collaborating with our youth education providers to include them in membership meetings, have cross-system presentations to educate them about the coordinated access system and for YEPs to educate the homeless response system on their work with homeless youth, and to advertise the coordinated access system (CAS). Additionally, our CoC held a listening session about unsheltered families and barriers in our CAS. 2. We have the supervisor of our youth education providers on your CoC Governance Board. Youth Education providers are also working with HMIS and CAS to become a coordinated access point to streamline the referrals for homeless children and youth into the homelessness response system. 3. NC507 has our LEA on our CoC Governance Board and attends monthly coordinated access site meetings to enable them to CoC communication between SEA and our YEA providers. 4. NC507 has our LEA on our CoC Governance Board, and she is also working with our HMIS and CAS staff to become a coordinated access site. 5. Our CoC sends material on the CAS to the school district and we host an annual training on CAS for the school districts. Our McKinney Vento Liaisons host an annual training to our Homelessness Response System providers. Our CAS website links to our School District information portal for families experiencing homelessness in the school system and resources available to them. 6. Our school district is working with our HMIS team to sign a sharing agreement to provide LEAS and youth education providers access to and to become a formal coordinated access point.

1C-4a.	**CoC Collaboration Related to Children and Youth–Educational Services–Informing Individuals and Families Experiencing Homelessness about Eligibility.**	
	NOFO Section VII.B.1.d.	

Describe in the field below written policies and procedures your CoC adopted to inform individuals and families who become homeless of their eligibility for educational services.

(limit 2,000 characters)

Our Coordinated Entry Policies and Procedures, updated in July 2020, state

that in addition to referrals to homeless services system programs, referrals will be made outside the system to Wake County Public School System for educational services. Additionally, our Coordinated Access System website links users directly to the Wake County Public School's McKinney Vento webpage to include contact information, and lists educational and supportive services provided by the school district for families experiencing homelessness.

1C-4b.	CoC Collaboration Related to Children and Youth–Educational Services–Written/Formal Agreements or Partnerships with Early Childhood Services Providers.	
	NOFO Section VII.B.1.d.	

Select yes or no in the chart below to indicate whether your CoC has written formal agreements or partnerships with the listed providers of early childhood services:

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	No	No
2.	Child Care and Development Fund	No	No
3.	Early Childhood Providers	No	No
4.	Early Head Start	No	No
5.	Federal Home Visiting Program–(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No	No
6.	Head Start	No	No
7.	Healthy Start	No	No
8.	Public Pre-K	No	No
9.	Tribal Home Visiting Program	No	No
	Other (limit 150 characters)		
10.			

1C-5.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Annual Training–Best Practices.	
	NOFO Section VII.B.1.e.	

	Describe in the field below how your CoC coordinates to provide training for:
1.	Project staff that addresses safety and best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually); and
2.	Coordinated Entry staff that addresses safety and best practices (e.g., trauma informed care) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually).

(limit 2,000 characters)

1. NC507 has one organization, Interact, that serves the needs of persons experiencing domestic violence (DV), dating violence, sexual assault, and stalking. Interact provides one annual training for our entire CoC that is presented to our Coordinated Access Sites and recorded. The recording is posted to our website and then shared across the CoC via email, CoC newsletter, and announced in CoC Membership meetings. Interacts training provides overview of trauma-informed approaches to working with survivors and

how to create a safety plan with the client or in conjunction with InterAct staff. The training provides an overview of victim-centered planning for safety and housing solutions. 2. Coordinated Entry Staff provides an annual training on VAWA and the VAWA Emergency Transfer Plan and protocols. This training is mandatory for all CoC and ESG funded organizations but attended by many of system partners. This training is recorded, posted to the website, and shared across the CoC via email, CoC newsletter, and in meetings.

1C-5a.	**Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Using De-identified Aggregate Data.**	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC uses de-identified aggregate data from a comparable database to assess the special needs related to domestic violence, dating violence, sexual assault, and stalking survivors.

(limit 2,000 characters)

CoC receives a regular updated By-Name List from the local Domestic Violence service provider in Wake County (InterAct). This data comes from InterAct without identifying information and includes only: household size, VI-SPDAT score, length of time the household has been experiencing homelessness, chronic/non-chronic status, and a unique client ID. This information is then integrated to the CoC's standing By-Name List and sorted and prioritized according to our CoCs prioritization for housing interventions. By-Name List information is shared only with our service providers in the CoC and is sent with password protection. While InterAct does offer Rapid Re-Housing. Domestic violence survivors are also eligible for Rapid Re-Housing and Permanent Supportive Housing assistance from other agency providers throughout the CoC, this also includes vouchers from our Public Housing Authorities. For all clients within the CoC acceptance of housing interventions are based on client choice and discussion on any potential roadblocks, notes, and barriers to have insight on are shared within our CoC case conferencing group.

1C-5b.	**Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Coordinated Assessment–Safety, Planning, and Confidentiality Protocols.**	
	NOFO Section VII.B.1.e.	

	Describe in the field below how your CoC's coordinated entry system protocols incorporate trauma-informed, victim-centered approaches while maximizing client choice for housing and services that:
1.	**prioritize safety;**
2.	**use emergency transfer plan; and**
3.	**ensure confidentiality.**

(limit 2,000 characters)

Our Coordinated Access Sites are all trained on providing trauma-informed and client-centered approaches when speaking with all seeking services. Our CE Assessment asks a series of questions to assess safety risks and lethality. If a person is unsafe, we connect them directly to our Victim/Survivor Services hotline for safety planning, to include possible emergency shelter or traveler's aid. 2. Our Coordinated Access System trains our entire CoC on emergency

Transfer plans. Every housing provider in the CoC must have a procedure that complies with the requirement in the CoC's plan to allow all survivors the ability to request an emergency transfer. Housing providers' emergency transfer procedures must be written into their policies and procedures and housing providers must inform all tenants of their ability to request an emergency transfer and the documentation that is required. 3. All information collected in the CE Assessment is confidential. Any person served by our victim/survivor services providers is entered into a comparable database. When persons are added to the by-name list by the DV agency, they are added with an unique client ID number. The by-name list is password-protected to ensure confidentiality of all clients and the password is only shared with service providers.

1C-6.	**Addressing the Needs of Lesbian, Gay, Bisexual, Transgender–Anti-Discrimination Policy and Training.**	
	NOFO Section VII.B.1.f.	

1.	**Did your CoC implement a written CoC-wide anti-discrimination policy ensuring that LGBT individuals and families receive supportive services, shelter, and housing free from discrimination?**	Yes
2.	**Did your CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?**	Yes
3.	**Did your CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual's Gender Identity (Gender Identity Final Rule)?**	Yes

1C-7.	**Public Housing Agencies within Your CoC's Geographic Area–New Admissions–General/Limited Preference–Moving On Strategy. You Must Upload an Attachment(s) to the 4B. Attachments Screen.**	
	NOFO Section VII.B.1.g.	

Enter information in the chart below for the two largest PHAs highlighted in gray on the CoC-PHA Crosswalk Report at https://files.hudexchange.info/resources/documents/FY-2020-CoC-PHA-Crosswalk-Report.pdf or the two PHAs your CoC has a working relationship with–if there is only one PHA in your CoC's geographic area, provide information on the one:

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2020 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Housing Authority of the City of Raleigh	1%		No
Housing Authority of the County of Wake	1%		No

You must enter information for at least 1 row in question 1C-7.

1C-7a.	**Written Policies on Homeless Admission Preferences with PHAs.**	
	NOFO Section VII.B.1.g.	

Describe in the field below:

1.	**steps your CoC has taken, with the two largest PHAs within your CoC's geographic area or the two PHAs your CoC has working relationships with, to adopt a homeless admission preference–if your CoC only has one PHA within its geographic area, you may respond for the one; or**
2.	**state that your CoC has not worked with the PHAs in its geographic area to adopt a homeless admission preference.**

(limit 2,000 characters)

In support of the city of Raleigh's initiative to coordinate services established to end homelessness, RHA has agreed to offer a local preference to housing choice voucher applicants received through the Continuums of Care coordinated entry system. Those referred through this system must be homeless families that have been recognized to be the greatest in need. The referrals must still meet all other eligibility requirements for voucher assistance. This assistance will provide vouchers for up to 50 fifty homeless families per any RHA fiscal year.
Our CoC has begun cultivating a relationship with the Housing Authority of Wake County to begin discussions of a homelessness preference and have included our HUD TA provider through Abt Associates in the meetings. Both of our PHAs serve on our CoC Governance Board.

1C-7b.	**Moving On Strategy with Affordable Housing Providers.**	
	Not Scored–For Information Only	

Select yes or no in the chart below to indicate affordable housing providers in your CoC's jurisdiction that your recipients use to move program participants to other subsidized housing:

1.	**Multifamily assisted housing owners**	No
2.	**PHA**	No
3.	**Low Income Tax Credit (LIHTC) developments**	No
4.	**Local low-income housing programs**	No
	Other (limit 150 characters)	
5.		

1C-7c.	**Including PHA-Funded Units in Your CoC's Coordinated Entry System.**	
	NOFO Section VII.B.1.g.	

Does your CoC include PHA-funded units in the CoC's coordinated entry process?	Yes

1C-7c.1.	**Method for Including PHA-Funded Units in Your CoC's Coordinated Entry System.**	
	NOFO Section VII.B.1.g.	

	If you selected yes in question 1C-7c., describe in the field below:
1.	**how your CoC includes the units in its Coordinated Entry process; and**
2.	**whether your CoC's practices are formalized in written agreements with the PHA, e.g., MOUs.**

(limit 2,000 characters)

1.Our CoC has a working relationship with the Raleigh Housing Authority. The Raleigh Housing Authority has adopted a homeless admission preference for Housing Choice Vouchers. Each fiscal year, the CoC is awarded 50 Housing Choice Vouchers for households experiencing homelessness. Households are connected to these vouchers through the By-Name List Coordinator and case management colleagues from emergency shelters, street outreach, and transitional housing projects. The By-Name List Coordinator requests 2-3 clients from case managers that they would like to refer for Housing Choice Vouchers. Clients presented are sorted based on where they are on By-Name List for prioritization {chronic homelessness, disability, length of time homeless.} By-Name List coordinator refers 10 clients a month until all 50 have been referred. By-Name List coordinator shares an updated tracking sheet with the Raleigh Housing Authority for those who have been referred and the agency they are working with. Raleigh Housing Authority shares updates on when HCVs are executed or when extensions are requested for households. 2. The CoC's practices are not in a written agreement, but are in the PHA's 2020 Administrative Plan.

1C-7d.	**Submitting CoC and PHA Joint Applications for Funding for People Experiencing Homelessness.**	
	NOFO Section VII.B.1.g.	

Did your CoC coordinate with a PHA(s) to submit a joint application(s) for funding of projects serving families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other non-federal programs)?	Yes

1C-7d.1.	**CoC and PHA Joint Application–Experience–Benefits.**	
	NOFO Section VII.B.1.g.	

	If you selected yes to question 1C-7d, describe in the field below:
1.	**the type of joint project applied for;**
2.	**whether the application was approved; and**
3.	**how your CoC and families experiencing homelessness benefited from the coordination.**

(limit 2,000 characters)

1. The CoC, the Wake County Housing Authority, the Department of Social Services, and one of our youth homelessness service provider's jointly applied for Family Unification Program (FUP) vouchers; 2. Yes; 3. The funding was to help youth aged 18-24 who transitioned from foster care achieve long term housing success. Previously, former foster youth were not prioritized for specific services or housing subsidies so the partnership will help reduce the likelihood of that population becoming long term homeless in the future.

1C-7e.	**Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including American Rescue Plan Vouchers.**	
	NOFO Section VII.B.1.g.	

Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes

1C-7e.1.	**Coordinating with PHA(s) to Administer Emergency Housing Voucher (EHV) Program–List of PHAs with MOUs.**	
	Not Scored–For Information Only	

Did your CoC enter into a Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	Yes

If you select yes, you must use the list feature below to enter the name of every PHA your CoC has entered into a MOU with to administer the Emergency Housing Voucher Program.
PHA
Housing Authority...

1C-7e.1. List of PHAs with MOUs

Name of PHA: Housing Authority of the City of Raleigh

1C. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organiza

1C-8.	Discharge Planning Coordination.	
	NOFO Section VII.B.1.h.	

Select yes or no in the chart below to indicate whether your CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs.

1. Foster Care	No
2. Health Care	Yes
3. Mental Health Care	No
4. Correctional Facilities	No

1C-9.	Housing First–Lowering Barriers to Entry.	
	NOFO Section VII.B.1.i.	

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition.	7
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition that have adopted the Housing First approach.	7
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects the CoC has ranked in its CoC Priority Listing in the FY 2021 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

1C-9a.	Housing First–Project Evaluation.	
	NOFO Section VII.B.1.i.	

Describe in the field below how your CoC regularly evaluates projects to ensure those that commit to using a Housing First approach are prioritizing rapid placement and stabilization in permanent housing and are not requiring service participation or preconditions of program participants.

(limit 2,000 characters)

Our CoC is committed to the Housing First approach. Our CoC regularly evaluates our projects using the By-Name List (BNL), project-level HMIS data, and the annual Notice of Funding Availability (NOFA) competition to ensure that our providers remain Housing First. The BNL Coordinator is notified of all Rapid

Rehousing and/or Permanent Supportive Housing openings in addition to voucher availability through the local housing authorities. She matches every household per the prioritization criteria outlined in our CoC's policies and procedures. Every eligible household is matched to a housing opportunity regardless of their income level or homelessness history. Our HMIS team reviews data weekly to determine if the data shows that our community is Housing First (e.g. are people being housed with a Housing Move-In date, how long are the lengths of time homeless, etc.). Our CoC also utilizes the NOFA competition to evaluate projects on their performance and Housing First commitment.

1C-9b.	**Housing First–Veterans.**	
	Not Scored–For Information Only	

Does your CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach?	Yes

1C-10.	**Street Outreach–Scope.**	
	NOFO Section VII.B.1.j.	

	Describe in the field below:
1.	**your CoC's street outreach efforts, including the methods it uses to ensure all persons experiencing unsheltered homelessness are identified and engaged;**
2.	**whether your CoC's Street Outreach covers 100 percent of the CoC's geographic area;**
3.	**how often your CoC conducts street outreach; and**
4.	**how your CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance.**

(limit 2,000 characters)

The NC 507 CoC implements a variety of methods to ensure all persons experiencing unsheltered homelessness are identified and engaged. These methods include establishing and maintaining relationships with the municipalities, businesses, and the general public within Wake County so when an individual or encampment is identified, the CoC can respond rapidly. In addition to the community relationships, agencies within the CoC maintain ongoing relationships with known individuals and encampments to identify newcomers and offer ongoing assistance. Agencies also do active scouting in known areas where unsheltered homeless gather. NC 507 CoC street outreach agencies cover 100% of the CoC's geographical area. Agencies within the CoC conducts street outreach operations daily, including weekends. The NC 507 CoC tailors it's street outreach approach to engage persons experiencing homelessness who are least likely to request assistance by building and maintaining ongoing relationships with known individuals and communities as well as offering a streamlined approach to receive assistance. Currently our street outreach agencies are functioning as a mobile coordinated entry access site, so when an individual does accept assistance, the CoC can meet the need timely and efficiently.

1C-11.	Criminalization of Homelessness.	
	NOFO Section VII.B.1.k.	

Select yes or no in the chart below to indicate strategies your CoC implemented to prevent the criminalization of homelessness in your CoC's geographic area:

1.	Engaged/educated local policymakers	No
2.	Engaged/educated law enforcement	Yes
3.	Engaged/educated local business leaders	Yes
4.	Implemented communitywide plans	No
5.	Other:(limit 500 characters)	
		No

1C-12.	Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC).	
	NOFO Section VII.B.1.l.	

	2020	2021
Enter the total number of RRH beds available to serve all populations as reported in the HIC–only enter bed data for projects that have an inventory type of "Current."	219	394

1C-13.	Mainstream Benefits and Other Assistance–Healthcare–Enrollment/Effective Utilization.	
	NOFO Section VII.B.1.m.	

Indicate in the chart below whether your CoC assists persons experiencing homelessness with enrolling in health insurance and effectively using Medicaid and other benefits.

	Type of Health Care	Assist with Enrollment?	Assist with Utilization of Benefits?
1.	Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	Yes	Yes
2.	Private Insurers	Yes	Yes
3.	Nonprofit, Philanthropic	Yes	Yes
4.	Other (limit 150 characters)		
		No	No

1C-13a.	Mainstream Benefits and Other Assistance–Information and Training.	
	NOFO Section VII.B.1.m	

	Describe in the field below how your CoC provides information and training to CoC Program-funded projects by:
1.	systemically providing up to date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within your CoC's geographic area;

2.	**communicating information about available mainstream resources and other assistance and how often your CoC communicates this information;**
3.	**working with projects to collaborate with healthcare organizations to assist program participants with enrolling in health insurance; and**
4.	**providing assistance with the effective use of Medicaid and other benefits.**

(limit 2,000 characters)

1. Our CoC utilizes the CoC digest and bi-weekly case conferencing meetings to provide up-to-date information on mainstream resources for program participants; 2. Our CoC communicates as often as needed via the the digest; 3. Our CoC has several multi-sector groups whose main goal is collaboration with healthcare such as our Familiar Faces group. Those are attended by healthcare representatives, mental healthcare representatives, homelessness service providers, and representatives from the Collaborative Applicant.; 4. Our CoC regularly shares information around insurance and benefits via case conferencing, Familiar Faces, and CoC-wide meetings.

1C-14.	**Centralized or Coordinated Entry System–Assessment Tool. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.B.1.n.	

	Describe in the field below how your CoC's coordinated entry system:
1.	**covers 100 percent of your CoC's geographic area;**
2.	**reaches people who are least likely to apply for homeless assistance in the absence of special outreach;**
3.	**prioritizes people most in need of assistance; and**
4.	**ensures people most in need of assistance receive assistance in a timely manner.**

(limit 2,000 characters)

1. Our CoC's coordinated entry system utilizes a decentralized model where individuals and households experiencing homelessness can access one of our many "Access Sites" to be screened for and referred to services. Our CoC has also implemented a main "Access Hub" where individuals residing in our CoC can be screened and referred inperson or they can contact our crisis hotline that is staffed by Access Hub/site employees; 2. We advertise our Access Sites/Hub widely via social media postings, website postings, and posting at bus stations, libraries, etc; 3. Our coordinated entry follows our CoC's prioritization process as outlined in the CoC's policies and procedures. Our policies instruct our CoC to prioritize chronically homeless, long-term homeless, and disabled individuals. 4. Our coordinated entry system performance and outcomes are tracked in our Homeless Management Information System (HMIS) and reviewed as a CoC on a regular basis. We use this data along with our most recent Gaps Analysis to ensure those most in need receive timely assistance.

1C-15.	**Promoting Racial Equity in Homelessness–Assessing Racial Disparities.**	
	NOFO Section VII.B.1.o.	

Did your CoC conduct an assessment of whether disparities in the provision or outcome of homeless assistance exists within the last 3 years?	Yes

1C-15a.	Racial Disparities Assessment Results.	
	NOFO Section VII.B.1.o.	

Select yes or no in the chart below to indicate the findings from your CoC's most recent racial disparities assessment.

1.	People of different races or ethnicities are more likely to receive homeless assistance.	Yes
2.	People of different races or ethnicities are less likely to receive homeless assistance.	Yes
3.	People of different races or ethnicities are more likely to receive a positive outcome from homeless assistance.	Yes
4.	People of different races or ethnicities are less likely to receive a positive outcome from homeless assistance.	Yes
5.	There are no racial or ethnic disparities in the provision or outcome of homeless assistance.	No
6.	The results are inconclusive for racial or ethnic disparities in the provision or outcome of homeless assistance.	No

1C-15b.	Strategies to Address Racial Disparities.	
	NOFO Section VII.B.1.o.	

Select yes or no in the chart below to indicate the strategies your CoC is using to address any racial disparities.

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	Yes
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	Yes
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	No
4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	Yes
5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	Yes
6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	No
7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	No
8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	Yes
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	No
10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	No
	Other:(limit 500 characters)	
12.		No

1C-15c.	Promoting Racial Equity in Homelessness Beyond Areas Identified in Racial Disparity Assessment.	
	NOFO Section VII.B.1.o.	

Describe in the field below the steps your CoC and homeless providers have taken to improve racial equity in the provision and outcomes of assistance beyond just those areas identified in the racial disparity assessment.

(limit 2,000 characters)

Our CoC Funding Review Committee scored CoC projects based several racial equity factors to include: representation of BIPOC and marginalized communities in agency management positions, leadership positions, and Board of Directors. Plans for receiving feedback and incorporating feedback form persons with lived experience. Their review of internal policies and procedures with an equity lens. Additionally, the majority of our CoC organizations are attending DEI trainings, certificate programs, or working with a consultant. Including the CoC Lead/Collaborative applicant. Our Coordinated access System committee has just begun work on reviewing policies and procedures and will be applying a racial equity lens. Our Gaps Analysis Workgroup was comprised on BIPOC and lived experience members and also conducted a series of CAS feedback sessions to include lived experience and marginalized populations. In 2022 we will begin our Racial Equity Committee and our Lived Experience Committee to roll out more educational opportunities, plans for more BIPOC, lived experience, and marginalized populations to fill CoC leadership positions, and conduct additional research and listening sessions to understand the scope and needs of different races and ethnicities experiencing homelessness.

1C-16.	Persons with Lived Experience–Active CoC Participation.	
	NOFO Section VII.B.1.p.	

Enter in the chart below the number of people with lived experience who currently participate in your CoC under the five categories listed:

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included and provide input that is incorporated in the local planning process.	6	1
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	6	0
3.	Participate on CoC committees, subcommittees, or workgroups.	6	1
4.	Included in the decisionmaking processes related to addressing homelessness.	6	1
5.	Included in the development or revision of your CoC's local competition rating factors.	1	0

1C-17.	Promoting Volunteerism and Community Service.	

NOFO Section VII.B.1.r.

Select yes or no in the chart below to indicate steps your CoC has taken to promote and support community engagement among people experiencing homelessness in the CoC's geographic area:

1.	**The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities.**	Yes
2.	**The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery, data entry).**	Yes
3.	**The CoC works with organizations to create volunteer opportunities for program participants.**	No
4.	**The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).**	Yes
5.	**Provider organizations within the CoC have incentives for employment and/or volunteerism.**	Yes
6.	**Other:(limit 500 characters)**	
		No

1D. Addressing COVID-19 in the CoC's Geographic Area

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

1D-1.	**Safety Protocols Implemented to Address Immediate Needs of People Experiencing Unsheltered, Congregate Emergency Shelter, Transitional Housing Homelessness.**	
	NOFO Section VII.B.1.q.	

	Describe in the field below protocols your CoC implemented during the COVID-19 pandemic to address immediate safety needs for individuals and families living in:
1.	**unsheltered situations;**
2.	**congregate emergency shelters; and**
3.	**transitional housing.**

(limit 2,000 characters)

1.In the current coronavirus environment, residents still unsheltered in Wake County do not have access to showers or laundry to tend to their personal hygiene needs. One of our service providers who typically provides this service, due to COVID-19, does not have the space that allowed the services to continue inside healthily. The service provider offered to continue to provide this service by utilizing external FEMA showers, washers and dryers that can be properly sanitized and maintained according to current CDC recommendations. The CoC Street Outreach Committee is working on a Encampment policy that follows CDC Guidelines recommending no clearing of the encampments but rather establishing other steps and protocols. Committee members include local police, municipalities, homeless service providers, health care providers, etc. PPE has been widely available to all Street Outreach teams and Day Service Centers. Vaccination teams have joined street outreach teams to administer COVID-19 vaccines in encampments. 2. Due to the coronavirus, congregate emergency shelter have had to adjust their available bed inventory to protect current clients and others have halted services or temporarily closed due to a lack of capacity as volunteers are required to stay at home. To fill this gap, our County contracted with two hotels to provide approximately 200 hotel rooms for the population meeting criteria of homelessness and one or more high-risk category for the COVID-19 virus. PPE has been made widely available across all emergency shelters and hotel projects. Vaccines have been available onsite, as well as at day service centers. 3. Transitional shelters have been operating without volunteers, but most are able to keep current bed count, as facility make-up already allows for social distancing. PPE has been available to all TH projects and vaccine clinics have been advertised to TH projects.

1D-2.	Improving Readiness for Future Public Health Emergencies.	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC improved readiness for future public health emergencies.

(limit 2,000 characters)

•As the CoC learns what has worked in the last 18 months and what has not worked we are constantly reviewing efforts to connect our unsheltered people to safe non-congregate shelter and housing options. We are strengthening our efforts to implement safer social distancing, sanitation, hygiene, and harm reduction practices, ensuring that all assistance across the entire CoC is accessible, equitable, and trauma informed. We are focusing on implementation of equity-based decision making throughout all elements of response in order to promote equitable outcomes for highly impacted communities. We continue to integrate ALL relevant data into HMIS for future planning purposes. We have strengthened coordination and partnerships between state and local public health systems and homelessness services and housing systems to reduce homelessness through tailored efforts for all.

1D-3.	CoC Coordination to Distribute ESG Cares Act (ESG-CV) Funds.	
	NOFO Section VII.B.1.q	

	Describe in the field below how your CoC coordinated with ESG-CV recipients to distribute funds to address:
1.	safety measures;
2.	housing assistance;
3.	eviction prevention;
4.	healthcare supplies; and
5.	sanitary supplies.

(limit 2,000 characters)

1. Cares Act funds were used to provide safe outdoor showers and laundry services for unsheltered population. Hotel projects were created with approximately 200 rooms to assist with de-congregating shelters. An isolation and quarantine hotel was established for persons with COVID-19 experiencing homelessness. 2. Prioritized ending unsheltered homelessness to support the most vulnerable utilizing both CV funds and Emergency Housing Vouchers. 3. Created an eviction prevention program for NC507. 4. Partnered with both public and nonprofit healthcare to rollout vaccination clinics across NC507 over the course of several months. Healthcare teams partnered with Street Outreach teams to visit encampments with vaccines. 5. PPE and critical safety supplies are provided through NC DHHS.

1D-4.	CoC Coordination with Mainstream Health.	
	NOFO Section VII.B.1.q.	

	Describe in the field below how your CoC coordinated with mainstream health (e.g., local and state health agencies, hospitals) during the COVID-19 pandemic to:
1.	decrease the spread of COVID-19; and
2.	ensure safety measures were implemented (e.g., social distancing, hand washing/sanitizing, masks).

(limit 2,000 characters)

The CoC worked with WakeMed Hospital, nonprofit healthcare providers, and community clinics to provide PPE and sanitizing equipment for our winter white flag shelter. Additionally they provided robust vaccination clinics for several months, including teams that partnered with our Street Outreach teams to administer the vaccines. Healthcare professionals coordinated referrals for COVID-19 positive people experiencing homelessness to an isolation and quarantine hotel. Mainstream health joined both CoC Governance Board meetings and CoC Membership meetings to provide education, updates, resources, and to partner in planning efforts.

1D-5.	Communicating Information to Homeless Service Providers.	
	NOFO Section VII.B.1.q.	

	Describe in the field below how your CoC communicated information to homeless service providers during the COVID-19 pandemic on:
1.	safety measures;
2.	changing local restrictions; and
3.	vaccine implementation.

(limit 2,000 characters)

In March 2020 our CoC hosted check-ins with the entire membership, municipalities, healthcare professionals, and public health 4 times per week. In July 2020, check-ins dropped to 2 days per week. These meetings provided information on safety measures, local restrictions, and vaccine implementation. 1. Check-ins covered CDC and local guidance on safety measures for unsheltered populations and congregate environments. Discussion of resources available to accommodate the guidance were held and streamlined integration for homeless services providers. Safety measures included the addition of 200 hotel rooms to de-congregate emergency shelters and an isolation and quarantine hotel for COVID-19 positive patients experiencing homelessness. 2. Officials, Public Health, and Medical providers kept homelessness service providers informed at these meetings of changing local restrictions and provided insight into trends to watch for upcoming restriction changes. Homeless Service Providers provided updates on their ability to provide services, closures, outbreaks, and their response. 3. There was an aggressive and proactive and early effort once homeless patients became eligible for the vaccines to collaborate to help increase both education and access to the vaccination for our homeless patients. Education efforts started early preparing the way and helping to address hesitancy and answer questions. These educational sessions took place via web-exs with local homeless programs, at the white flag shelter in the mornings before patients left, and through street outreach teams. Vaccines sites were established throughout Wake County for the homeless - in emergency shelters, at Oak City, at homeless programs and through street teams. There was also one specific night in March when the white flag shelter was opened specifically to help facility J&J vaccinations.

1D-6.	Identifying Eligible Persons Experiencing Homelessness for COVID-19 Vaccination.	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC identified eligible individuals and families experiencing homelessness for COVID-19 vaccination based on local protocol.

(limit 2,000 characters)

There was an aggressive and proactive and early effort once homeless patients became eligible for the vaccines to collaborate to help increase both education and access to the vaccination for our homeless patients. Education efforts started early preparing the way and helping to address hesitancy and answer questions. These educational sessions took place via web-exs with local homeless programs, at the white flag shelter in the mornings before patients left, and through street outreach teams. Vaccines sites were established throughout Wake County for the homeless - in emergency shelters, at Oak City, at homeless programs and through street teams. There was also one specific night in March when the white flag shelter was opened specifically to help facility J&J vaccinations.

1D-7.	Addressing Possible Increases in Domestic Violence.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC addressed possible increases in domestic violence calls for assistance due to requirements to stay at home, increased unemployment, etc. during the COVID-19 pandemic.

(limit 2,000 characters)

The CoC addressed this by partnering closely with our local Domestic Violence provider throughout the pandemic. In 2020 our CoC moved from primarily congregate shelter to non-congregate shelter via hotels and motels in effort to reduce the spread amongst our homeless populations including those fleeing from DV. Our local DV provider managed one of the non-congregate sites that utilized a "Hotels2Housing" model to ensure their clients received shelter and, subsequently, permanent housing. In addition, our By-Name List Coordinator receives weekly updates from the DV shelter to ensure that population is also included when allotting vouchers from the Housing Authorities.

1D-8.	Adjusting Centralized or Coordinated Entry System.	
	NOFO Section VII.B.1.n.	

Describe in the field below how your CoC adjusted its coordinated entry system to account for rapid changes related to the onset and continuation of the COVID-19 pandemic.

(limit 2,000 characters)

The pandemic significantly reduced access into the Coordinated Access System (CAS). Socially distancing closed many of the primary Access Sites. In response the CoC implemented a housing switchboard or call center call the Access Hub. The call center staff have undergone homeless mgmt, call center, and diversion training to successfully help every caller. The Access Hub call center operates like a triage system where the specialists quickly identify the callers' needs and connect them with services that best address their current situation. The implementation of the Access Hub helps move callers move through the CAS faster by identifying the right match for their needs. This keeps people from becoming homeless by offering prevention and diversion resources. It also creates consistent communication with those calling and seeking services. This generates concrete data on what kind of assistance people in our community needs.

1E. Project Capacity, Review, and Ranking–Local Competition

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

1E-1.	**Announcement of 30-Day Local Competition Deadline–Advance Public Notice of How Your CoC Would Review, Rank, and Select Projects. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.B.2.a. and 2.g.	

1.	**Enter the date your CoC published the 30-day submission deadline for project applications for your CoC's local competition.**	09/01/2021
2.	**Enter the date your CoC publicly posted its local scoring and rating criteria, including point values, in advance of the local review and ranking process.**	09/29/2021

1E-2.	**Project Review and Ranking Process Your CoC Used in Its Local Competition. You Must Upload an Attachment to the 4B. Attachments Screen. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria listed below.**	
	NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	

Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:

1.	**Established total points available for each project application type.**	Yes
2.	**At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).**	Yes
3.	**At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).**	Yes
4.	**Used data from a comparable database to score projects submitted by victim service providers.**	Yes
5.	**Used objective criteria to evaluate how projects submitted by victim service providers improved safety for the population they serve.**	Yes
6.	**Used a specific method for evaluating projects based on the CoC's analysis of rapid returns to permanent housing.**	Yes

1E-2a.	**Project Review and Ranking Process–Addressing Severity of Needs and Vulnerabilities.**	

	NOFO Section VII.B.2.d.

	Describe in the field below how your CoC reviewed, scored, and selected projects based on:
1.	**the specific severity of needs and vulnerabilities your CoC considered when ranking and selecting projects; and**
2.	**considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area.**

(limit 2,000 characters)

1. Our HUD Rating and Ranking Tool asked for the percentage of chronically homeless participants in the project. Full points were given to PSH projects that had 90% of participants who are chronically homeless. Full points were given to RRH projects with 50% participants who are chronically homeless. 2. Our CoC prioritizes individuals and families who are chronically homeless and make our matches from our by-name list to projects first from our CH population. Because this is a priority population, our funding review committee took into consideration the % of participants who are CH when reviewing other performance data. Additionally, a new PSH project was funded and ranked #5 because it targets CH and acute vulnerabilities in our community.

1E-3.	**Promoting Racial Equity in the Local Review and Ranking Process.**	
	NOFO Section VII.B.2.e.	

	Describe in the field below how your CoC:
1.	**obtained input and included persons of different races, particularly those over-represented in the local homelessness population, when determining the rating factors used to review project applications;**
2.	**included persons of different races, particularly those over-represented in the local homelessness population, in the review, selection, and ranking process;**
3.	**rated and ranked projects based on the degree to which their program participants mirror the homeless population demographics (e.g., considers how a project promotes racial equity where individuals and families of different races are over-represented).**

(limit 2,000 characters)

1. Our CoC hosted lived experience listening sessions when creating the Gaps Analysis. Our CoC Governance Board is comprised of 55% BIPOC members who voted on the priorities for our CoC based off the findings in the Gaps Analysis. Priorities were incorporated into the rating factors by the Funding Review Committee 2. Our Funding Review Committee approved the rating and ranking tool. This committee was comprised of 6 members, 2 BIPOC, and 1 BIPOC with lived experience. Our CoC Governance Board, comprised of 55% BIPOC members, reviewed the recommendation of the Funding Review Committee, and voted to approve the prioritization ranked list of projects.3. The rating and ranking tool, applicant worksheet, and applicant interviews rated projects on their representation of BIPOC and marginalized communities in their management staff, leadership staff, and Board of Directors. Projects were also rated on whether they receive and incorporate feedback from BIPOC lived experience members, and if they had reviewed internal policies and procedures with and equity lens. These rating factors were then used in the final ranking of the projects.

1E-4.	**Reallocation–Reviewing Performance of Existing Projects. We use the response to this question as a**	

	factor when determining your CoC's eligibility for bonus funds and for other NOFO criterion below.	
	NOFO Section VII.B.2.f.	

	Describe in the field below:
1.	**your CoC's reallocation process, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed;**
2.	**whether your CoC identified any projects through this process during your local competition this year;**
3.	**whether your CoC reallocated any low performing or less needed projects during its local competition this year;**
4.	**why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable; and**
5.	**how your CoC communicated the reallocation process to project applicants.**

(limit 2,000 characters)

1. Our CoC considered multiple factors when deciding reallocation: performance and rating of project in the scorecard, history of unspent funds, and the project's ability to make homelessness rare, brief, and nonrecurring. 2. Our CoC identified 3 projects that met reallocation criteria. 3. Our CoC fully reallocated 2 projects and partially reallocated another project. 4. Our CoC reallocated projects. 5. Our CoC communicated the rating and ranking criteria, including the reallocation process in the Applicant Information Sessions, in CoC Member meetings, and CoC Board Meetings. Projects that were voted to be reallocated by our CoC Governance board were notified the same day in writing with a description of why they were chosen for reallocation.

1E-4a.	**Reallocation Between FY 2016 and FY 2021. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criterion below.**	
	NOFO Section VII.B.2.f.	

Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2016 and FY 2021?	Yes

1E-5.	**Projects Rejected/Reduced–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen if You Select Yes.**	
	NOFO Section VII.B.2.g.	

1.	**Did your CoC reject or reduce any project application(s)?**	Yes
2.	**If you selected yes, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.**	10/28/2021

1E-5a.	**Projects Accepted–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.B.2.g.	

Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	10/28/2021

1E-6.	**Web Posting of CoC-Approved Consolidated Application. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.B.2.g.	

Enter the date your CoC's Consolidated Application was posted on the CoC's website or affiliate's website–which included: **1. the CoC Application;** **2. Priority Listings; and** **3. all projects accepted, ranked where required, or rejected.**	11/12/2021

2A. Homeless Management Information System (HMIS) Implementation

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

2A-1.	**HMIS Vendor.**	
	Not Scored–For Information Only	

Enter the name of the HMIS Vendor your CoC is currently using.	WellSky

2A-2.	**HMIS Implementation Coverage Area.**	
	Not Scored–For Information Only	

Select from dropdown menu your CoC's HMIS coverage area.	Multiple CoCs

2A-3.	**HIC Data Submission in HDX.**	
	NOFO Section VII.B.3.a.	

Enter the date your CoC submitted its 2021 HIC data into HDX.	05/14/2021

2A-4.	**HMIS Implementation–Comparable Database for DV.**	
	NOFO Section VII.B.3.b.	

	Describe in the field below actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC:
1.	**have a comparable database that collects the same data elements required in the HUD-published 2020 HMIS Data Standards; and**
2.	**submit de-identified aggregated system performance measures data for each project in the comparable database to your CoC and HMIS lead.**

(limit 2,000 characters)

1. Our CoC has one DV housing and service provider called InterAct and they utilize HMIS software called EmpowerDB. This database collects the same data elements required by HUD and regularly upload data into the Sage database as part of the ESG-CV submission process; 2. EmpowerDB does not produce official System Performance Measures for submission via HDX, however, the database produces comparable reports that were included in the CoC's most recent Gaps Analysis.

2A-5.	Bed Coverage Rate–Using HIC, HMIS Data–CoC Merger Bonus Points.	
	NOFO Section VII.B.3.c. and VII.B.7.	

Enter 2021 HIC and HMIS data in the chart below by project type:

Project Type	Total Beds 2021 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	398	37	361	100.00%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	163	0	98	60.12%
4. Rapid Re-Housing (RRH) beds	394	23	371	100.00%
5. Permanent Supportive Housing	841	0	550	65.40%
6. Other Permanent Housing (OPH)	0	0	0	

2A-5a.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-5.	
	NOFO Section VII.B.3.c.	

	For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:
1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,000 characters)

1. Our PSH bed coverage is low because HUD-VASH vouchers are not tracked in HMIS. Our CoC has engaged the housing authority that administers those vouchers to build a better relationship and work towards getting that data into our HMIS. The housing authority has a permanent seat on our CoC Governance Board and is regularly invited to participate in CoC committees, workgroups, and meetings to strengthen that relationship; 2. The CoC will work with the housing authority to identify a dedicated data entry person to track those vouchers. This will bring our bed coverage to 100%

2A-5b.	Bed Coverage Rate in Comparable Databases.	
	NOFO Section VII.B.3.c.	

Enter the percentage of beds covered in comparable databases in your CoC's geographic area.	4.00%

2A-5b.1.	**Partial Credit for Bed Coverage Rates at or Below 84.99 for Question 2A-5b.**	
	NOFO Section VII.B.3.c.	

	If the bed coverage rate entered in question 2A-5b. is 84.99 percent or less, describe in the field below:
1.	**steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent; and**
2.	**how your CoC will implement the steps described to increase bed coverage to at least 85 percent.**

(limit 2,000 characters)

1. Our PSH bed coverage is low because HUD-VASH vouchers are not tracked in HMIS. Our CoC has engaged the housing authority that administers those vouchers to build a better relationship and work towards getting that data into our HMIS. The housing authority has a permanent seat on our CoC Governance Board and is regularly invited to participate in CoC committees, workgroups, and meetings to strengthen that relationship; 2. The CoC will work with the housing authority to identify a dedicated data entry person to track those vouchers. This will bring our bed coverage to 100%

2A-6.	**Longitudinal System Analysis (LSA) Submission in HDX 2.0.**	
	NOFO Section VII.B.3.d.	

Did your CoC submit LSA data to HUD in HDX 2.0 by January 15, 2021, 8 p.m. EST?	Yes

2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

2B-1.	**Sheltered and Unsheltered PIT Count–Commitment for Calendar Year 2022**	
	NOFO Section VII.B.4.b.	

Does your CoC commit to conducting a sheltered and unsheltered PIT count in Calendar Year 2022?	Yes

2B-2.	**Unsheltered Youth PIT Count–Commitment for Calendar Year 2022.**	
	NOFO Section VII.B.4.b.	

Does your CoC commit to implementing an unsheltered youth PIT count in Calendar Year 2022 that includes consultation and participation from youth serving organizations and youth with lived experience?	Yes

2C. System Performance

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

2C-1.	**Reduction in the Number of First Time Homeless–Risk Factors.**	
	NOFO Section VII.B.5.b.	

	Describe in the field below:
1.	**how your CoC determined which risk factors your CoC uses to identify persons becoming homeless for the first time;**
2.	**how your CoC addresses individuals and families at risk of becoming homeless; and**
3.	**provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time or to end homelessness for individuals and families.**

(limit 2,000 characters)

1. Our CoC has not determined specific risk factors to identify persons becoming homeless for the first time. However, the CoC has resources available for that population. 2. Individuals and families at-risk of homelessness are assessed by our Coordinated Entry System's Access Hub. The Hub is comprised of several full-time call center specialists that operate a 24-7 homelessness crisis hotline. The Access Hub specialists are skilled at Diversion and maintain written documentation of the prevention services occurring in the community and their eligibility requirements. The specialists refer every individual and family that are eligible for the service 3. Raleigh Wake Partnership to End and Prevent Homelessness.

2C-2.	**Length of Time Homeless–Strategy to Reduce.**	
	NOFO Section VII.B.5.c.	

	Describe in the field below:
1.	**your CoC's strategy to reduce the length of time individuals and persons in families remain homeless;**
2.	**how your CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and**
3.	**provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the length of time individuals and families remain homeless.**

(limit 2,000 characters)

1. Our CoC identified a need for a full-time By-Name List Coordinator (BNL) to quickly match individuals and families to housing resources they are eligible for.

The BNL Coordinator has implemented a process where permanent housing providers and the local housing authority notifies when there is an opening into Rapid Rehousing, Permanent Supportive Housing, or a housing voucher. The Coordinator matches to housing resources immediately to reduce the length of time homeless. She also identifies areas of data quality issues (i.e., the family is un-exited in HMIS) that clutter the BNL and delays appropriate matching; 2. The BNL Coordinator filters the BNL so that those with the longest lengths of time homeless appear at the top per our CoC's prioritization policies and procedures; 3. Raleigh Wake Partnership to End and Prevent Homelessness.

2C-3.	Exits to Permanent Housing Destinations/Retention of Permanent Housing.	
	NOFO Section VII.B.5.d.	

	Describe in the field below how your CoC will increase the rate that individuals and persons in families residing in:
1.	emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations; and
2.	permanent housing projects retain their permanent housing or exit to permanent housing destinations.

(limit 2,000 characters)

1. Our CoC has conducting a system-wide Gaps Analysis to identify ways to improve our current system functioning. We have identified the need for additional Rapid Rehousing and Permanent Supportive Housing availability to move individuals and families quickly through the system. Additionally, our CoC has identified a need for "rapid exit" funds for those that need some financial support but not the services provided by permanent housing projects. Lastly, our BNL Coordinator works closely with service providers to match individuals and households to permanent housing as soon as notified to expedite exits to permanent housing.; 2. Permanent Housing providers connect individuals and families to mainstream benefits and resources, assist with procuring necessary documents (e.g., birth certificates, Social Security cards, etc.), and work closely with housing navigators in the community to identify housing unit vacancies. Our CoC evaluates the efficacy of these activities via Gaps Analyses, Longitudinal System Analysis (LSA), System Performance Measures (SPM), and Annual Performance Reports (APR).

2C-4.	Returns to Homelessness–CoC’s Strategy to Reduce Rate.	
	NOFO Section VII.B.5.e.	

	Describe in the field below:
1.	how your CoC identifies individuals and families who return to homelessness;
2.	your CoC’s strategy to reduce the rate of additional returns to homelessness; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the rate individuals and persons in families return to homelessness.

(limit 2,000 characters)

1. Our CoC utilizes our System Performance Measures and custom HMIS reports to identify individuals and families who return to homelessness.; 2. Our CoC is exploring several strategies including transforming our case managers into housing-focused "system-level" case managers that assist individuals and

families with procuring documents, employment, income, and other needs to ensure they remain stably housed. Another strategy focuses on service providers offering "aftercare" services for those housed with a Housing Authority voucher to ensure they remain stably housed.

2C-5.	Increasing Employment Cash Income-Strategy.	
	NOFO Section VII.B.5.f.	

	Describe in the field below:
1.	your CoC's strategy to increase employment income;
2.	how your CoC works with mainstream employment organizations to help individuals and families increase their cash income; and
3.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase income from employment.

(limit 2,000 characters)

1. Our CoC partners with vocational rehabilitation and workforce development programs in the community to increase employment income.; 2. Our CoC partners with local technical colleges, vocational rehabilitation programs, and workforce development programs to help individuals and families increase their vocational skills, gain higher incomes, and increase their cash income; 3. Raleigh Wake Partnership to End and Prevent Homelessness.

2C-5a.	Increasing Employment Cash Income–Workforce Development–Education–Training.	
	NOFO Section VII.B.5.f.	

	Describe in the field below how your CoC:
1.	promoted partnerships and access to employment opportunities with private employers and private employment organizations, such as holding job fairs, outreach to employers, and partnering with staffing agencies; and
2.	is working with public and private organizations to provide meaningful education and training, on-the-job training, internships, and employment opportunities for program participants.

(limit 2,000 characters)

1. The CoC promotes employment opportunities through our CoC-wide digital newsletter, during case conferencing when income barriers are discussed, at CoC-wide membership meetings, and when engaging community partners in conversation around job fairs and workforce development programs; 2. The service providers routinely partner with public and private organizations to host job fairs, provide vocational and technical employment opportunities, and network for internships and other learning experiences with the overall goal of increasing income and stability.

2C-5b.	Increasing Non-employment Cash Income.	
	NOFO Section VII.B.5.f.	

	Describe in the field below:
1.	your CoC's strategy to increase non-employment cash income;
2.	your CoC's strategy to increase access to non-employment cash sources; and

3.	**provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase non-employment cash income.**

(limit 2,000 characters)

1. Our CoC utilizes SSI/SSDI Outreach, Access, and Recovery (SOAR) caseworkers to assist individuals with accessing disability income. This is essential as we have an increasingly older and disabled homeless population that would benefit from that income. 2. Our Permanent Supportive Housing providers who employ SOAR caseworkers have seen an increase in SSDI benefits to recipients. Our CoC will continue to utilize SOAR caseworkers with housing providers and explore increasing the number of SOAR-certified caseworkers at the emergency shelters and embedded in the Street Outreach teams.; 3. Raleigh Wake Partnership to End and Prevent Homelessness.

3A. Coordination with Housing and Healthcare Bonus Points

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

3A-1.	**New PH-PSH/PH-RRH Project–Leveraging Housing Resources.**	
	NOFO Section VII.B.6.a.	

Is your CoC applying for a new PSH or RRH project(s) that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	No

3A-1a.	**New PH-PSH/PH-RRH Project–Leveraging Housing Commitment. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.B.6.a.	

Select yes or no in the chart below to indicate the organization(s) that provided the subsidies or subsidized housing units for the proposed new PH-PSH or PH-RRH project(s).

1.	**Private organizations**	No
2.	**State or local government**	No
3.	**Public Housing Agencies, including use of a set aside or limited preference**	No
4.	**Faith-based organizations**	No
5.	**Federal programs other than the CoC or ESG Programs**	No

3A-2.	**New PSH/RRH Project–Leveraging Healthcare Resources.**	
	NOFO Section VII.B.6.b.	

Is your CoC applying for a new PSH or RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	Yes

3A-2a.	**Formal Written Agreements–Value of Commitment–Project Restrictions. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.B.6.b.	

1.	**Did your CoC obtain a formal written agreement that includes: (a) the project name; (b) value of the commitment; and (c) specific dates that healthcare resources will be provided (e.g., 1-year, term of grant, etc.)?**	Yes
2.	**Is project eligibility for program participants in the new PH-PSH or PH-RRH project based on CoC Program fair housing requirements and not restricted by the health care service provider?**	Yes

3A-3.	**Leveraging Housing Resources–Leveraging Healthcare Resources–List of Projects.**	
	NOFO Sections VII.B.6.a. and VII.B.6.b.	

If you selected yes to question 3A-1. or 3A-2., use the list feature icon to enter information on each project you intend for HUD to evaluate to determine if they meet the bonus points criteria.

Project Name	Project Type	Rank Number	Leverage Type
Wake Healthy at Home	PSH	5	Healthcare

3A-3. List of Projects.

1. What is the name of the new project?	Wake Healthy at Home
2. Select the new project type:	PSH
3. Enter the rank number of the project on your CoC's Priority Listing:	5
4. Select the type of leverage:	Healthcare

3B. New Projects With Rehabilitation/New Construction Costs

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

3B-1.	**Rehabilitation/New Construction Costs–New Projects.**	
	NOFO Section VII.B.1.r.	

Is your CoC requesting funding for any new project application requesting $200,000 or more in funding for housing rehabilitation or new construction?	No

3B-2.	**Rehabilitation/New Construction Costs–New Projects.**	
	NOFO Section VII.B.1.s.	

	If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:
1.	**Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and**
2.	**HUD's implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons.**

(limit 2,000 characters)

3C. Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

3C-1.	**Designating SSO/TH/Joint TH and PH-RRH Component Projects to Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.**	
	NOFO Section VII.C.	

Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?	No

3C-2.	**Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.C.	

	If you answered yes to question 3C-1, describe in the field below:
1.	**how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and**
2.	**how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act.**

(limit 2,000 characters)

4A. DV Bonus Application

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

4A-1.	**New DV Bonus Project Applications.**	
	NOFO Section II.B.11.e.	

Did your CoC submit one or more new project applications for DV Bonus Funding?	Yes

4A-1a.	**DV Bonus Project Types.**	
	NOFO Section II.B.11.	

Select yes or no in the chart below to indicate the type(s) of new DV Bonus project(s) your CoC included in its FY 2021 Priority Listing.

	Project Type	
1.	**SSO Coordinated Entry**	No
2.	**PH-RRH or Joint TH/RRH Component**	Yes

You must click "Save" after selecting Yes for element 1 SSO Coordinated Entry to view questions 4A-3 and 4A-3a.

4A-2.	**Number of Domestic Violence Survivors in Your CoC's Geographic Area.**	
	NOFO Section II.B.11.	

1.	**Enter the number of survivors that need housing or services:**	631
2.	**Enter the number of survivors your CoC is currently serving:**	253
3.	**Unmet Need:**	378

4A-2a.	**Calculating Local Need for New DV Projects.**	
	NOFO Section II.B.11.	

Describe in the field below:

1.	**how your CoC calculated the number of DV survivors needing housing or services in question 4A-2 element 1 and element 2; and**
2.	**the data source (e.g. comparable database, other administrative data, external data source, HMIS for non-DV projects); or**
3.	**if your CoC is unable to meet the needs of all survivors please explain in your response all barriers to meeting those needs.**

(limit 2,000 characters)

1. To get number of survivors needing housing and services, we pulled an APR for today's date, 11/11/21, that included all CoC projects, plus our waitlists from our Coordinated Access Sites. We used line 14A. For currently serving, we pulled an APR for today's date, 11/11/21, for all projects in the CoC and used line item 14A to identify how many survivors are being served by homelessness response system. We combined that with our DV organization, InterAct, data pulled from an APR on 11/11/21 in their comparable database, EmpowerBD, to include the number they are currently serving.3. All of our emergency shelters in our CoC are experiencing a 6-10 week waitlist. Our DV shelter has also been at capacity, with only 37 emergency shelter beds and 23 RRH units. They respond to all calls for services, but unfortunately need to refer out of County or attempt to divert victims to other temporary stays with family, only bringing in those with high lethality risks. Due to the barriers caused by the pandemic for employment, child care, and costs of goods, many of their participants are staying in shelter and RRH longer, causing a slow down in system flow. By applying for more RRH funds, our system is able to quickly house more households, then wrap around services once housed to stabilize the household.

4A-4.	**New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects–Project Applicant Information.**	
	NOFO Section II.B.11.	

Use the list feature icon to enter information on each unique project applicant applying for New PH-RRH and Joint TH and PH-RRH Component DV Bonus projects–only enter project applicant information once, regardless of how many DV Bonus projects that applicant is applying for.

Applicant Name
InterAct

Project Applicants Applying for New PH-RRH and Joint TH and PH-RRH DV Bonus Projects

4A-4.	**New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects–Project Applicant Information–Rate of Housing Placement and Rate of Housing Retention–Project Applicant Experience.**	
	NOFO Section II.B.11.	

Enter information in the chart below on the project applicant applying for one or more New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects included on your CoC's FY 2021 Priority Listing:

1.	**Applicant Name**	InterAct
2.	**Rate of Housing Placement of DV Survivors–Percentage**	61.00%
3.	**Rate of Housing Retention of DV Survivors–Percentage**	85.00%

4A-4a.	**Calculating the Rate of Housing Placement and the Rate of Housing Retention–Project Applicant Experience.**	
	NOFO Section II.B.11.	

	Describe in the field below:
1.	**how the project applicant calculated the rate of housing placement and rate of housing retention reported in question 4A-4; and**
2.	**the data source (e.g. comparable database, other administrative data, external data source, HMIS for non-DV projects).**

(limit 1,000 characters)

1. When a client moves out of our shelter, our shelter staff records in EmpowerDB what their destination is and if they continue to provide case management for them and assist them in receiving more permanent housing later, that destination is sometimes updated, but usually the destination in the system is their immediate destination upon exiting the shelter. For this report, it pulled every shelter program client that left our shelter between July 1, 2020 and June 30, 2021. InterAct took out all the children as their destinations are usually unmarked in the system but are the same as their parent's so they are counted as the same exit destination. 59 adults exited and of those, 34 were to housing placements, or 61%. To figure out retention rate, InterAct reviewed data on each of the exits, finding 15% were unable to retain their housing, return to InterAct for assistance or shelter. 2.InterAct uses a comparable database, EmpowerDB.

4A-4b.	**Providing Housing to DV Survivor–Project Applicant Experience.**	
	NOFO Section II.B.11.	

	Describe in the field below how the project applicant:
1.	**ensured DV survivors experiencing homelessness were assisted to quickly move into safe affordable housing;**

2.	**prioritized survivors–you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC's emergency transfer plan, etc.;**
3.	**connected survivors to supportive services; and**
4.	**moved clients from assisted housing to housing they could sustain–address housing stability after the housing subsidy ends.**

(limit 2,000 characters)

1.InterAct prioritizes survivors in need of safe affordable housing. InterAct's Rapid Rehousing Program is designed with a Housing First Philosophy that limits barriers to entry. InterAct prioritizes providing permanent housing. This approach is guided by the belief that people need basic necessities like a place to live before attending to anything less critical, such as getting a job, budgeting properly, or attending to substance use issues. Additionally, client choice is valuable in housing selection and supportive service participation, and that exercising that choice is likely to make a client more successful in remaining housed and improving their life. 2. In accordance with VAWA regulations, InterAct does not participate in HMIS but uses a comparable database, EmpowerDB, that will run a By-Name List that can be de--identified. Victims fleeing or attempting to flee domestic violence that come through other Access Sites will be matched to InterAct for Rapid Rehousing Support. InterAct abides by the CoC's Emergency Transfer Plan and can assist in the safety planning or rehousing of survivors that request one. 3. InterAct's DV/SA Case Manager provides case management services to connect households to income, mainstream benefits, community resources, and other supports necessary to improve the self-sufficiency of the household during their time in the program. InterAct also provides counseling services and court advocacy. 4.InterAct uses a progressive engagement approach to determine duration and amount of financial assistance. Clients are connected to mainstream benefits and community resources for increasing income to ensure housing stability once subsidy has ended. InterAct evaluates the household every 3 months to assess if they have the proper network of supports to retain housing without subsidy.

4A-4c.	**Ensuring DV Survivor Safety–Project Applicant Experience.**	
	NOFO Section II.B.11.	

	Describe in the field below examples of how the project applicant ensured the safety of DV survivors experiencing homelessness by:
1.	**training staff on safety planning;**
2.	**adjusting intake space to better ensure a private conversation;**
3.	**conducting separate interviews/intake with each member of a couple;**
4.	**working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;**
5.	**maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant; and**
6.	**keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors.**

(limit 5,000 characters)

1. All housing case managers are specially trained to serve victims of trauma and are trained to respond appropriately and avoid re-traumatization. Staff are required to attend 30 hours of DV/SA specific training, as well as 20+ hours annually which includes personalized safety planning with victims. Additionally,

all staff are trained to administer the Lethality Assessment Protocol, an evidence-based screening tool aimed at identifying those who are at the highest risk of serious injury and/or death and offering client-specific safety planning and services aimed at saving lives before they are lost. Clients are also provided DV/SA-specific support services and advocacy through DV/SA counselors/case managers. 2. InterAct's intake space features five private counseling rooms and privacy sound masking tools are in place to provide additional confidentiality. 3. By policy, InterAct can only provide services to one member of a couple. All crisis counseling, case management, and housing intake services are provided with only the victim present. 4. InterAct believes that survivors of abuse are experts in their safety, and we operate all services under the empowerment philosophy, this is extended to all housing services. InterAct's Housing Case Manager helps to identify all housing options, taking into account proximity to abusive partner, access to public transportation, as well as other aspects that may increase their feelings of safety such as interior halls, bars on windows, adequate lighting, etc. InterAct believes client choice is paramount in housing selection. Survivors determine they consider to be safe for them. And, that exercising that choice is likely to make a client more successful in remaining housed and improving their life. 5. InterAct adheres to Housing Quality Standards to ensure safety of residents in congregate living. Furthermore, using trauma informed design, hallways and all spaces are well lit and easily accessible. 6.InterAct operates the community's only emergency shelter for individuals and families fleeing DV/SA. The shelter provides private bedrooms with congregate living spaces and is staffed 24/7. The location is confidential and includes on-site security and cameras monitored 24/7. The space is set aside solely for use by survivors. InterAct abides by all VAWA confidentiality standards and does not release information about any clients without informed, time-limited, client consent.

4A-4c.1.	**Evaluating Ability to Ensure DV Survivor Safety–Project Applicant Experience.**	
	NOFO Section II.B.11.	

Describe in the field below how the project evaluated its ability to ensure the safety of DV survivors the project served.

(limit 2,000 characters)

For over 40 years, InterAct has been the community's only comprehensive victim service provider addressing both DV and SA. Each year InterAct serves over 6,000 direct victims of violence and provides emergency shelter and support to 250-400 individuals each year. While occupancy each year is consistently 90% and above, the number served annually varies depending on length of shelter stay and number of children accompanying the victim. Nationally 50-60% of all DV shelter residents return to an abusive home. But at InterAct, 81% of those exiting the shelter residents did NOT return to an abusive home and 61% secured permanent housing. Additionally, 99% of victims surveyed after receiving crisis services at InterAct reported an increase in safety strategies. And 100% of victims receiving case management support (including housing case management) reported feeling less isolated as result of service provided.

InterAct supports, values, and conforms to all CoC Written Standards. Our

Emergency Shelter and Rapid Rehousing Program employ specially trained staff and case managers with a minimum bachelor's degree and demonstrated ability and experience. All shelter residents and those receiving rapid rehousing support through InterAct must be fleeing or attempting to flee domestic violence or sexual assault. InterAct does not turn away individuals unless all program spaces are full in which we will work with client to identify a safe option which may include transportation to another victim service provider across the state, or country, transportation to friend or family, or identifying shelter space at a CoC partner agency.

4A-4d.	**Trauma-Informed, Victim-Centered Approaches–Project Applicant Experience.**	
	NOFO Section II.B.11.	

	Describe in the field below examples of the project applicant's experience in using trauma-informed, victim-centered approaches to meet needs of DV survivors in each of the following areas:
1.	**prioritizing program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;**
2.	**establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;**
3.	**providing program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;**
4.	**emphasizing program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;**
5.	**centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;**
6.	**providing opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and**
7.	**offering support for parenting, e.g., parenting classes, childcare.**

(limit 5,000 characters)

1. InterAct believes that survivors of abuse are experts in their safety, and we operate all services under the empowerment philosophy, this is extended to all housing services. InterAct's Housing Case Manager helps to identify all housing options, considering proximity to abusive partner, access to public transportation, as well as other aspects that may increase their feelings of safety such as interior halls, bars on windows, adequate lighting, etc. InterAct believes client choice is paramount in housing selection. Survivors determine they consider to be safe for them. Exercising that choice is likely to make a client more successful in remaining housed and improving their life. 2. InterAct operates a low-barrier emergency shelter. All services are optional and a client's shelter stay is not contingent upon the completion or engagement in any supportive services. Each shelter guest is empowered to participate in any services that they feel will enhance their safety and improve their self-sufficiency. InterAct is committed to identifying and countering discrimination faced by survivors of abuse at all phases of the housing process. Our programs are designed to remove population specific barriers to accessing housing and account for the different safety needs, vulnerabilities and risk factors found when escaping violence or abuse. 3. All staff, including housing and DV/SA case managers, are specially trained to serve victims of trauma and are trained to respond appropriately and avoid re-traumatization. Staff are required to attend 30 hours of DV/SA specific training, as well as 20+ hours annually.

Staff receive training in Cognitive Behavioral Therapy (CBT). CBT helps people attain safety while helping to reduce trauma/PTSD symptoms. CBT treatment involves learning to recognize one's distortions in thinking and gaining a better understanding of the behavior and motivation of others. 4. All clients have a case management plan built around their goals for safety and personal and economic empowerment. Case managers help to track progress towards goals and provide strength-based assessments and identify tools and opportunities to reach the client's goals. 100% of clients surveyed reported a decrease in feelings of isolation because of services provided. 5. InterAct's mandatory staff training includes cultural competency, inclusivity, and non-discrimination. These issues are imperative because we recognize that while violence occurs in every culture, we acknowledge and address the fact that violence disproportionately impacts marginalized groups, especially those who experience multiple forms of oppression. We have formed a twelve-member Racial Equity Work Group with representatives from all departments, volunteer stakeholder groups, survivors, and our board of directors. The first action of this committee was to issue an RFP for a Racial Equity and Inclusion Consultant to guide us through the process of reviewing internal policies and practices, additional training for staff, and working collaboratively with other systems that survivors often report to be challenging and oppressive (law enforcement, courts, child protective services) while advocating for change. The consultant is set to begin working with InterAct in January 2021. 6. InterAct offers DV and SA support groups weekly, including private support groups for shelter residents as well as bilingual support groups for Spanish speaking clients. We have worked to ensure that victims and survivors have a voice in framing services and have identified this as acritical component of our programming. Last year, InterAct's VOICES Committee serves as a strong, survivor-led team providing guidance and feedback for InterAct's operations and programming. This group is committed to providing peer support for one another and has a goal of extending peer support to those currently in crisis. InterAct recognizes that faith plays an important part of healing and support for many survivors. InterAct has deep partnerships within our local faith communities and facilitates connections as requested by clients. 7. InterAct has two full-time children's counselors and provides child trauma screenings through a local partnership with a non-profit mental health services provider. InterAct offers child specific programming including support groups and a mentoring program for children after they are no longer in crisis. InterAct's children's counselors also work to identify childcare options for families and are trained in the implementation of Triple P. The Triple P is one of the most effective evidence-based parenting programs in the world, backed up by more than 35 years of ongoing research. Triple P has been shown to work across cultures, socio-economic groups and in many kinds of family structures. InterAct also employs a full-time advocate working at child protective services to assist with cases involving DV.

4A-4e.	**Meeting Service Needs of DV Survivors–Project Applicant Experience.**	
	NOFO Section II.B.11.	

	Describe in the field below:
1.	**supportive services the project applicant provided to domestic violence survivors experiencing homelessness while quickly moving them into permanent housing and addressing their safety needs; and**
2.	**provide examples of how the project applicant provided the supportive services to domestic violence survivors.**

(limit 5,000 characters)

1.For over 40 years InterAct has provided our community's only DV emergency shelter program. Each year, InterAct has maintained a strong record of helping victims successfully exit abusive relationships and remarkably 80% each year do NOT return to an abusive home upon exit from the shelter program. With special CARES Act funding, InterAct was able to establish a Rapid Rehousing Program. In the first eight months of operation, InterAct was able to secure permanent housing for 30 DV victims and 61% of our emergency shelter residents secured permanent housing. InterAct's Rapid Rehousing Program is designed with a Housing First Philosophy that limits barriers to entry. InterAct prioritizes providing permanent housing. This approach is guided by the belief that people need basic necessities like a place to live before attending to anything less critical, such as getting a job, budgeting properly, or attending to substance use issues. Additionally, client choice is valuable in housing selection and supportive service participation, and that exercising that choice is likely to make a client more successful in remaining housed and improving their life. In addition to housing case management, each client receives InterAct's DV/SA specific case management services centered around personal and economic empowerment as well as 24/7 crisis counseling, support groups, legal and hospital advocacy, court accompaniment, and children's services. All services are offered on-site and free of charge. 2. Each year InterAct serves over 6,000 direct victims of violence. One example of success is Carol, a single mother with 3 daughters. She moved from New Jersey to escape abuse with the promise of staying with a local friend. When she arrived, her friend was unable to house her, and she called InterAct from the airport. InterAct provided shelter to this family of four. While waiting for available housing, InterAct assisted Carol with getting re-certified as a nursing assistant in the state of NC. Her oldest daughter also successfully completed her GED. The entire family received mental health services through our partner Easterseals UCP. Once Carol was matched with a housing choice voucher, InterAct helped Carol find housing which she has maintained now for two years. Her apartment was fully furnished thanks to a partnership with the Green Chair Project. Carol now has a full-time job, and her oldest daughter is attending a local college. Carol received case management services for one year which focused on her personal goals of increasing independent living skills and financial and budgeting support.

4A-4f.	**Trauma-Informed, Victim-Centered Approaches–New Project Implementation.**	
	NOFO Section II.B.11.	

	Provide examples in the field below of how the new project will:
1.	**prioritize program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;**
2.	**establish and maintain an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;**
3.	**provide program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;**
4.	**place emphasis on program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;**
5.	**center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;**

6.	**provide opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and**
7.	**offer support for parenting, e.g., parenting classes, childcare.**

(limit 5,000 characters)

1. InterAct believes that survivors of abuse are experts in their safety, and we operate all services under the empowerment philosophy, this is extended to all new housing services. InterAct's Housing Case Manager helps to identify all housing options, considering proximity to abusive partner, access to public transportation, as well as other aspects that may increase their feelings of safety such as interior halls, bars on windows, adequate lighting, etc. InterAct believes client choice is paramount in housing selection. Survivors determine they consider to be safe for them. Exercising that choice is likely to make a client more successful in remaining housed and improving their life. 2. InterAct new RRH project is low barrier. All services are optional and assistance is not contingent upon the completion or engagement in any supportive services. Each client is empowered to participate in any services that they feel will enhance their safety and improve their self-sufficiency. InterAct is committed to identifying and countering discrimination faced by survivors of abuse at all phases of the housing process. Our programs are designed to remove population specific barriers to accessing housing and account for the different safety needs, vulnerabilities and risk factors found when escaping violence or abuse. 3. All staff, including housing and DV/SA case managers, are specially trained to serve victims of trauma and are trained to respond appropriately and avoid re-traumatization. Staff are required to attend 30 hours of DV/SA specific training, as well as 20+ hours annually. Staff receive training in Cognitive Behavioral Therapy (CBT). CBT helps people attain safety while helping to reduce trauma/PTSD symptoms. CBT treatment involves learning to recognize one's distortions in thinking and gaining a better understanding of the behavior and motivation of others. 4. All clients will have a case management plan built around their goals for safety and personal and economic empowerment. Case managers help to track progress towards goals and provide strength-based assessments and identify tools and opportunities to reach the client's goals. 5. InterAct's mandatory staff training includes cultural competency, inclusivity, and non-discrimination. These issues are imperative because we recognize that while violence occurs in every culture, we acknowledge and address the fact that violence disproportionately impacts marginalized groups, especially those who experience multiple forms of oppression. A Racial Equity and Inclusion Consultant is set to begin working with InterAct in January 2021. 6. All of InterAct's services will be open to participants in the new RRH project. InterAct offers DV and SA support groups weekly, including private support groups and bilingual support groups for Spanish speaking clients. We have worked to ensure that victims and survivors have a voice in framing services and have identified this as acritical component of our programming. InterAct's VOICES Committee serves as a strong, survivor-led team providing guidance and feedback for InterAct's operations and programming. This group is committed to providing peer support for one another and has a goal of extending peer support to those currently in crisis. InterAct recognizes that faith plays an important part of healing and support for many survivors. InterAct has deep partnerships within our local faith communities and facilitates connections as requested by clients. 7. Participants in the new RRH project will be invited to participate in all parenting and childcare classes or support services. InterAct has two full-time children's counselors and provides child trauma screenings through a local partnership

with a non-profit mental health services provider. InterAct offers child specific programming including support groups and a mentoring program for children after they are no longer in crisis. InterAct's children's counselors also work to identify childcare options for families and are trained in the implementation of Triple P. The Triple P is one of the most effective evidence-based parenting programs in the world, backed up by more than 35 years of ongoing research. Triple P has been shown to work across cultures, socio-economic groups and in many kinds of family structures.

4B. Attachments Screen For All Application Questions

We prefer that you use PDF files, though other file types are supported. Please only use zip files if necessary.

Attachments must match the questions they are associated with.

Only upload documents responsive to the questions posed–including other material slows down the review process, which ultimately slows down the funding process.

We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

Document Type	Required?	Document Description	Date Attached
1C-14. CE Assessment Tool	Yes	CE Assessment Tool	11/12/2021
1C-7. PHA Homeless Preference	No	PHA Homeless Pref...	11/12/2021
1C-7. PHA Moving On Preference	No		
1E-1. Local Competition Announcement	Yes	Local Competition...	11/12/2021
1E-2. Project Review and Selection Process	Yes	Project Review an...	11/12/2021
1E-5. Public Posting–Projects Rejected-Reduced	Yes	Public Posting- P...	11/12/2021
1E-5a. Public Posting–Projects Accepted	Yes	Public Posting-Pr...	11/12/2021
1E-6. Web Posting–CoC-Approved Consolidated Application	Yes		
3A-1a. Housing Leveraging Commitments	No		
3A-2a. Healthcare Formal Agreements	No	Healthcare Formal...	11/12/2021
3C-2. Project List for Other Federal Statutes	No		

Attachment Details

Document Description: CE Assessment Tool

Attachment Details

Document Description: PHA Homeless Preference

Attachment Details

Document Description:

Attachment Details

Document Description: Local Competition Announcement

Attachment Details

Document Description: Project Review and Selection Process.

Attachment Details

Document Description: Public Posting- Project Review and Selection

Process

Attachment Details

Document Description: Public Posting-Projects Accepted

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: Healthcare Formal Agreements

Attachment Details

Document Description:

Submission Summary

Ensure that the Project Priority List is complete prior to submitting.

Page	Last Updated
1A. CoC Identification	11/10/2021
1B. Inclusive Structure	11/11/2021
1C. Coordination	11/11/2021
1C. Coordination continued	11/11/2021
1D. Addressing COVID-19	11/11/2021
1E. Project Review/Ranking	11/11/2021
2A. HMIS Implementation	11/10/2021
2B. Point-in-Time (PIT) Count	11/10/2021
2C. System Performance	11/10/2021
3A. Housing/Healthcare Bonus Points	11/10/2021
3B. Rehabilitation/New Construction Costs	11/10/2021

3C. Serving Homeless Under Other Federal Statutes	11/10/2021
4A. DV Bonus Application	11/12/2021
4B. Attachments Screen	Please Complete
Submission Summary	No Input Required

NC507-Attachments

1C-14: CE Assessment Tool

Vulnerability Index -

Service Prioritization Decision Assistance Tool

(VI-SPDAT)

Prescreen Triage Tool for Families

AMERICAN VERSION 2.0

©2015 OrgCode Consulting Inc. and Community Solutions. All rights reserved.
1 (800) 355-0420 info@orgcode.com www.orgcode.com

COMMUNITY SOLUTIONS

ORG CODE

Welcome to the SPDAT Line of Products

The Service Prioritization Decision Assistance Tool (SPDAT) has been around in various incarnations for over a decade, before being released to the public in 2010. Since its initial release, the use of the SPDAT has been expanding exponentially and is now used in over one thousand communities across the United States, Canada, and Australia.

More communities using the tool means there is an unprecedented demand for versions of the SPDAT, customized for specific client groups or types of users. With the release of SPDAT V4, there have been more current versions of SPDAT products than ever before.

VI-SPDAT Series

The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) was developed as a pre-screening tool for communities that are very busy and do not have the resources to conduct a full SPDAT assessment for every client. It was made in collaboration with Community Solutions, creators of the Vulnerability Index, as a brief survey that can be conducted to quickly determine whether a client has high, moderate, or low acuity. The use of this survey can help prioritize which clients should be given a full SPDAT assessment first. Because it is a self-reported survey, no special training is required to use the VI-SPDAT.

Current versions available:

- VI-SPDAT V 2.0 for Individuals
- VI-SPDAT V 2.0 for Families
- VI-SPDAT V 2.0 for Youth

All versions are available online at

www.orgcode.com/products/vi-spdat/

SPDAT Series

The Service Prioritization Decision Assistance Tool (SPDAT) was developed as an assessment tool for front-line workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. The SPDAT tools are also designed to help guide case management and improve housing stability outcomes. They provide an in-depth assessment that relies on the assessor's ability to interpret responses and corroborate those with evidence. As a result, this tool may only be used by those who have received proper, up-to-date training provided by OrgCode Consulting, Inc. or an OrgCode certified trainer.

Current versions available:

- SPDAT V 4.0 for Individuals
- SPDAT V 4.0 for Families
- SPDAT V 4.0 for Youth

Information about all versions is available online at

www.orgcode.com/products/spdat/

©2015 OrgCode Consulting Inc. and Community Solutions. All rights reserved.

1 (800) 355-0420 info@orgcode.com www.orgcode.com

SPDAT Training Series

To use the SPDAT, training by OrgCode or an OrgCode certified trainer is required. We provide training on a wide variety of topics over a variety of mediums.

The full-day in-person SPDAT Level 1 training provides you the opportunity to bring together as many people as you want to be trained for one low fee. The webinar training allows for a maximum of 15 different computers to be logged into the training at one time. We also offer online courses for individuals that you can do at your own speed.

The training gives you the manual, case studies, application to current practice, a review of each component of the tool, conversation guidance with prospective clients – and more!

Current SPDAT training available:

- Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
- Level 1 SPDAT Training: SPDAT for Frontline Workers
- Level 2 SPDAT Training: SPDAT for Supervisors
- Level 3 SPDAT Training: SPDAT for Trainers

Other related training available:

- Excellence in Housing-Based Case Management
- Coordinated Access & Common Assessment
- Motivational Interviewing
- Objective-Based Interactions

More information about SPDAT training, including pricing, is available online at

http://www.orgcode.com/product-category/training/spdat/

©2015 OrgCode Consulting Inc. and Community Solutions. All rights reserved.

1 (800) 355-0420 info@orgcode.com www.orgcode.com

Administration

Interviewer's Name	**Agency**	☐ Team ☐ Staff ☐ Volunteer
_____	_____	
Survey Date	**Survey Time**	**Survey Location**
DD/MM/YYYY ____/____/_____	__ __ : __ __	_____

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only "Yes," "No," or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

PARENT 1

First Name	**Nickname**	**Last Name**
_____	_____	_____

In what language do you feel best able to express yourself? _____

Date of Birth	**Age**	**Social Security Number**	**Consent to participate**
DD/MM/YYYY ____/____/_____	_____	_____	☐ Yes ☐ No

PARENT 2

☐ No second parent currently part of the household

First Name	**Nickname**	**Last Name**
_____	_____	_____

In what language do you feel best able to express yourself? _____

Date of Birth	**Age**	**Social Security Number**	**Consent to participate**
DD/MM/YYYY ____/____/_____	_____	_____	☐ Yes ☐ No

IF EITHER HEAD OF HOUSEHOLD IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.

SCORE:

©2015 OrgCode Consulting Inc. and Community Solutions. All rights reserved.

1 (800) 355-0420 info@orgcode.com www.orgcode.com

Children

1. How many children under the age of 18 are currently with you? _____ ☐ Refused
2. How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed? _____ ☐ Refused
3. *IF HOUSEHOLD INCLUDES A FEMALE:* Is any member of the family currently pregnant? ☐ **Y** ☐ N ☐ Refused
4. Please provide a list of children's names and ages:

First Name	Last Name	Age	Date of Birth

IF THERE IS A SINGLE PARENT WITH 2+ CHILDREN, AND/OR A CHILD AGED 11 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR **FAMILY SIZE**.

IF THERE ARE TWO PARENTS WITH 3+ CHILDREN, AND/OR A CHILD AGED 6 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR **FAMILY SIZE**.

SCORE:

A. History of Housing and Homelessness

5. Where do you and your family sleep most frequently? (check one)

☐ Shelters
☐ Transitional Housing
☐ Safe Haven
☐ **Outdoors**
☐ **Other (specify):** _____
☐ **Refused**

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.

SCORE:

6. How long has it been since you and your family lived in permanent stable housing? _____ ☐ Refused
7. In the last three years, how many times have you and your family been homeless? _____ ☐ Refused

IF THE FAMILY HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.

SCORE:

©2015 OrgCode Consulting Inc. and Community Solutions. All rights reserved.

B. Risks

8. In the past six months, how many times have you or anyone in your family...

   a) Received health care at an emergency department/room? ____ ☐ Refused

   b) Taken an ambulance to the hospital? ____ ☐ Refused

   c) Been hospitalized as an inpatient? ____ ☐ Refused

   d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? ____ ☐ Refused

   e) Talked to police because they witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told them that they must move along? ____ ☐ Refused

   f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? ____ ☐ Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR **EMERGENCY SERVICE USE.**	**SCORE:**

9. Have you or anyone in your family been attacked or beaten up since they've become homeless? ☐ **Y** ☐ N ☐ Refused

10. Have you or anyone in your family threatened to or tried to harm themself or anyone else in the last year? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF HARM.**	**SCORE:**

11. Do you or anyone in your family have any legal stuff going on right now that may result in them being locked up, having to pay fines, or that make it more difficult to rent a place to live? ☐ **Y** ☐ N ☐ Refused

IF "YES," THEN SCORE 1 FOR **LEGAL ISSUES.**	**SCORE:**

12. Does anybody force or trick you or anyone in your family to do things that you do not want to do? ☐ **Y** ☐ N ☐ Refused

13. Do you or anyone in your family ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone they don't know, share a needle, or anything like that? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF EXPLOITATION.**	**SCORE:**

©2015 OrgCode Consulting Inc. and Community Solutions. All rights reserved.

C. Socialization & Daily Functioning

14.	Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you or anyone in your family owe them money?	☐ **Y**	☐ N	☐ Refused
15.	Do you or anyone in your family get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?	☐ Y	☐ **N**	☐ Refused

IF "YES" TO QUESTION 14 OR "NO" TO QUESTION 15, THEN SCORE 1 FOR **MONEY MANAGEMENT.** **SCORE:**

16.	Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled?	☐ Y	☐ **N**	☐ Refused

IF "NO," THEN SCORE 1 FOR **MEANINGFUL DAILY ACTIVITY.** **SCORE:**

17.	Is everyone in your family currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?	☐ Y	☐ **N**	☐ Refused

IF "NO," THEN SCORE 1 FOR **SELF-CARE.** **SCORE:**

18.	Is your family's current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because other family or friends caused your family to become evicted?	☐ **Y**	☐ N	☐ Refused

IF "YES," THEN SCORE 1 FOR **SOCIAL RELATIONSHIPS.** **SCORE:**

D. Wellness

19.	Has your family ever had to leave an apartment, shelter program, or other place you were staying because of the physical health of you or anyone in your family?	☐ **Y**	☐ N	☐ Refused
20.	Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs or heart?	☐ **Y**	☐ N	☐ Refused
21.	If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you or anyone in your family?	☐ **Y**	☐ N	☐ Refused
22.	Does anyone in your family have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?	☐ **Y**	☐ N	☐ Refused
23.	When someone in your family is sick or not feeling well, does your family avoid getting medical help?	☐ **Y**	☐ N	☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **PHYSICAL HEALTH.** **SCORE:**

©2015 OrgCode Consulting Inc. and Community Solutions. All rights reserved.

1 (800) 355-0420 info@orgcode.com www.orgcode.com

24. Has drinking or drug use by you or anyone in your family led your family to being kicked out of an apartment or program where you were staying in the past? ☐ **Y** ☐ N ☐ Refused

25. Will drinking or drug use make it difficult for your family to stay housed or afford your housing? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SUBSTANCE USE.** **SCORE:**

26. Has your family ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:

a) A mental health issue or concern? ☐ **Y** ☐ N ☐ Refused

b) A past head injury? ☐ **Y** ☐ N ☐ Refused

c) A learning disability, developmental disability, or other impairment? ☐ **Y** ☐ N ☐ Refused

27. Do you or anyone in your family have any mental health or brain issues that would make it hard for your family to live independently because help would be needed? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **MENTAL HEALTH.** **SCORE:**

28. *IF THE FAMILY SCORED 1 EACH FOR PHYSICAL HEALTH, SUBSTANCE USE, AND MENTAL HEALTH:* Does any single member of your household have a medical condition, mental health concerns, **and** experience with problematic substance use? ☐ **Y** ☐ N ☐ N/A or Refused

IF "YES", SCORE 1 FOR **TRI-MORBIDITY**. **SCORE:**

29. Are there any medications that a doctor said you or anyone in your family should be taking that, for whatever reason, they are not taking? ☐ **Y** ☐ N ☐ Refused

30. Are there any medications like painkillers that you or anyone in your family don't take the way the doctor prescribed or where they sell the medication? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **MEDICATIONS.** **SCORE:**

31. *YES OR NO:* Has your family's current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you or anyone in your family have experienced? ☐ **Y** ☐ N ☐ Refused

IF "YES", SCORE 1 FOR **ABUSE AND TRAUMA.** **SCORE:**

©2015 OrgCode Consulting Inc. and Community Solutions. All rights reserved.

E. Family Unit

32.	Are there any children that have been removed from the family by a child protection service within the last 180 days?	☐ **Y**	☐ N	☐ Refused
33.	Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your housing?	☐ **Y**	☐ N	☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **FAMILY LEGAL ISSUES.** **SCORE:**

34.	In the last 180 days have any children lived with family or friends because of your homelessness or housing situation?	☐ **Y**	☐ N	☐ Refused
35.	Has any child in the family experienced abuse or trauma in the last 180 days?	☐ **Y**	☐ N	☐ Refused
36.	*IF THERE ARE SCHOOL-AGED CHILDREN:* Do your children attend school more often than not each week?	☐ Y	☐ **N**	☐ N/A or Refused

IF "YES" TO ANY OF QUESTIONS 34 OR 35, OR "NO" TO QUESTION 36, SCORE 1 FOR **NEEDS OF CHILDREN.** **SCORE:**

37.	Have the members of your family changed in the last 180 days, due to things like divorce, your kids coming back to live with you, someone leaving for military service or incarceration, a relative moving in, or anything like that?	☐ **Y**	☐ N	☐ Refused
38.	Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed?	☐ **Y**	☐ N	☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **FAMILY STABILITY.** **SCORE:**

39.	Do you have two or more planned activities each week as a family such as outings to the park, going to the library, visiting other family, watching a family movie, or anything like that?	☐ Y	☐ **N**	☐ Refused
40.	After school, or on weekends or days when there isn't school, is the total time children spend each day where there is no interaction with you or another responsible adult...			
	a) 3 or more hours per day for children aged 13 or older?	☐ **Y**	☐ N	☐ Refused
	b) 2 or more hours per day for children aged 12 or younger?	☐ **Y**	☐ N	☐ Refused
41.	*IF THERE ARE CHILDREN BOTH 12 AND UNDER & 13 AND OVER:* Do your older kids spend 2 or more hours on a typical day helping their younger sibling(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that?	☐ **Y**	☐ N	☐ N/A or Refused

IF "NO" TO QUESTION 39, OR "YES" TO ANY OF QUESTIONS 40 OR 41, SCORE 1 FOR **PARENTAL ENGAGEMENT.** **SCORE:**

©2015 OrgCode Consulting Inc. and Community Solutions. All rights reserved.

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/2	
A. HISTORY OF HOUSING & HOMELESSNESS	/2	**Score:** **Recommendation:**
B. RISKS	/4	0-3 no housing intervention
C. SOCIALIZATION & DAILY FUNCTIONS	/4	4-8 an assessment for Rapid Re-Housing
D. WELLNESS	/6	9+ an assessment for Permanent Supportive Housing/Housing First
E. FAMILY UNIT	/4	
GRAND TOTAL:	/22	

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ___ : _____ or
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: (_____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	☐ Yes ☐ No ☐ Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the adult at some point in the future
- safety planning

©2015 OrgCode Consulting Inc. and Community Solutions. All rights reserved.

Appendix A: About the VI-SPDAT

The HEARTH Act and federal regulations require communities to have an assessment tool for coordinated entry - and the VI-SPDAT and SPDAT meet these requirements. Many communities have struggled to comply with this requirement, which demands an investment of considerable time, resources and expertise. Others are making it up as they go along, using "gut instincts" in lieu of solid evidence. Communities need a practical, evidence-informed way to satisfy federal regulations while quickly implementing an effective approach to access and assessment. The VI-SPDAT is a first-of-its-kind tool designed to fill this need, helping communities end homelessness in a quick, strategic fashion.

The VI-SPDAT

The VI-SPDAT was initially created by combining the elements of the Vulnerability Index which was created and implemented by Community Solutions broadly in the 100,000 Homes Campaign, and the SPDAT Prescreen Instrument that was part of the Service Prioritization Decision Assistance Tool. The combination of these two instruments was performed through extensive research and development, and testing. The development process included the direct voice of hundreds of persons with lived experience.

The VI-SPDAT examines factors of current vulnerability and future housing stability. It follows the structure of the SPDAT assessment tool, and is informed by the same research backbone that supports the SPDAT - almost 300 peer reviewed published journal articles, government reports, clinical and quasi-clinical assessment tools, and large data sets. The SPDAT has been independently tested, as well as internally reviewed. The data overwhelmingly shows that when the SPDAT is used properly, housing outcomes are better than when no assessment tool is used.

The VI-SPDAT is a triage tool. It highlights areas of higher acuity, thereby helping to inform the type of support and housing intervention that may be most beneficial to improve long term housing outcomes. It also helps inform the order - or priority - in which people should be served. The VI-SPDAT does not make decisions; it informs decisions. The VI-SPDAT provides data that communities, service providers, and people experiencing homelessness can use to help determine the best course of action next.

Version 2

Version 2 builds upon the success of Version 1 of the VI-SPDAT with some refinements. Starting in August 2014, a survey was launched of existing VI-SPDAT users to get their input on what should be amended, improved, or maintained in the tool. Analysis was completed across all of these responses. Further research was conducted. Questions were tested and refined over several months, again including the direct voice of persons with lived experience and frontline practitioners. Input was also gathered from senior government officials that create policy and programs to help ensure alignment with guidelines and funding requirements.

You will notice some differences in Version 2 compared to Version 1. Namely:

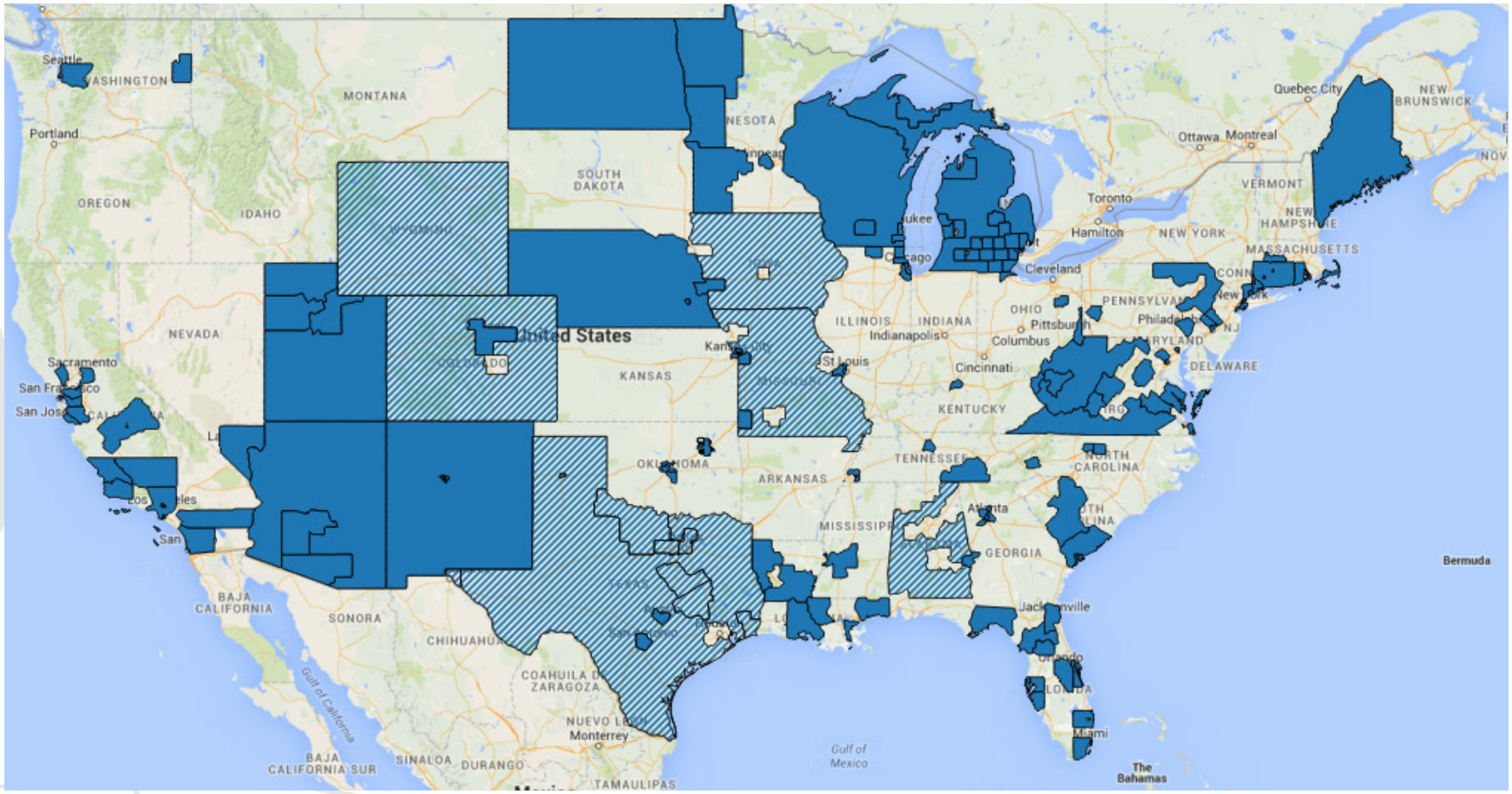
- it is shorter, usually taking less than 7 minutes to complete;
- subjective elements through observation are now gone, which means the exact same instrument can be used over the phone or in-person;
- medical, substance use, and mental health questions are all refined;
- you can now explicitly see which component of the full SPDAT each VI-SPDAT question links to; and,
- the scoring range is slightly different (Don't worry, we can provide instructions on how these relate to results from Version 1).

©2015 OrgCode Consulting Inc. and Community Solutions. All rights reserved.

1 (800) 355-0420 info@orgcode.com www.orgcode.com

Appendix B: Where the VI-SPDAT is being used in the United States

Since the VI-SPDAT is provided completely free of charge, and no training is required, any community is able to use the VI-SPDAT without the explicit permission of Community Solutions or OrgCode Consulting, Inc. As a result, the VI-SPDAT is being used in more communities than we know of. It is also being used in Canada and Australia.



©2015 OrgCode Consulting Inc. and Community Solutions. All rights reserved.

A partial list of continua of care (CoCs) in the US where we know the VI-SPDAT is being used includes:

Alabama
- Parts of Alabama Balance of State

Arizona
- Statewide

California
- San Jose/Santa Clara City & County
- San Francisco
- Oakland/Alameda County
- Sacramento City & County
- Richmond/Contra Costa County
- Watsonville/Santa Cruz City & County
- Fresno/Madera County
- Napa City & County
- Los Angeles City & County
- San Diego
- Santa Maria/Santa Barbara County
- Bakersfield/Kern County
- Pasadena
- Riverside City & County
- Glendale
- San Luis Obispo County

Colorado
- Metropolitan Denver Homeless Initiative
- Parts of Colorado Balance of State

Connecticut
- Hartford
- Bridgeport/Stratford/Fairfield
- Connecticut Balance of State
- Norwalk/Fairfield County
- Stamford/Greenwich
- City of Waterbury

District of Columbia
- District of Columbia

Florida
- Sarasota/Bradenton/Manatee, Sarasota Counties
- Tampa/Hillsborough County
- St. Petersburg/Clearwater/Largo/Pinellas County
- Tallahassee/Leon County
- Orlando/Orange, Osceola, Seminole Counties
- Gainesville/Alachua, Putnam Counties
- Jacksonville-Duval, Clay Counties
- Palm Bay/Melbourne/Brevard County
- Ocala/Marion County
- Miami/Dade County
- West Palm Beach/Palm Beach County

Georgia
- Atlanta County
- Fulton County
- Columbus-Muscogee/Russell County
- Marietta/Cobb County
- DeKalb County

Hawaii
- Honolulu

Illinois
- Rockford/Winnebago, Boone Counties
- Waukegan/North Chicago/Lake County
- Chicago
- Cook County

Iowa
- Parts of Iowa Balance of State

Kansas
- Kansas City/Wyandotte County

Kentucky
- Louisville/Jefferson County

Louisiana
- Lafayette/Acadiana
- Shreveport/Bossier/Northwest
- New Orleans/Jefferson Parish
- Baton Rouge
- Alexandria/Central Louisiana CoC

Massachusetts
- Cape Cod Islands
- Springfield/Holyoke/Chicopee/Westfield/Hampden County

Maryland
- Baltimore City
- Montgomery County

Maine
- Statewide

Michigan
- Statewide

Minnesota
- Minneapolis/Hennepin County
- Northwest Minnesota
- Moorhead/West Central Minnesota
- Southwest Minnesota

Missouri
- St. Louis County
- St. Louis City
- Joplin/Jasper, Newton Counties
- Kansas City/Independence/Lee's Summit/Jackson County
- Parts of Missouri Balance of State

Mississippi
- Jackson/Rankin, Madison Counties
- Gulf Port/Gulf Coast Regional

North Carolina
- Winston Salem/Forsyth County
- Asheville/Buncombe County
- Greensboro/High Point

North Dakota
- Statewide

Nebraska
- Statewide

New Mexico
- Statewide

Nevada
- Las Vegas/Clark County

New York
- New York City
- Yonkers/Mount Vernon/New Rochelle/Westchester County

Ohio
- Toledo/Lucas County
- Canton/Massillon/Alliance/Stark County

Oklahoma
- Tulsa City & County/Broken Arrow
- Oklahoma City
- Norman/Cleveland County

Pennsylvania
- Philadelphia
- Lower Marion/Norristown/Abington/Montgomery County
- Allentown/Northeast Pennsylvania
- Lancaster City & County
- Bristol/Bensalem/Bucks County
- Pittsburgh/McKeesport/Penn Hills/Allegheny County

Rhode Island
- Statewide

South Carolina
- Charleston/Low Country
- Columbia/Midlands

Tennessee
- Chattanooga/Southeast Tennessee
- Memphis/Shelby County
- Nashville/Davidson County

Texas
- San Antonio/Bexar County
- Austin/Travis County
- Dallas City & County/Irving
- Fort Worth/Arlington/Tarrant County
- El Paso City and County
- Waco/McLennan County
- Texas Balance of State
- Amarillo
- Wichita Falls/Wise, Palo Pinto, Wichita, Archer Counties
- Bryan/College Station/Brazos Valley
- Beaumont/Port Arthur/South East Texas

Utah
- Statewide

Virginia
- Richmond/Henrico, Chesterfield, Hanover Counties
- Roanoke City & County/Salem
- Virginia Beach
- Portsmouth
- Virginia Balance of State
- Arlington County

Washington
- Seattle/King County
- Spokane City & County

Wisconsin
- Statewide

West Virginia
- Statewide

Wyoming
- Wyoming Statewide is in the process of implementing

©2015 OrgCode Consulting Inc. and Community Solutions. All rights reserved.

Vulnerability Index -

Service Prioritization Decision Assistance Tool

(VI-SPDAT)

Prescreen Triage Tool for Single Adults

AMERICAN VERSION 2.01

©2015 OrgCode Consulting Inc. and Community Solutions. All rights reserved.
1 (800) 355-0420 info@orgcode.com www.orgcode.com

COMMUNITY SOLUTIONS

ORG CODE

Welcome to the SPDAT Line of Products

The Service Prioritization Decision Assistance Tool (SPDAT) has been around in various incarnations for over a decade, before being released to the public in 2010. Since its initial release, the use of the SPDAT has been expanding exponentially and is now used in over one thousand communities across the United States, Canada, and Australia.

More communities using the tool means there is an unprecedented demand for versions of the SPDAT, customized for specific client groups or types of users. With the release of SPDAT V4, there have been more current versions of SPDAT products than ever before.

VI-SPDAT Series

The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) was developed as a pre-screening tool for communities that are very busy and do not have the resources to conduct a full SPDAT assessment for every client. It was made in collaboration with Community Solutions, creators of the Vulnerability Index, as a brief survey that can be conducted to quickly determine whether a client has high, moderate, or low acuity. The use of this survey can help prioritize which clients should be given a full SPDAT assessment first. Because it is a self-reported survey, no special training is required to use the VI-SPDAT.

Current versions available:

- VI-SPDAT V 2.0 for Individuals
- VI-SPDAT V 2.0 for Families
- VI-SPDAT V 1.0 for Youth

All versions are available online at

www.orgcode.com/products/vi-spdat/

SPDAT Series

The Service Prioritization Decision Assistance Tool (SPDAT) was developed as an assessment tool for front-line workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. The SPDAT tools are also designed to help guide case management and improve housing stability outcomes. They provide an in-depth assessment that relies on the assessor's ability to interpret responses and corroborate those with evidence. As a result, this tool may only be used by those who have received proper, up-to-date training provided by OrgCode Consulting, Inc. or an OrgCode certified trainer.

Current versions available:

- SPDAT V 4.0 for Individuals
- SPDAT V 2.0 for Families
- SPDAT V 1.0 for Youth

Information about all versions is available online at

www.orgcode.com/products/spdat/

©2015 OrgCode Consulting Inc. and Community Solutions. All rights reserved.

1 (800) 355-0420 info@orgcode.com www.orgcode.com

SPDAT Training Series

To use the SPDAT, training by OrgCode or an OrgCode certified trainer is required. We provide training on a wide variety of topics over a variety of mediums.

The full-day in-person SPDAT Level 1 training provides you the opportunity to bring together as many people as you want to be trained for one low fee. The webinar training allows for a maximum of 15 different computers to be logged into the training at one time. We also offer online courses for individuals that you can do at your own speed.

The training gives you the manual, case studies, application to current practice, a review of each component of the tool, conversation guidance with prospective clients – and more!

Current SPDAT training available:

- Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
- Level 1 SPDAT Training: SPDAT for Frontline Workers
- Level 2 SPDAT Training: SPDAT for Supervisors
- Level 3 SPDAT Training: SPDAT for Trainers

Other related training available:

- Excellence in Housing-Based Case Management
- Coordinated Access & Common Assessment
- Motivational Interviewing
- Objective-Based Interactions

More information about SPDAT training, including pricing, is available online at

http://www.orgcode.com/product-category/training/spdat/

©2015 OrgCode Consulting Inc. and Community Solutions. All rights reserved.

1 (800) 355-0420 info@orgcode.com www.orgcode.com

Administration

Interviewer's Name	Agency	○ Team ○ Staff ○ Volunteer
_____	_____	
Survey Date	**Survey Time**	**Survey Location**
DD/MM/YYYY ____/____/_____	__ __ __ __	_____

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only "Yes," "No," or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question or the assessor does not understand the question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

First Name	Nickname	Last Name
_____	_____	_____

In what language do you feel best able to express yourself? _____

Date of Birth	Age	Social Security Number	Consent to participate
DD/MM/YYYY ____/____/_____	_____	_____	○ Yes ○ No

IF THE PERSON IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.

SCORE: 0

©2015 OrgCode Consulting Inc. and Community Solutions. All rights reserved.

A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)

- ◯ Shelters
- ◯ Transitional Housing
- ◯ Safe Haven
- ◯ **Outdoors**
- ◯ **Other (specify):** _____
- ◯ **Refused**

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.	SCORE: 0

2. How long has it been since you lived in permanent stable housing? ___ Years ☐ Refused
3. In the last three years, how many times have you been homeless? _____ ☐ Refused

IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.	SCORE: 0

B. Risks

4. In the past six months, how many times have you...
   a) Received health care at an emergency department/room? ____ ☐ Refused
   b) Taken an ambulance to the hospital? ____ ☐ Refused
   c) Been hospitalized as an inpatient? ____ ☐ Refused
   d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? ____ ☐ Refused
   e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along? ____ ☐ Refused
   f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? ____ ☐ Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR **EMERGENCY SERVICE USE.**	SCORE: 0

5. Have you been attacked or beaten up since you've become homeless? ☐ **Y** ☐ N ☐ Refused
6. Have you threatened to or tried to harm yourself or anyone else in the last year? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF HARM.**	SCORE: 0

©2015 OrgCode Consulting Inc. and Community Solutions. All rights reserved.

7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live? ☐ **Y** ☐ N ☐ Refused

IF "YES," THEN SCORE 1 FOR **LEGAL ISSUES.**	**SCORE:** 0

8. Does anybody force or trick you to do things that you do not want to do? ☐ **Y** ☐ N ☐ Refused

9. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF EXPLOITATION.**	**SCORE:** 0

C. Socialization & Daily Functioning

10. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money? ☐ **Y** ☐ N ☐ Refused

11. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? ☐ Y ☐ **N** ☐ Refused

IF "YES" TO QUESTION 10 OR "NO" TO QUESTION 11, THEN SCORE 1 FOR **MONEY MANAGEMENT.**	**SCORE:** 0

12. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled? ☐ Y ☐ **N** ☐ Refused

IF "NO," THEN SCORE 1 FOR **MEANINGFUL DAILY ACTIVITY.**	**SCORE:** 0

13. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? ☐ Y ☐ **N** ☐ Refused

IF "NO," THEN SCORE 1 FOR **SELF-CARE.**	**SCORE:** 0

14. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted? ☐ **Y** ☐ N ☐ Refused

IF "YES," THEN SCORE 1 FOR **SOCIAL RELATIONSHIPS.**	**SCORE:** 0

©2015 OrgCode Consulting Inc. and Community Solutions. All rights reserved.
1 (800) 355-0420 info@orgcode.com www.orgcode.com

D. Wellness

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?	☐ **Y**	☐ N	☐ Refused
16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?	☐ **Y**	☐ N	☐ Refused
17. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you?	☐ **Y**	☐ N	☐ Refused
18. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?	☐ **Y**	☐ N	☐ Refused
19. When you are sick or not feeling well, do you avoid getting help?	☐ **Y**	☐ N	☐ Refused
20. *FOR FEMALE RESPONDENTS ONLY:* Are you currently pregnant?	☐ **Y**	☐ N	☐ N/A or Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **PHYSICAL HEALTH.**	**SCORE:** 0

21. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?	☐ **Y**	☐ N	☐ Refused
22. Will drinking or drug use make it difficult for you to stay housed or afford your housing?	☐ **Y**	☐ N	☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SUBSTANCE USE.**	**SCORE:** 0

23. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:

a) A mental health issue or concern?	☐ **Y**	☐ N	☐ Refused
b) A past head injury?	☐ **Y**	☐ N	☐ Refused
c) A learning disability, developmental disability, or other impairment?	☐ **Y**	☐ N	☐ Refused
24. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help?	☐ **Y**	☐ N	☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **MENTAL HEALTH.**	**SCORE:** 0

IF THE RESPONENT SCORED 1 FOR **PHYSICAL HEALTH** AND 1 FOR **SUBSTANCE USE** AND 1 FOR **MENTAL HEALTH**, SCORE 1 FOR **TRI-MORBIDITY**.	**SCORE:** 0

©2015 OrgCode Consulting Inc. and Community Solutions. All rights reserved.

25. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? ☐ **Y** ☐ N ☐ Refused

26. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **MEDICATIONS.**	**SCORE:** 0

27. *YES OR NO:* Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced? ☐ **Y** ☐ N ☐ Refused

IF "YES", SCORE 1 FOR **ABUSE AND TRAUMA.**	**SCORE:** 0

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	0 /1	**Score:** **Recommendation:**
A. HISTORY OF HOUSING & HOMELESSNESS	0 /2	0-3: no housing intervention
B. RISKS	0 /4	4-7: an assessment for Rapid Re-Housing
C. SOCIALIZATION & DAILY FUNCTIONS	0 /4	8+: an assessment for Permanent Supportive Housing/Housing First
D. WELLNESS	0 /6	
GRAND TOTAL:	0 /17	

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ___ : ____ or Night
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: (____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	☐ Yes ☐ No ☐ Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the adult at some point in the future
- safety planning

©2015 OrgCode Consulting Inc. and Community Solutions. All rights reserved.

Appendix A: About the VI-SPDAT

The HEARTH Act and federal regulations require communities to have an assessment tool for coordinated entry - and the VI-SPDAT and SPDAT meet these requirements. Many communities have struggled to comply with this requirement, which demands an investment of considerable time, resources and expertise. Others are making it up as they go along, using "gut instincts" in lieu of solid evidence. Communities need practical, evidence-informed tools that enhance their ability to to satisfy federal regulations and quickly implement an effective approach to access and assessment. The VI-SPDAT is a first-of-its-kind tool designed to fill this need, helping communities end homelessness in a quick, strategic fashion.

The VI-SPDAT

The VI-SPDAT was initially created by combining the elements of the Vulnerability Index which was created and implemented by Community Solutions broadly in the 100,000 Homes Campaign, and the SPDAT Prescreen Instrument that was part of the Service Prioritization Decision Assistance Tool. The combination of these two instruments was performed through extensive research and development, and testing. The development process included the direct voice of hundreds of persons with lived experience.

The VI-SPDAT examines factors of current vulnerability and future housing stability. It follows the structure of the SPDAT assessment tool, and is informed by the same research backbone that supports the SPDAT - almost 300 peer reviewed published journal articles, government reports, clinical and quasi-clinical assessment tools, and large data sets. The SPDAT has been independently tested, as well as internally reviewed. The data overwhelmingly shows that when the SPDAT is used properly, housing outcomes are better than when no assessment tool is used.

The VI-SPDAT is a triage tool. It highlights areas of higher acuity, thereby helping to inform the type of support and housing intervention that may be most beneficial to improve long term housing outcomes. It also helps inform the order - or priority - in which people should be served. The VI-SPDAT does not make decisions; it informs decisions. The VI-SPDAT provides data that communities, service providers, and people experiencing homelessness can use to help determine the best course of action next.

Version 2

Version 2 builds upon the success of Version 1 of the VI-SPDAT with some refinements. Starting in August 2014, a survey was launched of existing VI-SPDAT users to get their input on what should be amended, improved, or maintained in the tool. Analysis was completed across all of these responses. Further research was conducted. Questions were tested and refined over several months, again including the direct voice of persons with lived experience and frontline practitioners. Input was also gathered from senior government officials that create policy and programs to help ensure alignment with guidelines and funding requirements.

You will notice some differences in Version 2 compared to Version 1. Namely:

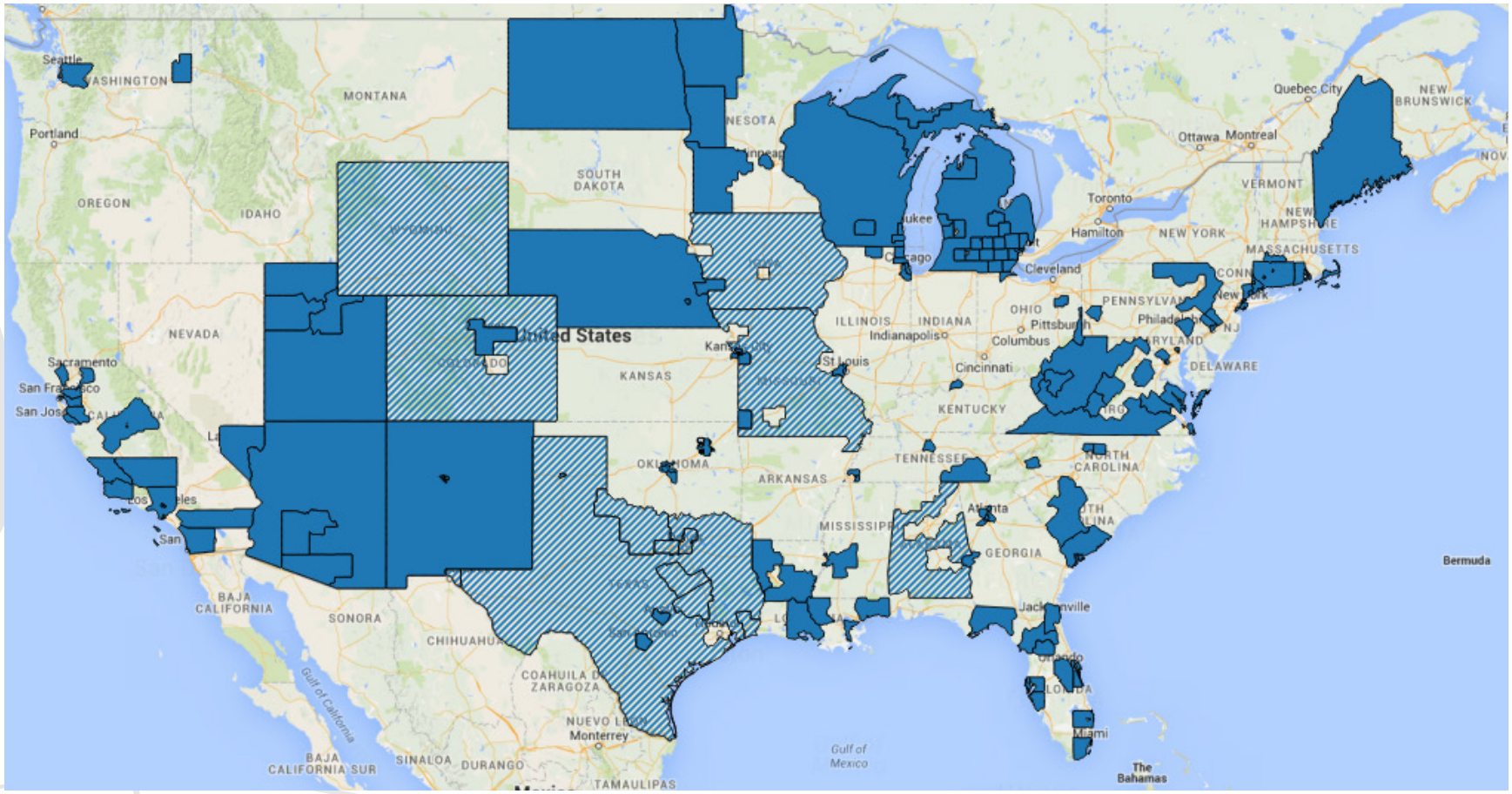
- it is shorter, usually taking less than 7 minutes to complete;
- subjective elements through observation are now gone, which means the exact same instrument can be used over the phone or in-person;
- medical, substance use, and mental health questions are all refined;
- you can now explicitly see which component of the full SPDAT each VI-SPDAT question links to; and,
- the scoring range is slightly different (Don't worry, we can provide instructions on how these relate to results from Version 1).

©2015 OrgCode Consulting Inc. and Community Solutions. All rights reserved.

1 (800) 355-0420 info@orgcode.com www.orgcode.com

Appendix B: Where the VI-SPDAT is being used in the United States

Since the VI-SPDAT is provided completely free of charge, and no training is required, any community is able to use the VI-SPDAT without the explicit permission of Community Solutions or OrgCode Consulting, Inc. As a result, the VI-SPDAT is being used in more communities than we know of. It is also being used in Canada and Australia.



©2015 OrgCode Consulting Inc. and Community Solutions. All rights reserved.

1 (800) 355-0420 info@orgcode.com www.orgcode.com

A partial list of continua of care (CoCs) in the US where we know the VI-SPDAT is being used includes:

Alabama
- Parts of Alabama Balance of State

Arizona
- Statewide

California
- San Jose/Santa Clara City & County
- San Francisco
- Oakland/Alameda County
- Sacramento City & County
- Richmond/Contra Costa County
- Watsonville/Santa Cruz City & County
- Fresno/Madera County
- Napa City & County
- Los Angeles City & County
- San Diego
- Santa Maria/Santa Barbara County
- Bakersfield/Kern County
- Pasadena
- Riverside City & County
- Glendale
- San Luis Obispo County

Colorado
- Metropolitan Denver Homeless Initiative
- Parts of Colorado Balance of State

Connecticut
- Hartford
- Bridgeport/Stratford/Fairfield
- Connecticut Balance of State
- Norwalk/Fairfield County
- Stamford/Greenwich
- City of Waterbury

District of Columbia
- District of Columbia

Florida
- Sarasota/Bradenton/Manatee, Sarasota Counties
- Tampa/Hillsborough County
- St. Petersburg/Clearwater/Largo/Pinellas County
- Tallahassee/Leon County
- Orlando/Orange, Osceola, Seminole Counties
- Gainesville/Alachua, Putnam Counties
- Jacksonville-Duval, Clay Counties
- Palm Bay/Melbourne/Brevard County
- Ocala/Marion County
- Miami/Dade County
- West Palm Beach/Palm Beach County

Georgia
- Atlanta County
- Fulton County
- Columbus-Muscogee/Russell County
- Marietta/Cobb County
- DeKalb County

Hawaii
- Honolulu

Illinois
- Rockford/Winnebago, Boone Counties
- Waukegan/North Chicago/Lake County
- Chicago
- Cook County

Iowa
- Parts of Iowa Balance of State

Kansas
- Kansas City/Wyandotte County

Kentucky
- Louisville/Jefferson County

Louisiana
- Lafayette/Acadiana
- Shreveport/Bossier/Northwest
- New Orleans/Jefferson Parish
- Baton Rouge
- Alexandria/Central Louisiana CoC

Massachusetts
- Cape Cod Islands
- Springfield/Holyoke/Chicopee/Westfield/Hampden County

Maryland
- Baltimore City
- Montgomery County

Maine
- Statewide

Michigan
- Statewide

Minnesota
- Minneapolis/Hennepin County
- Northwest Minnesota
- Moorhead/West Central Minnesota
- Southwest Minnesota

Missouri
- St. Louis County
- St. Louis City
- Joplin/Jasper, Newton Counties
- Kansas City/Independence/Lee's Summit/Jackson County
- Parts of Missouri Balance of State

Mississippi
- Jackson/Rankin, Madison Counties
- Gulf Port/Gulf Coast Regional

North Carolina
- Winston Salem/Forsyth County
- Asheville/Buncombe County
- Greensboro/High Point

North Dakota
- Statewide

Nebraska
- Statewide

New Mexico
- Statewide

Nevada
- Las Vegas/Clark County

New York
- New York City
- Yonkers/Mount Vernon/New Rochelle/Westchester County

Ohio
- Toledo/Lucas County
- Canton/Massillon/Alliance/Stark County

Oklahoma
- Tulsa City & County/Broken Arrow
- Oklahoma City
- Norman/Cleveland County

Pennsylvania
- Philadelphia
- Lower Marion/Norristown/Abington/Montgomery County
- Allentown/Northeast Pennsylvania
- Lancaster City & County
- Bristol/Bensalem/Bucks County
- Pittsburgh/McKeesport/Penn Hills/Allegheny County

Rhode Island
- Statewide

South Carolina
- Charleston/Low Country
- Columbia/Midlands

Tennessee
- Chattanooga/Southeast Tennessee
- Memphis/Shelby County
- Nashville/Davidson County

Texas
- San Antonio/Bexar County
- Austin/Travis County
- Dallas City & County/Irving
- Fort Worth/Arlington/Tarrant County
- El Paso City and County
- Waco/McLennan County
- Texas Balance of State
- Amarillo
- Wichita Falls/Wise, Palo Pinto, Wichita, Archer Counties
- Bryan/College Station/Brazos Valley
- Beaumont/Port Arthur/South East Texas

Utah
- Statewide

Virginia
- Richmond/Henrico, Chesterfield, Hanover Counties
- Roanoke City & County/Salem
- Virginia Beach
- Portsmouth
- Virginia Balance of State
- Arlington County

Washington
- Seattle/King County
- Spokane City & County

Wisconsin
- Statewide

West Virginia
- Statewide

Wyoming
- Wyoming Statewide is in the process of implementing

©2015 OrgCode Consulting Inc. and Community Solutions. All rights reserved.

Transition Age Youth -

Vulnerability Index -

Service Prioritization Decision Assistance Tool

(TAY-VI-SPDAT)

"Next Step Tool for Homeless Youth"

AMERICAN VERSION 1.0

©2015 OrgCode Consulting Inc., Corporation for Supportive Housing,
Community Solutions, and Eric Rice, USC School of Social Work. All rights reserved.
1 (800) 355-0420 info@orgcode.com www.orgcode.com

Eric Rice, PhD

COMMUNITY SOLUTIONS

CSH

USC SCHOOL OF SOCIAL WORK

ORG CODE

Welcome to the SPDAT Line of Products

The Service Prioritization Decision Assistance Tool (SPDAT) has been around in various incarnations for over a decade, before being released to the public in 2010. Since its initial release, the use of the SPDAT has been expanding exponentially and is now used in over one thousand communities across the United States, Canada, and Australia.

More communities using the tool means there is an unprecedented demand for versions of the SPDAT, customized for specific client groups or types of users. With the release of SPDAT V4, there have been more current versions of SPDAT products than ever before.

VI-SPDAT Series

The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) was developed as a pre-screening tool for communities that are very busy and do not have the resources to conduct a full SPDAT assessment for every client. It was made in collaboration with Community Solutions, creators of the Vulnerability Index, as a brief survey that can be conducted to quickly determine whether a client has high, moderate, or low acuity. The use of this survey can help prioritize which clients should be given a full SPDAT assessment first. Because it is a self-reported survey, no special training is required to use the VI-SPDAT.

Current versions available:

- VI-SPDAT V 2.0
- Family VI-SPDAT V 2.0
- Next Step Tool for Homeless Youth V 1.0

All versions are available online at

www.orgcode.com/products/vi-spdat/

SPDAT Series

The Service Prioritization Decision Assistance Tool (SPDAT) was developed as an assessment tool for front-line workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. The SPDAT tools are also designed to help guide case management and improve housing stability outcomes. They provide an in-depth assessment that relies on the assessor's ability to interpret responses and corroborate those with evidence. As a result, this tool may only be used by those who have received proper, up-to-date training provided by OrgCode Consulting, Inc. or an OrgCode certified trainer.

Current versions available:

- SPDAT V 4.0 for Individuals
- F-SPDAT V 2.0 for Families
- Y-SPDAT V 1.0 for Youth

Information about all versions is available online at

www.orgcode.com/products/spdat/

©2015 OrgCode Consulting Inc., Corporation for Supportive Housing,
Community Solutions, and Eric Rice, USC School of Social Work. All rights reserved.
1 (800) 355-0420 info@orgcode.com www.orgcode.com

SPDAT Training Series

To use the SPDAT assessment product, training by OrgCode or an OrgCode certified trainer is required. We provide training on a wide variety of topics over a variety of mediums.

The full-day in-person SPDAT Level 1 training provides you the opportunity to bring together as many people as you want to be trained for one low fee. The webinar training allows for a maximum of 15 different computers to be logged into the training at one time. We also offer online courses for individuals that you can do at your own speed.

The training gives you the manual, case studies, application to current practice, a review of each component of the tool, conversation guidance with prospective clients – and more!

Current SPDAT training available:

- Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
- Level 1 SPDAT Training: SPDAT for Frontline Workers
- Level 2 SPDAT Training: SPDAT for Supervisors
- Level 3 SPDAT Training: SPDAT for Trainers

Other related training available:

- Excellence in Housing-Based Case Management
- Coordinated Access & Common Assessment
- Motivational Interviewing
- Objective-Based Interactions

More information about SPDAT training, including pricing, is available online at

http://www.orgcode.com/product-category/training/spdat/

The TAY-VI-SPDAT – The Next Step Tool for Homeless Youth

OrgCode Consulting, Inc. and Community Solutions joined forces with the Corporation for Supportive Housing (CSH) to combine the best parts of products and expertise to create one streamlined triage tool designed specifically for youth aged 24 or younger.

©2015 OrgCode Consulting Inc., Corporation for Supportive Housing,
Community Solutions, and Eric Rice, USC School of Social Work. All rights reserved.

Administration

Interviewer's Name	**Agency**	☐ Team ☐ Staff ☐ Volunteer
_____	_____	
Survey Date	**Survey Time**	**Survey Location**
DD/MM/YYYY ____/____/_____	__ __ : __ __	_____

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only "Yes," "No," or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

First Name	**Nickname**	**Last Name**
_____	_____	_____

In what language do you feel best able to express yourself? _____

Date of Birth	**Age**	**Social Security Number**	**Consent to participate**	
DD/MM/YYYY ____/____/_____	_____	_____	☐ Yes	☐ No

IF THE PERSON IS 17 YEARS OF AGE OR LESS, THEN SCORE 1.

SCORE:

©2015 OrgCode Consulting Inc., Corporation for Supportive Housing,
Community Solutions, and Eric Rice, USC School of Social Work. All rights reserved.
1 (800) 355-0420 info@orgcode.com www.orgcode.com

A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)

☐ Shelters ☐ **Couch surfing** ☐ **Other (specify):**
☐ Transitional Housing ☐ **Outdoors** _____
☐ Safe Haven ☐ **Refused**

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.	**SCORE:**

2. How long has it been since you lived in permanent stable housing? _____ ☐ Refused

3. In the last three years, how many times have you been homeless? _____ ☐ Refused

IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.	**SCORE:**

B. Risks

4. In the past six months, how many times have you...

a) Received health care at an emergency department/room? ____ ☐ Refused

b) Taken an ambulance to the hospital? ____ ☐ Refused

c) Been hospitalized as an inpatient? ____ ☐ Refused

d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? ____ ☐ Refused

e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along? ____ ☐ Refused

f) Stayed one or more nights in a holding cell, jail, prison or juvenile detention, whether it was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? ____ ☐ Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR **EMERGENCY SERVICE USE.**	**SCORE:**

5. Have you been attacked or beaten up since you've become homeless? ☐ **Y** ☐ N ☐ Refused

6. Have you threatened to or tried to harm yourself or anyone else in the last year? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF HARM.**	**SCORE:**

©2015 OrgCode Consulting Inc., Corporation for Supportive Housing, Community Solutions, and Eric Rice, USC School of Social Work. All rights reserved.
1 (800) 355-0420 info@orgcode.com www.orgcode.com

7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live?	☐ **Y**	☐ N	☐ Refused	
8. Were you ever incarcerated when younger than age 18?	☐ **Y**	☐ N	☐ Refused	
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **LEGAL ISSUES.**				**SCORE:**
9. Does anybody force or trick you to do things that you do not want to do?	☐ **Y**	☐ N	☐ Refused	
10. Do you ever do things that may be considered to be risky like exchange sex for money, food, drugs, or a place to stay, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that?	☐ **Y**	☐ N	☐ Refused	
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF EXPLOITATION.**				**SCORE:**

C. Socialization & Daily Functioning

11. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money?	☐ **Y**	☐ N	☐ Refused	
12. Do you get any money from the government, an inheritance, an allowance, working under the table, a regular job, or anything like that?	☐ Y	☐ **N**	☐ Refused	
IF "YES" TO QUESTION 11 OR "NO" TO QUESTION 12, THEN SCORE 1 FOR **MONEY MANAGEMENT.**				**SCORE:**
13. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?	☐ Y	☐ **N**	☐ Refused	
IF "NO," THEN SCORE 1 FOR **MEANINGFUL DAILY ACTIVITY.**				**SCORE:**
14. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?	☐ Y	☐ **N**	☐ Refused	
IF "NO," THEN SCORE 1 FOR **SELF-CARE.**				**SCORE:**

©2015 OrgCode Consulting Inc., Corporation for Supportive Housing,
Community Solutions, and Eric Rice, USC School of Social Work. All rights reserved.
1 (800) 355-0420 info@orgcode.com www.orgcode.com

15. Is your current lack of stable housing...

a) Because you ran away from your family home, a group home or a foster home?	☐ **Y**	☐ N	☐ Refused
b) Because of a difference in religious or cultural beliefs from your parents, guardians or caregivers?	☐ **Y**	☐ N	☐ Refused
c) Because your family or friends caused you to become homeless?	☐ **Y**	☐ N	☐ Refused
d) Because of conflicts around gender identity or sexual orientation?	☐ **Y**	☐ N	☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SOCIAL RELATIONSHIPS.** **SCORE:**

e) Because of violence at home between family members?	☐ **Y**	☐ N	☐ Refused
f) Because of an unhealthy or abusive relationship, either at home or elsewhere?	☐ **Y**	☐ N	☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **ABUSE/TRAUMA.** **SCORE:**

D. Wellness

16. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?	☐ **Y**	☐ N	☐ Refused
17. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?	☐ **Y**	☐ N	☐ Refused
18. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you?	☐ **Y**	☐ N	☐ Refused
19. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?	☐ **Y**	☐ N	☐ Refused
20. When you are sick or not feeling well, do you avoid getting medical help?	☐ **Y**	☐ N	☐ Refused
21. Are you currently pregnant, have you ever been pregnant, or have you ever gotten someone pregnant?	☐ **Y**	☐ N	☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **PHYSICAL HEALTH.** **SCORE:**

©2015 OrgCode Consulting Inc., Corporation for Supportive Housing,
Community Solutions, and Eric Rice, USC School of Social Work. All rights reserved.
1 (800) 355-0420 info@orgcode.com www.orgcode.com

22. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? ☐ **Y** ☐ N ☐ Refused

23. Will drinking or drug use make it difficult for you to stay housed or afford your housing? ☐ **Y** ☐ N ☐ Refused

24. If you've ever used marijuana, did you ever try it at age 12 or younger? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SUBSTANCE USE.** **SCORE:**

25. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:

a) A mental health issue or concern? ☐ **Y** ☐ N ☐ Refused

b) A past head injury? ☐ **Y** ☐ N ☐ Refused

c) A learning disability, developmental disability, or other impairment? ☐ **Y** ☐ N ☐ Refused

26. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **MENTAL HEALTH.** **SCORE:**

IF THE RESPONENT SCORED 1 FOR **PHYSICAL HEALTH** AND 1 FOR **SUBSTANCE USE** AND 1 FOR **MENTAL HEALTH**, SCORE 1 FOR **TRI-MORBIDITY**. **SCORE:**

27. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? ☐ **Y** ☐ N ☐ Refused

28. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **MEDICATIONS.** **SCORE:**

Scoring Summary

DOMAIN	SUBTOTAL
PRE-SURVEY	/1
A. HISTORY OF HOUSING & HOMELESSNESS	/2
B. RISKS	/4
C. SOCIALIZATION & DAILY FUNCTIONS	/5
D. WELLNESS	/5
GRAND TOTAL:	/17

RESULTS	
Score:	**Recommendation:**
0-3:	no moderate or high intensity services be provided at this time
4-7:	assessment for time-limited supports with moderate intensity
8+:	assessment for long-term housing with high service intensity

©2015 OrgCode Consulting Inc., Corporation for Supportive Housing, Community Solutions, and Eric Rice, USC School of Social Work. All rights reserved.
1 (800) 355-0420 info@orgcode.com www.orgcode.com

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ___ : ____ or
Is there a phone number and/or email where someone can get in touch with you or leave you a message?	phone: (_____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	☐ Yes ☐ No ☐ Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the youth at some point in the future
- safety planning

©2015 OrgCode Consulting Inc., Corporation for Supportive Housing,
Community Solutions, and Eric Rice, USC School of Social Work. All rights reserved.
1 (800) 355-0420 info@orgcode.com www.orgcode.com

Appendix A: About the TAY-VI-SPDAT

The HEARTH Act and federal regulations require communities to have an assessment tool for coordinated entry - and the VI-SPDAT and SPDAT meet these requirements. Many communities have struggled to comply with this requirement, which demands an investment of considerable time, resources and expertise. Others are making it up as they go along, using "gut instincts" in lieu of solid evidence. Communities need practical, evidence-informed tools that enhance their ability to to satisfy federal regulations and quickly implement an effective approach to access and assessment. The VI-SPDAT is a first-of-its-kind tool designed to fill this need, helping communities end homelessness in a quick, strategic fashion.

The VI-SPDAT

The VI-SPDAT was initially created by combining the elements of the Vulnerability Index which was created and implemented by Community Solutions broadly in the 100,000 Homes Campaign, and the SPDAT Prescreen Instrument that was part of the Service Prioritization Decision Assistance Tool. The combination of these two instruments was performed through extensive research and development, and testing. The development process included the direct voice of hundreds of persons with lived experience.

The VI-SPDAT examines factors of current vulnerability and future housing stability. It follows the structure of the SPDAT assessment tool, and is informed by the same research backbone that supports the SPDAT - almost 300 peer reviewed published journal articles, government reports, clinical and quasi-clinical assessment tools, and large data sets. The SPDAT has been independently tested, as well as internally reviewed. The data overwhelmingly shows that when the SPDAT is used properly, housing outcomes are better than when no assessment tool is used.

The VI-SPDAT is a triage tool. It highlights areas of higher acuity, thereby helping to inform the type of support and housing intervention that may be most beneficial to improve long term housing outcomes. It also helps inform the order - or priority - in which people should be served. The VI-SPDAT does not make decisions; it informs decisions. The VI-SPDAT provides data that communities, service providers, and people experiencing homelessness can use to help determine the best course of action next.

The Youth – Transition Age Youth Tool from CSH

Released in May 2013, the Corporation for Supportive Housing (CSH) partnered with Dr. Eric Rice, Assistant Professor at the University of Southern California (USC) School of Social Work, to develop a triage tool that targets homeless Transition Age Youth (TAY) for permanent supportive housing. It consists of six items associated with long-term homelessness (five or more years) among transition-aged youth (age 18-24).

Version 2 of the VI-SPDAT

Version 2 builds upon the success of Version 1 of the VI-SPDAT with some refinements. Starting in August 2014, a survey was launched of existing VI-SPDAT users to get their input on what should be amended, improved, or maintained in the tool.

Analysis was completed across all of these responses. Further research was conducted. Questions were tested and refined over several months, again including the direct voice of persons with lived experience and frontline practitioners. Input was also gathered from senior government officials that create policy and programs to help ensure alignment with guidelines and funding requirements.

©2015 OrgCode Consulting Inc., Corporation for Supportive Housing,
Community Solutions, and Eric Rice, USC School of Social Work. All rights reserved.
1 (800) 355-0420 info@orgcode.com www.orgcode.com

The TAY-VI-SPDAT – The Next Step Tool for Homeless Youth

One piece of feedback was the growing concern that youth tended to score lower on the VI-SPDAT, since the Vulnerability Index assesses risk of mortality which is less prevalent among younger populations. So, in version 2 of the VI-SPDAT, OrgCode Consulting, Inc. and Community Solutions joined forces with CSH to combine the best parts of the TAY, the VI, and the SPDAT to create one streamlined triage tool designed specifically for youth aged 24 or younger.

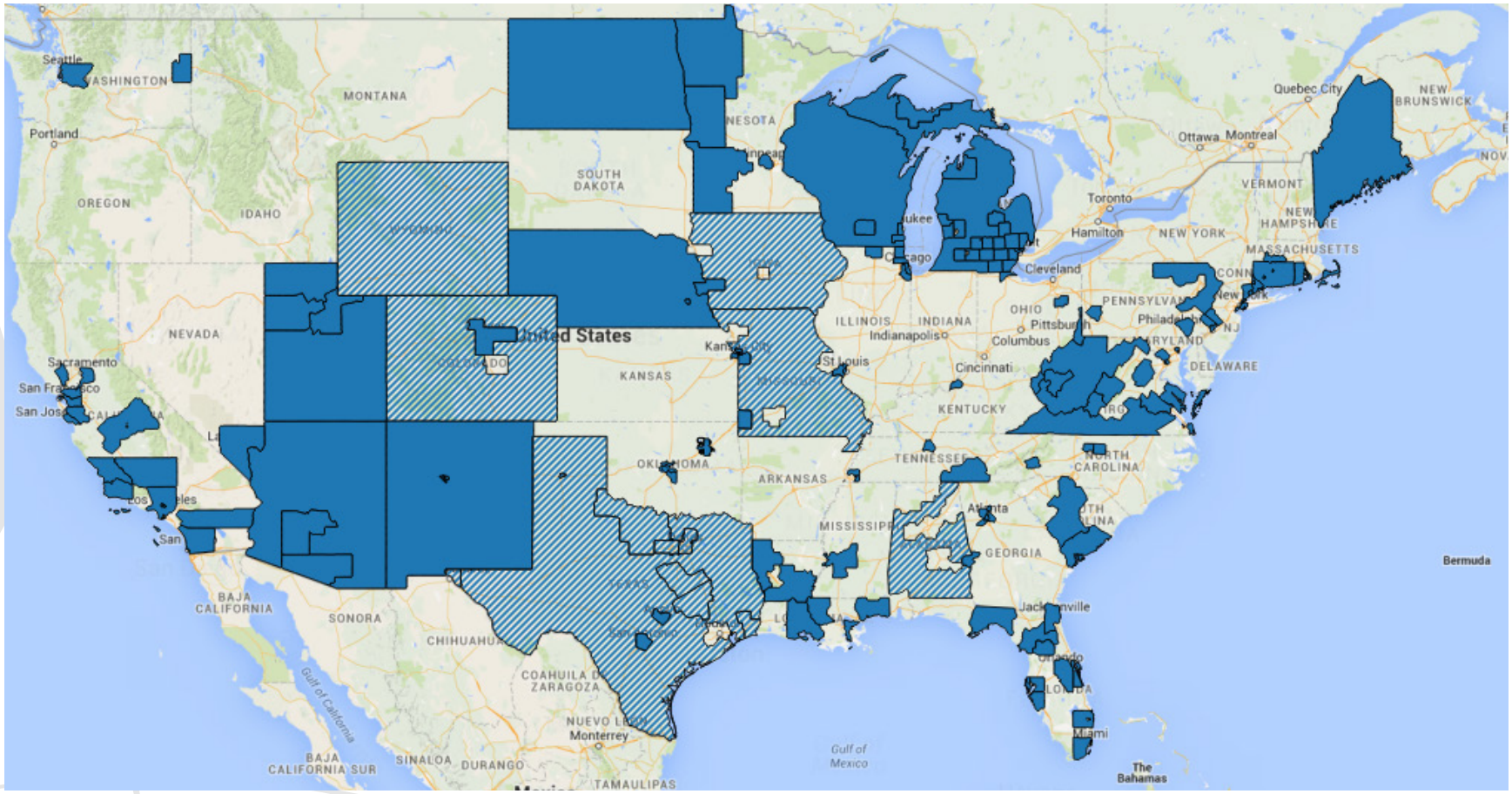
If you are familiar with the VI-SPDAT, you will notice some differences in the TAY-VI-SPDAT compared to VI-SPDAT version 1. Namely:

- it is shorter, usually taking less than 7 minutes to complete;
- subjective elements through observation are now gone, which means the exact same instrument can be used over the phone or in-person;
- medical, substance use, and mental health questions are all refined;
- you can now explicitly see which component of the full SPDAT each VI-SPDAT question links to; and,
- the scoring range is slightly different (Don't worry, we can provide instructions on how these relate to results from Version 1).

©2015 OrgCode Consulting Inc., Corporation for Supportive Housing,
Community Solutions, and Eric Rice, USC School of Social Work. All rights reserved.

Appendix B: Where the VI-SPDAT is being used in the United States

Since the VI-SPDAT is provided completely free of charge, and no training is required, any community is able to use the VI-SPDAT without the explicit permission of Community Solutions or OrgCode Consulting, Inc. As a result, the VI-SPDAT is being used in more communities than we know of. It is also being used in Canada and Australia.



©2015 OrgCode Consulting Inc., Corporation for Supportive Housing, and Community Solutions and Eric Rice, USC School of Social Work. All rights reserved.

1 (800) 355-0420 info@orgcode.com www.orgcode.com

A partial list of continua of care (CoCs) in the US where we know the VI-SPDAT is being used includes:

Alabama
- Parts of Alabama Balance of State

Arizona
- Statewide

California
- San Jose/Santa Clara City & County
- San Francisco
- Oakland/Alameda County
- Sacramento City & County
- Richmond/Contra Costa County
- Watsonville/Santa Cruz City & County
- Fresno/Madera County
- Napa City & County
- Los Angeles City & County
- San Diego
- Santa Maria/Santa Barbara County
- Bakersfield/Kern County
- Pasadena
- Riverside City & County
- Glendale
- San Luis Obispo County

Colorado
- Metropolitan Denver Homeless Initiative
- Parts of Colorado Balance of State

Connecticut
- Hartford
- Bridgeport/Stratford/Fairfield
- Connecticut Balance of State
- Norwalk/Fairfield County
- Stamford/Greenwich
- City of Waterbury

District of Columbia
- District of Columbia

Florida
- Sarasota/Bradenton/Manatee, Sarasota Counties
- Tampa/Hillsborough County
- St. Petersburg/Clearwater/Largo/Pinellas County
- Tallahassee/Leon County
- Orlando/Orange, Osceola, Seminole Counties
- Gainesville/Alachua, Putnam Counties
- Jacksonville-Duval, Clay Counties
- Palm Bay/Melbourne/Brevard County
- Ocala/Marion County
- Miami/Dade County
- West Palm Beach/Palm Beach County

Georgia
- Atlanta County
- Fulton County
- Columbus-Muscogee/Russell County
- Marietta/Cobb County
- DeKalb County

Hawaii
- Honolulu

Illinois
- Rockford/Winnebago, Boone Counties
- Waukegan/North Chicago/Lake County
- Chicago
- Cook County

Iowa
- Parts of Iowa Balance of State

Kansas
- Kansas City/Wyandotte County

Kentucky
- Louisville/Jefferson County

Louisiana
- Lafayette/Acadiana
- Shreveport/Bossier/Northwest
- New Orleans/Jefferson Parish
- Baton Rouge
- Alexandria/Central Louisiana CoC

Massachusetts
- Cape Cod Islands
- Springfield/Holyoke/Chicopee/Westfield/Hampden County

Maryland
- Baltimore City
- Montgomery County

Maine
- Statewide

Michigan
- Statewide

Minnesota
- Minneapolis/Hennepin County
- Northwest Minnesota
- Moorhead/West Central Minnesota
- Southwest Minnesota

Missouri
- St. Louis County
- St. Louis City
- Joplin/Jasper, Newton Counties
- Kansas City/Independence/Lee's Summit/Jackson County
- Parts of Missouri Balance of State

Mississippi
- Jackson/Rankin, Madison Counties
- Gulf Port/Gulf Coast Regional

North Carolina
- Winston Salem/Forsyth County
- Asheville/Buncombe County
- Greensboro/High Point

North Dakota
- Statewide

Nebraska
- Statewide

New Mexico
- Statewide

Nevada
- Las Vegas/Clark County

New York
- New York City
- Yonkers/Mount Vernon/New Rochelle/Westchester County

Ohio
- Toledo/Lucas County
- Canton/Massillon/Alliance/Stark County

Oklahoma
- Tulsa City & County/Broken Arrow
- Oklahoma City
- Norman/Cleveland County

Pennsylvania
- Philadelphia
- Lower Marion/Norristown/Abington/Montgomery County
- Allentown/Northeast Pennsylvania
- Lancaster City & County
- Bristol/Bensalem/Bucks County
- Pittsburgh/McKeesport/Penn Hills/Allegheny County

Rhode Island
- Statewide

South Carolina
- Charleston/Low Country
- Columbia/Midlands

Tennessee
- Chattanooga/Southeast Tennessee
- Memphis/Shelby County
- Nashville/Davidson County

Texas
- San Antonio/Bexar County
- Austin/Travis County
- Dallas City & County/Irving
- Fort Worth/Arlington/Tarrant County
- El Paso City and County
- Waco/McLennan County
- Texas Balance of State
- Amarillo
- Wichita Falls/Wise, Palo Pinto, Wichita, Archer Counties
- Bryan/College Station/Brazos Valley
- Beaumont/Port Arthur/South East Texas

Utah
- Statewide

Virginia
- Richmond/Henrico, Chesterfield, Hanover Counties
- Roanoke City & County/Salem
- Virginia Beach
- Portsmouth
- Virginia Balance of State
- Arlington County

Washington
- Seattle/King County
- Spokane City & County

Wisconsin
- Statewide

West Virginia
- Statewide

Wyoming
- Wyoming Statewide is in the process of implementing

©2015 OrgCode Consulting Inc., Corporation for Supportive Housing, and Community Solutions and Eric Rice, USC School of Social Work. All rights reserved.

1 (800) 355-0420 info@orgcode.com www.orgcode.com

NC507-Attachments

1C-7. Attachment: PHA Homeless Preference

ADMINISTRATIVE PLAN
FOR THE HOUSING CHOICE VOUCHER PROGRAM (SECTION 8)

HOUSING AUTHORITY OF THE CITY OF RALEIGH

DECEMBER 2020

TABLE OF CONTENTS

I. STATEMENT OF POLICY AND OBJECTIVES **3**
A. ADMINISTRATIVE PLAN 3
B. ORGANIZATION AND STRUCTURE 3
C. MISSION STATEMENT 3
D. LOCAL OBJECTIVES 4
E. COMMITMENT TO ETHICS AND SERVICE 4
F. FAIR HOUSING POLICY [24 CFR 982.54(D) (6)] 5
G. REASONABLE ACCOMMODATIONS POLICY [24 CFR 100.202] 5
H. VIOLENCE AGAINST WOMAN ACT (VAWA) 7
I. OWNER OUTREACH 12
J. NONDISCRIMINATION 12
K. RIGHT TO PRIVACY 13

II. ELIGIBILITY FOR ADMISSION 13
A. ELIGIBILITY FACTORS 13
B. RESTRICTIONS ON ASSISTANCE TO NON-CITIZENS 14
C. NOTICE OF INELIGIBILITY/ELIGIBILTY 14
D. APPEAL OF INELIGIBLE DETERMINATION 14
E. INFORMAL REVIEW PROCESS 15

III. APPLICATION AND TENANT SELECTION 177
A. APPLICATION PROCESSING 17
B. SPECIAL ADMISSIONS 18
C. LOCAL PREFERENCE 18
D. REMOVAL FROM WAITING LIST AND PURGING 199
E. TENANT SELECTION 2200
F. APPLICATION INTERVIEW 211
G. VERIFICATIONS 211
H. CLOSING AND OPENING THE WAITING LIST 222
I. PURGING THE WAITING LIST 22

IV. VOUCHER ISSUANCE AND BRIEFINGS 22
A. ISSUANCE OF VOUCHER 22
B. VOUCHER TIMEFRAME 22
C. TOLLING/SUSPENSION 23
D. SUBSIDY STANDARDS 23
E. ANNUAL INCOME, ASSETS AND ALLOWANCES 244
F. UTILITY ALLOWANCES AND UTILITY REIMBURSEMENT PAYMENTS 25
G. MINIMUM RENT 25
H. REQUEST FOR TENANCY APPROVAL (RFTA) 26
I. SECURITY DEPOSIT REQUIREMENTS 27
J. FAMILY BREAKUP 27
K. TEMPORARILY/PERMANENTLY ABSENT FROM UNIT 27
L. VISITORS 29
M. REPORTING ADDITIONS TO OWNER AND RHA 3030
N. REPORTING ABSENCES TO RHA 3030
O. RENT LIMITATIONS 30
P. ELIGIBLE TYPES OF HOUSING 3130
Q. INFORMATION TO BE PROVIDED TO PROSPECTIVE OWNERS 3130
R. ILLEGAL DISCRIMINATION 30
S. HOUSING SEARCH ASSISTANCE FOR DISABLED FAMILIES 31

V. CONTRACT EXECUTION/TERMINATION **31**
A. HOUSING ASSISTANCE PAYMENT CONTRACT 32

B. SPECIAL ADMISSIONS

When HUD gives the Housing Authority funds for specific families living in identified units (e.g., tenants living in a Section 23 project being converted to Vouchers, tenants of public housing units being demolished, tenants of moderate rehabilitation projects with expiring HAP contracts, opt-outs and prepayment of mortgages), the Housing Authority may admit eligible families without putting the family's name on the waiting list or without regard to waiting list position. For opt-outs and prepayments a special voucher referred to as "an enhanced voucher" will be issued to eligible tenants who were residing in the unit at the time of the opt-out or prepayment.

All Special Admissions must be approved by the RHA Board of Commissioners on a case by case basis.

C. LOCAL PREFERENCE

PHAs are permitted to establish local preferences, and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits the PHA to establish other local preferences, at its discretion. Any local preferences established must be consistent with the PHA plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources.

1. **VAWA PROTECTION** – When presented with a claim for initial assistance based on incidents or actual or threatened domestic violence, dating violence, sexual assault, stalking, or criminal activity related to any of these forms of abuse, the Housing Authority will offer five (5) referrals per RHA fiscal year for voucher Housing assistance when vouchers are available. The referrals will be handled in date and time order and the Agency on behalf of the individual may satisfy the Housing Authorities request by providing any one of the following three forms of documentation (24 CFR 5.2007 (b))

    A. A completed and signed HUD-approved certification form (HUD-5382, Certification of Domestic Violence, Dating Violence, Sexual Assault or Stalking), which must include the name of the perpetrator only if the name of the perpetrator is safe to provide and is known to the victim. The form may be filled out and submitted on behalf of the victim.

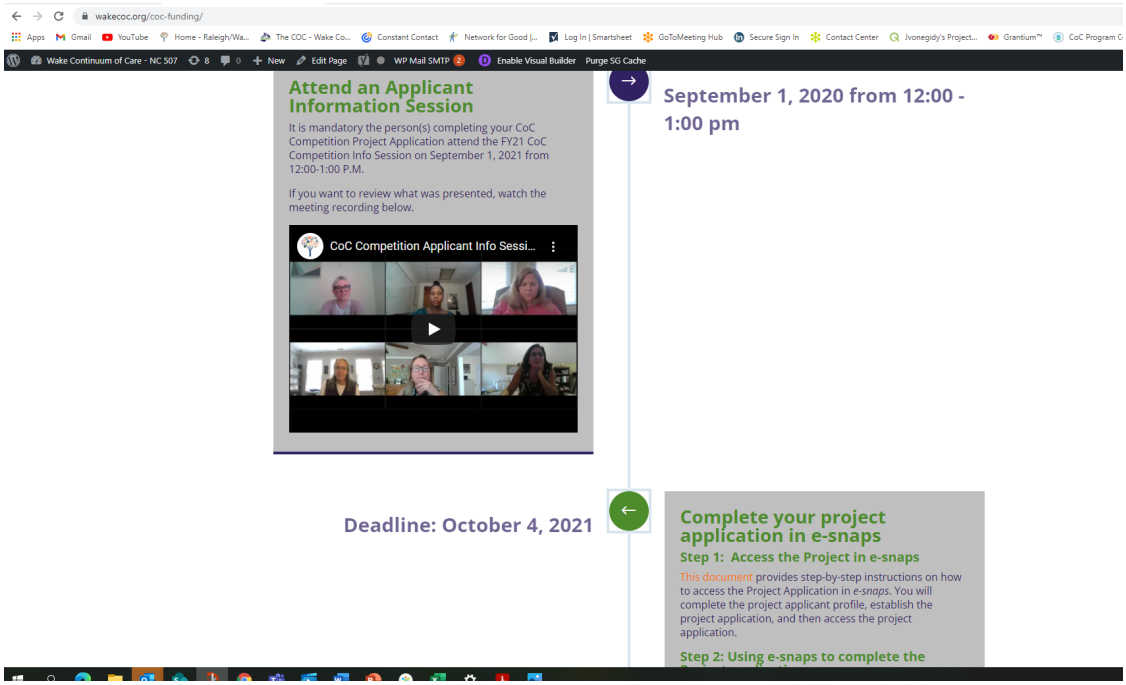
    B. A federal, state, tribal, territorial, or local police report or court record, or an administrative record.

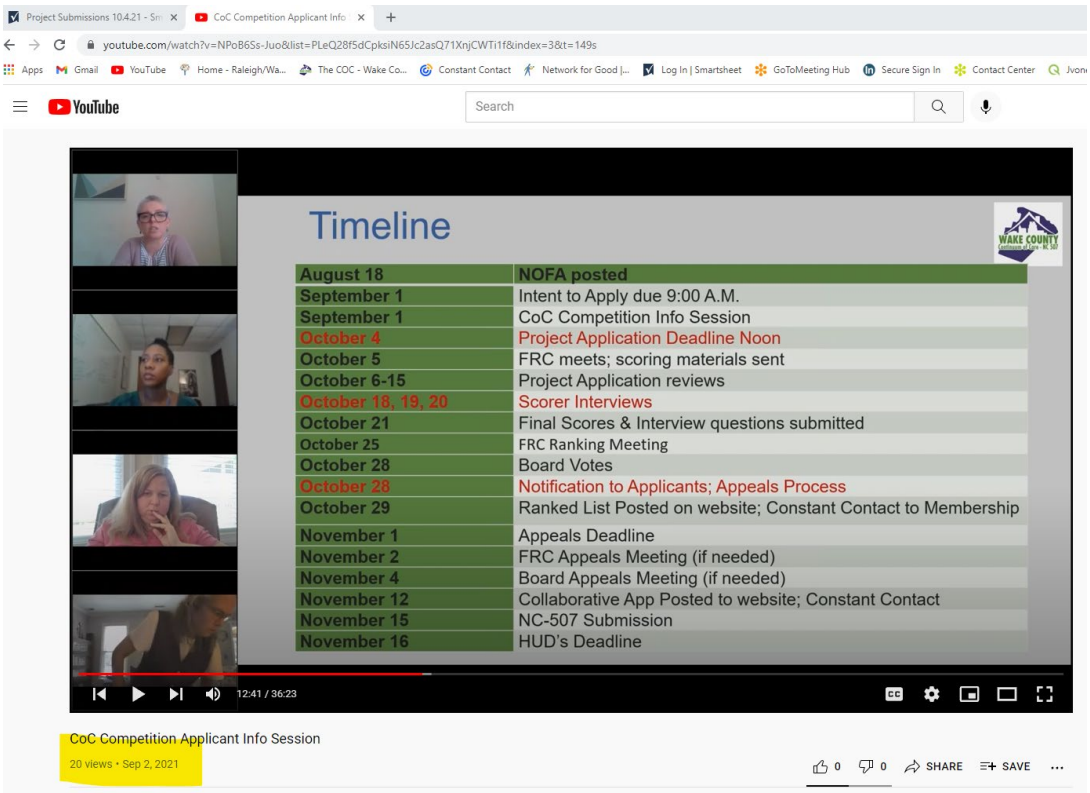
    C. Documentation signed by or person who has assisted the victim in addressing domestic violence, dating violence, sexual assault or stalking, or the effects of such abuse. This person may be an employee, agent, or volunteer of a victim service provider; an attorney; a mental health

NC507-Attachments

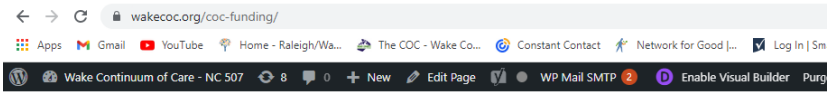
1E-1. Attachment: Local Competition Announcement

NC507 held an applicant info session on September 1, 2021 to announce competition timeline. Competition timeline was posted September 1, 2021 to the website, however time stamp shows September 2, 2021 since that's when the youtube video was uploaded with digital timestamp. The recording of the info session was uploaded to YouTube and embedded onto wakecoc.org on September 2, 2021. (3 images)





Applicants received an email on September 2nd with the HUD Rating and Ranking Tool, however small adjustments were made to the tool and reposted on 9.29.21 (3 images)



CoC Program Competition Info Session

Jenn Von Egidy

Reply | Reply All | Forward

To Kim Crawford; Jasmin Volkel; diane.cilento@wakegov.com; sfriedman@passagehome.org; Scott Ferris; Joyce Hicklen; allisons@interactofwake.org; Brittany Westmoreland; Lisa Rowe; aoshel@alliancehealthplan.org; Laressa Witt; Kelsey Mosely

Thu 9/2/2021 10:38 AM

Cc promgr@familypromisewake.org; Debbie Tann; devvolmgr@familypromisewake.org; Terrie Carroll

FY21 CoC Competition Info Session.pdf 263 KB | Thresholds Chart.pdf 85 KB | FY 2021 NC-507 GIW_revised.xlsx 29 KB

Good morning, CoC Program applicants,

Thank you for a great meeting yesterday! I have attached here the slides, threshold chart, and GIW as discussed yesterday. The HUD Project Rating and Ranking Tool can be found here: https://www.hudexchange.info/resource/5292/project-rating-and-ranking-tool/.

If you would like to revisit the recording, you can view it here: https://youtu.be/NPoB6Ss-Juo

Please do not hesitate to reach out to me with any questions!

With gratitude,

Jenn Von Egidy
Strategy and Development Manager
Raleigh Wake Partnership to End & Prevent Homelessness
jvonegidy@partnershipwake.org
Direct Phone: 919.443.0098 x1001

www.partnershipwake.org

Raleigh/Wake PARTNERSHIP To End Homelessness

RE: CoC Project Application Materials Posted

Jenn Von Egidy

Reply | Reply All | Forward

To Terrie Carroll; Kelsey Mosely; Scott Ferris; Brittany Westmoreland; promgr@familypromisewake.org; Debbie Tann; Lisa Rowe; Allison Strickland; Seth Friedman; Laressa Witt; aoshel@alliancehealthplan.org; Diane Cilento; Joyce Hicklen; devvolmgr@familypromisewake.org

Wed 9/29/2021 1:26 PM

Cc Kim Crawford; Eric Doll

NC 507- New DV Bonus funding-project-rating-and-ranking-tool.pdf 170 KB | NC 507_New applicant-project-rating-and-ranking-tool.pdf 178 KB | NC 507-PSH-project-rating-and-ranking-tool.pdf 242 KB

NC 507-RRH -project-rating-and-ranking-tool.pdf 225 KB | 2021-coc-match-template-letter-final.docx 28 KB | Applicant Worksheet.pdf 150 KB

Good afternoon, CoC Project Applicants,

This is a reminder that applications and supporting materials are due by **Noon on October 4** to this link: https://app.smartsheet.com/b/form/9eeffca1f31044fd9c05ac89f5bacb38 .

Your application must include the following:

- Export Application as PDF (do not hit submit in esnaps)
- Applicant Worksheet
- Match Letter Template (note the dates should be end year 2022, not 2023)
- Policies and Procedures
- Sample Lease (if applicable)
- Organizational Budget
- Organization audit or financial review

Additionally, the scorecards will be published to the website imminently, but I have added them here as well. There are 4 scorecards:

- PSH Renewal
- RRH Renewal
- RRH/PSH New
- DV Bonus New

Let me know if you have any questions!

With gratitude,

Jenn Von Egidy
Strategy and Development Manager
Raleigh Wake Partnership to End & Prevent Homelessness
jvonegidy@partnershipwake.org
Direct Phone: 919.443.0098 x1001

www.partnershipwake.org

NC507-Attachments

1E-2: Project Review and Selection Process

PSH Renewal

CUSTOMIZE NEW AND RENEWAL/EXPANSION PROJECT THRESHOLD REQUIREMENTS

CoC Threshold Requirements

(Delete the X in the box next to any requirements you do not wish to include.)

X	Coordinated Entry Participation
X	Housing First and/or Low Barrier Implementation
X	Documented, secured minimum match
X	Project has reasonable costs per permanent housing exit, as defined locally
X	Project is financially feasible
X	Applicant is active CoC participant
X	Application is complete and data are consistent
	Data quality at or above 90%
	Bed/unit utilization rate at or above 90%
X	Acceptable organizational audit/financial review

FILTER RATING FACTORS

Select project type to edit: PSH

Using these drop-down menus, select which rating factors to show and customize

Select special populati: General

CUSTOMIZE RENEWAL/EXPANSION PROJECT RATING TOOL

Delete the X in the box besides any rating factor below that you do not wish to include. If desired, adjust the factor/goal and point value for each measure. You can add additional locally-defined criteria below. See the Data Source Chart for information about where to obtain data to use in scoring.

Performance Measures	Factor/Goal	Max Point Valu
Length of Stay		
X PSH (General) - On average, participants spend XX days from project entry to residential move-in	90 days	25 points
Exits to Permanent Housing		
X PSH (General) - Minimum percent remain in or move to permanent housing	90 %	25 points
Returns to Homelessness (if data is available for project)		
X PSH (General) - Maximum percent of participants return to homelessness within 12 months of exit to permanent housing	6 %	10 points
New or Increased Income and Earned Income		
X PSH (General) - Minimum percent of participants with new or increased earned income for project stayers	16 %	10 points
X PSH (General) - Minimum percent of participants with new or increased non-employment income for project stayers	16 %	10 points
X PSH (General) - Minimum percent of participants with new or increased earned income for project leavers	16 %	10 points
X PSH (General) - Minimum percent of participants with new or increased non-employment income for project leavers	16 %	10 points
Serve High Need Populations *(select from drop-down menu)*		
X Project focuses on chronically homeless people		
X PSH (General) - XX% of participants are chronically homeless	90 %	20 points
Project Effectiveness		
X PSH (General) - Costs are within local average cost per positive housing exit for project type	Yes	10 points
X PSH (General) - Coordinated Entry Participation- Minimum percent of entries to project from CE referral (or alternative system for DV projects)	100 %	10 points
X PSH (General) - Housing First and/or Low Barrier Implementation (General) - CoC assessment of fidelity to Housing First from CoC monitoring or review of project policies and procedures	Yes	10 points
Equity Factors		
Agency Leadership, Governance, and Policies		
X Recipient has under-represented individuals (BIPOC, LGBTQ+, etc) in managerial and leadership positions	Yes	10 points
X Recipient's board of directors includes representation from more than one person with lived experience	Yes	10 points
X Recipient has relational process for receiving and incorporating feedback from persons with lived experience	Yes	10 points
X Recipient has reviewed internal policies and procedures with an equity lens and has a plan for developing and implementing equitable policies that do not impose undue barriers	Yes	10 points

Program Participant Outcomes

X	Recipient has reviewed program participant outcomes with an equity lens, including the disaggregation of data by race, ethnicity, gender identity, and/or age	Yes	10	points
X	Recipient has identified programmatic changes needed to make program participant outcomes more equitable and developed a plan to make those changes	Yes	10	points
	Recipient is working with HMIS lead to develop a schedule for reviewing HMIS data with disaggregation by race, ethnicity, gender identity, and or/age			

Other and Local Criteria

(select from drop-down menu)

X	Applicant Narrative that CoC Scores	Project is operating in conformance with CoC Standards	Yes	10	points
X	PSH (General) - Data Error rate at/below %		8%	10	points

Total Maximum Score

RRH-General projects:	225	points
RRH-DV projects:	80	points
PSH-General projects:	230	points
PSH-DV projects:	80	points
TH-General projects:	70	points
TH-DV projects:	70	points
TH+RRH-General projects:	70	points
TH+RRH-DV projects:	70	points

RRH Renewal

CUSTOMIZE NEW AND RENEWAL/EXPANSION PROJECT THRESHOLD REQUIREMENTS

CoC Threshold Requirements

(Delete the X in the box next to any requirements you do not wish to include.)

X	Coordinated Entry Participation
X	Housing First and/or Low Barrier Implementation
X	Documented, secured minimum match
X	Project has reasonable costs per permanent housing exit, as defined locally
X	Project is financially feasible
X	Applicant is active CoC participant
X	Application is complete and data are consistent
	Data quality at or above 90%
	Bed/unit utilization rate at or above 90%
X	Acceptable organizational audit/financial review

FILTER RATING FACTORS

Select project type to edit: RRH

Using these drop-down menus, select which rating factors to show and customize

Select special populati: General

CUSTOMIZE RENEWAL/EXPANSION PROJECT RATING TOOL

Delete the X in the box besides any rating factor below that you do not wish to include. If desired, adjust the factor/goal and point value for each measure. You can add additional locally-defined criteria below. See the Data Source Chart for information about where to obtain data to use in scoring.

	Performance Measures	Factor/Goal	Max Point Valu
	Length of Stay		
X	RRH (General) - On average, participants spend XX days from project entry to residential move-in	15 days	20 points
	Exits to Permanent Housing		
X	RRH (General) - Minimum percent move to permanent housing	90 %	25 points
	Returns to Homelessness (if data is available for project)		
X	RRH (General) - Maximum percent of participants return to homelessness within 12 months of exit to permanent housing	6 %	10 points
	New or Increased Income and Earned Income		
X	RRH (General) - Minimum percent of participants with new or increased earned income for project stayers	12 %	10 points
X	RRH (General) - Minimum percent of participants with new or increased non-employment income for project stayers	12 %	10 points
X	RRH (General) - Minimum percent of participants with new or increased earned income for project leavers	12 %	10 points
X	RRH (General) - Minimum percent of participants with new or increased non-employment income for project leavers	12 %	10 points
	Serve High Need Populations *(select from drop-down menu)*		
X	Project focuses on chronically homeless people		
X	RRH (General) - XX% of participants are chronically homeless	50 %	20 points
	Project Effectiveness		
X	RRH (General) - Costs are within local average cost per positive housing exit for project type	Yes	10 points
X	RRH (General) - Coordinated Entry Participation- Minimum percent of entries to project from CE referral (or alternative system for DV projects)	100 %	10 points
X	RRH (General) - Housing First and/or Low Barrier Implementation (General) - CoC assessment of fidelity to Housing First from CoC monitoring or review of project policies and procedures	Yes	10 points
	Equity Factors		
	Agency Leadership, Governance, and Policies		
X	Recipient has under-represented individuals (BIPOC, LGBTQ+, etc) in managerial and leadership positions	Yes	10 points
X	Recipient's board of directors includes representation from more than one person with lived experience	Yes	10 points
X	Recipient has relational process for receiving and incorporating feedback from persons with lived experience	Yes	10 points
X	Recipient has reviewed internal policies and procedures with an equity lens and has a plan for developing and implementing equitable policies that do not impose undue barriers	Yes	10 points

Program Participant Outcomes

X	Recipient has reviewed program participant outcomes with an equity lens, including the disaggregation of data by race, ethnicity, gender identity, and/or age	Yes	10	points
X	Recipient has identified programmatic changes needed to make program participant outcomes more equitable and developed a plan to make those changes	Yes	10	points
	Recipient is working with HMIS lead to develop a schedule for reviewing HMIS data with disaggregation by race, ethnicity, gender identity, and or/age			

Other and Local Criteria

(select from drop-down menu)

X	Applicant Narrative that CoC Scores	Project is operating in conformance with CoC Standards	Yes	10	points
X	RRH (General) - Data error rate at/below %		8%	10	points

Total Maximum Score

RRH-General projects:	225	points
RRH-DV projects:	80	points
PSH-General projects:	230	points
PSH-DV projects:	80	points
TH-General projects:	70	points
TH-DV projects:	70	points
TH+RRH-General projects:	70	points
TH+RRH-DV projects:	70	points

NEW PROJECT RATING TOOL

		Factor/Goal	Max Point Valu
Experience			
X	General-A. Describe the experience of the applicant and sub-recipients (if any) in working with the proposed population and in providing housing similar to that proposed in the application.		15 points
X	General-B. Describe experience with utilizing a Housing First approach. Include 1) eligibility criteria; 2) process for accepting new clients; 3) process and criteria for exiting clients. Must demonstrate there are no preconditions to entry, allowing entry regardless of current or past substance abuse, income, criminal records (with exceptions of restrictions imposed by federal, state, or local law or ordinance), marital status, familial status, self-disclosed or perceived sexual orientation, gender identity or gender expression. Must demonstrate the project has a process to address situations that may jeopardize housing or project assistance to ensure that project participation is terminated in only the most severe cases.		10 points
X	General-C. Describe experience in effectively utilizing federal funds including HUD grants and other public funding, including satisfactory drawdowns and performance for existing grants as evidenced by timely reimbursement of subrecipients (if applicable), regular drawdowns, timely resolution of monitoring findings, and timely submission of required reporting on existing grants.		5 points
Design of Housing & Supportive Services			
X	General-A. Extent to which the applicant 1) Demonstrates understanding of the needs of the clients to be served. 2) Demonstrates that type, scale, and location of the housing fit the needs of the clients to be served. 3) Demonstrates that type and scale of the all supportive services, regardless of funding source, meets the needs of clients to be served. 4) Demonstrates how clients will be assisted in obtaining mainstream benefits. 5) Establishes performances measures for housing and income that are objective, measurable, trackable and meet or exceed any established HUD or CoC benchmarks.		15 points
X	General-B. Describe the plan to assist clients to rapidly secure and maintain permanent housing that is safe, affordable, accessible, and acceptable to their needs.		5 points
X	General-C. Describe how clients will be assisted to increase employment and/or income and to maximize their ability to live independently.		5 points
X	General-D. Project leverages housing resources with housing subsidies or units not funded through the CoC or ESG programs.		10 points
X	General-E. Project leverages health resources, including a partnership commitment with a healthcare organization.		10 points
Timeliness			
X	General-A. Describe plan for rapid implementation of the program, documenting how the project will be ready to begin housing the first program participant. Provide a detailed schedule of proposed activities for 60 days, 120 days, and 180 days after grant award.		10 points
Financial			
X	General-A. Project is cost-effective when projected cost per person served is compared to CoC average within project type.		5 points
	B. Organization's most recent audit:		
X	General-1. Found no exceptions to standard practicess		5 points
X	General-2. Identified agency as 'low risk'		5 points
X	General-3. Indicates no findings		5 points
X	General-C. Documented match amount meets HUD requirements.		5 points
X	General-D. Budgeted costs are reasonable, allocable, and allowable.		20 points
Project Effectiveness			
X	General-Coordinated Entry Participation- Minimum percent of entries projected to come from CE referrals	95 %	5 points
Equity Factors			
	Agency Leadership, Governance, and Policies		
X	New project has under-representated individuals (BIPOC, LGBTQ+, etc) in managerial and leadership positions	Yes	10 points
X	New project's organizational board of directors includes representation from more than one person with lived experience (per 578.75(g))	Yes	10 points
X	New project has relational process for receiving and incorporating feedback from persons with lived experience or a plan to create one	Yes	10 points
X	New project has reviewed internal policies and procedures with an equity lens and has a plan for developing and implementing equitable policies that do not impose undue barriers that exacerbate disparities and outcomes	Yes	10 points
	Program Participant Outcomes		
X	New project describes their plan for reviewing program participant outcomes with an equity lens, including the disaggregation of data by race, ethnicity, gender identity, and/or age. If already implementing a plan, describe findings from outcomes review		10 points
X	New project describes plan to review whether programmatic changes are needed to make program participant outcomes more equitable and developed a plan to make those changes. If already implementing plan, describe findings from review		10 points
X	New project describes plan to work with HMIS lead to develop a schedule for reviewing HMIS data with disaggregation by race, ethnicity, gender identity, and or/age. If already implementing plan, describe findings from review		10 points
	Total Maximum Score	General projects:	120 points

DV Bonus NEW PROJECT RATING TOOL

		Factor/Goal	Max Point Valu
Experience			
X	DV-A. Describe the experience of the applicant and sub-recipients (if any) in working with the proposed population and in providing housing similar to that proposed in the application.		15 points
X	DV-B. Describe experience with utilizing a Housing First approach. Include 1) eligibility criteria; 2) process for accepting new clients; 3) process and criteria for exiting clients. Must demonstrate there are no preconditions to entry, allowing entry regardless of current or past substance abuse, income, criminal records (with exceptions of restrictions imposed by federal, state, or local law or ordinance), marital status, familial status, self-disclosed or perceived sexual orientation, gender identity or gender expression. Must demonstrate the project has a process to address situations that may jeopardize housing or project assistance to ensure that project participation is terminated in only the most severe cases.		10 points
X	DV-C. Describe experience in effectively utilizing federal funds including HUD grants and other public funding, including satisfactory drawdowns and performance for existing grants as evidenced by timely reimbursement of subrecipients (if applicable), regular drawdowns, timely resolution of monitoring findings, and timely submission of required reporting on existing grants.		5 points
Design of Housing & Supportive Services			
X	DV-A. Extent to which the applicant 1) Demonstrates understanding of the needs of the clients to be served. 2) Demonstrates that type, scale, and location of the housing fit the needs of the clients to be served. 3) Demonstrates that type and scale of the all supportive services, regardless of funding source, meets the needs of clients to be served. 4) Demonstrates how clients will be assisted in obtaining mainstream benefits. 5) Establishes performances measures for housing and income that are objective, measurable, trackable and meet or exceed any established HUD or CoC benchmarks.		15 points
X	DV-B. Describe the plan to assist clients to rapidly secure and maintain permanent housing that is safe, affordable, accessible, and acceptable to their needs.		5 points
X	DV-C. Describe how clients will be assisted to increase employment and/or income and to maximize their ability to live independently.		5 points
X	DV-D. Project leverages housing resources with housing subsidies or units not funded through the CoC or ESG programs.		10 points
X	DV-E. Project leverages health resources, including a partnership commitment with a healthcare organization.		10 points
Timeliness			
X	DV-A. Describe plan for rapid implementation of the program, documenting how the project will be ready to begin housing the first program participant. Provide a detailed schedule of proposed activities for 60 days, 120 days, and 180 days after grant award.		10 points
Financial			
X	DV-A. Project is cost-effective when projected cost per person served is compared to CoC average within project type.		5 points
	B. Organization's most recent audit:		
X	DV-1. Found no exceptions to standard practicess		5 points
X	DV-2. Identified agency as 'low risk'		5 points
X	DV-3. Indicates no findings		5 points
X	DV-C. Documented match amount meets HUD requirements.		5 points
X	DV-D. Budgeted costs are reasonable, allocable, and allowable.		20 points
Project Effectiveness			
X	DV-Coordinated Entry Participation- Minimum percent of entries projected to come from CE referrals	95 %	5 points
Equity Factors			
	Agency Leadership, Governance, and Policies		
X	New project has under-representated individuals (BIPOC, LGBTQ+, etc) in managerial and leadership positions	Yes	10 points
X	New project's organizational board of directors includes representation from more than one person with lived experience (per 578.75(g))	Yes	10 points
X	New project has relational process for receiving and incorporating feedback from persons with lived experience or a plan to create one	Yes	10 points
X	New project has reviewed internal policies and procedures with an equity lens and has a plan for developing and implementing equitable policies that do not impose undue barriers that exacerbate disparities and outcomes	Yes	10 points
	Program Participant Outcomes		
X	New project describes their plan for reviewing program participant outcomes with an equity lens, including the disaggregation of data by race, ethnicity, gender identity, and/or age. If already implementing a plan, describe findings from outcomes review		10 points
X	New project describes plan to review whether programmatic changes are needed to make program participant outcomes more equitable and developed a plan to make those changes. If already implementing plan, describe findings from review		10 points
X	New project describes plan to work with HMIS lead to develop a schedule for reviewing HMIS data with disaggregation by race, ethnicity, gender identity, and or/age. If already implementing plan, describe findings from review		10 points
Other and Local Criteria		**Total Maximum Score**	General projects: 120 points

RENEWAL/EXPANSION PROJECT RATING TOOL

Project Name: v 2-1-2022 to 1-31-2023 Fully Cons Wake Rental Assist Expansion (Print Blank Template

Print Report Card

Organization Name: Wake County Housing Affordability & Community Revitalization

Project Type: PSH (General)

Project Identifier: 9

Met all threshold requirements

Renewal/Expansion Projects Rating Complete: 71%

RATING FACTOR	PERFORMANCE GOAL	PERFORMANCE		POINTS AWARDED		MAX POINT VALUE
PERFORMANCE MEASURES						
Length of Stay						
Permanent Supportive-Housing	On average, participants are placed in housing 90 days after referral to PSH	28	days	25	out of	25
Exits to Permanent Housing						
Permanent Supportive-Housing	90% remain in or move to PH	99	%	25	out of	25
Returns to Homelessness						
Within 12 months of exit to permanent housing	≤ 6% of participants return to homelessness within 12 months of exit to PH		%		out of	10
New or Increased Income and Earned Income						
Earned income for project stayers	16%+ of participants with new or increased income	12	%	7.0	out of	10
Non-employment income for project stayers	16%+ of participants with new or increased income	60	%	10.0	out of	10
Earned income for project leavers	16%+ of participants with new or increased income	6	%	0.0	out of	10
Non-employment income for project leavers	16%+ of participants with new or increased income	41	%	10.0	out of	10
Performance Measures Subtotal				77	out of	**100**
SERVE HIGH NEED POPULATIONS						
Permanent Supportive-Housing	≥ 90% of participants are chronically homeless	32	%	5.0	out of	20
Serve High Need Populations Subtotal				5	out of	**20**
PROJECT EFFECTIVENESS						
Project has reasonable costs	Costs are within local average cost per positive housing exit for project type	$6,306		10	out of	10
Coordinated Entry Participation	≥ 100% of entries to project from CE referrals		%		out of	10
Housing First and/or Low Barrier Implementation	Commits to applying Housing First model				out of	10
Project Effectiveness Subtotal				10	out of	**30**
EQUITY FACTORS						
Agency Leadership, Governance, and Policies						
Recipient Management & Leadership Positions	BIPOC, LGBTQIA+, etc representation				out of	10
Recipient Board of Directors	BIPOC, LGBTQIA+, etc representation				out of	10
Process for receiving & incorporating feedback	Process includes persons with lived experience				out of	10
Internal Policies and Procedures	Policies with equitable lense, no undue barriers				out of	10
Program Participant Outcomes						
Outcomes with an equity lens	Data disaggregated by race, ethnicity, etc.				out of	10
Program changes for equitable outcomes	Plan to create more equitable program outcomes				out of	10
Equity Factors Subtotal				0	out of	**60**
OTHER AND LOCAL CRITERIA						
Applicant Narrative	Project is operating in conformance to CoC standards				out of	10
PSH (General) - Data Error rate at/below %	8%	1%		10.0	out of	10
Other and Local Criteria Subtotal				10	out of	**20**
TOTAL SCORE				102	out of	**230**
Weighted Rating Score				44	out of	**100**

PROJECT FINANCIAL INFORMATION

CoC funding requested	*NOTE: Edit on the LIST OF PROJECTS TO BE REVIEWED tab*	$ 93,500
Amount of other public funding (federal, state, county, city)		
Amount of private funding		
TOTAL PROJECT COST		$ 93,500
CoC Amount Awarded Last Operating Year	*NOTE: Edit on the LIST OF PROJECTS TO BE REVIEWED tab*	$ -
CoC Amount Expended Last Operating Year	*NOTE: Edit on the LIST OF PROJECTS TO BE REVIEWED tab*	$ -
Percent of CoC funding expended last operating year		0%

RATING RESULTS

Sort projects by:

You can sort the project list below using the drop down selection to the left.

Make sure to save any rating you've done before running.

= Not all requirements met or threshold scoring not started

RATING RESULTS

Project ID	Grant Number	Renewal, New, Expansion, Reallocate	Project Name	Organization Name	Project Type	General/ DV	McKinney - Vento: YHDP	All Fam Beds	DV Fam Beds	CH Fam Beds	Vet Fam Beds	Par Youth Beds	All Ind Beds	DV Ind Beds	Total CH Ind Beds	Vet Ind Beds	Single Youth Beds	Is 100% Dedicated + or CH Fam (Yes/No)	Is 100% Dedicated + or CH Ind (Yes/No)	CoC Funding Requested	Amount of Other Public Funding (Federal, state, county, city)	Amount of private Funding	CoC Amount Expended Last Operating Year	Met All HUD Threshold Requirements	Met All CoC Threshold Requirements	Weighted Rating Score
8		New	Wake Healthy at Home	Alliance Health	PSH	General	No	3	0	3	0	0	12	0	12	0	0	Yes	Yes	$199,916			$0	Yes	Yes	94
7		New	DV Bonus Rapid Rehousing Project	The Family Violence Prevention	RRH	DV	No	40	40	0	0	0	30	30	0	0	0	No	No	$715,268			$0	Yes	Yes	93
10		New	RRH Homeless Youth 18-24 FY202	Haven House	RRH	General	No	4	0	4	0	2	4	0	2	0	4	No	No	$96,679			$0	Yes	Yes	93
14		New	2021 NC507 SSO-CE Expansion	Wake County Continuum of Care	SSO - coordi		0 No	0	0	0	0	0	0	0	0	0	0	No	No	$0			$0	Yes	Yes	0
11	NC0164L4F072011	Renewal	2021 NC507 HMIS	Wake County Continuum of Care	HMIS		0 No	0	0	0	0	0	0	0	0	0	0	No	No	$76,682			$0		Yes	0
5	NC0090L4F072013	Renewal	Fully Consolidated Wake Rental As	Wake County Human Services	PSH	General	No	117	0	117	0	0	166	0	163	0	0	Yes	No	$2,392,457			$1,973,860		Yes	84
4	NC0089L4F072013	Renewal	Ruth House Rental Assistance	Passage Home	PSH	General	No	27	0	27	0	0	9	0	9	0	0	Yes	Yes	$241,299			$221,547		Yes	77
1	NC0084L4F072013	Renewal	Fam at Oak Hollow	CASA	PSH	General	No	8	0	8	0	0	9	0	9	0	0	Yes	Yes	$82,976			$78,328		Yes	72
2	NC0137L4F072012	Renewal	McKinney	CASA	PSH	General	No	0	0	0	0	0	39	0	39	0	0	No	Yes	$194,921			$191,862		Yes	72
3	NC0347L4F072005	Renewal	Rapid Re-housing-CoC	Families Together	RRH	General	No	33	0	0	0	0	2	0	0	0	0	No	No	$134,564			$119,924		Yes	64
6	NC0369L4F072004	Renewal	2019 NC507 Rapid Rehouisng Con	Wake County Continuum of Care	RRH	General	No	18	0	0	10	0	11	0	0	0	0	No	No	$171,440			$135,918		Yes	53
12	NC0371L4F072004	Renewal	2021 NC507 SSO-Coordinated Ent	Wake County Continuum of Care	SSO - coordi		0 No	0	0	0	0	0	0	0	0	0	0	No	No	$68,066			$0		Yes	0
13		Expansion	2021 NC507 HMIS Expansion	Wake County Continuum of Care	HMIS		0 No	0	0	0	0	0	0	0	0	0	0	No	No	$0			$0		Yes	0
9		Expansion	2-1-2022 to 1-31-2023 Fully Cons	Wake County Housing Affordabi	PSH	General	No	0	0	0	0	0	15	0	15	0	0	No	Yes	$93,500			$0		Yes	85

NC507-Attachments

1E-2: Project Review and Selection Process

From:	Jenn Von Egidy
To:	Kim Crawford
Cc:	Jasmin Volkel
Subject:	Wake County CoC Final Ranked List
Date:	Thursday, October 28, 2021 3:20:00 PM
Attachments:	RRH Community Proj_Final Scorecard.pdf image001.png

Dear Raleigh Wake Partnership to End Homelessness,

The Wake County CoC Governance Board met earlier today to review and vote on the final CoC Ranked List of project applications that was recommended by the Funding Review Committee. The Wake County CoC Governance Board voted to approve the presented ranked list without changes. Listed below are the affects of the ranked list on your grants.

RRH Community Project: **Full Reallocation**
The Funding Review Committee and the Wake County CoC Governance Board decided not to include this project because it had low performance on the scorecard. The scorecard ratings were from HMIS data, application materials, and applicant interview.

The appeals policy is available to projects that were reallocated and is posted here: https://wakecoc.org/wp-content/uploads/2021/10/Wake-CoC-Appeals-Policy.pdf

NC507 HMIS, NC507HMIS-Expansion, NC507SSO-Coordinated Entry NC507 SSO-CE- Expansion: **Accepted**
The Funding Review Committee and the Wake County CoC Governance Board decided to approve these projects and they are included in the Final Ranked List, posted here: https://wakecoc.org/wp-content/uploads/2021/10/Final-Ranked-List_10.28.2021.pdf

Scorecards for RRH Community project is attached here for your review. Thank you for all your hard work on your applications over the last few weeks.

With gratitude,

Jenn Von Egidy
Strategy and Development Manager
Raleigh Wake Partnership to End & Prevent Homelessness
jvonegidy@partnershipwake.org
Direct Phone: 919.443.0098 x1001

www.partnershipwake.org

Raleigh/Wake PARTNERSHIP To End Homelessness

From: Jenn Von Egidy
To: Joyce Hicklen
Subject: Wake County CoC Final Ranked List
Date: Thursday, October 28, 2021 3:15:00 PM
Attachments: image001.png
Fam at Oak Hollow_Final Scorecard.pdf
McKinney_Final Scorecard.pdf

Dear CASA,

The Wake County CoC Governance Board met earlier today to review and vote on the final CoC Ranked List of project applications that was recommended by the Funding Review Committee. The Wake County CoC Governance Board voted to approve the presented ranked list without changes. Listed below are the affects of the ranked list on your grants.

Families at Home/Oak Hollow: Full Reallocation
The Funding Review Committee and the Wake County CoC Governance Board decided not to include this project because it had low performance on the scorecard. The scorecard ratings were from HMIS data, application materials, and applicant interview.

The appeals policy is available to projects that were reallocated and is posted here: https://wakecoc.org/wp-content/uploads/2021/10/Wake-CoC-Appeals-Policy.pdf

McKinney: Accepted
The Funding Review Committee and the Wake County CoC Governance Board decided to approve this project and is included in the Final Ranked List, posted here: https://wakecoc.org/wp-content/uploads/2021/10/Final-Ranked-List_10.28.2021.pdf

Scorecards for both projects are attached here for your review. Thank you for all your hard work on your applications over the last few weeks.

With gratitude,

Jenn Von Egidy
Strategy and Development Manager
Raleigh Wake Partnership to End & Prevent Homelessness
jvonegidy@partnershipwake.org
Direct Phone: 919.443.0098 x1001

www.partnershipwake.org

Raleigh/Wake PARTNERSHIP To End Homelessness

From: Jenn Von Egidy
To: Diane Cilento
Subject: Wake County CoC Final Ranked List
Date: Thursday, October 28, 2021 3:28:00 PM
Attachments: image001.png
Fully Cons Wake Expansion_Final Scorecard.pdf
Fully cons Wake Renewal_Final Scorecard.pdf

Dear Wake County Human Services,

The Wake County CoC Governance Board met earlier today to review and vote on the final CoC Ranked List of project applications that was recommended by the Funding Review Committee. The Wake County CoC Governance Board voted to approve the presented ranked list without changes. Listed below are the affects of the ranked list on your grants.

Fully Consolidated Wake Rental Assistance: **Reduced**
The Funding Review Committee and the Wake County CoC Governance Board decided to reduce the funding for this project to the amount spent in FY20-21 and decided to fund new projects they felt would improve the entire CoC's ability to end homelessness. Please amend your grant application in esnaps to reflect the approved amount of $1,973,860.

The appeals policy is available to projects that were reallocated and is posted here: https://wakecoc.org/wp-content/uploads/2021/10/Wake-CoC-Appeals-Policy.pdf

Fully Consolidated Wake Rental Assistance-Expansion: Accepted
The Funding Review Committee and the Wake County CoC Governance Board decided to approve this project and is included in the Final Ranked List, posted here: https://wakecoc.org/wp-content/uploads/2021/10/Final-Ranked-List_10.28.2021.pdf

Scorecards for both projects are attached here for your review. Thank you for all your hard work on your applications over the last few weeks. We look forward to continuing to work with you.

With gratitude,

Jenn Von Egidy
Strategy and Development Manager
Raleigh Wake Partnership to End & Prevent Homelessness
jvonegidy@partnershipwake.org
Direct Phone: 919.443.0098 x1001

www.partnershipwake.org

Raleigh/Wake PARTNERSHIP To End Homelessness

Home - Wake Continuum of Care
wakecoc.org
Apps Gmail YouTube Home - Raleigh/Wa... The COC - Wake Co... Constant Contact Network for Good |... Log In | Smartsheet GoToMeeting Hub Reading list

WAKE COUNTY
Continuum of Care - NC 507

SYSTEM OF CARE

The vision of the Wake County Continuum of Care is to ensure that homelessness is rare, brief, and one-time. We will achieve this vision through our shared values and actions.

GET INVOLVED

Homeless Management Information Request For Proposal
(RFP For NC 507 Raleigh/Wake)

Software vendors are asked to participate in the Homeless Management

2021 COC FINAL RANKED LIST OF PROJECTS

Type here to search
70°F
2:49 PM
10/28/2021

NC507-Attachments

1E-5a: Public posting- Projects Accepted

From:	Jenn Von Egidy
To:	Kim Crawford
Cc:	Jasmin Volkel
Subject:	Wake County CoC Final Ranked List
Date:	Thursday, October 28, 2021 3:20:00 PM
Attachments:	RRH Community Proj_Final Scorecard.pdf image001.png

Dear Raleigh Wake Partnership to End Homelessness,

The Wake County CoC Governance Board met earlier today to review and vote on the final CoC Ranked List of project applications that was recommended by the Funding Review Committee. The Wake County CoC Governance Board voted to approve the presented ranked list without changes. Listed below are the affects of the ranked list on your grants.

RRH Community Project: **Full Reallocation**
The Funding Review Committee and the Wake County CoC Governance Board decided not to include this project because it had low performance on the scorecard. The scorecard ratings were from HMIS data, application materials, and applicant interview.

The appeals policy is available to projects that were reallocated and is posted here: https://wakecoc.org/wp-content/uploads/2021/10/Wake-CoC-Appeals-Policy.pdf

NC507 HMIS, NC507HMIS-Expansion, NC507SSO-Coordinated Entry NC507 SSO-CE- Expansion: **Accepted**
The Funding Review Committee and the Wake County CoC Governance Board decided to approve these projects and they are included in the Final Ranked List, posted here: https://wakecoc.org/wp-content/uploads/2021/10/Final-Ranked-List_10.28.2021.pdf

Scorecards for RRH Community project is attached here for your review. Thank you for all your hard work on your applications over the last few weeks.

With gratitude,

Jenn Von Egidy
Strategy and Development Manager
Raleigh Wake Partnership to End & Prevent Homelessness
jvonegidy@partnershipwake.org
Direct Phone: 919.443.0098 x1001

www.partnershipwake.org

Raleigh/Wake PARTNERSHIP To End Homelessness

From: Jenn Von Egidy
To: Laressa Witt
Subject: Wake County CoC Final Ranked List
Date: Thursday, October 28, 2021 3:43:00 PM
Attachments: ALLIANCE_ Final -scorecard.pdf
image001.png

Dear Alliance Health,

The Wake County CoC Governance Board met earlier today to review and vote on the final CoC Ranked List of project applications that was recommended by the Funding Review Committee. The Wake County CoC Governance Board voted to approve the presented ranked list without changes. Listed below are the affects of the ranked list on your grants.

Healthy@Home: Accepted
The Funding Review Committee and the Wake County CoC Governance Board decided to approve this project and is included in the Final Ranked List, posted here: https://wakecoc.org/wp-content/uploads/2021/10/Final-Ranked-List_10.28.2021.pdf

Scorecards for your projects are attached here for your review. Thank you for all your hard work on your applications over the last few weeks. We look forward to continuing to work with you.

With gratitude,

Jenn Von Egidy
Strategy and Development Manager
Raleigh Wake Partnership to End & Prevent Homelessness
jvonegidy@partnershipwake.org
Direct Phone: 919.443.0098 x1001

www.partnershipwake.org

Raleigh/Wake PARTNERSHIP To End Homelessness

From: Jenn Von Egidy
To: Joyce Hicklen
Subject: Wake County CoC Final Ranked List
Date: Thursday, October 28, 2021 3:15:00 PM
Attachments: image001.png
Fam at Oak Hollow_Final Scorecard.pdf
McKinney_Final Scorecard.pdf

Dear CASA,

The Wake County CoC Governance Board met earlier today to review and vote on the final CoC Ranked List of project applications that was recommended by the Funding Review Committee. The Wake County CoC Governance Board voted to approve the presented ranked list without changes. Listed below are the affects of the ranked list on your grants.

Families at Home/Oak Hollow: Full Reallocation
The Funding Review Committee and the Wake County CoC Governance Board decided not to include this project because it had low performance on the scorecard. The scorecard ratings were from HMIS data, application materials, and applicant interview.

The appeals policy is available to projects that were reallocated and is posted here: https://wakecoc.org/wp-content/uploads/2021/10/Wake-CoC-Appeals-Policy.pdf

McKinney: Accepted
The Funding Review Committee and the Wake County CoC Governance Board decided to approve this project and is included in the Final Ranked List, posted here: https://wakecoc.org/wp-content/uploads/2021/10/Final-Ranked-List_10.28.2021.pdf

Scorecards for both projects are attached here for your review. Thank you for all your hard work on your applications over the last few weeks.

With gratitude,

Jenn Von Egidy
Strategy and Development Manager
Raleigh Wake Partnership to End & Prevent Homelessness
jvonegidy@partnershipwake.org
Direct Phone: 919.443.0098 x1001

www.partnershipwake.org

Raleigh/Wake PARTNERSHIP To End Homelessness

From: Jenn Von Egidy
To: Lisa Rowe
Subject: Wake County CoC Final Ranked List
Date: Thursday, October 28, 2021 3:39:00 PM
Attachments: RRH-CoC_Final Scorecard.pdf
image001.png

Dear Families Together,

The Wake County CoC Governance Board met earlier today to review and vote on the final CoC Ranked List of project applications that was recommended by the Funding Review Committee. The Wake County CoC Governance Board voted to approve the presented ranked list without changes. Listed below are the affects of the ranked list on your grants.

RRH-CoC/ Families Together Housing First: Accepted
The Funding Review Committee and the Wake County CoC Governance Board decided to approve this project and is included in the Final Ranked List, posted here: https://wakecoc.org/wp-content/uploads/2021/10/Final-Ranked-List_10.28.2021.pdf

The Scorecard for your project is attached here for your review. Thank you for all your hard work on your applications over the last few weeks. We look forward to continuing to work with you.

With gratitude,

Jenn Von Egidy
Strategy and Development Manager
Raleigh Wake Partnership to End & Prevent Homelessness
jvonegidy@partnershipwake.org
Direct Phone: 919.443.0098 x1001

www.partnershipwake.org

Raleigh/Wake PARTNERSHIP To End Homelessness

From:	Jenn Von Egidy
To:	Kelsey Mosely
Subject:	Wake County CoC Final Ranked List
Date:	Thursday, October 28, 2021 3:36:00 PM
Attachments:	Haven House_Final Scorecard.pdf image001.png

Dear Haven House,

The Wake County CoC Governance Board met earlier today to review and vote on the final CoC Ranked List of project applications that was recommended by the Funding Review Committee. The Wake County CoC Governance Board voted to approve the presented ranked list without changes. Listed below are the affects of the ranked list on your grants.

RRH Homeless Youth 18-24 : Accepted

The Funding Review Committee and the Wake County CoC Governance Board decided to approve this project and is included in the Final Ranked List, posted here: https://wakecoc.org/wp-content/uploads/2021/10/Final-Ranked-List_10.28.2021.pdf

The Scorecard for your project is attached here for your review. Thank you for all your hard work on your applications over the last few weeks. We look forward to continuing to work with you.

With gratitude,

Jenn Von Egidy
Strategy and Development Manager
Raleigh Wake Partnership to End & Prevent Homelessness
jvonegidy@partnershipwake.org
Direct Phone: 919.443.0098 x1001

www.partnershipwake.org

Raleigh/Wake PARTNERSHIP To End Homelessness

From: Jenn Von Egidy
To: allisons@interactofwake.org
Subject: Wake County CoC Final Ranked List
Date: Thursday, October 28, 2021 3:44:00 PM
Attachments: InterAct-project-scorecard.pdf
image001.png

Dear InterAct,

The Wake County CoC Governance Board met earlier today to review and vote on the final CoC Ranked List of project applications that was recommended by the Funding Review Committee. The Wake County CoC Governance Board voted to approve the presented ranked list without changes. Listed below are the affects of the ranked list on your grants.

DV Bonus RRH: Accepted
The Funding Review Committee and the Wake County CoC Governance Board decided to approve this project and is included in the Final Ranked List, posted here: https://wakecoc.org/wp-content/uploads/2021/10/Final-Ranked-List_10.28.2021.pdf

Scorecards for your projects are attached here for your review. Thank you for all your hard work on your applications over the last few weeks. We look forward to continuing to work with you.

With gratitude,

Jenn Von Egidy
Strategy and Development Manager
Raleigh Wake Partnership to End & Prevent Homelessness
jvonegidy@partnershipwake.org
Direct Phone: 919.443.0098 x1001

www.partnershipwake.org

Raleigh/Wake PARTNERSHIP To End Homelessness

From:	Jenn Von Egidy
To:	Seth Friedman
Cc:	Brittany Westmoreland
Subject:	Wake County CoC Final Ranked List
Date:	Thursday, October 28, 2021 3:41:00 PM
Attachments:	Ruth House II_Final Scorecard.pdf image001.png

Dear Passage Home,

The Wake County CoC Governance Board met earlier today to review and vote on the final CoC Ranked List of project applications that was recommended by the Funding Review Committee. The Wake County CoC Governance Board voted to approve the presented ranked list without changes. Listed below are the affects of the ranked list on your grants.

Ruth's House II: Accepted
The Funding Review Committee and the Wake County CoC Governance Board decided to approve this project and is included in the Final Ranked List, posted here: https://wakecoc.org/wp-content/uploads/2021/10/Final-Ranked-List_10.28.2021.pdf

Scorecards for your projects are attached here for your review. Thank you for all your hard work on your applications over the last few weeks. We look forward to continuing to work with you.

With gratitude,

Jenn Von Egidy
Strategy and Development Manager
Raleigh Wake Partnership to End & Prevent Homelessness
jvonegidy@partnershipwake.org
Direct Phone: 919.443.0098 x1001

www.partnershipwake.org

Raleigh/Wake PARTNERSHIP To End Homelessness

From: Jenn Von Egidy
To: Diane Cilento
Subject: Wake County CoC Final Ranked List
Date: Thursday, October 28, 2021 3:28:00 PM
Attachments: image001.png
Fully Cons Wake Expansion_Final Scorecard.pdf
Fully cons Wake Renewal_Final Scorecard.pdf

Dear Wake County Human Services,

The Wake County CoC Governance Board met earlier today to review and vote on the final CoC Ranked List of project applications that was recommended by the Funding Review Committee. The Wake County CoC Governance Board voted to approve the presented ranked list without changes. Listed below are the affects of the ranked list on your grants.

Fully Consolidated Wake Rental Assistance: **Reduced**
The Funding Review Committee and the Wake County CoC Governance Board decided to reduce the funding for this project to the amount spent in FY20-21 and decided to fund new projects they felt would improve the entire CoC's ability to end homelessness. Please amend your grant application in esnaps to reflect the approved amount of $1,973,860.

The appeals policy is available to projects that were reallocated and is posted here: https://wakecoc.org/wp-content/uploads/2021/10/Wake-CoC-Appeals-Policy.pdf

Fully Consolidated Wake Rental Assistance-Expansion: Accepted
The Funding Review Committee and the Wake County CoC Governance Board decided to approve this project and is included in the Final Ranked List, posted here: https://wakecoc.org/wp-content/uploads/2021/10/Final-Ranked-List_10.28.2021.pdf

Scorecards for both projects are attached here for your review. Thank you for all your hard work on your applications over the last few weeks. We look forward to continuing to work with you.

With gratitude,

Jenn Von Egidy
Strategy and Development Manager
Raleigh Wake Partnership to End & Prevent Homelessness
jvonegidy@partnershipwake.org
Direct Phone: 919.443.0098 x1001

www.partnershipwake.org

Raleigh/Wake PARTNERSHIP To End Homelessness

Home - Wake Continuum of Care
wakecoc.org
Apps Gmail YouTube Home - Raleigh/Wa... The COC - Wake Co... Constant Contact Network for Good |... Log In | Smartsheet GoToMeeting Hub Reading list

WAKE COUNTY
Continuum of Care - NC 507

SYSTEM OF CARE

The vision of the Wake County Continuum of Care is to ensure that homelessness is rare, brief, and one-time. We will achieve this vision through our shared values and actions.

GET INVOLVED

Homeless Management Information Request For Proposal
(RFP For NC 507 Raleigh/Wake)

Software vendors are asked to participate in the Homeless Management

2021 COC FINAL RANKED LIST OF PROJECTS

Type here to search
70°F
2:49 PM
10/28/2021

Project Submissions 10.4.21 - Sm | Constant Contact

app.constantcontact.com/pages/campaigns/email-details/details/activity/23620925-d814-403c-a279-95180b4698f9

Apps | Gmail | YouTube | Home - Raleigh/Wa... | The COC - Wake Co... | Constant Contact | Network for Good |... | Log In | Smartsheet | GoToMeeting Hub | Secure Sign In | Contact Center | Jvonegidy's Project... | Grantium™ | CoC Program Com

Campaigns | Contacts | Reporting | Sign-up Forms | Websites & Stores | Social | Integrations | Library | Contact Us

Sent **Wake CoC Digest October 28**

Copy | Share on Social | ...

Details | Reporting | Heat Map

Preview

Subject	Final CoC Ranked List of Projects
Pre header	Posted!
From name	Wake CoC Digest
Sent	October 28th 2021 at 4:06 pm EDT
From Address	news@wakecoc.org
Reply to address	jvonegidy@partnershipwake.org
Lists	CoC Board, CoC list, CoC Members, RWPEH BoD, RWPEH staff_updated 3.1.21 Show less
Email link	https://conta.cc/3BrtaxL

NC507-Attachments

3A-2A. Healthcare Formal Agreements

DocuSign Envelope ID: C0389AB3-4568-4D9B-AEC7-D5DA497EC3E9

Alliance Health

All Offices:
(919) 651-8401

Online:
AllianceHealthPlan.org

23 September 2021

Secretary Marcia L. Fudge
U.S. Department of Housing and Urban Development
451 7th Street S. W.
Washington, D.C.20410

RE Match Commitment

Dear Secretary Fudge:

On behalf of Alliance Health, I submit this letter indicating our commitment to provide a cash match to the Wake Healthy at Home Permanent Supportive Housing as a part of its 2021 new project application for the NC-507 Wake County Continue of Care Permanent Housing Bonus Fund.

Cash Match:

Rental Assistance and Supportive Services	$40,000

Alliance Health is committed to helping people facing long-term chronically homelessness with complex behavioral and healthcare needs have a place to call home.

Sincerely,

DocuSigned by:
686E3BFC25E74BD...

Ann Oshel
Sr. VP of Community Health and Well-Being

Home Office: 5200 West Paramount Parkway, Suite 200, Morrisville, NC 27560
Cumberland Office: 711 Executive Place, Fayetteville, NC 28305
Johnston Office: 521 N. Brightleaf Boulevard, Smithfield, NC 27577

DISTINCTION NCQA LONG-TERM SERVICES & SUPPORTS
ACCREDITED NCQA MANAGED BEHAVIORAL HEALTHCARE ORGANIZATION FULL