

## Before Starting the Special CoC Application

You must submit both of the following parts in order for us to consider your Special NOFO Consolidated Application complete:

1. the CoC Application, and
2. the CoC Priority Listing.

The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

- Special Notice of Funding Opportunity to Address Unsheltered and Rural Homelessness
- 24 CFR part 578
- Special NOFO CoC Application Navigational Guide
- Section 3 Resources
- Frequently Asked Questions

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

1. The Special Notice of Funding Opportunity (Special NOFO) for specific application and program requirements.
2. The Special NOFO Continuum of Care (CoC) Application Detailed Instructions for Collaborative Applicants 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.

CoC Approval is Required before You Submit Your CoC's Special NOFO CoC Consolidated Application

- 24 CFR 578.9 requires you to compile and submit the Special NOFO CoC Consolidated Application 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 the [Specific Attachment Name] attachment to the 4A. 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

The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

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**1A-1. CoC Name and Number:** VA-500 - Richmond/Henrico, Chesterfield, Hanover Counties CoC

**1A-2. Collaborative Applicant Name:** Homeward

**1A-3. CoC Designation:** CA

**1A-4. HMIS Lead:** Homeward

1A-5.	New Projects	
	Complete the chart below by indicating which funding opportunity(ies) your CoC applying for projects under. A CoC may apply for funding under both set asides; however, projects funded through the rural set aside may only be used in rural areas, as defined in the Special NOFO.	
1.	Unsheltered Homelessness Set Aside	Yes
2.	Rural Homelessness Set Aside	No

## 1B. Project Capacity, Review, and Ranking–Local Competition

The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

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1B-1.	Web Posting of Your CoC Local Competition Deadline–Advance Public Notice. (All Applicants)	
	Special NOFO Section VII.B.1.b.	
	You must upload the Local Competition Deadline attachment to the 4A. Attachments Screen.	
	Enter the date your CoC published the deadline for project application submission for your CoC's local competition.	08/12/2022

1B-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. (All Applicants)	
	Special NOFO Section VII.B.1.a.	
	You must upload the Local Competition Scoring Tool attachment to the 4A. Attachments Screen.	
	Select yes or no in the chart below to indicate how your CoC ranked and selected new project applications during your CoC's 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).	No

1B-3.	Projects Rejected/Reduced–Notification Outside of e-snaps. (All Applicants)	
	Special NOFO Section VII.B.1.b.	
	You must upload the Notification of Projects Rejected-Reduced attachment to the 4A. Attachments Screen.	
1.	Did your CoC reject or reduce any project application(s)?	No
2.	Did your CoC inform the applicants why their projects were rejected or reduced?	No
3.	If you selected yes, for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, list the latest date of any notification. For example, if you notified applicants on 6/26/22, 6/27/22, and 6/28/22, then you must enter 6/28/22.	

1B-3a.	Projects Accepted–Notification Outside of e-snaps. (All Applicants)	
	Special NOFO Section VII.B.1.b.	
	You must upload the Notification of Projects Accepted attachment to the 4A. Attachments Screen.	
	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New Priority Listings in writing, outside of e-snaps. If you notified applicants on various dates, list the latest date of any notification. For example, if you notified applicants on 6/26/22, 6/27/22, and 6/28/22, then you must enter 6/28/22.	10/03/2022
1B-4.	Web Posting of the CoC-Approved Special NOFO CoC Consolidated Application. (All Applicants)	
	Special NOFO Section VII.B.1.b.	
	You must upload the Web Posting–Special NOFO CoC Consolidated Application attachment to the 4A. Attachments Screen.	
	Enter the date your CoC posted its Special NOFO CoC Consolidated Application on the CoC's website or affiliate's website—which included: 1. the CoC Application, and 2. Priority Listings.	10/18/2022

## 2A. System Performance

The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

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2A-1.	Reduction in the Number of First Time Homeless—Risk Factors.	
	Special NOFO Section VII.B.2.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 2,500 characters)

1. Using HMIS and PIT data to identify risk factors, the CoC created and coordinates prevention/diversion services targeting households with characteristics similar to those in shelter such as previous episodes of homelessness within the last 2-5 years, lack of social support networks and being within 3 days of homelessness. The latter represents someone's likely descent into homelessness without other options. 2. The Homeless Connection Line (HCL), created in 2017 as a shelter diversion program, provides broader and more frequent coverage reaching those at greatest risk of homelessness as well as those least likely to seek assistance. Homeward has also secured public and private funding to provide flexible financial assistance at the Homeless Connection Line in order to provide very targeted and small scale prevention resources. The HCL partners with a new Housing Resource Line (HRL) designed to meet the needs of households prior to homelessness. HCL and HRL staff meet monthly, cross-train, share resources, and review data quarterly to reduce first-time homelessness. The CoC is also participating in regional efforts to reduce evictions through a coordinated effort with an eviction diversion program and enhanced legal assistance for those facing evictions. 3. As formalized in an MOU describing the role of the Collaborative Applicant, Homeward, the System Policy and Process Committee, and the COC Board are responsible for this strategy.

2A-2.	Length of Time Homeless—Strategy to Reduce. (All Applicants)	
	Special NOFO Section VII.B.2.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 2,500 characters)

1. To reduce the length of time households remain homeless, the CES prioritizes and refers households to shelter and housing interventions, based on vulnerabilities and length of homelessness. The CoC has also obtained public and private funding for a Rapid Exit program which includes financial assistance and case management to assist both sheltered and unsheltered clients exit to stable housing. The program focuses on clients who have not been prioritized for RRH, PSH (but does not exclude clients who have been matched to EHV). Case management and this flexible funding are likely to reduce length of stay. All CoC-funded and ESG-funded providers have adopted a Housing First approach. 2. The CoC identifies and houses households with the longest histories of homelessness based on our standardized assessment, captured in HMIS. The CoC has conducted training and provided technical assistance on engaging with households and understanding the approximate date their homelessness started." Homeward has organized trainings on motivational interviewing and trauma-informed care for CES staff in order to engage with clients and to encourage those with long histories of homelessness to connect or reconnect with CoC providers. Outreach workers conduct assessments in the field and gather information on length of homelessness in multiple conversations. When needed, CES staff reach out to community providers in outlying localities to better capture more accurate data on the length of homelessness. 3. As formalized in an MOU describing the role of the Collaborative Applicant, Homeward, the System Policy and Process Committee, and the COC Board are responsible for this strategy.

2A-3.	Successful Permanent Housing Placement or Retention. (All Applicants)	
	Special NOFO Section VII.B.2.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 2,500 characters)

conducts case conferencing for households needing more support. Homeward has obtained public and private funding for a shelter Rapid Exit program which includes financial assistance and case management to assist clients in emergency shelters to exit to stable housing. The program is restricted to clients who have not been prioritized for RRH or PSH. The CoC is also focused on increasing provider capacity through training on diversion, Housing First for shelters, completing RRH and PSH applications and obtaining documentation needed to secure housing. The CoC housing specialists continue to work to increase the number of participating landlords to ensure an adequate supply of permanent housing options for all clients. The CoC also regularly convenes meetings of ES and RRH providers to review data and progress on community goals which include increasing permanent housing placements and housing stability. Lastly, the CoC participated in the Shared Housing Institute. One provider is currently piloting a shared housing assessment and matching process in their RRH program. The pilot is intended to increase access to shared housing units because multiple bedrooms are generally less expensive per person than one bedrooms. Through this increased access, participants will remain homeless for less time. 2. To increase the rate at which households in PH projects retain permanent housing, the CoC and PH providers participate in training and work to connect households to services to maintain housing. All PH providers have SOAR-trained staff to assist clients in obtaining or increasing income and in developing service plans to meet their needs. VSH is one of seven organizations in the country to be recognized as a Certified Organization for Resident Engagement and Services (CORES). This certification recognizes excellence in supportive services with a focus on client engagement and community partnerships. VSH and RBHA are both working to identify resources for households ready to move on from PSH while maintaining housing stability.

2A-4.	Returns to Homelessness—CoC's Strategy to Reduce Rate. (All Applicants)	
	Special NOFO Section VII.B.2.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 2,500 characters)

1. Returns to homelessness are tracked in HMIS and specially developed reports pull this data for households who have returned to homeless after receiving RRH and PSH placements. Our person-centered CES processes keep this information current. By reviewing this data, the CoC has been able to identify some characteristics common to households that return to homelessness. 2. Through diversion conversations, the CoC can identify households who may require additional case management and other support to maintain housing stability. For both shelter and permanent housing referrals, the likelihood of households returning to homeless as a result of previous episodes of homelessness and/or higher needs, is considered in the prioritization. This information is provided to shelter and housing providers so that the case managers can address this in the housing and service plans developed with the households. Once a household enters shelter or permanent housing, the need for greater assistance to maintain stable housing is further assessed through the housing barrier assessment. The housing plan developed for each household, with the assistance of case managers, will focus on addressing any barriers to housing stability such as substance use, mental health issues or lack of education. 3. As formalized in an MOU describing the role of the Collaborative Applicant, Homeward, the System Policy and Process Committee, and the COC Board are responsible for this strategy.

2A-5.	Increasing Employment Cash Income–Strategy. (All Applicants)	
	Special NOFO Section VII.B.2.f.	

	Describe in the field below:
1.	the strategy your CoC has implemented to increase employment cash sources;
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 2,500 characters)



1 & 2. The CoC strategy to increase program participants' income through employment has two main components: increasing awareness and usage of Workforce Development Board (WDB) and other workforce and employment programs and reducing barriers to access to these programs by cross-posting information and cross-training workforce and homeless services staff. The Director of the Workforce Development Board (WDB) is on the CoC board. The Director of Homeward serves on the WDB board.

The WDB's strategic plan includes increasing connections with homeless and human service providers. Staff of the WDB provide regular resource, training, and job fair updates on the Case Manager's List-serve with 750 subscribers and participate in most formal training events offered by the CoC. The Collaborative Applicant provides cross-training for CoC partner staff on WDB services and lists these resources on CoC materials and on Homeward's Street Sheet. The WDB job centers are designated as "Connection Points" to facilitate the coordination of workforce and homeless services systems so that program participants can gain reliable information on available resources. The CoC also has a focused approach to address the workforce needs of youth and young adults and partners with the WDB youth employment programs to make referrals and provide information on WDB resources to youth-serving organizations. 3. As formalized in an MOU describing the role of the Collaborative Applicant, Homeward, the System Policy and Process Committee, and the COC Board are responsible for this strategy.

2A-5a.	Increasing Non-employment Cash Income-Strategy. (All Applicants)	
	Special NOFO Section VII.B.2.f.	
	Describe in the field below:	
1.	the strategy your CoC has implemented 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 2,500 characters)

1. The CoC Board and a number of committees have ongoing efforts to increase program participants' income through non-employment support to ensure housing stability. One strategy is to increase the number of SOARtrained workers to assist clients access mainstream benefits. The SOAR team lead from RBHA provides individualized supports for other case managers and is available for questions and guidance. The Collaborative Applicant is soliciting funding for additional SOAR workers in the CoC. The COC board and committees include representatives from TANF agencies. The CoC provides cross-training for TANF agency staff and homeless services staff. The CoC partners with Senior Connection's Benefit Enrollment Center to increase nonemployment cash income for older adults experiencing homelessness. The Collaborative Applicant facilitates connections with the Social Security Administration so that CoC providers have updated information on processes to support client applications. During the pandemic, the CoC worked to ensure that households experiencing homelessness were aware of stimulus and child tax payments. The CoC shared information in the CoC newsletter on these topics.

2. As formalized in an MOU describing the role of the Collaborative Applicant, Homeward, the System Policy and Process Committee, and the COC Board are responsible for this strategy.

## 2B. Coordination and Engagement–Inclusive Structure and Participation

The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

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2B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry. (All Applicants)	
	Special NOFO Sections VII.B.3.a.(1)	

In the chart below for the period from May 1, 2021 to April 30, 2022:

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	No
4.	CoC-Funded Victim Service Providers	Nonexistent	No	No
5.	CoC-Funded Youth Homeless Organizations	Nonexistent	No	No
6.	Disability Advocates	Yes	No	Yes
7.	Disability Service Organizations	Yes	No	Yes
8.	Domestic Violence Advocates	Yes	Yes	Yes
9.	EMS/Crisis Response Team(s)	No	No	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)	No	No	No
13.	Law Enforcement	No	No	No
14.	Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ+) Advocates	Yes	No	Yes
15.	LGBTQ+ Service Organizations	Yes	No	Yes
16.	Local Government Staff/Officials	Yes	No	No
17.	Local Jail(s)	No	No	No
18.	Mental Health Service Organizations	Yes	Yes	Yes
19.	Mental Illness Advocates	Yes	Yes	No

20.	Non-CoC Funded Youth Homeless Organizations	No	No	Yes
21.	Non-CoC-Funded Victim Service Providers	Yes	No	Yes
22.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	Yes
23.	Organizations led by and serving LGBTQ+ persons	Yes	No	Yes
24.	Organizations led by and serving people with disabilities	No	No	No
25.	Other homeless subpopulation advocates	Yes	No	No
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	No	No
30.	Substance Abuse Service Organizations	Yes	Yes	Yes
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Service Providers	Yes	No	Yes
	Other:(limit 50 characters)			
33.				
34.				

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

2B-2.	Open Invitation for New Members. (All Applicants)	
	Special NOFO Section VII.B.3.a.(2), V.B.3.g.	

	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, other People of Color, persons with disabilities).

(limit 2,500 characters)

1)Homeward maintains a CoC email list of 368 agencies and individuals which is used to issue invitations to quarterly CoC meetings as well as provide monthly updates on CoC activities including funding opportunities. This newsletter has a permanent invitation for new members to join. Homeward regular presentations via a virtual platform to local and state human services agencies/leaders. Attendees are invited to join the CoC. When requested, Homeward staff will meet with individuals or agencies interested in homelessness to provide more information on CoC activities and membership. Homeward will actively solicit new members who are important community stakeholders. 2)Homeward maintains a dedicated ADA-compliant CoC website that uses the UserWay widget with a meeting calendar and information about how to become a new member. Starting in 2020, all CoC meetings have been held through a virtual format with accompanying presentation slides. Links in documents are underlined for accessibility. 3) The GRCoC prioritizes an inclusive planning process across all platforms, specifically for underrepresented groups such as BIPOC and LGBTQ+ individuals. The foundation for our work to fulfill our mission of reducing homelessness is hearing directly from people experiencing homelessness. Homeward facilitates conversations with people experiencing homelessness across the GRCoC to hear directly 4) Throughout the year, Homeward coordinates task forces, workgroups, and community input/education sessions that are focused on homelessness and homeless services in our region. Many of these engagements are targeted to persons currently experiencing or with lived experience of homelessness; while some (e.g., Youth Action Board, CoC Strategic Plan Steering Committee, Severe Service Needs Plan Lived Experience Approval Committee) include a required number of persons currently experiencing or with lived experience of homelessness represented in the membership composition. Participants in these engagements with lived experience also accurately represent the racial/ethnic/sexual orientation/gender identity of the CoC's service population including persons of color, persons with disabilities, and those who identify as LGBTQ. The CoC Strategic Plan Steering Committee, which commenced in summer 2022, has chosen "advancing diversity, equity, and inclusion" as a leading value of the strategic plan. The Committee, which is 1/3 people with lived experience guides the plan development process and will end

2B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness. (All Applicants)	
	Special NOFO Section VII.B.3.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 2,500 characters)

1.-2. Homeward, the Collaborative Applicant, maintains a peer exchange homeless and human services list-serve with more than 750 members including healthcare providers, congregations, reentry programs, and supportive service organizations. This list-serve and the dedicated CoC email list are used to provide information and to advertise opportunities to provide input. Homeward hosts a dedicated CoC website, endhomelessnessva.org and makes presentations in all eight CoC localities to groups such as human services providers, law enforcement, hospital staff, affordable housing developers, the faith community, and social services departments. Information is presented and input is solicited at CoC general meetings through facilitated discussions and survey tools. This information is also shared in the CoC newsletter and posted on the CoC website. The CoC solicits opinions from members through online surveys, public input sessions, and requesting public comment on documents posted on the CoC website including establishing funding priorities and policy changes. Targeted stakeholder input is sought in one-on-one meetings with the Collaborative Applicant or CoC leadership. Recent examples include focus groups with area shelter residents, focus groups with homeless service providers and community stakeholders (including those with lived experience) as part of the CoC's funding allocation plan, the strategic plan development, and the development of a Severe Service Needs Plan. Providers participated in an input session to review and revise project and system performance measures. 3. Information obtained through these focus groups, surveys, and meetings is provided to relevant CoC Committees and the Board to inform the development of strategies, formal plans, funding priorities, outcome measurements, policies, and programs. Input received from community partners may be assigned to a committee to explore, integrated into CoC policies and processes, or used to solicit funding. The CoC pilots new ideas and monitors the impact of these pilots through committees and the Collaborative Applicant.

2B-4.	Public Notification for Proposals from Organizations Not Previously Funded. (All Applicants)	
	Special NOFO Section VII.B.3.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 2,500 characters)

1) Availability of FY22 HUD CoC Special NOFO funding was announced on 6/24/22 through CoC newsletter and was posted on the CoC's website <https://endhomelessnessrva.org>. On 8/12/22 the CoC announced in the newsletter (350 subscribers) that project applications were open. The CoC announced on the website and CoC newsletter that applications were open to groups not previously funded. This was also documented in the publicly available new project application posted on the CoC website. Homeward staff hosted virtual information sessions for new and renewing applicants and offered individual support for new or potential applicants. 2) The Collaborative Applicant (CA) Executive Director hosted a webinar for community members in May 2022 which provided an overview of public funding for homelessness, the application process, and how to learn more. Through the CoC newsletter and through public presentations on homelessness conducted throughout the year, new applicants were invited to apply for funding and to contact the CoC Director for assistance. The email notifications also directed applicants to the CoC website where detailed funding information was available including the NOFO, threshold requirements, detailed instructions, new application forms, scoring forms, a timeline for the process, and a description of the ranking and review process. Through these announcements, the CoC included invitations to an "FY22 Special NOFO Overview" webinar, a "How to Apply" webinar, and ongoing technical assistance. 3) In the adopted Ranking and Review Process, project applications must be aligned with funder eligibility and meet established threshold requirements to be considered for inclusion in the consolidated application. The CA advertised and conducted FY22 CoC Program information session webinars. All webinars included an overview of the Ranking process and the CoC's threshold requirements. The CA reviews all applications for compliance with threshold requirements. Applications that do not meet the requirements are rejected with written notice to the applicant providing the basis for rejection. The Ranking Committee reviewed eligible applications and determined to submit all applications to HUD. 4) The CoC follows WCAG 2.0 requirements on our website including making text more readable and understandable. Links in documents are underlined for accessibility. Homeward virtual platforms to improve accessibility and often posts recordings of webinars as an alternative.

## 2C. Coordination / Engagement—with Federal, State, Local, Private, and Other Organizations

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2C-1.	<b>Coordination with Federal, State, Local, Private, and Other Organizations. (All Applicants)</b> Special NOFO Section VII.B.3.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	Yes
2.	Head Start Program	Yes
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)	Yes
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving LGBTQ+ persons	Yes
13.	Organizations led by and serving people with disabilities	No
14.	Private Foundations	Yes
15.	Public Housing Authorities	Yes
16.	Runaway and Homeless Youth (RHY)	Nonexistent
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	
18.		



2C-2.	CoC Consultation with ESG Program Recipients. (All Applicants)	
	Special NOFO Section VII.B.3.b.	

	Describe in the field below how your CoC:
1.	consulted with ESG Program recipients in planning and allocating ESG 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 to address homelessness within your CoC's geographic area so it could be addressed in Consolidated Plan update.

(limit 2,500 characters)

1. The CoC coordinates the allocation of Richmond, Henrico County, and Virginia ESG and ESG-CV funding for programs in the CoC region through board-endorsed funding and action priorities, allocation strategies, and other planning documents. The CoC Ranking Committee reviewed preliminary funding and recommendations provided by Richmond in May 2022 and Henrico County in March 2022. ESG Recipient staff participate on the Ranking Committee to ensure consultation and alignment. The CA provides data to all ESG Recipients regularly and on request and hosted a webinar and one-on-one meetings for ESG Recipients to review this data in detail. 2. The CoC Ranking Committee reviews and evaluates grantee performance based on the 2022 adopted performance measures at their regular meetings as well as during the grant ranking process. HMIS data is used to develop the performance metrics for evaluation. ESG recipient staff sit on the CoC Board and Ranking Committees which meet on a regular basis, ensuring that local homelessness performance and related information is communicated to ESG Recipients & subrecipients. Virginia Homeless Solutions Program funding includes nonentitlement ESG funding. Allocations for this funding are recommended by the Ranking Committee following the same process. CoC members participate in state consultation sessions for this funding. Homeward HMIS staff provide quarterly reporting and analysis to ESG Recipients and respond to data and reporting requests. 3-4. Point-in-time and Housing Inventory Count data are emailed directly to local government staff who are responsible for Consolidated Plan updates. Homeward offers webinars on the data and makes this data available on the Homeward website for independent research. Homeward provides PIT data and narrative content for updates to the Consolidated Plans in Richmond, Henrico, and Chesterfield. Homeward works with local government staff on these updates, providing data and narrative on efforts to address homelessness and attends public meetings hosted by these localities. The Annual Gaps Analysis, published on 7/22, provides additional analysis for Consolidated Plan Jurisdictions and is posted publicly on Homeward's website. Homeward also offered webinars on the Gaps Analysis which includes PIT and HIC data.

2C-3.	Discharge Planning Coordination. (All Applicants)
	Special NOFO Section VII.B.3.c.

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	Yes
2.	Health Care	Yes
3.	Mental Health Care	Yes
4.	Correctional Facilities	Yes

2C-4. CoC Collaboration Related to Children and Youth—SEAs, LEAs, School Districts. (All Applicants)

Special NOFO Section VII.B.3.d.

Select yes or no in the chart below to indicate the entities your CoC collaborates with:

1.	Youth Education Provider	No
2.	State Education Agency (SEA)	No
3.	Local Education Agency (LEA)	Yes
4.	School Districts	Yes

2C-4a. CoC Collaboration Related to Children and Youth—SEAs, LEAs, School Districts—Formal Partnerships. (All Applicants)

Special NOFO Section VII.B.3.d.

Describe in the field below:

1.	how your CoC collaborates with the entities checked in Question 2C-4; and
2.	the formal partnerships your CoC has with the entities checked in Question 2C-4.

(limit 2,500 characters)

1-2) Richmond Public Schools (RPS) participates in the service coordination of the GRCoC through formal participation in HMIS. RPS signs user agreements and other documents in order to use an HMIS license to coordinate services for households with school-aged children who are facing homelessness. McKinney-Vento liaisons from 8 LEA's (school districts) are integrated into CoC planning by participating in CoC membership meetings and planning and input sessions on child and family initiatives. The Richmond Public Schools McKinney-Vento liaison is a member on the CoC Board. The McKinney-Vento liaisons and CoC come together formally at least once per year to discuss programming, and McKinney-Vento liaisons regularly meet with CoC providers to provide updates and problem-solving. The McKinney-Vento staff participates in CES to ensure households with homeless students are connected to resources. School staff participate in the point-in-time counts, provide outreach, and deliver food to families in CoC programs. The CoC has partnerships with Richmond, Chesterfield, Henrico public schools to provide preventative housing assistance to families with school-aged children as well as formally partnering with other nonprofits and funders through the Siemer Institute (SI) to prevent vulnerable families with school-age children from becoming homeless. Homeward, the Collaborative Applicant, works to secure private and public rapid exit funding. This funding supports Richmond Public Schools McKinney-Vento liaisons in their work to quickly resolve or divert a family's episode of homelessness. This funding partnership is managed through a Memorandum of Understanding. CoC leadership is on joint committees including the City of Richmond Homeless Advisory Council and Human Services Cabinet.

2C-4b.	CoC Collaboration Related to Children and Youth—Informing Individuals and Families Experiencing Homelessness about Eligibility for Educational Services. (All Applicants)	
	Special NOFO Section VII.B.3.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 2,500 characters)

The GRCoC's written program standards include a requirement that prevention, emergency shelter, and rapid re-housing providers make connections to mainstream resources for program participants. The GRCoC coordinated entry policies and procedures repeats these requirements for all program types and lists connections to mainstream resources as a process goal of the Coordinated Entry System. Further, connections to relevant mainstream resources is a part of the assessment process required in the GRCoC policies and procedures approved by the board most recently in May 2019. Each school year, designated staff from all shelter and rapid rehousing providers serving families receive training on the referral process for McKinney-Vento protections from City of Richmond, Henrico County, and Chesterfield County - the three largest LEAs. Staff determine the age of children and the schools that school-aged children attend during intake. These intake processes provide the direct services staff with the information needed to refer families to the appropriate school division for McKinney-Vento protections. Staff then follow the school system guidelines to connect students with McKinney-Vento protections and help to coordinate transportation for students in CoC programs. Staff also agree to notify the school division of changes in the addresses of students enrolled in our programs throughout the school year.

2C-5.	Mainstream Resources—CoC Training of Project Staff. (All Applicants)	
	Special NOFO Section VII.B.3.e.	

Indicate in the chart below whether your CoC trains project staff annually on the following mainstream resources available for program participants within your CoC's geographic area:

	Mainstream Resource	CoC Provides Annual Training?
1.	Food Stamps	Yes
2.	SSI—Supplemental Security Income	Yes
3.	TANF—Temporary Assistance for Needy Families	Yes
4.	Substance Abuse Programs	Yes
5.	Employment Assistance Programs	Yes
6.	Other	

You must select a response for elements 1 through 6 in question 2C-5.

2C-5a.	Mainstream Resources—CoC Collaboration with Project Staff Regarding Healthcare Organizations. (All Applicants)	
	Special NOFO Section VII.B.3.e.	

Describe in the field below how your CoC:

1.	systemically provides 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.	works with project staff to collaborate with healthcare organizations to assist program participants with enrolling in health insurance;

3.	provides assistance to project staff with the effective use of Medicaid and other benefits; and
4.	works with projects to promote SOAR certification of program staff.

(limit 2,500 characters)

1.-2. The CoC provides training and information through monthly newsletters on mainstream benefits and resources. Mainstream benefits and healthcare providers including SUD and mental health treatment participate in the Case Managers' List-serve (with 750 subscribers.) This forum allows for the peer exchange of information and resources with an emphasis on public benefits, mainstream resources, and substance abuse programs. Annually Leadership from local departments of social services, community services board and a substance use recovery program are on the CoC Board. Mainstream providers serve as "Connection Points" as part of our CES and receive training and information to assist clients in accessing homeless services and mainstream benefits. The CoC partners with the state Medicaid agency (DMAS), private insurers, and an FQHC to enroll clients in health insurance. As a result of a data matching project with DMAS, DMAS volunteers have gone to the shelters in the CoC to enroll clients. Case managers assist participants to access mainstream and federal benefits through the automated Virginia Common Help system and by assisting with transportation and making appointments. Representatives from the Social Services Administration and Virginia Disability Determination Services provide education at CoC virtual meetings to service providers on current processes and procedures. The CoC is currently working with MCOs to facilitate connections to MCO members who are participants in the CoC's CES. 3) Homeward invites mainstream resource providers to participate in the Best Practices Conference. In 2022, the conference included sessions on workforce development for people exiting homelessness and serving people experiencing homelessness in active addiction. . Homeward publishes a Street Sheet listing mainstream resources including benefits and substance use programs. 4. The CoC has SOAR workers and a member of the Coordinated Outreach Team is the designated CoC SOAR point of contact for the CoC. Information on SOAR certification is circulated at least annually. Certification information is provided upon request by the Collaborative Applicant. Information on SOAR is maintained on the CoC website.

### 3A. New Projects With Rehabilitation/New Construction Costs

The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

- Special Notice of Funding Opportunity to Address Unsheltered and Rural Homelessness
- 24 CFR part 578
- Special NOFO CoC Application Navigational Guide
- Section 3 Resources
- Frequently Asked Questions

3A-1.	Rehabilitation/New Construction Costs—New Projects. (Rural Set Aside Only).	
	Special NOFO Section VII.A.	
	If the answer to the question below is yes, you must upload the CoC Letter Supporting Capital Costs attachment to the 4A. Attachments Screen.	
	Is your CoC requesting funding for any new project(s) under the Rural Set Aside for housing rehabilitation or new construction costs?	No

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

The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

- Special Notice of Funding Opportunity to Address Unsheltered and Rural Homelessness
- 24 CFR part 578
- Special NOFO CoC Application Navigational Guide
- Section 3 Resources
- Frequently Asked Questions

3B-1.	Designating SSO/TH/Joint TH and PH-RRH Component Projects to Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes. (Rural Set Aside Only)	
	Special 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

3B-2.	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes. (Rural Set Aside Only)	
	Special NOFO Section VII.C.	
	You must upload the Project List for Other Federal Statutes attachment to the 4A. Attachments Screen.	
	If you answered yes to question 3B-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 2,500 characters)

## 4A. Attachments Screen For All Application Questions

		Please read the following guidance to help you successfully upload attachments and get maximum points:	
	1.	You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.	
	2.	You must upload an attachment for each document listed where 'Required?' is 'Yes'	
	3.	We prefer that you use PDF files, though other file types are supported—please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images and reduces file size. Many systems allow you to create PDF files as a Print Option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.	
	4.	Attachments must match the questions they are associated with.	
	5.	Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.	
	6.	If you cannot read the attachment, it is likely we cannot read it either. - 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). - We must be able to read everything you want us to consider in any attachment.	
	7.	Open attachments once uploaded to ensure they are the correct attachment for the required Document Type.	
Document Type	Required?	Document Description	Date Attached
1B-1. Local Competition Announcement	Yes	VA-500 Notificati...	10/11/2022
1B-2. Local Competition Scoring Tool	Yes	VA-500 Supplement...	10/13/2022
1B-3. Notification of Projects Rejected-Reduced	Yes	VA-500 Notificati...	10/13/2022
1B-3a. Notification of Projects Accepted	Yes	VA-500 Notificati...	10/13/2022
1B-4. Special NOFO CoC Consolidated Application	Yes		
3A-1. CoC Letter Supporting Capital Costs	No		
3B-2. Project List for Other Federal Statutes	No		
P-1. Leveraging Housing Commitment	No	Enterprise levera...	10/17/2022
P-1a. PHA Commitment	No	VA500 PHA commitm...	10/14/2022
P-3. Healthcare Leveraging Commitment	No	VA500 Healthcare ...	10/14/2022
P-9c. Lived Experience Support Letter	No	VA500 Lived Exper...	10/17/2022
Plan. CoC Plan	Yes	VA-500 CoC Plan	10/13/2022



## **Attachment Details**

**Document Description:** VA-500 Notification Special NOFO local competition

## **Attachment Details**

**Document Description:** VA-500 Supplemental NOFO scoring tool

## **Attachment Details**

**Document Description:** VA-500 Notification of Projects Rejected-Reduced

## **Attachment Details**

**Document Description:** VA-500 Notification of Projects Accepted

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:** Enterprise leveraging housing

## **Attachment Details**

**Document Description:** VA500 PHA commitment

## **Attachment Details**

**Document Description:** VA500 Healthcare Leveraging Commitments

## **Attachment Details**

**Document Description:** VA500 Lived Experience Support Letter

## Attachment Details

**Document Description:** VA-500 CoC Plan

## Submission Summary

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

Page	Last Updated
1A. CoC Identification	10/11/2022
1B. Project Review, Ranking and Selection	10/17/2022
2A. System Performance	10/11/2022
2B. Coordination and Engagement	10/11/2022
2C. Coordination and Engagement–Con't.	10/11/2022
3A. New Projects With Rehab/New Construction	No Input Required
3B. Homelessness by Other Federal Statutes	10/11/2022
4A. Attachments Screen	Please Complete
Submission Summary	No Input Required

# FY2022 HUD CoC Supplemental NOFO

## General Resources

- [HUD Supplemental NOFO](#)
- [Homeward's overview of Supplemental NOFO webinar](#) (recorded 6/30/22)
- [Overview presentation on the NOFO](#)

## August 12, 2022 -- FY22 HUD CoC Supplemental competition documents - revised

- [Timeline and Process](#)
- [New Project Application Form](#)
- [New Project Application Scoring Form](#)

**July 28, 2022 - -** The how to apply webinar for HUD CoC Supplemental NOFO to Address Unsheltered and Rural Homelessness is now being held on Friday, 8/12 at 10am. The session will also be recorded. [Register here](#).

**July 18, 2022 - -** GRCoC Board approves timeline and ranking documents based on GRCoC Ranking Committee endorsement on 7/13. Below are the endorsed Documents:

- Timeline and Process
- Supplemental Project Applications and Instructions
- Scoring Forms

## June 24, 2022 -- HUD releases supplemental CoC NOFO to address unsheltered homelessness

On June 22, the U.S. Department of Housing and Community Development (HUD) announced the Continuum of Care (CoC) Program Supplemental Notice of Funding Opportunity (NOFO) to Address Unsheltered and Rural Homelessness, which makes \$322 million in competitive

**Greater Richmond Continuum of Care  
HUD FY22 Supplemental CoC NOFO Competition  
Scoring Form for NEW Project Applications**

---

**Applicant Organization Name:** \_\_\_\_\_

**Proposed Project Name:** \_\_\_\_\_

**Type of Project:** ☐ PSH ☐ RRH ☐ RRH/TH ☐ SSO ☐ SSO-CE ☐ HMIS

☐ Planning

**Is this a(n)** ☐ Unsheltered Set Aside ☐ Rural Homelessness **Set Aside project?**

**Reviewer's Name (please print):** \_\_\_\_\_

**SECTION I: SCORES** *(Calculated only for applicants meeting threshold criteria as determined in Section II; enter scores below as indicated in Section III)*

**1. Housing Project (PSH, RRH):**

**Applicant Experience:** \_\_\_\_\_ of 10

**Project Quality:**

Type/number of units \_\_\_\_\_ of 12

Non-CoC/ESG housing units \_\_\_\_\_ of 10

Leveraging healthcare \_\_\_\_\_ of 10

**Supportive Services:**

Connection to Mainstream \_\_\_\_\_ of 5

Housing Stability \_\_\_\_\_ of 5

Landlord Recruitment \_\_\_\_\_ of 5

**Housing Project TOTAL SCORE:** \_\_\_\_\_ of 57

**2. Housing Project (TH/RRH):**

**Applicant Experience:** \_\_\_\_\_ of 10

**Project Quality:**

Type/number of units \_\_\_\_\_ of 12

Adequate RRH unit ratio \_\_\_\_\_ of 10

Connection to Mainstream \_\_\_\_\_ of 10

Housing Stability \_\_\_\_\_ of 10

Landlord Recruitment \_\_\_\_\_ of 5

**TH/RRH Project TOTAL SCORE:** \_\_\_\_\_ of 57

**3. SSO-CE Project:****Applicant Experience:** \_\_\_\_\_ of 10**Project Quality:**

Accessibility \_\_\_\_\_ of 4

Marketing/Outreach \_\_\_\_\_ of 4

Standardized assessment \_\_\_\_\_ of 2

**SSO-CE TOTAL SCORE:** \_\_\_\_\_ of 20**4. SSO Project:****Applicant Experience:** \_\_\_\_\_ of 10**Project Quality:**

Supportive Services for high need \_\_\_\_\_ of 4

Housing-focus/stabilization \_\_\_\_\_ of 4

Participation in CE \_\_\_\_\_ of 2

**SSO TOTAL SCORE:** \_\_\_\_\_ of 20**5. HMIS Project:****Applicant Experience:** \_\_\_\_\_ of 10**Project Quality:**

Consistency with HCIS \_\_\_\_\_ of 3

Universal Data Elements \_\_\_\_\_ of 3

De-duplication \_\_\_\_\_ of 2

Reporting \_\_\_\_\_ of 2

**HMIS TOTAL SCORE:** \_\_\_\_\_ of 20**6. Planning Project:****Applicant Experience:** \_\_\_\_\_ of 10**Project Quality:**

Governance and Operations \_\_\_\_\_ of 3

CoC Committees \_\_\_\_\_ of 3

Regulations \_\_\_\_\_ of 2

Evaluation \_\_\_\_\_ of 2

Inclusive Planning \_\_\_\_\_ of 2

**Planning TOTAL SCORE:** \_\_\_\_\_ of 22

**SECTION II. Threshold Review:**

**Purpose:** to determine whether applicant meets basic eligibility requirements for funding.

<b>Threshold Review Criteria</b> <i>Projects that do not meet all of the threshold review criteria outlined below will not be further reviewed by the CoC except as noted.</i>	<b>Meets Criteria? Yes or No</b>
Active member of the Greater Richmond CoC as defined in the bylaws: Entity member will be considered a member in good standing, or Entity Active Member, by attending 75% of the general meetings held during the prior calendar year or by attending 75% of the meetings of a specific CoC committee held during the prior calendar year.	
All projects must operate in the GRCoC's covered geography. This includes: Charles City County, Chesterfield County, Goochland County, Hanover County, Henrico County, New Kent County, Powhatan County, the City of Richmond, and the Town of Ashland	
Eligible project types: Permanent Supportive Housing, Rapid Re-housing, Joint TH-RRH, SSO-CE, SSO, HMIS, Planning	
Project applicants must meet eligibility requirements as described in the CoC program interim rule (i.e., only nonprofit organizations, States, local governments, and instrumentalities of State or local governments are eligible to apply) and be able to provide evidence of eligibility (e.g. nonprofit documentation).	
Agree to comply with the following Homeless Management Information System (HMIS) requirements, as laid out in the approved HMIS Policies and Procedures and other HMIS documents (or to comply with requirements for a comparable database for DV services): <ul style="list-style-type: none"> <li>• Meeting or exceeding technical and system requirements</li> <li>• Participation in training for users according to level of access</li> <li>• Complying with the User Policy and Code of Ethics</li> <li>• Execution of signed participation agreements</li> <li>• Complying with the policies and procedures and data quality standards set forth in the Policies and Procedures document not otherwise specified.</li> </ul>	
Describes the agency's participation in the CoC's development of a Severe Service Needs Plan (SSNP). Specifically describes how the proposed project: <ul style="list-style-type: none"> <li>a) Meets the service gaps identified in the SSNP sessions</li> <li>b) Coordinates with other existing/proposed projects to decrease unsheltered homelessness in our CoC.</li> </ul>	

Project meets threshold eligibility criteria?

- ☐ Yes  
☐ No

Comments: \_\_\_\_\_



**SECTION III: SCORED SECTIONS****Experience – All Applicants (10 Points)**

- Applicant and sub recipient(s) prior experience in serving homeless people and in providing housing/services similar to that proposed in the application
- Applicant and sub recipient prior experience providing services as part of a coordinated system of care.
- Applicant and sub recipient capacity to carry out project activities as evidenced by organizational and management structures and financial accounting system.
- Satisfactory experience/performance with prior HUD grants or other public grants as evidenced by meeting contract deadlines, timely drawdowns, resolution of findings and leveraging other funds.

Score: \_\_\_\_\_

Comments: \_\_\_\_\_

**Assessment of Project Quality – All Housing Projects (PSH, RRH and TH/RRH)****Project Description (12 Points)****Extent to which the applicant:**

- ✓ Clearly describes type of housing proposed, including the number and configuration of units, will fit the needs of the program participants
- ✓ (PSH Only) Demonstrates that they will first serve the chronically homeless according to the order of priority established in *Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons*.
- ✓ (PSH Only) Clearly describes the system it currently uses to determine severity of need for the chronically homeless.
- ✓ (PSH/RRH Only) Clearly describes how program utilize housing subsidies or subsidized housing unites not funded through the CoC or ESG Programs (e.g., Housing Choice Vouchers, HOME-ARP, HOPWA)?
  - PSH projects: demonstrate that these housing units will provide at least 50 percent of the units included in the project
  - RRH projects: demonstrate that these housing units will serve at least 50 percent
- ✓ (TH/RRH Only) Clearly describes how the proposed project will provide enough rapid rehousing assistance to ensure that at any given time a program participant may move from transitional housing to permanent housing.

Score: \_\_\_\_\_

Comments: \_\_\_\_\_

**Supportive Services****Connection to Mainstream Resources (5 Points)**

- ✓ Clearly describes a specific plan for ensuring program participants will be individually assisted to obtain the benefits of mainstream health, social, and employment programs for which they are eligible to apply and which meet the needs of program participants (e.g., Medicare, Medicaid, SSI, Food Stamps, local Workforce office, early childhood education)

**Score:** \_\_\_\_\_**Comments:** \_\_\_\_\_**Housing Stability (5 points)****Extent to which the applicant:**

- ✓ Clearly describes type of supportive services that offered to program participants will ensure successful retention in or help to obtain permanent housing, including all supportive services regardless of funding source.

**Score:** \_\_\_\_\_**Comments:** \_\_\_\_\_**Landlord Recruitment (5 points)****Extent to which the applicant:**

- ✓ Clearly describes describe the proposed project's strategy to recruit landlords, demonstrating efficacy at identifying units across the proposed service region
  - If an already existing project, identify any new practices implemented to recruit landlords in the past three years and lessons learned from implementing those strategies; and
  - Describe how the project will use data to update a landlord recruitment strategy in the future.

**Score:** \_\_\_\_\_**Comments:** \_\_\_\_\_**Assessment of Project Quality – SSO-CE****Assessment (4 points)****Extent to which the applicant:**

- ✓ Describes how the centralized or coordinated assessment system is easily available/reachable for all persons within the CoC's geographic area who are seeking homelessness assistance and how it is accessible for persons with disabilities.

**Marketing/Outreach (4 points)****Extent to which the applicant:**

- ✓ Describes the strategy for advertising designed specifically to reach homeless persons with the highest barriers within the CoC's geographic area.

**Standardized Assessment (2 points)****Extent to which the applicant:**

- ✓ Describes the standardized assessment process

Score: \_\_\_\_\_

Comments: \_\_\_\_\_

**Assessment of Project Quality – SSO****Supportive Services for high need (4 points)****Extent to which the applicant:**

- ✓ Describes the proposed project's strategy for providing supportive services to those with the highest service needs, including those with histories of unsheltered homelessness and those who do not traditionally engage with supportive services..

**Housing-focus/stabilization (4 points)****Extent to which the applicant:**

- ✓ Describes how program participants are assisted to obtain and maintain permanent housing in a manner that fits their needs.

**Participation in CE (2 points)****Extent to which the applicant:**

- ✓ Describes how the project proposed will participate in coordinated entry.

Score: \_\_\_\_\_

Comments: \_\_\_\_\_

**Assessment of Project Quality – HMIS****Consistency with HCIS (3 points)****Extent to which the applicant:**

- ✓ Clearly describes how the HMIS funds will be expended in a way that is consistent with the CoC's funding strategy for the HMIS and furthers the CoC's HMIS implementation.

**Universal Data Elements (3 points)****Extent to which the applicant:**

- ✓ Clearly describes how HMIS collects all Universal Data Elements as set forth in the HMIS Data Standards.

**De-duplication (2 points)****Extent to which the applicant**

- ✓ Clearly describes the ability of the HMIS of the HMIS to un-duplicate client records.

**Reporting (2 points)****Extent to which the applicant**

- ✓ Clearly describes the ability of the HMIS to produce all HUD-required reports and provides data as needed for HUD reporting.

Score: \_\_\_\_\_

Comments: \_\_\_\_\_

**Assessment of Project Quality – Planning****Governance and Operations (3 points)****Extent to which the applicant:**

- ✓ Clearly describes the project applicant's ability to conduct meetings of the entire CoC membership that are inclusive and open to members and demonstrates the CoC has a written governance charter in place that includes CoC policies.

Score: \_\_\_\_\_

Comments: \_\_\_\_\_

**CoC Committees (3 points)****Extent to which the applicant:**

- ✓ Clearly describes the project applicant's ability to facilitate CoC-wide planning committees, subcommittees, or workgroups to address homeless needs in the CoC's geographic area that recommends and sets policy priorities for the CoC.

Score: \_\_\_\_\_

Comments: \_\_\_\_\_

**Regulations (2 points)****Extent to which the applicant:**

- ✓ Clearly describes how the proposed planning activities will be carried out by the CoC with grant funds are compliant with the provisions of 24 CFR 578.7.

Score: \_\_\_\_\_

Comments: \_\_\_\_\_

**Evaluation (2 points)****Extent to which the applicant:**

- ✓ Clearly describes how the funds requested will improve the CoC's ability to evaluate the outcome of both CoC Program-funded and ESG-funded projects.

Score: \_\_\_\_\_

Comments: \_\_\_\_\_

**Inclusive Planning (2 points)****Extent to which the applicant:**

- ✓ Clearly demonstrates that the proposed project will prioritize an inclusive planning process, including, but not limited to, persons with lived experience and under-represented groups (such as BIPOC and LGBTQ+ individuals)

Score: \_\_\_\_\_

Comments: \_\_\_\_\_

The GRCoC (VA-500) did not reduce/reject any applications submitted during its local competition for FY22 Special CoC NOFO funding.

**From:** [Michael Rogers](#)  
**To:** [Kelly King Horne](#); [Melanie McDonald](#)  
**Cc:** [Kramer, Kathleen](#); [Frances Marie Pugh](#)  
**Subject:** GRCoC Ranking FY22 HUD Unsheltered NOFO--Homeward  
**Date:** Monday, October 3, 2022 4:41:00 PM  
**Attachments:** [GRCoC FY22 Unsheltered NOFO Ranking 10.3.22.pdf](#)  
[HW\\_CES\\_FY22 HUD Supplemental CoC NOFO Scoring Form.docx](#)  
[HW\\_HMIS\\_FY22 HUD Supplemental CoC NOFO Scoring Form.docx](#)  
[HW\\_Planning\\_FY22 HUD Supplemental CoC NOFO Scoring Form.docx](#)  
[GRCoC-Appeals-Process \(1\).pdf](#)

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Good afternoon,

The GRCoC Ranking Committee met on Monday, October 3, 2022 to review and rank project applications for the HUD FY22 Special/Unsheltered funding competition. The Ranking Committee decisions are based on the adopted 2021-22 GRCoC Funding Priorities and HUD Special NOFO priorities. Each application was scored using the GRCoC-adopted FY22 Special/Supplemental/Unsheltered New Project Application Scoring Form. All GRCoC adopted documents are available on the GRCoC website: [www.endhomelessnessrva.org/funding/hud-coc-funding](http://www.endhomelessnessrva.org/funding/hud-coc-funding).

Your applications have been accepted and ranked, as submitted, for inclusion on the CoC Project Priority List which will be submitted to HUD By October 20, 2022 as part of the GRCoC Special/Unsheltered Consolidated Application. The scoring forms completed by Ranking for your project applications is also attached.

For agencies wishing to file an appeal, please review the attached appeal process carefully. Appeals must be submitted to Michael Rogers, System and CoC Director, by 3pm on October 4, 2022.

Please email or call me if you have any questions.

Thanks for all you do,

Michael Rogers  
System and Continuum of Care Director  
Homeward  
9211 Forest Hill Ave Suite 200-B  
Richmond, VA 23235  
804-353-3045 ext. 22

**From:** [Michael Rogers](#)  
**To:** [Katie Chlan](#)  
**Cc:** [Kramer, Kathleen](#); [Frances Marie Pugh](#)  
**Subject:** GRCoC Ranking FY22 HUD Unsheltered NOFO--RBH  
**Date:** Monday, October 3, 2022 4:43:00 PM  
**Attachments:** [GRCoC FY22 Unsheltered NOFO Ranking 10.3.22.pdf](#)  
[RBH outreach FY22 HUD Supplemental CoC NOFO Scoring Form.docx](#)  
[RBH\\_PSH\\_FY22 HUD Supplemental CoC NOFO Scoring Form.docx](#)  
[GRCoC-Appeals-Process \(1\).pdf](#)

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Good afternoon,

The GRCoC Ranking Committee met on Monday, October 3, 2022 to review and rank project applications for the HUD FY22 Special/Unsheltered funding competition. The Ranking Committee decisions are based on the adopted 2021-22 GRCoC Funding Priorities and HUD Special NOFO priorities. Each application was scored using the GRCoC-adopted FY22 Special/Supplemental/Unsheltered New Project Application Scoring Form. All GRCoC adopted documents are available on the GRCoC website: [www.endhomelessnessrva.org/funding/hud-coc-funding](http://www.endhomelessnessrva.org/funding/hud-coc-funding).

Your applications have been accepted and ranked, as submitted, for inclusion on the CoC Project Priority List which will be submitted to HUD By October 20, 2022 as part of the GRCoC Special/Unsheltered Consolidated Application. The scoring forms completed by Ranking for your project applications is also attached.

For agencies wishing to file an appeal, please review the attached appeal process carefully. Appeals must be submitted to Michael Rogers, System and CoC Director, by 3pm on October 4, 2022.

Please email or call me if you have any questions.

Thanks for all you do,

Michael Rogers  
System and Continuum of Care Director  
Homeward  
9211 Forest Hill Ave Suite 200-B  
Richmond, VA 23235  
804-353-3045 ext. 22

**From:** [Michael Rogers](#)  
**To:** [Holmes, Erica](#); [Schoelles, Katelyn](#)  
**Cc:** [Kramer, Kathleen](#); [Frances Marie Pugh](#)  
**Subject:** GRCoC Ranking FY22 HUD Unsheltered NOFO--SJV  
**Date:** Monday, October 3, 2022 4:46:00 PM  
**Attachments:** [GRCoC FY22 Unsheltered NOFO Ranking 10.3.22.pdf](#)  
[SJV\\_Centralizedandord\\_FY22 HUD Supplemental CoC NOFO Scoring Form.docx](#)  
[SJV\\_HCCM\\_FY22 HUD Supplemental CoC NOFO Scoring Form.docx](#)  
[SJV\\_HousingNavigator\\_FY22 HUD Supplemental CoC NOFO Scoring Form.docx](#)  
[GRCoC-Appeals-Process \(1\).pdf](#)

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Michael Rogers  
System and Continuum of Care Director  
Homeward  
9211 Forest Hill Ave Suite 200-B  
Richmond, VA 23235  
804-353-3045 ext. 22



**From:** [Michael Rogers](#)  
**To:** [fmotteler@virginiassupportivehousing.org](mailto:fmotteler@virginiassupportivehousing.org); [Allison Bogdanovic](#)  
**Cc:** [Kramer, Kathleen](#); [Frances Marie Pugh](#)  
**Subject:** GRCoC Ranking FY22 HUD Unsheltered NOFO--VSH  
**Date:** Monday, October 3, 2022 4:51:00 PM  
**Attachments:** [GRCoC FY22 Unsheltered NOFO Ranking 10.3.22.pdf](#)  
[GRCoC-Appeals-Process \(1\).pdf](#)  
[VSH - FY22 HUD Unsheltered CoC NOFO Scoring Form.pdf](#)

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Michael Rogers  
System and Continuum of Care Director  
Homeward  
9211 Forest Hill Ave Suite 200-B  
Richmond, VA 23235  
804-353-3045 ext. 22

**From:** [Michael Rogers](#)  
**To:** [Christine.Elwell@cccova.org](mailto:Christine.Elwell@cccova.org)  
**Cc:** [Kramer, Kathleen](#); [Frances Marie Pugh](#)  
**Subject:** GRCoC Ranking Unsheltered NOFO--CCC  
**Date:** Monday, October 3, 2022 4:37:00 PM  
**Attachments:** [GRCoC FY22 Unsheltered NOFO Ranking 10.3.22.pdf](#)  
[CCC outreach FY22 HUD Supplemental CoC NOFO Scoring Form.docx](#)  
[GRCoC-Appeals-Process \(1\).pdf](#)

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Michael Rogers  
System and Continuum of Care Director  
Homeward  
9211 Forest Hill Ave Suite 200-B  
Richmond, VA 23235  
804-353-3045 ext. 22

**From:** [Michael Rogers](#)  
**To:** [Sarah Tunner](#); [Anita Bennett](#)  
**Cc:** [Kramer, Kathleen](#); [Frances Marie Pugh](#)  
**Subject:** GRCoC Ranking Unsheltered NOFO--DPHS  
**Date:** Monday, October 3, 2022 4:38:00 PM  
**Attachments:** [GRCoC FY22 Unsheltered NOFO Ranking 10.3.22.pdf](#)  
[DPHS outreach FY22 HUD Supplemental CoC NOFO Scoring Form -.docx](#)  
[GRCoC-Appeals-Process \(1\).pdf](#)

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Michael Rogers  
System and Continuum of Care Director  
Homeward  
9211 Forest Hill Ave Suite 200-B  
Richmond, VA 23235  
804-353-3045 ext. 22



### **Memorandum of Understanding**

This Memorandum of Understanding (MOU) is made and entered into this 31 day of March, 2022 by and between **ENTERPRISE RESIDENTIAL** and **the Greater Richmond Continuum of Care** (hereinafter referred to as "GRCoC").

#### **PURPOSE**

The purpose of this MOU is to define the collaborative partnership between ENTERPRISE RESIDENTIAL and GRCoC regarding the referral of residents to occupy Permanent Supportive Housing ("PSH") units at 1203 East Brookland Park Boulevard, Richmond, VA 23222 (hereinafter referred to as the "Project"). The Project, which is expected to begin construction in 2023 and reach full occupancy in 2024, is intended to contain four (4) PSH units as defined by Virginia Department of Housing and Community Development ("DHCD"). Projects which are selecting to reserve a set-aside of PSH units must exhibit a direct service and referral connection with a referring and/or service agency as demonstrated by an executed MOA/MOU.

PSH units are targeted towards households who are considered chronically homeless, have serious mental illness (SMI), and/or have an intellectual or developmental disability (I/DD). Additionally, one (1) unit will be designed to standards outlined in Section 504 of the Rehabilitation Act ("504 unit") and must be actively marketed to persons with disabilities as defined in the Fair Housing Act.

This MOU will be in effect for five years from the date of execution. Either party may terminate this agreement without cause upon 30 days prior written notice to the other party hereto.

This MOU shall be reviewed by the Parties on an annual basis and can be modified at any time by the mutual agreement of the Parties.

This MOU is not intended to be a binding contract, and neither party will be able to "enforce" this MOU in any legal or technical sense. Rather, this MOU is intended to memorialize the Parties' discussions and understandings, and to guide and facilitate the Parties' efforts moving forward.

Both Parties will be free to use this MOU in grant applications and for other purposes without the prior permission of the other party.

#### **PROGRAM CONTACTS**

In the event that either party needs to be contacted, we agree that the people in the staff roles listed below will handle any challenges related to the continued success of the collaboration.

<b>Name/Title</b>	<b>Contact Info</b>	<b>Organization</b>
Lindsay Seay Assistant Vice President, Operations	lseay@enterpriseresidential.org	Enterprise Residential
Michael Rogers	mrogers@homewardva.org	Homeward

## **ENTERPRISE RESIDENTIAL ROLES AND RESPONSIBILITIES**

As property owner and managing agent, ENTERPRISE RESIDENTIAL's roles and responsibilities include the following:

- Define and communicate eligibility criteria based on agencies overseeing PSH units (DHCD and VHDA).
- Accept direct referrals for eligible individuals and families through the GRCoC Coordinated Entry System.
- Commit enough staff and necessary resources to ensure that the application and certification processes are completed in a timely manner.
- Ensure that any partnering social service providers are reimbursed for services administered in a timely manner, as applicable.
- Designate a staff member to serve as the lead liaison with GRCoC.

## **GRCoC ROLES AND RESPONSIBILITIES**

As referral provider, GRCoC's roles and responsibilities include the following:

- Refer eligible individuals and families to ENTERPRISE RESIDENTIAL using the community's coordinated entry system.
- Support eligible individuals and households in completing documentation required to apply for available PSH units.
- Assess all households referred for PSH units for mainstream benefits and supportive services available to support eligible individuals and families through their transition.
- Designate a staff member to serve as the lead liaison with ENTERPRISE RESIDENTIAL.

## **PROGRAM EVALUATION**

ENTERPRISE RESIDENTIAL and GRCoC will cooperate to keep accurate records and develop benchmarks for program evaluation to include: number of referrals and number of residents accepted, reported monthly.

## **PUBLIC RELATIONS/MARKETING**

Both ENTERPRISE RESIDENTIAL and GRCoC will involve and inform each other about any events involving the program participants, including any print media coverage.

ENTERPRISE RESIDENTIAL and GRCoC agree to place each other's logos on materials dedicated to the outreach and promotion of all programming. Prior permission of ENTERPRISE RESIDENTIAL and/or GRCoC's logo must be granted before use.

## **FUNDRAISING**

ENTERPRISE RESIDENTIAL and GRCoC agree to include each other in all fundraising activities and discussion related to this program or project. ENTERPRISE RESIDENTIAL and GRCoC agree to provide at least two-week lead time for the partnering agency to review and to respond to join proposals before they are submitted to the funding source.


## **INDEMNIFICATION**

Both Parties shall indemnify and save harmless each other, their agents, officers and employees, from and against any and all claims, demands, suits, judgments, or settlements, for sums of money for or on account of personal injuries, property damage, or loss of life or property of any persons arising from or in any way connected with the performance of the project covered by this Contract.

Both Parties expressly release each other from any liability for any losses or damages suffered by Contractor, directly

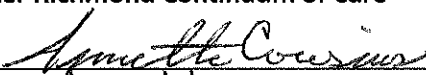
or indirectly, from or in any way connected with the performance of this Contract.  
IN WITNESS THEREOF, the parties have executed this Agreement as of the day and year above written.

**ENTERPRISE RESIDENTIAL**

By:   
Name: Lindsay Seay  
Title: Assistant Vice President, Operations

03/31/2022  
Date

**Greater Richmond Continuum of Care**

By:   
Name: Annette Cousins  
Title: Board Chair

3/31/22  
Date



Annette Cousins, Chair of the Board  
Greater Richmond Continuum of Care, VA-500  
c/o Homeward  
9211 Forest Hill Avenue  
Richmond, VA 23235

Via email

Re: Commitment to Partner on Stability Vouchers

Dear Ms. Cousins:

This letter is to confirm the intent of Virginia Housing to apply for Stability Vouchers; to pair these vouchers with CoC-funded supportive services where possible; and to work with the Greater Richmond Continuum of Care (GRCoC) board and other community stakeholders to develop a prioritization and allocation plan for any Stability Vouchers received for the Richmond region. Upon notification of our successful application for Stability Vouchers, we will work with the GRCoC to develop a Memorandum of Understanding within 90 days of the receipt of the funding increment for the Stability Vouchers.

Thank you for your partnership in meeting the housing needs of our residents experiencing homelessness. We look forward to continuing and expanding our partnership through the Stability Vouchers.

Sincerely,

A handwritten signature in black ink that reads "Abby Boyd".

Abby Boyd, MSW  
Director of Housing Opportunities  
Virginia Housing  
(804)343-5993  
[Abby.Boyd@virginiahousing.com](mailto:Abby.Boyd@virginiahousing.com)  
[www.virginiahousing.com](http://www.virginiahousing.com)

September 30, 2022

Ms. Kelly King Horne  
Executive Director  
Homeward  
9211 Forest Hill Ave  
Suite 200  
Richmond, VA 23235

Re: Supplemental NOFO to Address Unsheltered and Rural Homelessness

Dear Ms. King Horne:

I am writing this to express Richmond Behavioral Health Authority's (RBHA) support for the Greater Richmond Continuum of Care's application to HUD for the Supplemental NOFO to Address Unsheltered and Rural Homelessness. In addition, RBHA is committed to providing access to Mental Health (MH) and Substance Use Disorder (SUD) treatment and related services to all program participants who qualify for these services and desire to participate.

RBHA is the statutorily established public entity responsible for providing mental health, intellectual disabilities, substance abuse, and prevention services to the citizens of the City of Richmond. Last year, the agency provided critical behavioral and primary medical services to over 13,000 individuals. This is over 5% of the population of the City of Richmond.

We know that housing is healthcare, and the relationship between the crisis of homelessness and mental health and/or substance use disorders is strong. It is believed that this partnership can increase access to support and services for our community's most vulnerable individuals. Please do not hesitate to contact me with any questions.

Sincerely,

John P. Lindstrom, PhD, LCP  
Chief Executive Officer







October 12, 2022

To Whom It May Concern:

On behalf of Daily Planet Health Services, I am pleased to offer our commitment to the application being submitted by the Greater Richmond Continuum of Care (GRCoC) to the U.S. Department of Housing and Urban Development (HUD) for funding consideration: a Continuum of Care (CoC) Supplemental to Address Unsheltered and Rural Homelessness Notice of Funding Opportunity (NOFO).

Established in 1969, Daily Planet Health Services (DPHS), is a federally qualified health center serving Richmond City and its surrounding counties in Richmond, Virginia. DPHS' primary population is the homeless and those experiencing housing instability, including those living in and around public housing and in shared housing (doubling up). Comprehensive health services are provided via an integrated team model that includes primary care, behavioral health, substance use, oral health, case management and outreach, pharmacy counseling and health education. This model allows us to see patients and address their needs as a team, including assistance with factors impacted by social determinants of health, such as poverty, housing, transportation, language, literacy and income.

The number of people experiencing unsheltered homelessness in the Greater Richmond region is the highest ever recorded - 204 in July 2022. Not only has the number of people increased but the health of many individuals experiencing homelessness, sheltered and unsheltered, has worsened over the past two years as a result of the pandemic. For example, people with chronic diseases such as diabetes, heart disease or HIV may have lacked adequate treatment and now need additional appointments or services to get back on track. And people with substance use disorders are experiencing heightened levels of relapse, requiring DPHS case managers, medical providers and behavioral health clinicians to re-engage them in treatment.

In June 2021, DPHS launched what has become an integrated medical outreach program with the introduction of our mobile medical unit. Staffed by a nurse practitioner, medical assistant, outreach worker and supported by registration staff in person or virtually, the unit visits community partners across the city on a recurring basis. And in March 2022 we expanded the program to include a first of its kind in Richmond, street medicine program. Pairing a nurse practitioner with an outreach worker, they are able to truly meet people where they are – under bridges, along riverbanks and in encampments around the city. More recently, we have added a behavioral health clinician to the team on a recurring basis. The ability to bring an individual experiencing homelessness into care outside of a clinic setting is a tremendous step forward in decreasing barriers to both medical and behavioral health care.

As the only Healthcare for the Homeless grantee in the area, we are uniquely positioned to provide direct services to address the growing community need. To date in 2022, 70% of our patient population is homeless but the expenses associated with serving that population equate to nearly 80% of our \$12.8 million budget. Daily Planet Health Services is invested in the safety net of homeless service providers and in the population that we serve.

As a member organization for the Greater Richmond Continuum of Care, I appreciate your consideration of our collective funding request so that together we can continue our efforts to provide much needed comprehensive health services, supportive services and access to community resources to individuals experiencing homelessness in the Greater Richmond region. DPHS will continue to leverage our healthcare resources, in partnership with the GRCoC, to reduce unsheltered homelessness.

Sincerely,

A handwritten signature in black ink that reads "Anita". The script is fluid and cursive, with the first letter 'A' being particularly large and stylized.

Anita Bennett  
Chief Executive Officer

Friday, October 14, 2022

To whom it may concern,

We are a working group comprised of people with lived experience of homelessness within Greater Richmond Continuum of Care (GRCoC). We acted as consultants, providing Homeward with lived experience expertise for the comprehensive plan for serving individuals and families experiencing homelessness with severe service needs (Severe Service Needs Plan). We provided feedback on severe service needs plan through participating in two 1.5-hour virtual planning meetings on Thursday, September 15 and Thursday, September 22. Both meetings were held in the evening and we were compensated for our time.

During the meetings, we provided feedback on improving program performance, enhancing outreach services for unsheltered individuals, engaging other community organizations, and engaging people with lived experience in decision making. This feedback was incorporated into the plan.

We support the priorities in GRCoC's Plan for Serving Individuals and Families Experiencing Homelessness with Severe Service Needs in Greater Richmond outlined in the Special NOFO CoC Application and the Project Applications. We are excited about the potential impact that increased housing and supportive services will have on people experiencing unsheltered homelessness.

Sincerely,

---

William Draper

---

Heather Hamilton

---

Dana Sally-Allen

---

Denise Thomas-Brown

# The Greater Richmond Continuum of Care

## Plan to Serve Individuals and Families Experiencing Homelessness with Severe Service Needs

Developed and drafted by Homeward

September 2022

### **I. Introduction**

As part of the Department of Housing and Urban Development (HUD) FY22 Supplemental Continuum of Care (CoC) Supplemental Notice of Funding Opportunity (NOFO) to Address Unsheltered Homelessness, the Greater Richmond Continuum of Care (GRCoC) developed a Plan to Serve Individuals and Families Experiencing Homelessness with Severe Service Needs (SSNP). This plan evaluates severe service needs in the region and population served by the GRCoC and the current initiatives to meet these needs. The plan also defines the strategies the GRCoC has developed to address severe service needs gaps. Many of these strategies are based in proposed project applications for the GRCoC's Supplemental NOFO Consolidated Application.

### **II. Severe Service Needs in the GRCoC Service Region and Population**

#### Background

In 2007, the GRCoC began to refocus our coordinated efforts to ensure that people experiencing unsheltered homelessness were given the focus and support they needed to get connected to resources and to end their homelessness. Since 2017, the GRCoC has formally prioritized serving the most vulnerable households experiencing homelessness in our community. This approach allows us to target limited resources to the people with the highest needs. Despite our coordinated and targeted efforts over the last five years, our community does not currently possess adequate resources to comprehensively serve households with severe service needs. This plan lays out the funding, programs, and partnerships needed to better meet our community goal of solving homelessness for these households.

The FY22 Supplemental NOFO defines severe service needs as a household experiencing homelessness and having any combination of the following factors:

- facing significant challenges or functional impairments, including any physical, mental, developmental or behavioral health disabilities regardless of the type of disability, which require a significant level of support in order to maintain permanent housing (this factor focuses on the level of support needed and is not based on disability type);
- high utilization of crisis or emergency services to meet basic needs, including but not limited to emergency rooms, jails, and psychiatric facilities;
- currently living in an unsheltered situation or having a history of living in an unsheltered situation;
- experiencing a vulnerability to illness or death;

- having a risk of continued or repeated homelessness; and,
- having a vulnerability to victimization, including physical assault, trafficking or sex work.

#### HMIS and PIT Data on Severe Service Needs

Homelessness is a complex issue, and the homeless services system is not the only system needed to address the crisis of homelessness. Individuals experiencing homelessness report behavioral health needs and disabilities that limit their ability to perform key activities. The table provided below shows self-reported disability status among single adults and adults in families served in shelter during April 1, 2021 – March 31, 2022. The data highlights the need for connection with other community systems of care to meet the complex needs of clients in the GRCoC's Coordinated Entry System.

<b>Condition</b>	<b>Single Adults</b>	<b>Adults in families</b>
Mental health disability	51.3%	43.9%
Alcohol use disorder	5.9%	0.6%
Drug use disorder	7.4%	3.9%
Both alcohol and drug use disorder	8.5%	0.6
Chronic health condition	35.5%	25.6%
HIV/AIDS	2.7%	0%
Developmental disability	7.4%	4.9%
Physical disability	28.5%	9.2%

Racism and health inequities are significant drivers of homelessness. People experiencing homelessness are more likely to be African-American than their housed counterparts in our region (70% compared to 37%). As part of our annual collaborative funding application to the U.S. Department of Housing and Urban Development, the GRCoC conducts a more detailed racial equity analysis. In 2021, the most striking finding had to do with the increased likelihood that people of color had of experiencing homelessness, which highlights overall injustice. Our provider network has indicated that a key strategy to address this is to engage other systems in meeting the needs of people facing homelessness in order to address the disproportionality of African-Americans who become homeless. In 2022, the GRCoC is continuing to disaggregate GRCoC program and system-level data by race; exploring in more detail whether African – Americans experiencing homelessness have different experiences in the homeless services system than white people; and reviewing outcomes and performance measures disaggregated by race. Homeward is partnering with health disparities researchers to identify underlying issues of racial disparities as it relates to health and wellness and will share findings with the GRCoC board, the Persons with Lived Experience Council, and relevant committees for review, discussion, action, policy development, and partnership opportunities.

Recent data collection efforts show that these inequities related to race and health persist and are also significant for those experiencing unsheltered homelessness. In our summer point-in-time

count in July 2022, we counted the highest number of unsheltered individuals since we began our current count methodology in 2007. Of these, 45% of the individuals identified as African-American and the majority (113 of 202) reported having a disability that limits their ability to get or keep a job or to take care of personal matters. More than 60% of adults aged 55 or older identified as African-American.

Our data highlights other disproportionalities. In the January 2022 Point-In-Time Count, 7% of surveyed youth identified as transgender or non-binary and 26% of youth responded as identifying as LGBTQ+. HMIS does not currently collect data on sexual orientation or gender identity, but the number suggest a disproportionate representation of LGBTQ+ youth. 2019 data from the National Alliance to End Homelessness suggests that trans and gender non-conforming persons experience unsheltered homelessness at a disproportionate rate, suggesting a local need to focus on queer-friendly resources for LGBTQ+ youth and older adults.

### Focus Groups with People with Lived Experience of Homelessness

During the last 12 months, the GRCoC has hosted five focus groups comprised of people currently experiencing or with lived experience of homelessness. The purpose of the focus groups was to learn about homeless service needs directly from people most directly impacted by this crisis.

Three of the focus groups were held at emergency shelters that participate in Coordinated Entry. One survey was administered by GRCoC Coordinated Outreach. An additional focus group was held virtually as part of the SSNP development process, which will be discussed in the following section.

In the three shelter and outreach engagements, a total of 47 people participated. Below is a summary of the input from these participants.

Service history and needs:

- Most shelter respondents had histories of unsheltered homelessness; most unsheltered respondents have previously been in shelter
- Most had engaged with outreach previously
- Chronic Physical and Mental Illnesses were the most common disability reported

Resources needed/interventions identified:

- One-on-one support in navigating housing search/move-in
- Rental assistance

### Input from Homeless Service Providers

Homeless service providers regularly report serving single adults with high Medical/Mental Health/Behavioral Health (M/MH/BH) needs, both in shelters and through street outreach. Since

2019, the GRCoC has been working with shelter providers to address the needs of individuals referred for shelter who have significant medical issues. Shelters are not equipped to provide assistance with activities of daily living or other functional impairments. Shelters have limited capacity to provide beds that are accessible to people with limited mobility. In order to maximize available beds, most shelters have bunk beds and top bunks are not always accessible. The GRCoC policy committee has been working to mitigate the impact of these limitations on individuals with severe service needs but there has been little improvement due to a lack of capacity and resources to implement changes.

In addition to the lack of physical capacity to meet the needs identified, the level of care needed for these clients often surpasses the resources, skills, and training of the providers. GRCoC emergency shelters are meant to provide a crisis response and to work to quickly connect individuals to stable housing in the community. There are limited options for permanent supportive housing and most other housing options require the individual to have ongoing income to pay rent. Few housing options exist for older adults without income and with physical disabilities and shelter staff have not been connected to community providers who may provide these resources. Since 2019, Homeward has worked to cultivate partnerships with Medicaid Managed Care Organizations and healthcare systems who have identified homelessness as one of the key social determinants of health that negatively impact their patients. In 2020, Senior Connections, our local aging service provider joined the Coordinated Entry System as a way to learn more about these needs and to develop the referral and service protocols needed. Our network has been working to cultivate other partnerships with providers and systems with more acute specializations to meet the needs of older adults and those with severe service needs, but there is still significant work to be done to integrate M/MH/BH services and resources and these service networks into the homeless service network.

### **III. Development of the SSNP**

The GRCoC's SSNP development process began by identifying opportunities to use this planning process to address the needs identified through our HMIS data analysis, in feedback from people with lived experience of homelessness, and from provider and board discussions on these topics. Homeward began to engage providers about potential eligible project applications and to offer technical assistance on the opportunities available through this process. Homeward used this data and feedback from persons with lived experience, homeless service providers and healthcare partners to initiate these conversations and to develop a package of proposals as a comprehensive and collaborative response to unsheltered homelessness in the Richmond region.

Homeward next invited homeless service providers, Managed Care Organizations (MCOs), affordable housing providers, Public Housing Authorities, realtors, and people with lived experience to a SSNP development session, held on September 7.

During the session, Homeward provided an overview of data and input that illustrated severe service needs in regional homelessness. The session included breakout groups aimed at developing strategies around key topics including:



1. Supportive services to promote stable tenancy
2. Engaging people experiencing unsheltered homelessness
3. Building partnerships with housing providers and landlords
4. Navigating client barriers to housing
5. Supporting high-need clients in low barrier shelters

Homeward used existing data, previous stakeholder input, and the feedback from the breakout groups to draft the SSNP. The draft plan was then presented to the People with Lived Experience SSNP (PLE) Approval Committee, which included several participants in the initial planning session. Once the draft was approved by this committee, it was presented to the participants of the planning session for comment on September 28. The draft was updated based on input, and sent back to the PLE Approval Committee for review and final approval (see attached approval letter).

#### **IV. Leveraging housing resources**

##### Expanding Current Permanent Supportive Housing

Homeward's Annual Gaps Analysis concludes that the Richmond region has a 350-unit shortage of Permanent Supportive Housing (PSH). This severe gap prolongs the homelessness of our most vulnerable clients, particularly those who experience unsheltered homelessness or who cycle between short stays in shelters and unsheltered homelessness.

Included in the GRCoC's Unsheltered Homelessness Consolidated Application is a proposal to expand Richmond Behavioral Health Authority's (RBHA) Home Connect PSH project by 15 PSH beds. This project will be successfully leveraged by 15 non-CoC funded PSH beds, and supportive services provided to all 30 beds. The target population for the Home Connect 2 program is single adults with a serious mental illness and/or substance use disorders who meet the HUD definition of chronic homelessness. The other programs in this package will enable the GRCoC to maximize existing PSH programs and to create programs that provide a similar mix of housing affordability with supportive services to expand our offerings.

##### Maximizing Vouchers and Homeless Preference Partnerships for People with Severe Service Needs

Beyond our CoC- and ESG-funded housing interventions, our CoC has maximized Mainstream and Emergency Housing Vouchers (EHV) for households with the longest histories of homelessness, as well as those living with disabling conditions. Our locally-developed EHV priority populations include households that meet the definition of chronic homelessness. The GRCoC will partner with our Public Housing Authorities to expand on these dedicated voucher programs through the Stability Voucher program.

Additionally, the Richmond CoC has developed homeless preference partnerships with affordable housing developers and providers. One of these includes beds in a high-rise for older adults, with supportive services provided by a local university hospital system and our aging

services partner. A Memorandum of Understanding (MoU) for a second partnership has been established for a 5-unit set aside in an affordable housing development that is currently underway. The MoU allows the CoC to provide referrals from Coordinated Entry based on CoC-developed prioritization policies.

These historic resources and partnerships have housed well over 100 people in our community; however, there exists a service gap for households with high-service needs – vouchers referred through Coordinated Entry, and many homeless preference partnerships with affordable housing developers, do not provide funding for supportive services. Most of the households experiencing this gap are referred to these voucher programs are also experiencing unsheltered homelessness, many with lengthy histories of homelessness, as well as medical, mental, and/or behavioral health challenges. Feedback from people with lived experience highlighted the need for additional housing navigation services to overcome the operational difficulties in quickly leasing up with a voucher.

Our strategy to address this challenge is structured in several of the proposed projects for the Special NOFO to Address Unsheltered Homelessness. Two providers have proposed projects that will provide supportive services to households that are matched to a voucher through Coordinated Entry (i.e., Mainstream Vouchers, Emergency Housing Vouchers, Stability Vouchers, as well as homeless preference partnerships with affordable housing developers). The supportive services will be designed to meet the needs of each household. We know that each household has specific needs, and will use our recently-developed local vulnerability assessment tool, as well as case conferencing and input from program participants, to determine the service needs of each household.

Lastly, our CoC is currently facilitating planning between a local Public Housing Authority and a regional affordable housing developer to create a homeless preference for Project Based Vouchers (PBV) in the developer's properties that are subsidized by PBVs. Again, the proposed SSO projects will provide households referred to these PBV-funded units with the supportive services they need to remain stably housed.

## **V. Landlord recruitment**

### The Effect of the Pandemic on Affordable Housing Vacancy

When the GRCoC first piloted rapid re-housing in 2009, we had a significant a rental market vacancy rate of more than 25% in the MSA (per American Community Survey Census data.) During the last quarter prior to the pandemic, this number had dropped to just over 7%. During the pandemic, the vacancy rate ranged from 3.1% to .5% and has recovered to 1.9% in the last quarter. Historically, there is a correlation between low vacancy rates and increases in rate. One of the most significant challenges facing people experiencing homelessness, as well as homeless service providers, is the unprecedented lack of deeply affordable housing. With high rates of demand on existing affordable units, landlords and property owners have more leverage to be highly selective when considering tenants – often excluding people exiting homelessness, particularly those with high service needs.

In such tightened market conditions, centralized landlord engagement partnered with housing interventions and housing navigation support will make a difference in eliminating bottlenecks in the homeless assistance system which reduce our capacity to address unsheltered homelessness.

#### Previous Initiatives to Recruit Landlords

To combat this trend, and to build mutually-beneficial partnerships with area landlords, a committee of GRCoC homeless service providers in 2019 identified the need to expand and coordinate landlord engagement efforts. Providers reviewed models from other communities and drafted key program components that would supplement landlord recruitment by individual homeless service providers. These efforts were put on hold during the pandemic until the GRCoC noted that lengths of stay in shelter had doubled in the summer of 2020 and that engaging landlords continued to present challenges to staff. In response, Homeward was able to secure CARES Act ESG-CV funding for a system-level focus on recruiting landlords and housing options for households experiencing homelessness. Homeward secured additional funding for licensed access to a web-based centralized, system-level landlord engagement and affordable housing tracking tool. Lastly, Homeward established a privately-funded mitigation fund as a response to input received from engaging a statewide apartment management association.

#### Proposed Strategy to Build GRCoC Access to Affordable Housing

The CARES Act funding for the system-level landlord engagement position has been expended, but Homeward has retained the web-based tracking tool, and the mitigation fund. One of our CoC's proposed projects for the Special NOFO is a centralized landlord engagement position that builds on previous efforts and plans. This centralized role will support several key service gaps in our system including brokering relationships with landlords, developing relationships with key local government entities and officials (like housing inspectors), mediating housing concerns (between services teams, tenants and landlords), providing education on fair housing guidelines and legislation, as well as managing housing data (housing inventories, costs, requirements, accommodations, preferences, vacancies, etc.) This program will be connected to housing counseling programs as well as the affordable housing provider network in the region.

### **VI. Leveraging healthcare resources**

#### MCO data sharing/matching

In order to leverage the resources of healthcare systems, the CoC has worked to develop partnerships with Medicaid MCOs. In recent years, MCOs in Virginia have prioritized evaluating the Social Determinants of Health (SDoH) of their members. Housing stability is among the top-considered SDoHs, as being unhoused is a strong predictor of poor physical health outcomes. Since our state expanded Medicaid access, more than 70% of households that present for homeless services in our community report having health insurance. From conversations with MCO's and staff who have worked in both systems of care, we suspect that our homeless services system is currently serving many of the MCO's most vulnerable members. MCO's

report anecdotally that their staff have difficulty in locating homeless individuals with severe service needs.

As a result of some statewide conversations on the connections between housing and healthcare and enhancements to the Medicaid expansion programs, Homeward has been in conversation with several of the Managed Care Organizations offering this health insurance. Homeward is interested in developing new referrals and service coordination efforts to link plan members experiencing homelessness to services available under Medicaid. One key barrier is that homeless service providers (and members) may not know which MCO plan they are enrolled in. the MCO's, the Virginia Medicaid system, and the Medicaid portal provider to develop a referral process so that Homeward's Coordinated Entry staff can connect Medicaid members experiencing homelessness to the appropriate MCO Care Coordination point of contact.

In order to achieve this expanded referral network, Homeward's Navigation staff would require access only to limited Medicaid data fields in order to ensure a correct "match" of a Medicaid member experiencing homelessness who is being referred to a housing intervention by the Homeward team using HMIS data. The primary purpose of this data coordination is to determine which Medicaid plan the member experiencing homelessness is enrolled in. Once the Homeward Navigation team has determined which plan the member has, the Navigator will contact the appropriate MCO Care Coordinator in order to facilitate care coordination and case conferencing. Homeward's leadership team including the HMIS Lead staff are working with MCO Partners to ensure that we have the appropriate release of information and other documents needed in order to facilitate these connections.

The partnerships we have explored involve data matching and case conferencing shared clients. Several of the state's MCOs have either expressed interest, or have formalized agreements, to connect their members in the CoC's Coordinated Entry System with medical/mental/behavioral supports, especially if they are matched to housing intervention. Coordinated Entry staff will be able to identify the MCO of clients matched to Mainstream/Emergency Housing/Stability Vouchers. Then, by establishing a Release of Information with the client to contact their MCO, we can provide direct connection to critical, Medicaid-reimbursed, supportive services.

Support letters from DPHS and RBHA

## **VII. Current Street Outreach strategy**

The Coordinated Outreach Team is led by a Daily Planet Health Services Outreach Manager, and is staffed by different agencies funded through CoC, PATH, the VA, localities and the state. The Outreach Team meets bi-weekly for scheduling and case conferencing and communicates daily to coordinate services. The team maintains a list and visits known locations. Outreach services include meeting clients where they are located, completing HMIS intakes, ensuring physical needs are met, conducting safety planning and providing case management such as assisting with documentation, and referring to mainstream resources. Coordinated Outreach serves as an Access Point. In addition to screening and assessment, the outreach team works to locate clients who have been matched for shelter or housing placement and to assist clients in accessing the

placement. Coordinated Outreach also responds to an online notification form that allows the public to request a welfare check for someone sleeping outdoors.

The Outreach Team conducts outreach in all 8 jurisdictions, covering 100% of the CoC's geography. In communities with the largest homeless populations, Richmond and Chesterfield and Henrico counties, outreach is conducted at least weekly, often daily. In the smaller jurisdictions, such as Powhatan and Hanover counties, outreach workers partner with local agencies and respond to requests for outreach assistance within 1-2 days.

Working with partners such as law enforcement and DSS departments, the Outreach Team seeks clients who may not reach out to services by visiting encampments, meal programs, libraries and other service providers. Once a client is identified, the outreach workers conduct ongoing, progressive engagement, meeting basic needs and introducing the concept of housing as soon as possible. A language telephone line and bilingual staff are available throughout the region. A form on the CoC website allows the public to request a welfare check for someone sleeping outdoors.

For the July 2022 Point-in-Time Count, the GRCoC counted 202 people experiencing unsheltered homelessness. This is the highest unsheltered count in our CoC's history. The City and the two largest counties, Henrico and Chesterfield saw significant increases in the number of people sleeping outdoors.

To address this increase, the GRCoC's FY22 Supplemental CoC Consolidated Application includes three Outreach projects. This will increase the caseload capacity of outreach by over 200 people per year. It will also add an Outreach SOAR (SSI/SSDI, Outreach, Access, and Recovery) worker. This position will assist with Social Security disability applications and will help individuals overcome financial barriers to housing stability and also improve health outcomes with enrollment in mainstream resources such as Medicaid. A separate outreach project will provide Peer Recovery Specialist services to 35 individuals at any given time, and a total of 70 individuals a year.

## **VIII. Current Strategies to Provide Immediate Access to Low-Barrier Shelter and Housing**

### **Access to Low-Barrier Shelter**

In 2021, the GRCoC System Policy and Process Committee endorsed suspending the administering of the Vulnerability Index - Service Prioritization Decision Assistance (VI-SPDAT) Tool. During the height of the pandemic, our community experienced such a sharp spike in people presenting for homeless services, that many clients did not have a current or accurate VI-SPDAT score in HMIS. This created an inequitable advantage for prioritization and referral to limited resources.

To remain committed to serving the most vulnerable, the GRCoC developed a local vulnerability assessment tool and process. The assessment is administered at Access Points, and considers vulnerabilities such as unsheltered status, age, co- and tri-morbidities, as well as acuity (key questions taken from the VI-SPDAT) in order to develop urgency priority by-name lists.

The local assessment tool is still being piloted and tested for disparities – namely, testing if subpopulations by age and race equitably connected to emergency shelter or other resources. The tool will be collaboratively updated to address any discovered disparities.

Prioritizing the most vulnerable for emergency shelter ensures that those most likely to die outdoors are first to be connected to available shelter beds; however, this creates heightened service demands on our CoC's already under-resourced emergency shelter providers. Shelter providers report difficulty in serving program participants with limited or impaired ability to perform Activities of Daily Living.

To address this gap, the GRCoC has worked to coordinate the local Federally-Qualified Healthcare Center (FQHC) and Healthcare for the Homeless partner, Daily Planet Health Services, to provide onsite services at area shelters. Homeward is also in the process of procuring a consultant to provide in-depth training on best shelter practices to balance serving the most vulnerable while prioritizing staff and participant health and safety.

From May 1<sup>st</sup>, 2022, to September 15<sup>th</sup>, 2022, 50% of persons who entered into an emergency shelter project spent the previous night in an unsheltered condition. The next most common location to have spent the night for this same group was an emergency shelter, including a hotel or motel paid for with an emergency shelter voucher, making up 29.2% of people who stayed in an emergency shelter project during this time. These two populations make up 79.2% of all persons entering shelter, no other individual living situation code represented more than 10% of the total population.

Anecdotal evidence suggests that most people who stayed in a hotel/motel are exiting a Medicaid-funded Crisis Stabilization Program. In FY 2022, 4855 people were connected with the GRCoC's Primary Access Point, the Homeless Connection Line. Of these people, 1012 stayed in "Emergency shelter, including hotel or motel paid for with emergency shelter voucher" at some point during the year. Of those who reported a stay in emergency shelter, 619 stayed there for 7 days or less. Of these clients, 554 indicated that they had Medicaid.

#### Access to Low Barrier Permanent Housing

The GRCoC still has work to do to build the capacity of its local assessment tool to fully triage households for all housing interventions based on vulnerability. The assessment, paired with case conferencing, does allow for the unique needs of each household to be considered during the housing intervention matching process.

In order to better prioritize households experiencing unsheltered homelessness for housing, the GRCoC recently revised its priority populations for vouchers matched through Coordinated Entry to include households that have an open outreach entry in an HMIS project for 45 of the last 90 days. This prioritizes households (primarily single adults) who have been on the street for extended lengths recently. Qualitative input suggests that many individuals in this subset include those who have recently been released from an emergency service provider. The local assessment tool will provide the data to test this assumption. In cases where this is true, the

GRCoC will develop referral protocols for the SSO projects mentioned in Section IV of this plan.

### **IX. Updating the Strategy Using Data and Performance.**

The Greater Richmond Continuum of Care (GRCoC) provides the community infrastructure for inclusive planning to address homelessness, collaborative decision-making on homelessness assistance policies and processes, coordinated service provision designed to serve those who most need assistance, and the strategic allocation of public resources. The GRCoC was created by members of the community 24 years ago and Homeward was developed to serve as the lead agency of this regional effort.

The GRCoC and our community response to homelessness has benefited from a strong focus on data drawn from conversations with people experiencing homelessness and a robust and collegial network of service providers. Since the peak of the housing crisis in 2009 and the community planning to integrate a housing-focus into all homeless assistance programs that followed, we have seen decreases in homelessness overall and in the number of people living on the streets. We have shifted our coordinated public sector funding to focus more on permanent housing and have expanded the number of agencies participating in the coordinated entry system and CoC collaborative planning efforts. We have had broad acceptance of rapid re-housing and housing-focused services as a better way to serve households experiencing homelessness.

Homeward supports the development and implementation of a performance measurement and monitoring system for funded providers. The system reports to state and federal funders (e.g., CoC, ESG) on our community's compliance with CoC operations and governance requirements in funding guidelines. Homeward completes and publishes an Annual Gaps Analysis and coordinates two CoC point-in-time counts a year to better understand the needs of people experiencing homelessness.

Homeward also ensures community compliance with activities, which are required by federal and state statute and regulations. Additionally, we support system change and the expansion of resources and cross-sector and mainstream partnerships to meet community goals through strategic opportunities made possible by Homeward's subject matter expertise, community relationships, data insights, and leadership for system change.

The Planning funds proposed through the Unsheltered NOFO will provide Homeward with the time and staffing needed to implement a housing- and outcomes-based system to meet the needs of our neighbors experiencing homelessness and to ground our work in input from people with lived experience. Homeward aligns staff capacity to support CoC operations and inclusive planning, program monitoring and evaluation, and compliance to better coordinate housing services (and thus placements in permanent housing), decrease CoC funds returned or reallocated, and emphasize data-driven decision making and program effectiveness and equity.

## **X. Prioritize Households Experiencing or with Histories of Unsheltered Homelessness**

The GRCoC is informed of the barriers to housing faced by people experiencing unsheltered homelessness through data and input directly from people with lived experience of homelessness. As stated earlier, one of the most commonly requested services by people experiencing homelessness was an increase in one-on-one housing navigation. During its early implementation of EHV, the GRCoC also saw numerous instances of people experiencing unsheltered homelessness losing their voucher after being matched because our system currently lacks dedicated housing navigation for unsheltered households.

A proposed project would fill this service gap by staffing a centralized unsheltered housing navigation role. This position would receive referrals through the Coordinated Entry System to assist unsheltered households that have been matched to a housing intervention (voucher, PSH, RRH, homeless preference partnership) successfully move from the street into housing. Common tasks for this role include negotiating with landlords to facilitate the rental process and provides tenant education during appointments, as well as during apartment walk-throughs to focus on improving tenant behaviors and better pre-prepare them for stability. Interventions are often necessary once tenants have moved-in if there are any misunderstandings or miscommunication between the landlord and tenant. The Housing Navigator will also provide both Habitability and HQS unit inspections before move-in, complete Rent Reasonableness documents, and conduct environmental reviews.

This project, along with the other proposals, provides a comprehensive response to unsheltered homelessness in our community by filling key gaps:

- Increase Street Outreach capacity, including SOAR
- Centralized Housing Navigation for unsheltered households
- Centralized Housing Stabilization Case Management and intensive supportive services for households connected to Emergency Housing/Mainstream/Stability Vouchers
- Permanent Supportive Housing units and services
- Centralized Landlord Engagement

Additionally, Homeward's proposals expand system capacity to coordinate these services through HMIS, Coordinated Entry, and Planning.

## **XI. Involving Individuals with Lived Experience of Homelessness in Decision Making**

The GRCoC prioritizes an inclusive planning process across all platforms, specifically for underrepresented groups such as BIPOC and LGBTQ+ individuals. The foundation for our work to fulfill our mission of reducing homelessness is hearing directly from people experiencing homelessness. Homeward facilitates conversations with people experiencing homelessness across the GRCoC to hear directly from them about their experiences of homelessness; the factors that contributed to their homelessness and housing instability; their service and program usage; and, their ongoing or unmet needs.

The GRCoC engages people with lived experience through ad hoc focus groups and input sessions and through our person-centered data collection. Homeward has recently added staff



capacity in order expand on these efforts to more frequently and more consistently engage people with lived experience and to development a leadership cohort of people with lived experience to inform our strategic initiatives to address families, older adults and youth and young adults experiencing homelessness.

The CoC incorporates underrepresented groups as critical stakeholders in any planning process and creates decision-making infrastructure that reflects this priority. As an example, youth are underrepresented in our community's decision-making processes, despite representing roughly 7% of the overall population of people experiencing homelessness. To represent the unique needs of this population, the CoC prioritized the development of a Youth Action Board and included a YAB representative in the Ranking & Review Committee and CoC Board to guide community planning and institutionalize youth voice in community decision-making processes.