

Before Starting the CoC Application

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

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

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

1. The FY 2023 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2023 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It

- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2023 CoC Program Competition on behalf of your CoC.

- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

Answering Multi-Part Narrative Questions

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

Attachments

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

- Attachments must match the questions they are associated with—if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.

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

1A. Continuum of Care (CoC) Identification

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

1B. Coordination and Engagement–Inclusive Structure and Participation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
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1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.	
	NOFO Sections V.B.1.a.(1), V.B.1.e., V.B.1f., and V.B.1.p.	
	In the chart below for the period from May 1, 2022 to April 30, 2023:	
	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 CoC Board Members	Participated in CoC's Coordinated Entry System
1.	Affordable Housing Developer(s)	Yes	Yes	Yes
2.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	No
3.	Disability Advocates	Yes	No	Yes
4.	Disability Service Organizations	Yes	No	Yes
5.	EMS/Crisis Response Team(s)	No	No	No
6.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
7.	Hospital(s)	Yes	Yes	Yes
8.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	No	No	No
9.	Law Enforcement	No	No	No
10.	Lesbian, Gay, Bisexual, Transgender (LGBTQ+) Advocates	Yes	No	Yes
11.	LGBTQ+ Service Organizations	Yes	No	Yes
12.	Local Government Staff/Officials	Yes	No	Yes
13.	Local Jail(s)	No	No	No
14.	Mental Health Service Organizations	Yes	Yes	Yes
15.	Mental Illness Advocates	Yes	Yes	No

16.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	Yes
17.	Organizations led by and serving LGBTQ+ persons	Yes	No	Yes
18.	Organizations led by and serving people with disabilities	No	No	No
19.	Other homeless subpopulation advocates	Yes	No	No
20.	Public Housing Authorities	Yes	Yes	Yes
21.	School Administrators/Homeless Liaisons	Yes	Yes	Yes
22.	Street Outreach Team(s)	Yes	Yes	Yes
23.	Substance Abuse Advocates	Yes	No	No
24.	Substance Abuse Service Organizations	Yes	Yes	Yes
25.	Agencies Serving Survivors of Human Trafficking	Yes	Yes	Yes
26.	Victim Service Providers	Yes	Yes	Yes
27.	Domestic Violence Advocates	Yes	Yes	Yes
28.	Other Victim Service Organizations	Yes	No	Yes
29.	State Domestic Violence Coalition	Yes	No	No
30.	State Sexual Assault Coalition	Yes	No	No
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Homeless Organizations	Yes	No	Yes
33.	Youth Service Providers	Yes	No	Yes
	Other: (limit 50 characters)			
34.				
35.				

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

1B-2.	Open Invitation for New Members.	
	NOFO Section V.B.1.a.(2)	
	Describe in the field below how your CoC:	
1.	communicated a transparent invitation process annually (e.g., communicated to the public on the CoC's website) to solicit new members to join the CoC;	
2.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats; and	
3.	invited organizations serving culturally specific communities experiencing homelessness in the geographic area to address equity (e.g., Black, Latino, Indigenous, LGBTQ+, and persons with disabilities).	

(limit 2,500 characters)

1. Homeward maintains the Greater Richmond CoC website. There is a drop-down subtab under the "About us" tab, entitled "Become a GRCoC member". When selected, users are brought to a page where detailed instructions on how to become a GRCoC member are explained. Homeward maintains a CoC email list of 478 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 makes 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 give more information on CoC activities and membership.

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. As previously stated, invitations to join the GRCoC are extended to everyone in attendance during virtual presentations as a means to increase collaboration and accessibility through effective communication.

3. Regularly, 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 (YAB), 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 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 endorse the drafted strategic plan.

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

	Describe in the field below how your CoC:	
1.	solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;	
2.	communicated information during public meetings or other forums your CoC uses to solicit public information;	
3.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats; and	
4.	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. 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.
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, endhomelessnessrva.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.
3. The online surveys, input sessions, and the solicitation of public comments made on the CoC documents are all conducted virtually. These input opportunities are announced both online and during in-person events.
4. 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.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
	NOFO Section V.B.1.a.(4)	
	Describe in the field below how your CoC notified the public:	
1.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;	
2.	about how project applicants must submit their project applications—the process;	
3.	about how your CoC would determine which project applications it would submit to HUD for funding; and	
4.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats.	

(limit 2,500 characters)

1. Availability of FY23 HUD CoC funding was announced on 7/5/23 through a CoC newsletter and was posted on the CoC's website <https://endhomelessnessrva.org>. On 7/25/23, the CoC announced on the website and CoC newsletter that applications were open and that groups that were not previously funded may apply. 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 in July of 2023.

2. The Collaborative Applicant (CA) CoC Director hosted a webinar for community members on 7/24/2023 which provided an overview of public funding for homelessness, the application process, and how to learn more. 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. Both in newsletters and during meetings, applicants were directed 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. The newsletters included invitations to an "FY23 NOFO Overview" webinar, a "How to Apply" webinar, and 5 online open office hours Q&A sessions.

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 FY23 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 the Web Content Accessibility Guidelines 2.0 requirements, set by the World Wide Web Consortium, on our website. These requirements include making text more readable and understandable. Links in documents are underlined for accessibility. Homeward uses virtual platforms to improve accessibility and often posts recordings of webinars as an alternative.

1C. Coordination and Engagement

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

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

In the chart below:

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

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with the 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)	No
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.		
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1C-2.	CoC Consultation with ESG Program Recipients.	
	NOFO Section V.B.1.b.	

	Describe in the field below how your CoC:
1.	consulted with ESG Program recipients in planning and allocating ESG Program 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 the Consolidated Plan update.

(limit 2,500 characters)

1. The CoC coordinates the allocation of Richmond 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 reviews funding requests to ESG recipient jurisdictions and makes recommendations based on applicant performance and coordination with the CoC's CES, as well as community need and strategic alignment. The Collaborative Applicant 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 non-entitlement 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. 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 and provides quarterly reports on system metrics to these partners. 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.

4. The Annual Gaps Analysis, which provides additional analysis for Consolidated Plan Jurisdictions, will be published later this year, and will be posted publicly on Homeward's website. Homeward also publishes an annual report and an additional quarterly and year end analysis which was shared with Consolidated Plan Jurisdictions.

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

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

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

1C-4.	CoC Collaboration Related to Children and Youth—SEAs, LEAs, School Districts.	
	NOFO Section V.B.1.d.	

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

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

1C-4a.	Formal Partnerships with Youth Education Providers, SEAs, LEAs, School Districts.	
	NOFO Section V.B.1.d.	

Describe in the field below the formal partnerships your CoC has with at least one of the entities where you responded yes in question 1C-4.

(limit 2,500 characters)

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. McKinneyVento 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.

1C-4b.	Informing Individuals and Families Experiencing Homelessness about Eligibility for Educational Services.	
	NOFO Section V.B.1.d.	

Describe in the field below written policies and procedures your CoC uses 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 System Policy and Process Committee most recently in December 2022. 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.

1C-4c.	Written/Formal Agreements or Partnerships with Early Childhood Services Providers.	
	NOFO Section V.B.1.d.	

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

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

1C-5.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors—Collaboration with Federally Funded Programs and Victim Service Providers.
	NOFO Section V.B.1.e.

In the chart below select yes or no for the organizations your CoC collaborates with:

	Organizations	
1.	state domestic violence coalitions	Yes
2.	state sexual assault coalitions	Yes
3.	other organizations that help this population	Yes

1C-5a.	Collaboration with Federally Funded Programs and Victim Service Providers to Address Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	

	Describe in the field below how your CoC regularly collaborates with organizations indicated in Question 1C-5 to:
1.	update CoC-wide policies; and
2.	ensure all housing and services provided in the CoC's geographic area are trauma-informed and can meet the needs of survivors.

(limit 2,500 characters)

1. The CoC's System Policy and Process (SPP) Committee uses provider input and expertise to review and update Coordinated Entry policies and processes and program standards as required by HUD and DHCD and based on needs within GRCoC. A member of Empowernet, a regional collaborative of organizations providing housing and services to survivors of domestic violence, dating violence, sexual assault, stalking, and human trafficking (SDV) serves as a voting member on this committee. Relevant policies include access, assessment, prioritization, and referral to emergency shelter, rapid rehousing, and permanent supportive housing, as well as other relevant interventions and should meet the needs of clients from all jurisdictions in GRCoC. There is also an Empowernet representative on the CoC board of directors. A member of the Action Alliance, the statewide SDV advocacy organization serves on the HMIS Policy Committee which oversees the HMIS implementation and other data collection issues. The YWCA and Hanover Safe Place, SDV agencies, participate in the Quality Improvement Leadership Committee which reviews program delivery and makes recommendations to SPP and to the Board. SDV providers which receive ESG funding (YWCA and Hanover Safe Place) participate in the review of written program standards.

2. SDV providers and the local Trauma-Informed Care Network provide training on trauma-informed care at least twice a year. The primary Access Point staff receive training on trauma-informed care and information on the needs of survivors. The GRCoC Coordinated Entry System Policies and Procedures provide a general requirement for agencies participating in CES to use trauma-informed practices. Agencies are required to focus on safety and to meet the needs of participants as they define them. The GRCoC offers trainings on trauma-informed care by integrating this approach into all case management trainings. The CA offers sessions on trauma-informed care at their annual Best Practices Conference, attended by more than 150 GRCoC members.

1C-5b.	Coordinated Annual Training on Best Practices to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	
	Describe in the field below how your CoC coordinates to provide training for:	
1.	project staff that addresses best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually); and	
2.	Coordinated Entry staff that addresses best practices (e.g., trauma informed care) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually).	

(limit 2,500 characters)

1. At least annually, the YWCA provides cross training for GRCOC project staff on key issues that are specific to serving survivors of trauma and violence, as the administrator of the EmpowerNet Regional Hotline, which is the largest access point for survivors in the GRCoC and one of three designated Access Points in our Coordinated Entry System. Customized in-depth training on best practices, safety planning, crisis intervention and trauma-informed care is provided by all 6 SDV agencies in the CoC and made available to any organization that requests it as part of each agency's community outreach and staff development efforts. In order to ensure seamless access to resources and also facilitate cross-training, SDV staff and leadership in the region actively participate in a number of GRCoC committees & workgroups (including the GRCoC Board.) Quarterly sessions for community-based providers cover services to survivors, the trauma-informed and client-centered assessment tool, and the process for triaging emergency shelter requests as well as protocols for taking the lead in coordinating services within the larger SDV network. This minimizes the number of calls the survivor needs to make and reduces the likelihood of re-traumatization. In 2021, SDV services and best practices were covered during monthly virtual Community Partner Updates.

2. The YWCA also provides at least annual training for Homeless Connection Line (HCL, the largest CES Access Point) staff tailored to their role around understanding domestic violence and the cycle of abuse, the barriers to fleeing violence, as well as techniques for having empathic, trauma-informed conversations with callers. Informal refresher trainings take place at least quarterly. The HCL specialists share the resources for SDV for callers who are not in imminent danger or are not actively fleeing or attempting to flee. As a victim-centered and trauma-informed practice, this information is solicited in the diversion and triage conversation and not as one of many data points to be collected. HCL staff ask every caller if they had a safe place to stay last night and if they are currently in a safe place to have the conversation. When trying to problem solve and make connections to mainstream resources, HCL staff ask callers if feel safe staying at any of the places being discussed as options and alternatives.

1C-5c.	Implemented Safety Planning, Confidentiality Protocols in Your CoC's Coordinated Entry to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	
	Describe in the field below how your CoC's coordinated entry includes:	
1.	safety planning protocols; and	

2. confidentiality protocols.

(limit 2,500 characters)

1. To provide safety and client choice, the GRCoC has multiple Access Points (AP) for the CES. The CoC's designated AP for survivors, EmpowerNet Hotline, provides access to crisis counseling and support, safety planning, and emergency housing. The Homeless Connection Line and Coordinated Outreach Access Points and other CES partners use safety planning and informal client-centered safety assessments in triage and referral conversations. As stated in the CES policy manual, safety planning's routine and required in GRCoC assessment processes. Staff are trained to secure safe means of contacting the survivor, to ensure that engagement with the AP does not compromise the household's safety, to avoid victim-blaming, to respond to the needs of survivors. Couples are screened separately. If a survivor indicates they are experiencing domestic and/or sexual violence and need further safety planning and support, they are connected to trained professionals at the EmpowerNet Hotline. If a survivor indicates a need for a lethality assessment, they have the option to be connected to Police Department.

2. Staff at all APs are trained on resources in each network, so survivors in need of housing or other supports have the choice of accessing services based on their preferences. Survivors interested in receiving ongoing services, like housing, are connected directly to community resources at a partner agency, without having to repeat the intake process. The CoC provides system-wide training on CES protocols like how to access crisis support, emergency housing, rapid rehousing, and supportive services through EmpowerNet. All CoC providers who participate in CES develop housing stabilization plans with program participants. These plans are trauma-informed and can be changed as needed by the survivor. All people seeking help with an AP including survivors and those attempting to flee are informed that providing information is voluntary and will be kept confidential. All CoC providers including Coordinated Entry staff are trained to secure a verbal release of information, guaranteeing confidentiality. The GRCoC has privacy and security protocols to obtain program participants' consent for collection, use, storage, and sharing of their information, and to protect information that is stored or shared outside of HMIS. Training on confidentiality, privacy, and security is required. The HMIS Policy Committee ensures agencies are taking precautions to protect client information.

1C-5d.	Used De-identified Aggregate Data to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
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NOFO Section V.B.1.e.

Describe in the field below:

1.	the de-identified aggregate data source(s) your CoC used for data on survivors of domestic violence, dating violence, sexual assault, and stalking; and
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2.	how your CoC uses the de-identified aggregate data described in element 1 of this question to evaluate how to best meet the specialized needs related to domestic violence and homelessness.
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(limit 2,500 characters)

1. The GRCoC reviews a number of de-aggregated data sources to understand the needs of survivors. Coordinated entry providers including coordinated outreach and the HCL solicit information on domestic and sexual violence and stalking (SDV) part of client-centered engagement diversion and triage conversations. This data is entered into HMIS with the permission of the individual engaged in the conversation. Our largest source of de-aggregated data on survivors is VADa, the statewide comparable database led by the Action Alliance, the statewide SDV organization. HUD data elements are incorporated in the basic VADATA assessment forms and have corresponding housing reports that pull in order to comply with reporting requirements and to inform CoC policies and programs. A member of Action Alliance participates in the HMIS Policy committee which oversees data standards and reporting requirements for federal funding including ESG and CoC. This committee also provides guidance and resources on training on data quality for all data sources used in the CoC including HMIS and VADa.

2. This comparable database is used to collect aggregate data on survivors, their circumstances, types of services needs and requests, resources provided, and outcomes achieved. All EmpowerNet hotline callers complete an electronic crisis assessment with staff to develop a safety plan, identify immediate needs, and determine the survivor's interest in receiving follow-up services (shelter, housing, and supportive services), all of which is documented by the SDV providers. When a survivor seeks assistance from the Homeless Connection Line or a coordinated outreach provider, this information is recorded in HMIS with their permission. When an individual indicates a potentially lethal situation or is actively fleeing sexual or domestic violence, these CES staff make an immediate referral to the EmpowerNet regional hotline. GRCoC committees including the Quality Improvement Leadership (QIL) Committee which includes 2 SDV providers use de-aggregated data on household composition, race and ethnicity, age, and disability status to understand the need for services in the CoC. This review informs project performance measures and funding priorities and is used to develop CoC trainings and policies. QIL uses this specialized information to make recommendations to the Board and other committees. An example is the allocation of Emergency Vouchers to SDV agencies and other prioritization policies.

nbsp;

1C-5e.	Implemented Emergency Transfer Plan Policies and Procedures for Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	
	Describe in the field below how your CoC communicates to all individuals and families seeking or receiving CoC Program assistance:	
1.	whether your CoC has policies and procedures that include an emergency transfer plan;	
2.	the process for individuals and families to request an emergency transfer; and	
3.	the process your CoC uses to respond to individuals' and families' emergency transfer requests.	

(limit 2,500 characters)

1. The GRCoC 's System Policy and Process Committee developed an Emergency Transfer Plan (ETP) in August 2023. The ETP allows clients housed in a CoC-funded RRH or PSH project who are victims of sexual or domestic violence or stalking to request an emergency transfer to a safe housing unit. The household is offered temporary, safe accommodations until a new unit is identified. The households continue to receive case management and supportive services while in the temporary accommodations.

2. To request an emergency transfer, the tenant shall notify their HP case manager who will and submit a written request for a transfer to the Coordinating Agency (CA). The CA will provide reasonable accommodations to this policy for individuals with disabilities. The tenant's written request for an emergency transfer should include either:

-A statement expressing that the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant were to remain in the same dwelling unit assisted under Housing Provider's (HP's) program; OR
-A statement that the tenant was a sexual assault victim and that the sexual assault occurred on the premises during the 90-calendar-day period preceding the tenant's request for an emergency transfer.

3. All GRCoC agencies agree to immediately notify the CA if a client indicates they are in imminent danger or actively fleeing (or attempting to flee) SDV. The ability of the CA to honor such request for tenants currently receiving assistance, however, may depend upon a preliminary determination that the tenant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, and on available resources to offer safe, temporary accommodations provided by the CA. The HP will continue to provide case management, including housing search and navigation to locate and secure a new RRH or PSH unit.

1C-5f.	Access to Housing for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	
	Describe in the field below how your CoC:	
1.	ensures that survivors of domestic violence, dating violence, sexual assault, or stalking have safe access to all of the housing and services available within the CoC's geographic area; and	
2.	proactively identifies systemic barriers within your homeless response system that create barriers to safely house and provide services to survivors of domestic violence, dating violence, sexual assault, or stalking.	

(limit 2,500 characters)

1. The GRCoC Coordinated Entry Policies and Procedures require that access to all housing and services available in the CoC does not depend on which Access Point a household first speaks with nor are services limited to targeted SDV resources. If a household is identified by any component of the CES to be fleeing domestic violence that household is transferred to the DV Access Point, the Regional Domestic Violence (DV) Hotline at 804-612-6126, immediately. If the household does not wish to use DV-specific services, the household will have full access to the CES, in accordance with all protocols described in the board-approved CES policy manual. If the DV hotline determines that the household is not at imminent risk, the household is transferred via warm handoff to the other Access Points of the CES. Through EmpowerNet, survivors have the option to obtain emergency housing in secure, confidential locations throughout the region or with a CoC partner. Survivors may elect to participate in EmpowerNet's dedicated and confidential coordinated entry process where personally identifiable information is not disclosed. With the addition of new Emergency Housing Vouchers, the CoC coordinated referrals for survivors through a single point of contact (with a signed release) rather than via the Coordinated Entry Case Conferencing process.

2. The GRCoC's Emergency Transfer Plan (ETP) is coordinated by the YWCA for the CoC. The ETP allows tenants who are victims of domestic violence, dating violence, sexual assault, or stalking to request an emergency transfer from the tenant's current unit to another unit. The ability to request a transfer is available regardless of sex, gender identity, or sexual orientation, or standing within the housing program. To proactively combat systemic barriers, the YWCA emphasizes representation of traditionally marginalized people within leadership and decision making, and utilizes inclusive hiring practices. Staff are trained to be inclusive and culturally competent. The YWCA uses a Housing First model of care and links survivors to mainstream resources such as childcare and healthcare resources. Additionally, the YWCA offers services that are language accessible and gender affirming. The YWCA ensures equal access housing to all participants and works to foster positive ongoing relationships with landlords to breakdown traditional barriers to housing.

1C-5g.	Ensuring Survivors With a Range of Lived Expertise Participate in Developing CoC-Wide Policy and Programs.	
	NOFO Section V.B.1.e.	

	Describe in the field below how your CoC:
1.	ensured survivors with a range of lived expertise are involved in the development of your CoC-wide policy and programs; and
2.	accounted for the unique and complex needs of survivors.

(limit 2,500 characters)

1. The YWCA ensures survivors with a range of lived expertise are involved in the development of CoC-wide policy and programs through its representative leadership and hiring practices. YWCA Richmond's board is comprised of people with lived/shared experience and people from traditionally marginalized communities, including survivors of intimate partner violence. Survivors of violence are in the governance structure, on the planning committee, and hold various other positions within YWCA Richmond. YWCA creates employment opportunities within the organization to further engage survivors in decision processes regarding strategic planning, service design, and operations.

2. The YWCA accounts for the unique and complex needs of survivors by prioritizing lived experience in decision making as well as providing feedback mechanisms for continuous improvement. The use of structured interviews, surveys, and focus group discussions allows YWCA the opportunity to intentionally listen and incorporate the insight of those who participate. Additionally, regular community forums provide these participants the space to share their experiences and offer suggestions that help cultivate the YWCA's strategies. These feedback mechanisms help YWCA to better understand the evolving needs of those they serve.

1C-6.	Addressing the Needs of Lesbian, Gay, Bisexual, Transgender and Queer+—Anti-Discrimination Policy and Training.	
	NOFO Section V.B.1.f.	

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

1C-6a.	Anti-Discrimination Policy—Updating Policies—Assisting Providers—Evaluating Compliance—Addressing Noncompliance.	
	NOFO Section V.B.1.f.	

Describe in the field below:

1.	how your CoC regularly collaborates with LGBTQ+ and other organizations to update its CoC-wide anti-discrimination policy, as necessary to ensure all housing and services provided in the CoC are trauma-informed and able to meet the needs of LGBTQ+ individuals and families;
2.	how your CoC assisted housing and services providers in developing project-level anti-discrimination policies that are consistent with the CoC-wide anti-discrimination policy;
3.	your CoC's process for evaluating compliance with your CoC's anti-discrimination policies; and
4.	your CoC's process for addressing noncompliance with your CoC's anti-discrimination policies.

(limit 2,500 characters)

1. The CoC regularly incorporates stakeholder feedback into its updating of all policies, including anti-discrimination policies. In 2023, the GRCoC Youth Action Board, led the community in the creation of the Coordination Community Plan (CCP) to Address and End Youth Homelessness. Many of the community partners involved serve youth who are LGBTQ+ and experiencing homelessness. These community partners shared their insights during the drafting of the CCP, creating an inclusive framework for youth providers in the GRCoC to use.
2. Training is provided on the CoC policy as part of the annual review and revision process. During the local FY22 CoC competition the CoC updated the local renewal project application forms to request each applicant to describe how their organization is addressing the needs of LGBTQ+ individuals (gender-affirming shelter, gender-affirming services, access to sexual healthcare, equal access to housing regardless of sexual orientation or gender identity) participating in this project. The CoC will use the information provided to facilitate anti-discrimination trainings, provide additional technical assistance to service providers, and update anti-discrimination policies and program standards to best serve LGBTQ+ individuals and families.
3. Compliance with the anti-discrimination policy is managed in 3 ways: formal complaints filed with the CoC board or the Collaborative Applicant which are investigated using the CoC's Arbitration Policy and process; informal complaints or criticisms revealed during the committee meetings addressing policies, program performance, or ranking; and a review of data to determine if there is evidence of providers not adhering to the anti-discrimination policy.
4. Non-compliance could result in a reduction of points in a scoring process for funding, a referral to the funder for monitoring, or the mutual agreement to receive additional training for staff. The GRCoC Arbitration Policy defines how CoC partners come together to address issues that arise in the process of coordinating efforts, services, and resources. Although agencies aren't under any obligation to change their program delivery, alignment with the policies, processes, and practices developed collaboratively by the GRCoC are taken into consideration if an agency chooses to access specific funding sources that are accountable to the GRCoC's community-determined priorities and policies including anti-discrimination.

1C-7.	Public Housing Agencies within Your CoC's Geographic Area--New Admissions--General/Limited Preference--Moving On Strategy.	
	NOFO Section V.B.1.g.	

You must upload the PHA Homeless Preference\PHA Moving On Preference attachment(s) to the 4B. Attachments Screen.

Enter information in the chart below for the two largest PHAs highlighted in gray on the current CoC-PHA Crosswalk Report or the two PHAs your CoC has a working relationship with--if there is only one PHA in your CoC's geographic area, provide information on the one:

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2022 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
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Richmond Redevelopment and Housing Authority	20%	Yes-Both	Yes
Virginia Housing Development Authority	5%	Yes-HCV	Yes

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

Describe in the field below:

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

(limit 2,500 characters)

1. Both PHAs in our area have limited homeless admission preferences. The Former Director of the HCV program (now, Senior VP of Affordable Housing) at the Richmond Redevelopment and Housing Authority (RRHA) serves on the CoC Board. She and her staff have participated in extensive educational sessions on the CoC and on client needs. Homeless service providers working with families met with RRHA to update and revise our limited homeless admissions preference for public housing. Homeward staff has worked with Virginia Housing staff on applications for additional vouchers that would include a homeless admission preference. Virginia Housing works with 2 agencies to administer the Housing Choice Voucher program. 2 of the 5 agencies have homeless/ at risk of homelessness preferences. The CoC established EHV MoUs with RRHA, and two small PHAs managed by Virginia Housing. These MoUs established the targeted referral population which included households experiencing or who had recently experienced homelessness. One priority population was a Move On strategy combining these special vouchers with move on assistance from a PSH provider. The Collaborative Applicant is working with RRHA on their Administrative plan to adopt a homeless preference for a project-based waiting list in order to increase direct referrals from the GRCoC coordinated entry system into specific buildings operated by a PSH provider.

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

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

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

1C-7c.	Include Units from PHA Administered Programs in Your CoC's Coordinated Entry.	
	NOFO Section V.B.1.g.	

In the chart below, indicate if your CoC includes units from the following PHA programs in your CoC's coordinated entry process:

1.	Emergency Housing Vouchers (EHV)	Yes
2.	Family Unification Program (FUP)	No
3.	Housing Choice Voucher (HCV)	No
4.	HUD-Veterans Affairs Supportive Housing (HUD-VASH)	No
5.	Mainstream Vouchers	Yes
6.	Non-Elderly Disabled (NED) Vouchers	No
7.	Public Housing	Yes
8.	Other Units from PHAs:	

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

1.	Did your CoC coordinate with a PHA(s) to submit a competitive joint application(s) for funding or jointly implement a competitive project serving individuals or families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other programs)?	Yes
		Program Funding Source
2.	Enter the type of competitive project your CoC coordinated with a PHA(s) to submit a joint application for or jointly implement.	Mainstream

1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including Emergency Housing Voucher (EHV).	
	NOFO Section V.B.1.g.	

	Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes
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1C-7e.1.	List of PHAs with Active MOUs to Administer the Emergency Housing Voucher (EHV) Program.	
	Not Scored—For Information Only	

Does your CoC have an active Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?		Yes
If you select yes to question 1C-7e.1., you must use the list feature below to enter the name of every PHA your CoC has an active MOU with to administer the Emergency Housing Voucher Program.		
PHA		
Richmond Redevelo...		
Virginia Housing ...		

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

Name of PHA: Richmond Redevelopment and Housing Authority

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

Name of PHA: Virginia Housing Development Authority

1D. Coordination and Engagement Cont'd

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1D-1.	Discharge Planning Coordination.	
	NOFO Section V.B.1.h.	

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

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

1D-2.	Housing First—Lowering Barriers to Entry.	
	NOFO Section V.B.1.i.	

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2023 CoC Program Competition.	12
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2023 CoC Program Competition that have adopted the Housing First approach.	12
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, SSO non-Coordinated Entry, Safe Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in the FY 2023 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

1D-2a.	Project Evaluation for Housing First Compliance.	
	NOFO Section V.B.1.i.	

You must upload the Housing First Evaluation attachment to the 4B. Attachments Screen.

	Describe in the field below:
1.	how your CoC evaluates every project—where the applicant checks Housing First on their project application—to determine if they are using a Housing First approach;
2.	the list of factors and performance indicators your CoC uses during its evaluation; and
3.	how your CoC regularly evaluates projects outside of your local CoC competition to ensure the projects are using a Housing First approach.

(limit 2,500 characters)

1. Each year, the CoC establishes MoUs with all agencies that participate in Coordinated Entry. By signing this document, agencies agree to adhere to established program standards and CES Policies and Procedures, all of which require a Housing First approach and prohibit preconditions to service. For FY23, the CoC developed a Housing First Evaluation Checklist for grantees to self-evaluate. The results are shared through the CoC's Quality Improvement Leadership Committee. The Quality Improvement Leadership (QIL) committee will lead the compliancy review with each GRCoC provider. The checklist will be provided to each provider along with the coordination of a scheduled date and time for the review.

- The provider will use the Housing First Checklist to gather materials or put together a demonstration to show compliance.
- Following the meeting, QIL will score each program on compliance. If a provider has areas in need of improvement, the QIL committee will add suggestions to the score that will be shared with each program along with a new scheduled date and time for follow-up.

2. The Housing First evaluation considers the following factors:

- 1) Does the program have income restrictions including the requirement of income or specifications regarding income source?
- 2) Are participants allowed to enter the program even if they aren't "clean and sober" or "treatment compliant"?
- 3) Are participants allowed to enter the program even if they have criminal justice system involvement?
- 4) Are individual service and treatment plans voluntary, such that tenants cannot be evicted for not following through?
- 5) Are participants with disabilities or other accessibility needs provided with reasonable accommodations during the application and screening processes as well as throughout their program enrollment (including appropriate language translation, or special physical features to accommodate disabilities where possible, etc.) in a way that enables them to fully participate in the program?
- 6) Is program staff familiar with fair housing and utilize their

3. Moving forward the Collaborative Applicant will work with grantees to develop a process to document Housing First practices in funded projects. This process will include sharing program policies, staff onboarding materials, case notes, and other relevant sources that demonstrate how the Housing First model is practiced in program operations.

1D-3.	Street Outreach–Scope.	
	NOFO Section V.B.1.j.	

Describe in the field below:

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

(limit 2,500 characters)

1. 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, the state, and private funding. The Outreach Team meets bi-weekly for scheduling and case conferencing and communicates daily to coordinate services. The team maintains a list of 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 referred for shelter or housing placement and to assist clients in accessing the placement. Coordinated Outreach also responds to an online notification form posted on several regional websites including the CoC website to allow the public to request a welfare check for someone sleeping outdoors.

2. The Outreach Team conducts outreach in all 8 jurisdictions, covering 100% of the CoC's geography.

3. In Richmond, Chesterfield, and Henrico counties, communities with the largest homeless populations, 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.

4. 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. A language telephone line and bilingual staff are available throughout the region. Members of the outreach team proactively engage with community organizations serving underserved populations such as youth, LGBTQ+ individuals, and persons with disabilities including behavioral health. Once a client is identified, the outreach workers conduct ongoing, progressive engagement, meeting basic needs and building trust. Outreach workers share community service and housing resources with all eligible persons without regard to protected classes.

1D-4.	Strategies to Prevent Criminalization of Homelessness.	
	NOFO Section V.B.1.k.	

Select yes or no in the chart below to indicate strategies your CoC implemented to ensure homelessness is not criminalized and to reverse existing criminalization policies in your CoC's geographic area:

	Your CoC's Strategies	Ensure Homelessness is not Criminalized	Reverse Existing Criminalization Policies
1.	Engaged/educated local policymakers	Yes	No
2.	Engaged/educated law enforcement	Yes	No
3.	Engaged/educated local business leaders	Yes	No
4.	Implemented community wide plans	No	No
5.	Other:(limit 500 characters)		

1D-5.	Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC) or Longitudinal Data from HMIS.	
	NOFO Section V.B.1.i.	

		HIC Longitudinal HMIS Data	2022	2023
	Enter the total number of RRH beds available to serve all populations as reported in the HIC or the number of households served per longitudinal HMIS data, e.g., APR.	HIC	275	241

1D-6.	Mainstream Benefits–CoC Annual Training of Project Staff.	
	NOFO Section V.B.1.m.	

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

	Mainstream Benefits	CoC Provides Annual Training?
1.	Food Stamps	Yes
2.	SSI–Supplemental Security Income	Yes
3.	SSDI–Social Security Disability Insurance	Yes
4.	TANF–Temporary Assistance for Needy Families	Yes
5.	Substance Use Disorder Programs	Yes
6.	Employment Assistance Programs	Yes
7.	Other (limit 150 characters)	

1D-6a.	Information and Training on Mainstream Benefits and Other Assistance.	
	NOFO Section V.B.1.m	

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, SSDI, TANF, substance abuse programs) within your CoC's geographic area;
2.	works with project staff to collaborate with healthcare organizations, including substance abuse treatment and mental health treatment, to assist program participants with receiving healthcare services; and
3.	works with projects to promote SSI/SSDI Outreach, Access, and Recovery (SOAR) certification of program staff.

(limit 2,500 characters)

1. 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 815 subscribers). This forum allows for the peer exchange of information and resources with an emphasis on public benefits, mainstream resources, and SUD programs. Annually, 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. 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. Homeward publishes a Street Sheet listing mainstream resources including benefits and substance use programs.

2. 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 actively works with MCOs to facilitate connections to MCO members who are participants in the CoC's CES.

3. 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.

1D-7.	Increasing Capacity for Non-Congregate Sheltering.	
	NOFO Section V.B.1.n.	

Describe in the field below how your CoC is increasing its capacity to provide non-congregate sheltering.

(limit 2,500 characters)

The GRCoC offered non-congregate shelter during the pandemic, funded with crisis response funding. This program model reduced the spread of infectious diseases and encouraged people experiencing unsheltered homelessness to seek emergency shelter. The Collaborative applicant has explored opportunities to expand this model but has not yet identified funding or an appropriately zoned and priced site. Two emergency shelters, including one SDV shelter, use a non-congregate model currently. Housing Families First used a large private grant to increase the capacity of their non-congregate model where each household has its own room with a bathroom by adding 2 additional rooms. In 2021, the CoC worked with HUD Technical Assistance providers to develop an infectious disease shelter protocol. The protocol developed helped shelter providers think through how to offer non-congregate shelter space onsite in congregate facilities. By isolating in place, shelters have navigated infectious disease mitigation strategies that can sustain implementation after CARES Act funding is expired.

ID-8.	Partnerships with Public Health Agencies—Collaborating to Respond to and Prevent Spread of Infectious Diseases.	
	NOFO Section V.B.1.o.	
	Describe in the field below how your CoC effectively collaborates with state and local public health agencies to:	
1.	develop CoC-wide policies and procedures to respond to infectious disease outbreaks; and	
2.	prevent infectious disease outbreaks among people experiencing homelessness.	

(limit 2,500 characters)

1. In response to the ongoing pandemic, Homeward, the Collaborative Applicant, initiated planning efforts alongside shelter providers and public health offices to develop a standardized protocol for infectious disease preparedness to guide shelter entry, referral pathways, and testing best practices. The CoC board adopted a number of amendments to CoC policies in response to infectious disease outbreaks. These are published on the CoC website Policies and Standards (endhomelessnessrva.org). Currently, the CoC has ongoing coordination with the Richmond/Henrico Health District.

2. The CoC worked with HUD TA to develop a communication and program protocol to mitigate infectious diseases: -The homeless response system should have multiple pathways available for COVID+ individuals and work collectively to ensure all COVID+ individuals experiencing homelessness have access to safe and sanitary space, coupled with easy access to medical care. -Providers should be prepared to shelter any eligible person who is referred from Coordinated Entry to an open shelter bed (congregate or non-congregate). If this is not feasible, then providers should have an appropriate referral pathway in place. -When there is a high rate of transmission in the county, weekly onsite, facilitywide testing is a best practice. Richmond should set a regular testing schedule for both high transmission (surge) and low transmission (non-surge) times. Initial metrics were set. -A comprehensive vaccine strategy should complement the ongoing virus mitigation strategies in place in the community. Daily Planet Health Services, an FQHC, proactively offers vaccines to eligible and targeted populations. -The Richmond City Health District (RCHD) is able to work with projects and perform site visits to help projects best manage COVID-19 in their facilities. -In extreme circumstances, the RCHD, as the public health partner, is able to quarantine locations if an outbreak presents a public health emergency. If this option is considered, RCHD will take the lead in this effort and it is expected that identified locations will support RCHD's efforts.

ID-8a.	Collaboration With Public Health Agencies on Infectious Diseases.	
	NOFO Section V.B.1.o.	
	Describe in the field below how your CoC:	
	1. shared information related to public health measures and homelessness, and	
	2. facilitated communication between public health agencies and homeless service providers to ensure street outreach providers and shelter and housing providers are equipped to prevent or limit infectious disease outbreaks among program participants.	

(limit 2,500 characters)

1. Homeward conducted presentations for the local public health staff and joined statewide presentations to provide information on homelessness and resources. Homeward also published public health information on the CoC newsletter and CoC website. The CoC regularly communicated with the Richmond City/Henrico Health District (RCHD), and has invited RCHD staff to present information at CoC-wide information and training sessions.

2. The CoC has also coordinated with RCHD to create an Isolation in Place plans for local shelters. RCHD helped shelters to consider the following: - Number of HVAC units and what parts of the building they serve. -Where staff members sit and how staff enter and exit the building. -How meals are served and where individuals eat. -Where individuals enter and exit the building. - Where individuals sleep, use the restroom, and any shared spaces. -Procedure on escorting a family in isolation outside to connect with emergency services, etc. Daily Planet Health Services, an FQHC and Healthcare for the Homeless clinic, coordinates street outreach in the CoC and provides health and public health services for shelter and housing providers. The public health agency Congregate care staff coordinates and communicates directly with CoC agencies as well. DPHS mobile medical unit and scheduled clinics on-site at all congregate shelters and known places with unsheltered populations.

1D-9.	Centralized or Coordinated Entry System–Assessment Process.	
	NOFO Section V.B.1.p.	
	Describe in the field below how your CoC's coordinated entry system:	
1.	covers 100 percent of your CoC's geographic area;	
2.	uses a standardized assessment process; and	
3.	is updated regularly using feedback received from participating projects and households that participated in coordinated entry.	

(limit 2,500 characters)

1. Our CoC has 3 Access Points: Homeless Connection Line (HCL), the Empowernet Hotline (SDV), and Coordinated Outreach. Each Access Point is accessible in the entire CoC region and serves all clients at imminent risk of homelessness, literally homeless, or fleeing DV. The HCL and Empowernet Hotline are phone-based and remove transportation barriers across the 8 jurisdictions CoC. HMIS data tracks the locality of callers and 100% of the geography is represented. Coordinated Outreach workers respond to consumer or community stakeholder requests for assistance in all 8 localities.

2. 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 has been piloted and tested for disparities – namely, testing if subpopulations by age and race are equitably connected to emergency shelter or other resources. After determining that the new assessment and process were not creating disparities, the System Policy and Process Committee voted to permanently adopt the assessment in August 2023. The assessment process has been further developed to include prioritization policies for emergency shelter for families, as well as housing interventions (RRH and PSH) for singles and families. The tool will be collaboratively updated to address any discovered disparities.

3. The CoC regularly assesses its CE system. In 2022, Homeward hired OrgCode to do a comprehensive evaluation of all components of the CE, case conferencing, CE policy development, as well as on post-pandemic updating of the CE policy and process manual. This process included focus groups of people with lived experience and a charrette and several input sessions with service providers. The CoC also continues to evaluate inflow and exit data in order to prioritize equity in outcomes of the CES. The evaluation of all components of the CES are shared with the System Policy and Process Committee to determine if changes to the CES policies are necessary.

1D-9a.	Program Participant-Centered Approach to Centralized or Coordinated Entry.	
	NOFO Section V.B.1.p.	
	Describe in the field below how your CoC's coordinated entry system:	
1.	reaches people who are least likely to apply for homeless assistance in the absence of special outreach;	
2.	prioritizes people most in need of assistance;	
3.	ensures people most in need of assistance receive permanent housing in a timely manner, consistent with their preferences; and	
4.	takes steps to reduce burdens on people using coordinated entry.	

(limit 2,500 characters)

1. Homeward publicizes the availability of outreach services on its website and in communications with stakeholders. The HCL and Empowernet are phone-based which removes transportation and mobility barriers for households in our multi-jurisdictional CoC. Access Points use TTY and translation services to ensure language and forms of communication do not pose barriers. Access Points are advertised through partner agencies including mainstream service providers and faithbased organizations. Homeward proactively engages community organizations serving people who have not historically engaged in the CoC with an emphasis on organizations cultivating trusted relationships outside of a service system. Engaging diverse community partners on CES increases the likelihood for individuals to reach out for assistance or to follow up on an outreach contact.

2. Emergency shelter, RRH, and PSH are prioritized based on locally-developed urgency priorities which are identified during intake assessments and includes unsheltered status, acuity, disabling conditions, and age. Information for shelter is taken directly from Access Points' HMIS entries. RRH and PSH are also prioritized by length of homelessness, including unsheltered status, acuity, disabling conditions, and age, used in conjunction with case conferencing to triage households for housing interventions.

3. CES staff receive a report of daily openings from shelters and refer clients according to length of homelessness, ensuring that shelter openings are immediately filled. Households are quickly connected to openings in RRH and PSH programs through CES Navigation who receive notification of program openings. These referrals are coordinated with more than 15 agencies. Staff input during case conferencing often supplements available HMIS data to ensure that those most in need of assistance are served.

4. Access to a working phone can present a barrier to connecting to phone-based resources. The CoC partners with organizations in 5 of the 8 localities of the CoC to host a "Connection Point" so that households can receive accurate information and use a phone to call the HCL. Evaluations of CES annually review the questions being asked during the process and the CoC works to streamline the process based on feedback from program participants and system level data, and include people with lived experience.

1D-9b.	Informing Program Participant about Rights and Remedies through Centralized or Coordinated Entry—Reporting Violations.	
	NOFO Section V.B.1.p.	
	Describe in the field below how your CoC through its centralized or coordinated entry:	
1.	affirmatively markets housing and services provided within the CoC's geographic area and ensures it reaches all persons experiencing homelessness;	
2.	informs program participants of their rights and remedies available under federal, state, and local fair housing and civil rights laws; and	
3.	reports any conditions or actions that impede fair housing choice for current or prospective program participants to the jurisdiction(s) responsible for certifying consistency with the Consolidated Plan.	

(limit 2,500 characters)

1. As outlined in the GRCoC Coordinated Entry Policies and Procedures, updated in 2022. The GRCoC expects providers to comply with Fair Housing Laws, including the Fair Housing Act (protected classes include race, color, national origin, religion, sex, disability, and familial status), the Americans with Disabilities Act and the Virginia Fair Housing Law, which further protects "elderliness," individuals age 55 or older, from housing discrimination.

2. As outlined in the GRCoC Coordinated Entry Policies and Procedures, updated in 2022. Complying with the statutes above includes:

-Making known that rental assistance and services are available to all on a nondiscriminatory basis and ensuring that all households have equal access to information about and equal access to the financial assistance and service providers.

-Providing meaningful access to persons with limited English proficiency.

-Informing households how to file a housing discrimination complaint – Housing Discrimination Hotline: 1-800-669-9777 or the Virginia Fair Housing Office at 1-888-551-3247.

-Providing reasonable accommodations (i.e. changes, exceptions, or adjustments to a rule, policy, practice, or service that may be necessary for a person with a disability to have an equal opportunity to use and enjoy a dwelling), to include public and common use spaces. This may include allowing a service animal into shelter, arranging an intershelter move to accommodate an individual using a wheelchair, allowing nursing aid to come into shelter, providing private bathroom/room/space, and/or providing access to a bottom bunk bed.

3. As outlined in the GRCoC Coordinated Entry Policies and Procedures, updated in 2022. The CoC will report any violations to fair housing or equal access to Richmond City, or Chesterfield or Henrico Counties.

1D-10.	Advancing Racial Equity in Homelessness—Conducting Assessment.	
	NOFO Section V.B.1.q.	

1.	Has your CoC conducted a racial disparities assessment in the last 3 years?	Yes
2.	Enter the date your CoC conducted its latest assessment for racial disparities.	07/15/2022

1D-10a.	Process for Analyzing Racial Disparities—Identified Racial Disparities in Provision or Outcomes of Homeless Assistance.	
	NOFO Section V.B.1.q.	

Describe in the field below:

1.	your CoC's process for analyzing whether any racial disparities are present in the provision or outcomes of homeless assistance; and
2.	what racial disparities your CoC identified in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

1. The analysis follows the racial disparities tool developed by the National Alliance to End Homelessness. Using data from the Greater Richmond Partnership, a business attraction and retention collaborative, the analysis establishes racial demographics in the general public of the Richmond region. Data on demographics in homelessness is drawn from the Homeward Community Information System (HCIS), the regional implementation of the federally-required Homeless Management Information System. The analysis evaluates the race and ethnicity distribution of people who had contact with Coordinated Entry (CE) and Street Outreach in the CoC between 7/1/2021 – 6/30/2022. It also evaluates who stays in emergency shelter, who receives RRH, who exits to permanent housing, and who returns to homelessness. Data were disaggregated by race and shared with the Quality Improvement Leadership team for review and discussion. QIL members reviewed the data for disproportionate impacts or outcomes.

2. Overall, there is great disparity in who experiences homelessness in our CoC. CoC services and outcomes were generally proportionate within the system compared to who experiences homelessness in our system. Of the general public, 28% identify as Black. In the CE, 71% identify as Black; 70% of shelter stayers identify as Black; 73% who get into permanent housing identify as Black – so, referrals to interventions and exits to housing match the inflow demographic data. 79% of people who exited CE, SO, ES, TH, SH, and RRH projects between 7/1/2020 – 6/30/2021 to permanent exit destinations and returned to homelessness (as evidenced by a later entry into CE, SO, ES, TH, and SH projects) within one year identified as Black.

1D-10b.	Implemented Strategies that Address Racial Disparities.	
	NOFO Section V.B.1.q.	

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

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	Yes
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	Yes
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	Yes
4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	Yes
5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	Yes
6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	Yes
7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	Yes
8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	Yes
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	Yes
10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes

11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
	Other:(limit 500 characters)	
12.		

1D-10c.	Implemented Strategies that Address Known Disparities.	
	NOFO Section V.B.1.q.	

Describe in the field below the steps your CoC is taking to address the disparities identified in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

Our CoC's greatest racial disparity is in inflow to the system. Black people are overrepresented in inflow by nearly 3 times their representation in the general public population. Since before the COVID-19 pandemic the Richmond CoC has worked to advocate for other systems of care to be more housing-focused in their service delivery and planning. The CoC will expand on a recent pilot with an RRH provider and Richmond Public Schools to host a "House Hunters" meeting weekly to help households seeking assistance to navigate their housing search. Additional pilots with local child welfare systems and healthcare partners will equip these systems to address the disproportionate inflow of African-Americans into the homeless system. Given that Black people are drastically overrepresented in the homeless population, our CoC's providers are updating their policies, board representation, and staff onboarding and training to better serve the population seeking homeless services. In July 2023, a working group comprised of people with lived experience in GRCoC participated in the Housing Interventions Prioritization workshop. Participants provided input on the on the various vulnerabilities faced by people experiencing homelessness in the region, particularly those with severe service needs. GRCoC System Policy and Process Committee This input was later used by the GRCoC System Policy and Process Committee to develop a housing intervention prioritization criterion.

1D-10d.	Tracked Progress on Preventing or Eliminating Disparities.	
	NOFO Section V.B.1.q.	

Describe in the field below:

1.	the measures your CoC has in place to track progress on preventing or eliminating disparities in the provision or outcomes of homeless assistance; and
2.	the tools your CoC uses.

(limit 2,500 characters)

1. The Quality Improvement Leadership Committee (QIL) is responsible of identifying, addressing, and tracking progress on reducing disparities in the provision of homeless assistance. QIL reviews the racial disparities and disproportionality by project type at least annually and notes changes over time. The largest disparity in our CoC is the disproportionate inflow of African-Americans into homelessness so the CoC's strategies include educating other systems about resources and inviting staff from these systems to participate in training on diversion practices and housing navigation.

1D-11.	Involving Individuals with Lived Experience of Homelessness in Service Delivery and Decisionmaking—CoC's Outreach Efforts.	
	NOFO Section V.B.1.r.	

Describe in the field below your CoC's outreach efforts (e.g., social media announcements, targeted outreach) to engage those with lived experience of homelessness in leadership roles and decision making processes.

(limit 2,500 characters)

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 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.

1D-11a.	Active CoC Participation of Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.r.	

You must upload the Letter Signed by Working Group attachment to the 4B. Attachments Screen.

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

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included in the decisionmaking processes related to addressing homelessness.	1	4

2.	Participate on CoC committees, subcommittees, or workgroups.	1	3
3.	Included in the development or revision of your CoC's local competition rating factors.	1	1
4.	Included in the development or revision of your CoC's coordinated entry process.	1	20

1D-11b.	Professional Development and Employment Opportunities for Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.r.	

Describe in the field below how your CoC or CoC membership organizations provide professional development and employment opportunities to individuals with lived experience of homelessness.

(limit 2,500 characters)

Part of the CoC's development of a Youth Action Board (YAB) includes a policy that reserves one seat on the CoC Ranking Committee for one member of the YAB. The YAB makes the decision about which member will sit on the Ranking Committee. This allows for youth, and currently, LGBTQ+ representation on Ranking, but it also provides a professional development opportunity for the YAB member. The CoC is also working on strategic planning. This process is led by a steering committee, which is comprised of 1/3 of people with lived experience of homelessness. This not only provides critical expertise of people with lived experience, but gives them exposure to a broad professional network of CoC board members working in the fields of local government, philanthropy, and affordable housing.

1D-11c.	Routinely Gathering Feedback and Addressing Challenges of Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.r.	

Describe in the field below:

1.	how your CoC routinely gathers feedback from people experiencing homelessness;
2.	how your CoC routinely gathers feedback from people who have received assistance through the CoC or ESG Programs; and
3.	the steps your CoC has taken to address challenges raised by people with lived experience of homelessness.

(limit 2,500 characters)

1. During the last 12 months, the GRCoC has had multiple 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 who have experienced homelessness in our region, and to use this input to determine if current CoC and ESG-funded assistance are meeting community need. Additionally, the CoC held a workgroup to identify vulnerabilities to be used in developing prioritization for RRH and PSH. The workgroup consisted of 17% people with lived experience.
2. The GRCoC is working with RRH (ESG and CoC-funded) and PSH (CoC-funded) providers to identify people currently housed in these programs who are interested in joining the Ranking Committee, as well as the Centralized Landlord Engagement Advisory Committee. The GRCoC will have updates on these initiatives in the coming months.
3. One of the most common challenges raised by people with lived experience in the housing prioritization workgroup is that of severe service needs, especially for those experiencing unsheltered homelessness. As a result, the System Policy and Process Committee develop prioritization for RRH and PSH that prioritizes based on medical/behavioral health vulnerabilities and unsheltered status/history.

1D-12.	Increasing Affordable Housing Supply.	
	NOFO Section V.B.1.t.	
	Describe in the field below at least 2 steps your CoC has taken in the past 12 months to engage city, county, or state governments that represent your CoC's geographic area regarding the following:	
1.	reforming zoning and land use policies to permit more housing development; and	
2.	reducing regulatory barriers to housing development.	

(limit 2,500 characters)

1. The CoC participated in Master Plan development sessions for the City of Richmond. Staff from the Collaborative Applicant provided expert testimony and spoke at a public meeting in support of the zoning changes and enlisted other CoC members to participate. The Collaborative Applicant distributes notice of opportunities to provide verbal or written feedback on zoning or land use policies and regulatory issues. The advocacy work of the CoC and its partners resulted in the City updating its zoning to include supportive housing (including emergency shelter) in each zoning category. This means that PSH or shelter development in an existing structure cannot be denied a permit and no longer need to go through a lengthy and costly special or conditional use permit process.

2. The CoC recently began a local government committee to engage nonelected officials in understanding the needs of households experiencing homelessness and the barriers to housing. The objectives for this committee are to: Provide timely reports and updates to local government partners on the GRCoC's efforts to develop strategic community change initiatives designed to reduce homelessness, and to identify areas of opportunity to enhance the alignment and coordination of local and regional resources and services to reduce homelessness, especially around the use of ARPA and HOME-ARP funding for homeless services. Several local government staff also serve on the CoC board, which is currently in the process of updating the CoC's strategic plan. The focus of the CoC strategic plan is to increase access to and development of deeply affordable housing for people exiting homelessness. The consultants for this plan have expertise in state housing policy issues and have provided education to the Strategic Plan Steering Committee on these policy issues (including zoning, land use, and regulatory barriers) to inform the planning process.

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

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1E-1.	Web Posting of Your CoC's Local Competition Deadline–Advance Public Notice.	
	NOFO Section V.B.2.a. and 2.g.	
	You must upload the Web Posting of Local Competition Deadline attachment to the 4B. Attachments Screen.	

1.	Enter your CoC's local competition submission deadline date for New Project applicants to submit their project applications to your CoC—meaning the date your CoC published the deadline.	08/24/2023
2.	Enter the date your CoC published the deadline for Renewal Project applicants to submit their project applications to your CoC's local competition—meaning the date your CoC published the deadline.	08/24/2023

1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question and the response in Question 1E-2a along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
	NOFO Section V.B.2.a., 2.b., 2.c., 2.d., and 2.e.	
	You must upload the Local Competition Scoring Tool attachment to the 4B. Attachments Screen.	
	Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:	

1.	Established total points available for each project application type.	Yes
2.	At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).	Yes
3.	At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).	Yes
4.	Provided points for projects that addressed specific severe barriers to housing and services.	Yes

5.	Used data from comparable databases to score projects submitted by victim service providers.	No
6.	Provided points for projects based on the degree the projects identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.	No

1E-2a.	Scored Project Forms for One Project from Your CoC's Local Competition. We use the response to this question and Question 1E-2. along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
	NOFO Section V.B.2.a., 2.b., 2.c., and 2.d.	

You must upload the Scored Forms for One Project attachment to the 4B. Attachments Screen.

Complete the chart below to provide details of your CoC's local competition:

1.	What were the maximum number of points available for the renewal project form(s)?	35
2.	How many renewal projects did your CoC submit?	11
3.	What renewal project type did most applicants use?	PH-RRH

1E-2b.	Addressing Severe Barriers in the Local Project Review and Ranking Process.	
	NOFO Section V.B.2.d.	

Describe in the field below:

1.	how your CoC analyzed data regarding each project that has successfully housed program participants in permanent housing;
2.	how your CoC analyzed data regarding how long it takes to house people in permanent housing;
3.	how your CoC considered the specific severity of needs and vulnerabilities experienced by program participants preventing rapid placement in permanent housing or the ability to maintain permanent housing when your CoC ranked and selected projects; and
4.	considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area.

(limit 2,500 characters)

1. The HMIS Lead, Homeward, uses data directly from CoC APRs to collect and analyze the rate of exits to homelessness for each renewal project.
2. Homeward uses data directly from CoC APRs to collect and analyze data regarding the average length of time it takes to house people as well. For the latter point in RRH projects, the CoC averages the length of time from Coordinated Entry match to successful move in for all households served.
3. All CoC and ESG funded projects take referrals from Coordinated Entry. Our CoC prioritizes all services based on need and vulnerabilities. The adopted CES Policies and Procedures specify that all projects take referrals from the CES which prioritizes resources based on need and vulnerability. The CoC uses a combination of basic assessment information from HMIS and length of homelessness to assess and prioritize clients based on vulnerabilities. All service providers create or update HMIS entries. The specific severity of needs and vulnerability considered are: longest history of homelessness and most severe service needs (e.g. chronic homelessness, history of victimization, severity of health and behavioral health challenges, frequent interactions with shelter, hospital emergency room, jail, psychiatric facilities or difficult to engage.) Given that all funded projects use this approach, the specific severity of needs and vulnerabilities is an integral component of the review and ranking process.
4. As all projects only take referrals from the CoC CES, which prioritizes resources based on need and vulnerability, all funded projects serve the highest need and most vulnerable populations. This effort is monitored through a review of client APR data and is reflected in the scoring forms. Projects serving the most chronically homeless received priority for FY21 funding and were ranked higher to underscore the importance of serving this population. RRH projects are also matched with clients who are prioritized based on need and vulnerabilities.

1E-3.	Advancing Racial Equity through Participation of Over-Represented Populations in the Local Competition Review and Ranking Process.	
	NOFO Section V.B.2.e.	
	Describe in the field below:	
1.	how your CoC used the input from persons of different races and ethnicities, particularly those over-represented in the local homelessness population, to determine the rating factors used to review project applications;	
2.	how your CoC included persons of different races and ethnicities, particularly those over-represented in the local homelessness population in the review, selection, and ranking process; and	
3.	how your CoC rated and ranked projects based on the degree to which their project has identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.	

(limit 2,500 characters)

1. In previous years, Homeward staff conducted several consumer input sessions at the area shelters which included questions about funding for homeless services in the region. Demographic information was collected that revealed participants were representative of the larger population experiencing homelessness in the region. In order to determine the effectiveness of funding priorities in meeting community need, staff asked participants about how they got connected to services, what would help most with resolving their homelessness, what barriers they faced in seeking housing, and what would help them retain housing. The results of this engagement were summarized in a report by staff.

2. The input summarized in the previously mentioned report is considered in the review, selection, and ranking process. This year, the CoC asked service providers for potential Ranking Committee nominations to further include people with lived experience who are currently using services or had experience homelessness within the last 7 years.

3. The CoC's FY22 supplemental project applications included question asking how applicants are evaluating and addressing racial inequities in program outcomes. This year, the CoC did not score or rank based on the applicant input on racial equity planning, but communicated that it will do so in subsequent years. This gives applicants time to analyze and develop strategies to address racial disparities.

1E-4.	Reallocation—Reviewing Performance of Existing Projects.	
	NOFO Section V.B.2.f.	

Describe in the field below:

1.	your CoC's reallocation process, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed;
2.	whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC's local competition this year;
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.

(limit 2,500 characters)

1.The GRCoC reallocates funds granted through federal &state coordinated grant processes, as needed, to more effectively resolve homelessness, help households achieve stable housing & improve CoC performance. Reallocation is based on the adopted GRCoC Funding Priorities, federal &state strategic goals& project performance. CoC program funds may be reallocated by a voluntary process or through the coordinated grant process. GRCoC grantees may self-nominate to voluntarily return CoC funds at any time by providing a written proposal to the collaborative applicant. The GRCoC Ranking Committee reviews the proposal and makes a recommendation to the GRCoC Board. During the coordinated grant application process, the Ranking Committee may recommend that it is necessary to reallocate funds from a project, in part or in whole, to another project based on the factors described above. The ranking process is grounded in performance review to identify poor performance. Additionally, the Ranking Committee will consider the capacity of other project(s) to receive additional funding and their performance. Grantees will be notified in writing of the Ranking Committee's reallocation recommendation and justification. Grantees will also be provided a copy of the Appeals process. At the end of the appeal period, the Ranking Committee will provide the reallocation recommendation to the GRCoC Board of Directors as part of the coordinated grant application for review and vote to approve or disapprove. The approved coordinated grant application including the project ranking and funding will be posted to the GRCoC website, and a notice will be emailed to the GRCoC.

2.Yes.

3.Yes.

4.N/A

1E-4a.	Reallocation Between FY 2018 and FY 2023.	
	NOFO Section V.B.2.f.	

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2018 and FY 2023?	No
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1E-5.	Projects Rejected/Reduced–Notification Outside of e-snaps.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of Projects Rejected-Reduced attachment to the 4B. Attachments Screen.	

1.	Did your CoC reject any project application(s) submitted for funding during its local competition?	Yes
2.	Did your CoC reduce funding for any project application(s) submitted for funding during its local competition?	Yes
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes
4.	If you selected Yes for element 1 or element 2 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, enter the latest date of any notification. For example, if you notified applicants on 06/26/2023, 06/27/2023, and 06/28/2023, then you must enter 06/28/2023.	09/01/2023

1E-5a.	Projects Accepted–Notification Outside of e-snaps.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of Projects Accepted attachment to the 4B. Attachments Screen.	
	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2023, 06/27/2023, and 06/28/2023, then you must enter 06/28/2023.	09/01/2023

1E-5b.	Local Competition Selection Results for All Projects.	
	NOFO Section V.B.2.g.	
	You must upload the Local Competition Selection Results attachment to the 4B. Attachments Screen.	

	Does your attachment include: 1. Project Names; 2. Project Scores; 3. Project accepted or rejected status; 4. Project Rank—if accepted; 5. Requested Funding Amounts; and 6. Reallocated funds.	Yes
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1E-5c.	Web Posting of CoC-Approved Consolidated Application 2 Days Before CoC Program Competition Application Submission Deadline.	
	NOFO Section V.B.2.g. and 24 CFR 578.95.	
	You must upload the Web Posting–CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC posted the CoC-approved Consolidated Application on the CoC's website or partner's website—which included: 1. the CoC Application; and 2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings.	
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You must enter a date in question 1E-5c.

1E-5d.	Notification to Community Members and Key Stakeholders that the CoC-Approved Consolidated Application is Posted on Website.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	
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You must enter a date in question 1E-5d.

2A. Homeless Management Information System (HMIS) Implementation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

	Enter the name of the HMIS Vendor your CoC is currently using.	Wellsky
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored—For Information Only	

	Select from dropdown menu your CoC's HMIS coverage area.	Multiple CoCs
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2A-3.	HIC Data Submission in HDX.	
	NOFO Section V.B.3.a.	

	Enter the date your CoC submitted its 2023 HIC data into HDX.	04/27/2023
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2A-4.	Comparable Database for DV Providers—CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.	
	NOFO Section V.B.3.b.	

In the field below:

1.	describe actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC collect data in HMIS comparable databases;
2.	state whether DV housing and service providers in your CoC are using a HUD-compliant comparable database—compliant with the FY 2022 HMIS Data Standards; and

3. state whether your CoC's HMIS is compliant with the FY 2022 HMIS Data Standards.

(limit 2,500 characters)

In support of the CoC, the HMIS lead manages the HMIS policies committee, which includes a representative from the DV/SV community responsible for the comparable database. In this way, the HMIS lead ensures that the representative is informed about upcoming changes to the data standards, as well as how they will be implemented in the system. And because this representative works directly with a private vendor on the comparable database, they are aware of the changes and work with their vendor to make sure that the changes are programmed correctly. The CoC has also supported providing resources to the DV/SV agency that manages the comparable database by sending members of the agency to the National Human Services Data Consortium conference to strengthen their connection to HMIS and its requirements.

The DV/SV housing and service providers have access to a HUD-compliant comparable database that meets the FY 2022 HMIS Data Standards.

VA-500's HMIS is also compliant with the FY 2022 HMIS Data Standards.

2A-5. Bed Coverage Rate—Using HIC, HMIS Data—CoC Merger Bonus Points.

NOFO Section V.B.3.c. and V.B.7.

Enter 2023 HIC and HMIS data in the chart below by project type:

Project Type	Total Year-Round Beds in 2023 HIC	Total Year-Round Beds in HIC Operated by Victim Service Providers	Total Year-Round Beds in HMIS	HMIS Year-Round Bed Coverage Rate
1. Emergency Shelter (ES) beds	299	61	238	100.00%
2. Safe Haven (SH) beds	41	0	41	100.00%
3. Transitional Housing (TH) beds	48	13	35	100.00%
4. Rapid Re-Housing (RRH) beds	226	0	226	100.00%
5. Permanent Supportive Housing (PSH) beds	938	0	332	35.39%
6. Other Permanent Housing (OPH) beds	127	0	127	100.00%

2A-5a. Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-5.

NOFO Section V.B.3.c.

For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:

- steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and
- how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,500 characters)

<This section likely needs some work. - check for tone and flesh out steps a bit more>

Our two largest PSH providers do not use HMIS. In order to get to 85%, we need to get both providers on board.

For the first PSH provider with 191 beds, we may be able to capitalize on our good working relationship and the fact that it uses HMIS for some of its other projects. Their staff are experienced in homeless services, and they understand the importance of data and bed coverage for the CoC. If they use HMIS, that would get us to just over 50%. To try to get them on board, we will set up a meeting with them to discuss whether they would be willing to do so. If they are amenable to using HMIS for the PSH project, then we will talk with them about the best way to catch up on data entry, with the possibility that we would offer to help them with this.

The largest PSH provider is the VA. We have met with them over the past 5-6 years to see about whether they will participate in HMIS, if only to upload data once a year. While we have gotten close, various issues and changes in leadership have set us back. While ideally the VA would be required to use HMIS, we know that we cannot count on this. We reached out to new leadership over the summer and plan to schedule a meeting with them to discuss using HMIS. One strategy that we have used before is to try to make it as easy as we can for them to use the system; however, this approach may have been flawed in that the VA had no stake in the success of the project. Our new approach will involve talking with them to see if they are willing and interested in pursuing the use of HMIS - if they are, then we can work together to make it happen. Our next steps are to consult with others who may have ideas or influence who might be able to help us, then set up a meeting with the unit that would actually be working with us to discuss the details and provide the upload. We have provided the new leadership with details of how we have approached this issue in the past, and they said that they were going to run it by their privacy officer.

2A-6.	Longitudinal System Analysis (LSA) Submission in HDX 2.0.	
	NOFO Section V.B.3.d.	
	You must upload your CoC's FY 2023 HDX Competition Report to the 4B. Attachments Screen.	
Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by February 28, 2023, 8 p.m. EST?		Yes

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

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2B-1.	PIT Count Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC conducted its 2023 PIT count.	01/25/2023
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2B-2.	PIT Count Data—HDX Submission Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC submitted its 2023 PIT count data in HDX.	04/27/2023
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2B-3.	PIT Count—Effectively Counting Youth in Your CoC's Most Recent Unsheltered PIT Count.	
	NOFO Section V.B.4.b.	

	Describe in the field below how your CoC:
1.	engaged unaccompanied youth and youth serving organizations in your CoC's most recent PIT count planning process;
2.	worked with unaccompanied youth and youth serving organizations to select locations where homeless youth are most likely to be identified during your CoC's most recent PIT count planning process; and
3.	included youth experiencing homelessness as counters during your CoC's most recent unsheltered PIT count.

(limit 2,500 characters)

We have involved our community's Youth Action Board (YAB) in our PIT count and included them in the planning process. Our PIT survey included youth-specific questions suggested by YAB members. They were also invited to participate in the unsheltered count. The unsheltered count also involved providers that do outreach specific to youth; these outreach providers were included in identifying locations where they might find people, including youth, who were staying in places not meant for human habitation. All who chose to participate (from the YAB and youth-serving outreach providers) were trained on the PIT survey and administration, and they went out with teams to find and survey people staying in places not meant for human habitation.

2B-4.	PIT Count–Methodology Change–CoC Merger Bonus Points.	
	NOFO Section V.B.5.a and V.B.7.c.	
	In the field below:	
	1. describe any changes your CoC made to your sheltered PIT count implementation, including methodology or data quality changes between 2022 and 2023, if applicable;	
	2. describe any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2022 and 2023, if applicable; and	
	3. describe how the changes affected your CoC's PIT count results; or	
	4. state "Not Applicable" if there were no changes or if you did not conduct an unsheltered PIT count in 2023.	

(limit 2,500 characters)

not applicable - we did not have changes in our methodology this year

2C. System Performance

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2C-1.	Reduction in the Number of First Time Homeless--Risk Factors Your CoC Uses.	
	NOFO Section V.B.5.b.	
	In the field below:	
1.	describe how your CoC determined the risk factors to identify persons experiencing homelessness for the first time;	
2.	describe your CoC's strategies to address 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	

(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. The Access Programs Director is responsible for implementing this strategy.
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. The Access Programs Director is responsible for implementing this strategy.
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.

2C-1a.	Impact of Displaced Persons on Number of First Time Homeless.	
	NOFO Section V.B.5.b	

Was your CoC's Number of First Time Homeless [metric 5.2] affected by the number of persons seeking short-term shelter or housing assistance displaced due to:

1.	natural disasters?	No
2.	having recently arrived in your CoCs' geographic area?	No

2C-2.	Length of Time Homeless—CoC's Strategy to Reduce.	
	NOFO Section V.B.5.c.	

In the field below:

1.	describe your CoC's strategy to reduce the length of time individuals and persons in families remain homeless;
2.	describe 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, engage in trainings, and abide by the Housing First Checklist used in the GRCoC.

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.

2C-3.	Exits to Permanent Housing Destinations/Retention of Permanent Housing—CoC's Strategy	
	NOFO Section V.B.5.d.	
	In the field below:	
1.	describe your CoC's strategy to increase the rate that individuals and persons in families residing in emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations;	
2.	describe your CoC's strategy to increase the rate that individuals and persons in families residing in permanent housing projects retain their permanent housing or exit to permanent housing destinations; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to increase the rate that individuals and families exit to or retain permanent housing.	

(limit 2,500 characters)

1. To increase the rate at which clients exit to permanent housing, the CoC 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 bedroom. 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.

3. As formalized in an MOU describing the role of the Coordinated Entry System Coordinator, Homeward, and the COC Board are responsible for this strategy.

2C-4.	Returns to Homelessness—CoC's Strategy to Reduce Rate.	
	NOFO Section V.B.5.e.	

	In the field below:
1.	describe your CoC's strategy to identify individuals and families who return to homelessness;
2.	describe 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.

2C-5.	Increasing Employment Cash Income—CoC's Strategy.	
	NOFO Section V.B.5.f.	

	In the field below:
1.	describe your CoC's strategy to access employment cash sources;
2.	describe how your CoC works with mainstream employment organizations to help individuals and families experiencing homelessness increase their employment 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. 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.

2. 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.

2C-5a.	Increasing Non-employment Cash Income—CoC's Strategy	
	NOFO Section V.B.5.f.	
	In the field below:	
	1. describe your CoC's strategy to access non-employment cash income; and	
	2. 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.

3A. Coordination with Housing and Healthcare

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

3A-1.	New PH-PSH/PH-RRH Project–Leveraging Housing Resources.	
	NOFO Section V.B.6.a.	
	You must upload the Housing Leveraging Commitment attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	No
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3A-2.	New PH-PSH/PH-RRH Project–Leveraging Healthcare Resources.	
	NOFO Section V.B.6.b.	
	You must upload the Healthcare Formal Agreements attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	Yes
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3A-3.	Leveraging Housing/Healthcare Resources–List of Projects.	
	NOFO Sections V.B.6.a. and V.B.6.b.	

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

Project Name	Project Type	Rank Number	Leverage Type
This list contains no items			

3B. New Projects With Rehabilitation/New Construction Costs

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

3B-1.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section V.B.1.s.	

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

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

If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:

1.	Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and
2.	HUD's implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons.

(limit 2,500 characters)

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

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

	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
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3C-2.	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section V.F.	

You must upload the Project List for Other Federal Statutes attachment to the 4B. Attachments Screen.

If you answered yes to question 3C-1, describe in the field below:

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

(limit 2,500 characters)

4A. DV Bonus Project Applicants for New DV Bonus Funding

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

4A-1.	New DV Bonus Project Applications.	
	NOFO Section I.B.3.I.	

	Did your CoC submit one or more new project applications for DV Bonus Funding?	Yes
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4A-1a.	DV Bonus Project Types.	
	NOFO Section I.B.3.I.	

Select yes or no in the chart below to indicate the type(s) of new DV Bonus project(s) your CoC included in its FY 2023 Priority Listing.

	Project Type	
1.	SSO Coordinated Entry	Yes
2.	PH-RRH or Joint TH and PH-RRH Component	Yes

4A-2.	Information About the Project Applicant for the New Support Services Only Coordinated Entry (SSO-CE) DV Bonus Project.	
	NOFO Section I.B.3.I(3)	

Enter in the chart below information about the project applicant applying for the new SSO-CE DV Bonus project:

1.	Applicant Name	YWCA
2.	Project Name	Emergency Transfer Plan
3.	Project Ranking on Priority Listing	9
4.	Unique Entity Identifier (UEI)	RM4FFZEYXTG2

FY2023 CoC Application	Page 64	09/22/2023
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5.	Amount Requested	\$250,000
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4A-2a.	Addressing Coordinated Entry Inadequacies through the New SSO-CE DV Bonus Project.	
	NOFO Section I.B.3.I.(3)(c)	

Describe in the field below:

1.	the inadequacies of your CoC's current Coordinated Entry that limits its ability to better meet the needs of survivors of domestic violence, dating violence, sexual assault, or stalking; and
2.	how the proposed project addresses inadequacies identified in element 1 of this question.

(limit 2,500 characters)

To address a gap in our current Coordinated Entry System, GRCoC is developing an Emergency Transfer Program (ETP), with YWCA Richmond ("the YW") at the helm. The YW is an established and respected direct service provider, offering expertise in both homelessness and domestic/ sexual/ intimate partner violence (DV/ SV/ IPV).

The CoC already leverages the YW to address shelter-based DV/ SV/ IPV, but a formal ETP will streamline services and ensure that people experiencing the dual traumas of homelessness and DV/ SV/ IPV access safety and stability efficiently and effectively.

Specifically, the ETP will eliminate paperwork currently required of GRCoC-based case managers seeking urgent DV/ SV/ IPV assistance for shelter clients. The YW had required an imminent danger screen to access support services, irrespective of referral source, for eligibility and prioritization assessment protocol.

Through the ETP, the YW will instead partner with GRCoC shelters to expeditiously advance the physical safety and emotional well-being of anyone at-risk within their shelter. This might include placing a family in a hotel until they are safe to return to the shelter or working with the shelter to change locks, alter procedures, and educate staff. Whenever possible, survivors will remain in place while protections are structured around them, thus promoting their stability. Always, the goal is a quick exit from homelessness to permanent, safe housing.

The ETP will operate through EmpowerNet, a 24/7 centralized phone or text intake and coordinated assessment system, also led by the YW. EmpowerNet already offers a wide array of research-informed services and referrals to anyone seeking housing and supportive services in the GRCoC region. EmpowerNet staff and volunteers are trained to provide culturally-affirming and trauma-informed care. Further, in alignment with Housing First principles, services (including housing assistance) are not contingent on engaging with any other service. Outreach is conducted throughout GRCoC, with a special emphasis on African-American, Latinx, LGBTQ+, and youth communities. EmpowerNet has adapted over time to respond to new research and changing regional demographics.

HUD offers a model ETP for housing programs. While housing is distinct from shelter, it is worth noting that HUD suggests people who are awaiting emergency transfers or in subsequent need of services call national hotlines that often transfer to the YW's EmpowerNet.

4A-2b.	Involving Survivors in Policy and Program Development, Operations, and Evaluation in the New SSO-CE DV Bonus Project.	
	NOFO Section I.B.3.I.(3)(d)	
	Describe in the field below how the new project will involve survivors:	
	1. with a range of lived expertise; and	
	2. in policy and program development throughout the project's operation.	
FY2023 CoC Application	Page 66	09/22/2023

(limit 2,500 characters)

The YW will work with shelters across the CoC to create workflows for the new Emergency Transfer Plan. Housing case managers from each shelter and people with lived experience will be at the table for these planning conversations. Collectively, we will develop a crisis response system that makes sense for those implementing it and centers those navigating it.

While we work out the details, we know that confidentiality, efficiency, collaboration, and empowerment will be core to our ETP strategy—these are best practices for supporting survivors in crisis and tenets already core to the YW.

People with lived experience of DV/ SV/ IPV and of homelessness are part of the YW's leadership team, filling both staff and board positions. The board's responsibilities include iterative program design and evaluation.

The YW also regularly seeks advice from clients, including by participating in Virginia's statewide DV survey and by engaging in "Documenting Our Work," a client-centered model for evaluating outcomes and collecting feedback. Everyone who receives services from the YW is invited to participate, and their comments influence our program design. In fact, recent responses to "Documenting Our Work" led us to hire a child-focused clinician and more bilingual staff.

Beyond adapting to input from current clients, the YW engages in outreach to ensure that the full community is aware of our resources and able to access them. For example, responding to demographic trends, we developed an outreach plan to deepen partnerships with Latinx communities within the CoC.

The YW's Richmond office is ADA accessible. Members of the Deaf/ hard of hearing Community can access EmpowerNet via text or by calling with an interpreter. In fact, one of our staff members recently worked with a client who had an interpreter.

4A-3.	Assessing Need for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects in Your CoC's Geographic Area.	
	NOFO Section I.B.3.I.(1)(c)	

1.	Enter the number of survivors that need housing or services:	98
2.	Enter the number of survivors your CoC is currently serving:	31
3.	Unmet Need:	67

4A-3a.	How Your CoC Calculated Local Need for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(c)	

	Describe in the field below:	
1.	how your CoC calculated the number of DV survivors needing housing or services in question 4A-3 element 1 and element 2; and	

2.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects); or
3.	if your CoC is unable to meet the needs of all survivors please explain in your response all barriers to meeting those needs.

(limit 2,500 characters)

As a domestic violence (DV) service provider, Hanover Safe Place (HSP) tracks data via an HMIS-alternative system, designed to ensure confidentiality and promote safety. Per this system, we have provided RRH to 31 survivors in the last fiscal year.

To determine the number of survivors needing RRH, we reached out to the six referring DV shelters (to protect privacy, we do not have access to each other's databases). If there was unlimited capacity, they would have referred 98 survivors to us in the past FY. We hope this new HUD funding will help us fill the 61 household gap.

When the need for our services exceeds our capacity, we make decisions as a committee with the referring agency, leveraging a housing barrier assessment that prioritizes those with the highest needs (like the VI-SPDAT, but adapted to the unique circumstances of homelessness following DV). These meetings might become more frequent as a private grant for RRH recently ran out.

Systemic barriers complicate our quest to meet everyone's needs, and an expansion of HSP's RRH program will ameliorate some of these challenges. Such barriers include a dearth of affordable housing and public transit options in the CoC, particularly in rural areas. Client choice is a cornerstone of who we are and what we do: we know that DV is about control and that regaining freedom of choice is essential to recovery. HSP's work is informed by research and best practices: both the DV service model and Housing First include choice as a core tenet. For clients from rural areas, housing options near their current support system (an especially common desire for those with children) are limited, rendering choice hard to come by. Finding sufficient employment for single parents is also a barrier in our community (and nationally).

Despite these challenges, HSP's RRH program and wrap-around services are successfully promoting stability. Last year, zero clients returned to homelessness and 44% increased their income from work. Many clients continue accessing services long after their RRH subsidy has ended, gravitating to our staff, who are trained in trauma-informed care, housing-focused case management, and other best practices. We also build connections with landlords by training them on DV and confidentiality; ultimately, they serve as resources for our clients too. Expanding RRH would fulfill a need for additional affordable housing in GRCoC and allow us to see more clients achieve these positive outcomes.

4A-3b.	Information About Unique Project Applicants and Their Experience in Housing Placement and Housing Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)	

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

Applicant Name
Hanover Safe Place

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

4A-3b.	Information About Unique Project Applicants and Their Experience in Housing Placement and Housing Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

Enter information in the chart below on the project applicant applying for one or more New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects included on your CoC's FY 2023 Priority Listing for New Projects:

1.	Applicant Name	Hanover Safe Place
2.	Project Name	Domestic Violence Bonus – Rapid Rehousing Assistance
3.	Project Rank on the Priority Listing	11
4.	Unique Entity Identifier (UEI)	CXJPLL8JMKJ7
5.	Amount Requested	\$441,265
6.	Rate of Housing Placement of DV Survivors–Percentage	100%
7.	Rate of Housing Retention of DV Survivors–Percentage	97%

4A-3b.1.	Applicant Experience in Housing Placement and Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(d)	

For the rate of housing placement and rate of housing retention of DV survivors reported in question 4B-3b., describe in the field below:

1.	how the project applicant calculated both rates;
2.	whether the rates accounts for exits to safe housing destinations; and
3.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects).

(limit 1,500 characters)

HSP has been the lead agency providing DV-focused RRH in the GRCoC for 12 years, working in close collaboration with the six other DV programs in the region. In that time, we have placed over 600 households into permanent housing, with high retention/ stabilization rates, supported by our holistic services and referrals.

Housing placement is calculated by: the number of clients who secured permanent housing by working with our Rapid Rehousing (RRH) Program Coordinator, even if the housing was ultimately not in the RRH program (numerator) of the total number who were referred to HSP's RRH (denominator).

Housing retention is calculated by: the number of clients who have maintained permanent housing, even if they moved to another safe housing location (numerator) of the total number in the RRH program (denominator).

Housing retention data is collected every six months for one year following a placement, via direct client contact (phone, email, video, text, in-person) or landlord engagement. Many clients are easy to access, as they remain engaged in our services, even after their housing subsidies end. This high service uptake contributes to our clients' strong housing retention rates.

We store data in an HMIS-equivalent system that meets Victims of Crime Act (VOCA) standards for confidentiality, thus promoting the safety of our clients.

4A-3c.	Applicant Experience in Providing Housing to DV Survivor for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(d)	
	Describe in the field below how the project applicant:	
1.	ensured DV survivors experiencing homelessness were quickly moved into safe affordable housing;	
2.	prioritized survivors—you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC's emergency transfer plan, etc.;	
3.	determined which supportive services survivors needed;	
4.	connected survivors to supportive services; and	
5.	moved clients from assisted housing to housing they could sustain—address housing stability after the housing subsidy ends.	

(limit 2,500 characters)

Hanover Safe Place (HSP) is part of a comprehensive network of DV service providers across the GRCoC. We receive Rapid Rehousing (RRH) referrals from the six DV shelters in that network.

When the need for RRH exceeds our capacity, we leverage a housing barrier assessment tool that prioritizes cases with the highest needs, similar to the VI-SPDAT but adapted to DV-based homelessness. We are a Housing First agency, and just require participants who can get a lease in their name.

We respond within 48 hours of a referral to begin the RRH housing search and quickly move survivors from shelter to safe, affordable housing in an average of 42 days (FY23), offering trauma-informed, client-driven services throughout. Our robust partnerships with landlords yield a wider range of affordable options and faster moves. Nearly all RRH households (97%) remain in permanent housing, rates we attribute to our ongoing, client-driven case management.

We implement a Housing First model, so services are not required, but many clients choose to participate, even after their subsidies expire. Services are individualized to the household's needs and we maintain regular touch points to ensure that clients feel comfortable increasing communication when needed. Our wrap-around supports promote long-term housing stability.

Financial security is a protective factor among DV clients. According to the National Network to End Domestic Violence, 99% of DV cases include financial abuse, which traps victims and holds survivors back. As such, the RRH subsidy itself is also a service, through which clients: develop a positive rental history and access breathing room to lower debt, increase credit scores, save money, and find employment (44% of our RRH clients increase income). HSP further supports survivors towards financial independence and empowerment with classes, referrals, and case management designed to maintain housing stability after the subsidy.

Our staff and volunteers undergo extensive training in motivational interviewing and other best practices to guide clients towards (optional) services relevant to their needs, including employment navigation, financial education, children's programming, counseling, community integration, and coordinated referrals to community-based and government resources like food assistance, daycare, legal services, healthcare, and transportation.

4A-3d.	Applicant Experience in Ensuring DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(d)	
	Describe in the field below examples of how the project applicant ensured the safety and confidentiality of DV survivors experiencing homelessness by:	
1.	taking steps to ensure privacy/confidentiality during the intake and interview process to minimize potential coercion of survivors;	
2.	making determinations and placements into safe housing;	
3.	keeping information and locations confidential;	
4.	training staff on safety and confidentiality policies and practices; and	
5.	taking security measures for units (congregate or scattered site), that support survivors' physical safety and location confidentiality.	

(limit 2,500 characters)

Confidentiality/ privacy is of utmost concern, and protections are baked into our program at every step.

Domestic violence stifles victims' individuality by exerting control over them, so one of the first things we do is return autonomy and choice, including by inviting clients to determine when they need support and when they feel safe. For example, if a client feels safe dropping off their kids, we trust them with that decision. If another client feels unsafe in the same situation, we trust them as well and work with the second client to develop a safety plan and provide supportive services. This style of case-by-case/ individualized service delivery is a best practice for DV response; HSP counselors and case managers are trained to guide these conversations.

HSP's RRH sites are all confidential. We develop relationships with landlords to ensure that they understand the unique requirements of this program and are dedicated to the safety and privacy of our clients. RRH landlords are partners in this work, and often agree to serve as resources for our clients. We also educate our clients on their rights, including Virginia laws that enable them to break a lease early if there is a safety issue. Financial empowerment, mental health care, and an understanding of one's rights all work together to protect a survivor from returning to an abusive situation.

When opening a new case, clients sign a Bill of Rights, which addresses confidentiality and establishes open and ongoing conversations between the client and HSP. Subsequent Release of Information agreements are topic-specific and time-limited, so the client has control over what is shared, with who, and for how long. We review active files quarterly to ensure that these forms are up to date; reviewing confidentiality forms is also part of our process for closing a file.

Physical files are locked in a confidential location; to safeguard virtual files and data, we hired a technology consultant, who ensures that we have the right firewalls in place. Using an adapted HMIS software that meets VOCA standards further protects our clients.

Staff and volunteers must be aligned with HSP's deep commitment to confidentiality: keeping our clients safe is central to our work. New staff and volunteers receive 40+ hours of training before meeting with clients, and confidentiality is part of that training.

4A-3d.1.	Applicant Experience in Evaluating Their Ability to Ensure DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(d)	
	Describe in the field below how the project has evaluated its ability to ensure the safety of DV survivors the project served in the project, including any areas identified for improvement during the course of the proposed project.	

(limit 2,500 characters)

DV survivors' safety is protected by financial independence and empowerment, mental health care, and clear information on their rights to prevent manipulation. Our ongoing assessments of RRH have made clear that our clients would benefit from deeper and longer case management and counseling services, and we intend to provide that service with this new HUD funding. Currently, HSP's RRH case management is offered by the referring DV shelters via an MOU.

We would lengthen the time a client can access case management and offer convenient locations for in-person service delivery and local referrals. Many DV shelters provide crisis support only, creating a challenge as our clients gain some stability through RRH but continue to need support to solidify their independence and well-being. Further, our staff and referral network are proximal to RRH locations, whereas a client's origin DV shelter might be less proximal to RRH sites.

Clients should have ready access to trained case managers who can serve as regular touchpoints to update safety plans and connect clients to resources that fit their evolving needs. We hope more regular touchpoints will also allow for a focus on community integration to reduce isolation, as strong community ties are another protective factor against DV.

We also plan to expand employment navigation support and provide longer-term counseling, pillars of the DV recovery model.

We seek feedback from our clients via surveys, focus groups, interviews, and a Documenting Our Work portal, and review this information quarterly to adjust our program to ensure its always promoting our clients' safety and meeting their other goals and needs too.

We also regularly monitor the security of our physical and virtual files and confirm that Release of Information forms are up-to-date, as discussed in the prior question. These checks support clients' safety as well.

In general, we are always looking for ways to further empower our clients: financially, socially, emotionally, and politically (understanding their rights), as we know these are protective factors against further DV.

4A-3e.	Applicant Experience in Trauma-Informed, Victim-Centered Approaches for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(d)	
	Describe in the field below examples of the project applicant's experience using trauma-informed, victim-centered approaches to meet needs of DV survivors by:	
1.	prioritizing placement and stabilization in permanent housing consistent with the program participants' wishes and stated needs;	
2.	establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;	
3.	providing program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;	

4.	emphasizing program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans worked towards survivor-defined goals and aspirations;
5.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;
6.	providing a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

1, 2, 3, 4) Hanover Safe Place recognizes that helping people obtain stable housing before addressing other concerns makes dealing with these other issues easier, and our Housing First approach over the last eight years has strongly supported this. In addition to services without preconditions (allow entry regardless of a program participant's income, current or past substance use, history of victimization, etc.), our trained staff help program participants move quickly into permanent housing, reducing the length of time people experience homelessness.

Additionally, we have fostered strong relationships with landlords, including through maintaining an efficient payment system, and they help us identify housing units available for RRH and other permanent housing, often even offering us a discounted rate.

Our housing placement model prioritizes client choice, a core tenet of both Housing First and DV service delivery. HSP staff, including a full-time housing counselor, are trained to draw out housing typology and location preferences. The insufficient supply of affordable housing, especially in rural parts of the GRCoC, can restrict choice, but we aim to work with clients until they have achieved their goals, even if it takes a few moves. Since our case management and other services continue after the RRH subsidy, we can support clients through multiple transitions, ensuring they sustain housing stability.

Like housing search, our services follow a client-centered approach that empowers program participants to create a plan that best meets their needs, not the perceived needs of HSP staff or another agency. This approach of self-determination recognizes and builds on clients' strengths.

Clients sign a Bill of Rights at the onset of engagement with our agency, which includes the right to dignity and respect. HSP staff establish trusting relationships with survivors built on mutual respect, transparency, honesty, and a strengths-based orientation. We also have a clear grievance policy.

Staff and volunteers complete at least 40 hours of initial training; staff log an additional 40 hours every year. Topics include trauma-informed care, housing-focused case management, harm reduction, motivational interviewing, active listening, cultural competency, crisis intervention, safety planning, and other best practices.

5) HSP is accessible and inclusive by implementing the following measures:

- ADA-compliant facility
- Language access, including a portable translation device that clients can borrow for Court
- Staff trainings on unconscious bias, cultural humility, and more
- Partnerships with organizations trusted by the communities we serve, with an emphasis on racial minorities and the LGBTQ+ community
- Analyzing data by race and implementing initiatives to address disparities
- Gender affirming services and referrals
- Equal access to housing, education for clients on their rights, and advocacy against discrimination
- Regular feedback: Our organization believes in continuous improvement by incorporating feedback from those who have been affected by homelessness directly. We regularly gather feedback through surveys, focus groups, and one-on-one interviews with individuals who are currently or have in the past received

assistance from HSP.

6) Hanover Safe Place offers VAWA-approved virtual groups and referrals to in-person support groups. We also offer outings, such as free weekly movies at a local theater.

We also offer internships, continuing education programs, and skills-based training specifically designed for people with lived experience of homelessness. These opportunities provide individuals with the knowledge and skills necessary to succeed in their chosen career paths and help them reintegrate into society.

7) HSP offers parenting classes, family activities, and referrals to childcare, legal aid, and children's counseling. We strive to house families near their support networks, even if it takes a few moves, and support clients in reestablishing healthy connections and community integration.

4A-3f.	Applicant Experience in Meeting Service Needs of DV Survivors for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(d)	
	Describe in the field below examples of supportive services the project provided to domestic violence survivors while quickly moving them into permanent housing and addressing their safety needs.	

(limit 5,000 characters)

HSP's services are trauma-informed, client-driven, and individualized. To set clients up for long-term success, we connect them to community resources, such as religious institutions, their local DSS, a medical home, sustainable counseling, and food pantries. We are always updating our repertoire to meet each client's unique needs, thanks to our dedicated staff, who join networks, attend collaborative meetings, and continuously engage in resource sharing.

Four examples of the services we provide during (and after) housing search follow:

1)Therapeutic counseling: even when it is necessary, change is hard. Without support, many clients shut down. Our counseling services provide a safe space for participants to process what they have been through, while pushing forward. HSP provides in-house counseling, but also helps clients (including children) find longer-term, community-based mental health services.

2)Parenting and youth-based services: we offer a holistic array of programming targeted to the unique needs of families navigating DV and homelessness together, including:

a.Parenting Classes, which cover Adverse Childhood Experiences and Protective Factors as well as general parenting techniques.

b.Often, the survivor was not able to assert themselves as a parent within the abusive relationship, and it can be difficult for everyone in the family to adapt to their new roles. We provide a portable game cart and offer recommendations for free and discounted activities, intended to bond the family as a new unit. While families are active in our programs, we'll subsidize their transportation, but we purposefully identify low-cost options that are sustainable over the long-term. Single parenthood is a challenge, even when it is the best and safest option, and we work to ease the transition as much as possible.

c.Youth-based services, designed to allow kids to just be kids. When families are in crisis, even a five year-old may take on adult responsibilities. We work to rewire the family so that children do not carry the burdens of being a mental health resource for their parent or constant source of childcare for younger siblings.

3)Employment navigation: Financial independence is a protective factor against returning to a domestic violence situation. Nearly all DV cases include financial abuse, according to the National Network to End Domestic Violence, and clients are often blindsided to learn of debts in their name or their low credit score. This information can be overwhelming and retraumatizing and we support clients to create understanding and a sense that they can overcome this challenge. RRH requires clients to maintain a lease in their own name, creating an opening for us to talk with clients about credit scores, income, savings, and more. While all services are optional, we find RRH participants motivated and eager to access resources that help them maintain their housing in the long term. We offer classes, case management around setting up a bank account, an orientation to budgeting, financial counseling, professional development both in-house and through connections to Goodwill, and more. This work also requires thorough training of staff.

4)Legal services: We employ a court advocate specific to RRH, who supports clients navigating civil or criminal proceedings, typically around protective orders and child custody. We also refer clients to a statewide legal hotline offering free legal guidance, the Virginia Poverty Law Center, and Legal Aid.

4A-3g.	Plan for Trauma-Informed, Victim-Centered Practices for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(e)	
	Describe in the field below examples of how the new project(s) will:	
1.	prioritize placement and stabilization in permanent housing consistent with the program participants' wishes and stated needs;	
2.	establish and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;	
3.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;	
4.	emphasize program participants' strengths—for example, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans work towards survivor-defined goals and aspirations;	
5.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;	
6.	provide a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and	
7.	offer support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.	

(limit 5,000 characters)

Trauma-informed, respectful, strengths-based service delivery

Client choice is essential to our service delivery model, just like our housing search process. We know that DV suppresses autonomy, making choice essential to recovery. Further, survivors are more likely to make meaningful change when program engagement is voluntary. We guide and encourage clients in creating their own goals and service plan. Our program adheres to Housing First standards, so while services are offered, they are not required and there are no penalties for not participating.

HSP staff establish trusting relationships with survivors built on mutual respect, transparency, and honesty. Clients sign an HSP Bill of Rights that sets expectations of dignity and respect, confidentiality, independent and informed decision-making, and more. From the outset, we also provide information on the process for filing a grievance as needed.

Education on trauma

HSP empowers survivors by recognizing their trauma and facilitating long-term well-being. Clients are offered counseling, through which they can learn more about trauma and how it is impacting them, recognizing that trauma affects everyone differently, even within a family unit.

We also offer classes (for parents, this includes information on Adverse Childhood Experiences and Protective Factors) and referrals to services across the GRCoC specializing in DV survivors.

Staff and volunteers complete at least 40 hours of initial training; staff log an additional 40 hours every year. Topics include trauma-informed care, housing-focused case management, harm reduction, motivational interviewing, active listening, cultural competency, crisis intervention, safety planning, and other best practices.

Strengths-based services

Even in crisis, we all possess strengths. Our job is to help clients identify and build on their assets. Clients are empowered to determine their goals, which can evolve over time. There are no required categories: we ask clients where they want to be and what they think it will take to get there; then, we work together to create a plan.

Inclusivity

HSP provides a welcoming environment for our diverse clients. We demonstrate our commitment to racial equity, accessibility, language access, and supporting the LGBTQ+ community by: analyzing data on program outcomes by race and developing initiatives to address disparities; augmenting previously required staff trainings on cultural competency to include unconscious bias, cultural humility, and more; providing gender-affirming services and referrals; offering three language translation resources, including one that our clients can bring to court; working within an ADA-compliant facility; strong buy-in and accountability from leadership; and more.

To promote awareness of our work and resources, we partner with

organizations trusted by the community, including groups based in or with a special emphasis on racial minorities and the LGBTQ+ community. Through focus groups and surveys, we seek input from clients, including on cultural competence. Their valuable feedback, alongside input from a consultant, is driving culturally-responsive program changes.

Virginia law requires equal access to housing, including by race, ethnicity, gender identify, and sexual orientation. We advocate against discrimination and educate our clients on their rights.

Opportunities for Connection

We offer VAWA-compliant virtual groups and referrals to additional support groups.

Services for parents

HSP offers parenting classes, family activities, and referrals to childcare, legal aid, and children's counseling.

4A-3h.	Involving Survivors in Policy and Program Development, Operations, and Evaluation of New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(f)	
	Describe in the field below how the new project will involve survivors:	
1.	with a range of lived expertise; and	
2.	in policy and program development throughout the project's operation.	

(limit 2,500 characters)

Hanover Safe Place proactively involves people with lived expertise in DV and/or homelessness in our policy and program development, including by recruiting such individuals to:

- (1) HSP's Board of Directors, which is instrumental in adopting policy and procedures, strategic planning, and program design;
- (2) join HSP's staff, when it is healthy for them to do so in their recovery journey. HSP offers professional development, including internships, continuing education programs, and skills-based training specifically for people with lived expertise of homelessness, thus preparing folks with lived experience to join our workforce;
- (3) consult on program design;
- (4) participate in HSP Evaluation Committees;
- (5) share their experiences of our programs to improve service delivery via surveys, our "Documenting our Work" portal (a client-centered model for evaluating outcomes and collecting feedback), focus groups, and one-on-one interviews, all of which are available to people who are currently or who have in the recent past participated in any aspect of our programming; and
- (6) respond to our community survey, which is not exclusive to current or former clients and is instead designed to identify gaps in our programming, partnerships, and outreach.

We evaluate feedback collected via numbers 5 and 6 quarterly to inform our program model, policies, services, partnerships, and outreach throughout the GRCoC.

By integrating individuals with lived experience of homelessness and DV into our organization's leadership and daily operations, we foster a more inclusive environment and improve the quality of assistance we provide.

4B. Attachments Screen For All Application Questions

We have provided 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. 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.	After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include.		
8.	Only use the "Other" attachment option to meet an attachment requirement that is not otherwise listed in these detailed instructions.		
Document Type	Required?	Document Description	Date Attached
1C-7. PHA Homeless Preference	No		
1C-7. PHA Moving On Preference	No		
1D-11a. Letter Signed by Working Group	Yes	Letter signed by ...	09/19/2023
1D-2a. Housing First Evaluation	Yes	Housing First Eva...	09/14/2023
1E-1. Web Posting of Local Competition Deadline	Yes	Web Posting of Lo...	09/19/2023
1E-2. Local Competition Scoring Tool	Yes	New and Renewal S...	09/14/2023
1E-2a. Scored Forms for One Project	Yes	Flagler RRH renew...	09/14/2023
1E-5. Notification of Projects Rejected-Reduced	Yes	Emails to YWCA an...	09/14/2023
1E-5a. Notification of Projects Accepted	Yes	Emails to Renewal...	09/14/2023
1E-5b. Local Competition Selection Results	Yes	Local Competition...	09/19/2023
1E-5c. Web Posting—CoC-Approved Consolidated Application	Yes		

1E-5d. Notification of CoC-Approved Consolidated Application	Yes		
2A-6. HUD's Homeless Data Exchange (HDX) Competition Report	Yes	VA-500 HDX report	09/12/2023
3A-1a. Housing Leveraging Commitments	No		
3A-2a. Healthcare Formal Agreements	No	Medical/Behaviora...	09/20/2023
3C-2. Project List for Other Federal Statutes	No		
Other	No	Emergency Transfe...	09/20/2023

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: Letter signed by working group VA500 FY23

Attachment Details

Document Description: Housing First Evaluation

Attachment Details

Document Description: Web Posting of Local Competition Deadline

Attachment Details

Document Description: New and Renewal Scoring Tools

Attachment Details

Document Description: Flagler RRH renewal score

Attachment Details

Document Description: Emails to YWCA and Hanover Safe Place

Attachment Details

Document Description: Emails to Renewals and New Projects

Attachment Details

Document Description: Local Competition Selection Results

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: VA-500 HDX report

Attachment Details

Document Description:

Attachment Details

Document Description: Medical/Behavioral Health/SUD services agreements

Attachment Details

Document Description:

Attachment Details

Document Description: Emergency Transfer Plan, Basic Assessment,
Prioritization Processes, Early Childhood
Provider Formal Agreements

Submission Summary

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

Page	Last Updated
1A. CoC Identification	07/28/2023
1B. Inclusive Structure	09/21/2023
1C. Coordination and Engagement	09/21/2023
1D. Coordination and Engagement Cont'd	09/22/2023
1E. Project Review/Ranking	Please Complete
2A. HMIS Implementation	09/12/2023
2B. Point-in-Time (PIT) Count	09/14/2023
2C. System Performance	09/21/2023
3A. Coordination with Housing and Healthcare	09/19/2023
3B. Rehabilitation/New Construction Costs	09/19/2023
3C. Serving Homeless Under Other Federal Statutes	09/19/2023

FY2023 CoC Application	Page 89	09/22/2023
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4A. DV Bonus Project Applicants	09/22/2023
4B. Attachments Screen	Please Complete
Submission Summary	No Input Required

Tuesday, September 19, 2023

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 participated in the Housing Interventions Prioritization workshop on July 12, 2023.

During this workshop we provided input on the various vulnerabilities faced by people experiencing homelessness in the Richmond CoC region, particularly those with severe service needs. These vulnerabilities include medical/behavioral health acuity, co-occurring disabilities, physical safety, and unsheltered status/history.

On September 19, the CoC presented to this working group the housing intervention prioritization criteria developed by the GRCoC System Policy and Process Committee. We are in agreement that this prioritization process reflects the input provided at the July 12 workshop. We are excited about the potential impact that this policy will have on connecting people experiencing homelessness with severe service needs to housing.

As the designated representative for this working group, I confirm that at least 3 members with lived experience were present for the development of this letter.

Sincerely,

DocuSigned by:

Melody Moore

Melody Moore

9/19/2023

3D13FC6E00B449E
Authorized GRCoC Lived Experience Working Group Signatory

GRCoC Housing First Program Compliance Checklist

What is Housing First?

Housing First is an approach that prioritizes permanent housing to people experiencing homelessness. It is grounded in the belief that once someone's homelessness has ended; their quality of life can improve by then attending to their other needs. Housing First is also the understanding that a participant is more likely to remain housed when clients have been given a choice through the housing selection and in supportive service participation.

Checklist

To assess if a program is following the Housing First approach, the following checklist has been created to help guide a compliance review.

- 1) Does the program have income restrictions including the requirement of income or specifications regarding income source?
- 2) Are participants allowed to enter the program even if they aren't "clean and sober" or "treatment compliant"?
- 3) Are participants allowed to enter the program even if they have criminal justice system involvement?
- 4) Are individual service and treatment plans voluntary, such that tenants cannot be evicted for not following through?
- 5) Are participants with disabilities or other accessibility needs provided with reasonable accommodations during the application and screening processes as well as throughout their program enrollment (including appropriate language translation, or special physical features to accommodate disabilities where possible, etc.) in a way that enables them to fully participate in the program?
- 6) Is program staff familiar with fair housing and utilize their understanding when working with clients and landlords? Does program staff advocate and negotiate with landlords for reasonable and appropriate accommodations for clients with disabilities or other accessibility needs, as allowable by fair housing law (ex. Representative payee arrangements, source of income, adaptations for physical disabilities, etc.)?
- 7) Is every effort made to provide a participant with the opportunity to transfer from one housing situation, program, or project to another if a tenancy is in jeopardy?
- 8) Does program staff work with landlords to avoid eviction? Is program termination avoided as much as possible?
- 9) Are individuals provided with choice throughout the housing and service plan process? Are those plans tenant driven?

Compliance Review Steps

- The Quality Improvement Leadership (QIL) committee will lead the compliance review with each GRCoC provider. The following checklist will be provided to each provider along with the coordination of a scheduled date and time for the review.
- The provider will use the Housing First Checklist to gather materials or put together a demonstration to show compliance.
- Following the meeting, QIL will score each program on compliance. If a provider has areas in need of improvement, the QIL committee will add suggestions to the score that will be shared with each program along with a new scheduled date and time for follow up.

**Greater Richmond Continuum of Care
HUD FY23 CoC Competition
Scoring Form for NEW Project Applications**

Applicant Organization Name: _____

Proposed Project Name: _____

Is this a Bonus project? ☐ Yes, DV ☐ Yes, CoC ☐ No

Type of Project: ☐ PSH ☐ PSH Dedicated PLUS ☐ RRH ☐ Domestic Violence RRH/ TH-RRH
☐ SSO-CE ☐ HMIS

Is this an expansion project? ☐ Yes ☐ No

Renewal project Name: _____

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. PSH Project only:

Applicant Experience: _____ of 10

Project Quality:

Serving Chronically Homeless _____ of 12

Adequate number and size of units _____ of 10

Housing First _____ of 10

Supportive Services:

Connection to Mainstream Benefits _____ of 10

Housing Stability _____ of 14

PSH TOTAL SCORE: _____ of 66

Expansion impact: _____ + 1

New Project from Re-allocation _____ + 1

2. RRH-TH/RRH Project only:

Applicant Experience: _____ of 10

Project Quality:

Adequate size and number of units _____ of 10

Housing First _____ of 10

DV Bonus

Victim-centered practices _____ of 5

Plan to include survivors _____ of 5

Support Services:

Connection to Mainstream Benefits _____ of 10

Housing Stability _____ of 14

TH-RRH/RRH TOTAL SCORE: _____ of 54/64

3. SSO-CE Project only:

Applicant Experience: _____ of 10

Project Quality:

Accessibility _____ of 4

Marketing/Outreach _____ of 4

Standardized assessment _____ of 2

DV Bonus

Victim-centered practices _____ of 5

Plan to include survivors _____ of 5

SSO-CE TOTAL SCORE: _____ of 20/30

4. HMIS Project only:

Applicant Experience: _____ of 10

Project Quality:

Consistency with HCIS _____ of 10

Universal Data Elements

De-duplication _____ of 10

Reporting _____ of 12

HMIS TOTAL SCORE: _____ of 42

SECTION II. Threshold Review:**Purpose:** *to determine whether applicant meets basic eligibility requirements for funding.*

Threshold Review Criteria <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>	Meets Criteria? Yes or No
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, Domestic Violence Rapid Rehousing, Joint TH-RRH, SSO-CE, HMIS	
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"> • Meeting or exceeding technical and system requirements • Participation in training for users according to level of access • Complying with the User Policy and Code of Ethics • Execution of signed participation agreements • Complying with the policies and procedures and data quality standards set forth in the Policies and Procedures document not otherwise specified. 	

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 (Chronically Homeless, Housing First and Adequate number and size of units; 12, 10 and 10 points)****Extent to which the applicant:**

- ✓ Clearly describes that the type of housing proposed, including the number and configuration of units, will fit the needs of the program participants
- ✓ The project adheres to a housing first model as defined in Section III.B.2.o of the FY22 CoC NOFO
- ✓ (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.
- ✓ (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 (10 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 (14 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.
- ✓ Program participants are assisted to obtain and remain in permanent housing in a manner that fits their needs (provides the participant with some type of transportation to access needed services, safety planning, case management, and additional assistance to ensure retention of permanent housing).

Score: _____

Comments: _____

Assessment of Project Quality – SSO-CE**Accessibility (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 – HMIS**Consistency with HCIS (10 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 (10 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 (10 points)**Extent to which the applicant**

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

Reporting (12 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 Expansion Local Bonus Project Quality PSH, RRH, SSO-CE and TH-RRH**Extent to which the applicant:**

- ✓ Clearly describes how the expansion will increase the number of units, persons served, or services provided through a renewal project that increases the number of people served *and* describes how project will improve system performance measures. **(1 point)**

Score: _____

Comments: _____

Assessment of Re-Allocation Local Bonus Project Quality PSH, RRH, SSO-CE and TH-RRH**Extent to which the applicant:**

- ✓ Clearly describes how the new project created from re-allocation will increase the number of units, persons served, or services provided that improves overall project quality from original project **(1 point)**

Score: _____

Comments: _____

Assessment of Domestic Violence Bonus Project**Extent to which the applicant:**

- ✓ CoC overall score: up to 50 points
- ✓ CoC collaboration with Victim Service Providers: up to 10 points
- ✓ Need for project: up to 10 points

- ✓ Quality of the Project Applicant Experience: up to 15 points
- ✓ Demonstration of inclusion of victim-centered practices: up to 8 points
- ✓ Demonstration of plan to include survivors with lived expertise: up to 7 points

Score: _____

Comments:

GRCoC 2022 Project Performance Measures

Indicator or Measure	Desired Outcome(s)	2019 Baseline	2021 Baseline*	2022 Target	2023 Target	Points Available	Scoring	Data Source
All Projects (VHSP, CoC, ESG)								
A.1 Monitoring Findings	Complies with funder requirements	N/A	n/a	Meets all outcomes	Meets all outcomes	4	No findings=4 Adequate remedial plan=2pts Inadequate plan/No plan=0pt	Application & public funder consultation.
A.2 Grant Spending Rate for full year of operation	Grant funds are requested from funder at least every 90 days from date funds are available	N/A	n/a	Quarterly Drawdown	Quarterly Drawdown	5	Draws within 90 days=5 pts. Draws at greater than 90 days=0 pts.	VHSP & eLOCCS reports
A.3 Total Grant Expenditure for last full year of operation (FY20 HUD CoC only)	Grants fully expended in one year	0.985		100%	100%	5	90% or greater=5pts. 80-89.9% spent=3 pts. Less than 80% =0 pts.	eLOCCS reports
A.4a Destination Error Rate	Reduce percent of client exits to unknown/don't know/refused destinations	ES: 35% RRH: 4% PSH: 11%	ES: 47% (includes night by night shelters) RRH: 1% PSH: 0%	ES: 45% RRH: 1% PSH: 1%	ES: 40% RRH: 1% PSH: 1%	2	Not previously scored Meets target=2pts Does not meet target=0pts	CoC APR - ES includes ALL shelters, including night by night/NCS
A.4b Timeliness	Increase percent of entries made within 10 days of client entry	ES: 97% RRH: 64% PSH: 77%	ES: 79% RRH: 45% PSH: 86%	ES: 85% RRH: 55% PSH: 95%	ES: 90% RRH: 65% PSH: 99%	2	Not previously scored Meets target=2pts Does not meet target=0pts	CoC APR - ES includes ALL shelters, including night by night/NCS
A.4c Element with Highest Error Rate %	Reduce most frequent data entry error for selected element	ES: 35% destination RRH: 92% income & sources at annual assessment PSH: 46% income & sources at annual assessment	ES: 47% destination RRH: 52% income and sources at annual assessment PSH: 23% income and sources at annual assessment	ES: 45% RRH: 40% PSH: 15%	ES: 40% RRH: 35% PSH: 10%	2	Not previously scored Meets target=2pts Does not meet target=0pts	CoC APR - ES includes ALL shelters, including night by night/NCS
A.5 Accept referrals from Coordinated Entry				N/A	N/A	0	Not previously scored. Not scoring in 2022.	

GRCoC 2022 Project Performance Measures

Indicator or Measure	Desired Outcome(s)	2019 Baseline	2021 Baseline*	2022 Target	2023 Target	Points Available	Scoring	Data Source
Emergency Shelter (ESG, VHSP) – excludes night by night shelters								
ES.1 Bed Utilization (Families)	Average daily occupancy rate- ensure availability and maximizes use of emergency shelter resources	84%	68%	70%	80%	2	70% or greater=2 pts. 50%-70%=1 pts. Less than 70%=0 pts.	CoC APR + 2021 HIC (note that this number only includes traditional congregate shelter due to the nature of NCS, which is considered full at any capacity since there are no
ES.2 Bed Utilization (Individuals)	Average daily occupancy rate - ensure availability and maximizes emergency shelter resources	92%	80%	80%	85%	2	80% or greater=2 pts. 50%-80%=1 pts. Less than 50%=0 pts.	CoC APR + 2021 HIC (note that this number only includes traditional congregate shelter due to the nature of NCS, which is considered full at any capacity since there are no reserved beds; adjusted CARITAS beds to reflect expanded capacity)
ES.3 Length of Stay in Shelter (leavers and stayers)	Decrease in time spent in emergency shelter (mean/median)	L:36/32 S:30/25	L: 52/37, S: 75/57	45 days (mean)	42	2	45 days or less=2 pts. 46-60 days=1 pts. Greater than 60 days=0 pts.	CoC APR
ES.4 Permanent Housing Placement (Families)	Increase percent of exits to permanent housing	79.60%	39.0%	55%	65%	5	55% or greater=5 pts. 40%-55%=3 pts. Less than 45%=0 pts.	CoC APR
ES.5 Permanent Housing Placement (Individuals)	Increase percent of exits to permanent housing	52.40%	25.0%	40%	50%	5	40% or greater=5 pts. 25%-39.9%=3 pts Less than 25%=0 pts.	CoC APR
ES.6 Increased Income – employment	Increase in employment income	4%	4%	5%	8%	1	5% or greater=1 pt. Less than 5% = 0 pts.	CoC APR
ES.7 Increased Income - other sources	Increase in income from other non-employment sources	2%	3%	4%	7%	1	4% or greater=1 pt. Less than 4% = 0 pts.	CoC APR
ES.8 Serving households with highest barriers to housing and complex needs	Serving the most vulnerable clients	N/A	N/A	N/A	N/A	0	Not scoring in 2022.	Application Narrative

GRCoC 2022 Project Performance Measures

Indicator or Measure	Desired Outcome(s)	2019 Baseline	2021 Baseline*	2022 Target	2023 Target	Points Available	Scoring	Data Source
Rapid Rehousing (ESG, VHSP, CoC)								
RRH.1 Rapid Exit to Permanent Housing	Decrease time between RRH project entry and permanent housing placement	45 days	72 days	70 days	60 days	2	70 days or less=2 pts. Greater than 70 days=0 pts.	CoC APR
RRH.2 Rapid Exit from Rapid Rehousing	Decrease time households remain in RRH project	N/A	168 days (average for leavers)	N/A	Will determine measure based on FY22	0	New metric. Will not be scored until 2023. Will work with ranking to adjust the measure.	
RRH.3 Rapid Rehousing Success	Increase in percent of RRH clients remaining in permanent housing at RRH project exit	87%	74%	75%	85%	2	75% or greater=2 pts. Less than 75%=0 pts.	CoC APR
RRH.4 Returns to Homelessness within 1 Year of Exit to Permanent Destination	Decrease in percent of returns to shelter (ES/TH/SH)	17%	7%	7%	5%	2	7% or less=2 pts. Greater than 7%=0 pts.	HMIS Custom Report
RRH.5 Households Served	Number of households served meets or exceeds application target	Number served consistent with application	Number served consistent with application	Number of households served meets or exceeds application	Number of households served meets or exceeds application	2	Number served meets or exceeds application target=2 pts. Number served is less than application target=0 pts.	Past year HUD & VHSP apps. APR
RRH.6 Cost Effectiveness	Average cost per exit meets or is below target	\$ 4,769.00	\$ 4,334.00	\$ 5,000.00	\$ 4,500.00	2	Meets or below target=2 pts. Above target=0 pts.	Past year HUD & VHSP apps. APR
RRH.7 Increased Income - employment (measured at exit)	Increase in employment income	13%	9%	10%	12%	1	10% or greater=1 pt. Less than 10% = 0 pts.	CoC APR
RRH.8 Increased Income – other sources (measured at exit)	Increase in income from other non-employment sources	10%	7%	7%	10%	1	7% or greater=1 pt. Less than 7% = 0 pts.	CoC APR
RRH.9 Serving households with highest barriers to housing and complex needs	Serving the most vulnerable clients	N/A		N/A	N/A	0	Not scored in 2022.	Application Narrative

GRCoC 2022 Project Performance Measures

Indicator or Measure	Desired Outcome(s)	2019 Baseline	2021 Baseline*	2022 Target	2023 Target	Points Available	Scoring	Data Source
Permanent Supportive Housing (CoC)								
PSH.1 Entries as Chronically Homeless	Resources targeted to chronically homeless in CY 2021	68%	60%	75%	85%	3	75% or greater=3 pts. 65%-74%=2 pts. Less than 65%=0 pts.	CoC APR
PSH.2 Beds dedicated to Chronically Homeless	Beds dedicated to chronically homeless are maximized	75%	25.80%	55% of beds dedicated CH	65% of beds dedicated CH	3	55% or greater=3 pts. 45%-54%=2 pts. Less than 45%=0 pts.	2021 HIC
PSH.3 Bed Utilization	Average daily occupancy rate meets or exceeds target	92%	93%	95%	97%	2	95%=2 pts. Less than 95%=0 pts.	2021 HIC/PIT submission
PSH.4 Housing Stability	Percent of participants remaining in PSH, exited to permanent housing or deceased	97%	97%	98%	99%	3	98% or greater=3 pts. Below 98%=0 pts.	CoC APR
PSH.5 Cost Effectiveness	Average cost per household served meets or is below target	\$ 11,500.00	\$ 17,012.00	\$ 17,000.00	\$ 15,000.00	2	Meets or below target=2 pts. Above target=0 pts.	Application APR
PSH.6 Increased Income - employment (measured at latest status)	Increase or maintain employment income	5%	3%	4%	8%	1	4% or greater=1 pt. Less than 4%=0 pts.	CoC APR
PSH.7 Increased Income - other sources (measured at latest status)	Increase or maintain income from other non-employment sources	63%	74%	74%	74%	1	74% or greater=1 pt. Less than 74%=0 pts.	CoC APR

* Baseline Data: January–December 2021.

Endorsed by the GRCoC Ranking Committee on 07/13/2022.

Approved by the GRCoC Board 7/18/2022.

APR - Annual Performance Report CE - Coordinated Entry

CoC – Continuum of Care (federal funding) ELOCCS – HUD financial records system

ES - Emergency Shelter

ESG – Emergency Solutions Grant (federal funding) HH - Household

HIC - Housing Inventory Count

HMIS - Homeless Management Information System (GRCoC uses term HCIS - Homeless Community Information System) PH - Permanent Housing (Permanent Supportive Housing and Rapid Rehousing)

PSH - Permanent Supportive Housing RRH – Rapid Rehousing

TH - Transitional Housing

VHSP - Virginia Housing Solutions Program (state funding)

#404: Community Support Services RRH HUD Richmond

Indicator or Measure	Desired Outcome(s)	2023 Target	Outcome	Points Available	Points Received	Scoring	Data Source
All Projects (VHSP, CoC, ESG)							
A.1 Monitoring Findings	Complies with funder requirements	Meets all outcomes	n/a	4	4	No findings=4 Adequate remedial plan=2pts Inadequate plan/No plan=0pt	Application & public funder consultation.
A.2 Grant Spending Rate for full year of operation	Grant funds are requested from funder at least every 90 days from date funds are available	Quarterly Drawdown	100	5	5	Draws within 90 days=5 pts. Draws at greater than 90 days=0 pts.	VHSP & eLOCCS reports
A.3 Total Grant Expenditure for last full year of operation (FY20 HUD CoC only)	Grants fully expended in one year	100%	100	5	5	90% or greater=5pts. 80-89.9% spent=3 pts. Less than 80% =0 pts.	eLOCCS reports
A.4a Destination Error Rate	Reduce percent of client exits to unknown/don't know/refused destinations	ES: 40% RRH: 1% PSH: 1%	1%	2	2	Meets target=2pts Does not meet target=0pts	CoC APR - ES includes ALL shelters, including night by night/NCS
A.4b Timeliness	Increase percent of entries made within 10 days of client entry	ES: 90% RRH: 65% PSH: 99%	74%	2	2	Not previously scored Meets target=2pts Does not meet target=0pts	CoC APR - ES includes ALL shelters, including night by night/NCS

A.4c Element with Highest Error Rate %	Reduce most frequent data entry error for selected element	ES: 40% RRH: 35% PSH Income and sources at annual assessment: 10%	Income and sources at start: 4%	2	2	Not previously scored Meets target=2pts Does not meet target=0pts	CoC APR - ES includes ALL shelters, including night by night/NCS
RRH.1 Rapid Exit to Permanent Housing	Decrease time between RRH project entry and permanent housing placement	60 days	86.6 days	2	0	60 days or less=2 pts. Greater than 60 days=0 pts.	CoC APR (22c)
RRH.2 Rapid Exit from Rapid Rehousing	Decrease time households remain in RRH project	190 days	196 days	2	0	190 days or less=2 pts. Greater than 192 days=0 pts	
RRH.3 Rapid Rehousing Success	Increase in percent of RRH clients remaining in permanent housing at RRH project exit	85%	56%	2	0	85% or greater=2 pts. Less than 85%=0 pts.	CoC APR
RRH.4 Returns to Homelessness within 1 Year of Exit to Permanent Destination	Decrease in percent of returns to shelter (ES/TH/SH)	5%	29%	2	0	5% or less=2 pts. Greater than 5%=0 pts.	HMIS Custom Report
RRH.5 Households Served	Number of households served meets or exceeds application target	Number of households served meets or exceeds application	118 households	3	3	100% Number served meets or exceeds application target=3 pts. 80% Number served is less than application target=2 pts. <80%: 0 pts	Past year HUD & VHSP apps. APR

RRH.6 Cost Effectiveness	Average cost per exit meets or is below target	\$ 4,500.00		2	2		Past year HUD & VHSP apps. APR
RRH.7 Increased Income - employment (measured at exit)	Increase in employment income	12%	6%	1	0	12% or greater=1 pt. Less than 12% = 0 pts.	CoC APR (19a2)
RRH.8 Increased Income – other sources (measured at exit)	Increase in income from other non-employment sources	10%	8%	1	0	10% or greater=1 pt. Less than 10% = 0 pts.	CoC APR (19a2)

35

25

Trinity Bowens

From: Michael Rogers
Sent: Friday, September 1, 2023 5:32 PM
To: Sheree Hedrick
Cc: Trinity Bowens
Subject: GRCoC FY23 HUD CoC Ranking -- HSP
Attachments: GRCoC FY23 HUD CoC Ranking 8.31.pdf; Hanover Safe Place DV Bonus.docx; GRCoC-Appeals-Process.pdf

Good afternoon,

The Greater Richmond Continuum of Care Ranking Committee met on August 31, 2023 to review project applications for FY23 HUD Continuum of Care funding. Please see the attached Priority Listing for the recommendations which will be forwarded to the GRCoC Board for review and approval.

Hanover Safe Place's DV Bonus Rapid Rehousing (\$458,552) was recommended for partial funding at \$441,265. This is due to a HUD-required Emergency Transfer Plan project being recommended for full funding, leaving a \$17,287 shortage in the DV Bonus. The Ranking Committee did request that Hanover Safe Place not reduce the number of households it projected to serve.

HUD requires that CoCs ranking projects in 2 tiers. Tier 1 is less likely to receive cuts than Tier 2. As a new project, this application was placed in Tier 2.

The GRCoC does have an appeals policy for coordinated funding processes (see attachment). Appeals will only be considered in cases which applicants can:

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The deadline for appeals is September 6 at noon. If you wish to appeal on the grounds stated in the policy, please email Michael Rogers at mrogers@homewardva.org.

Michael Rogers
Continuum of Care Programs Director
Homeward
9211 Forest Hill Ave Suite 110
Richmond, VA 23235
804-343-2045 ext. 215

Trinity Bowens

From: Michael Rogers
Sent: Friday, September 1, 2023 5:25 PM
To: Susan Katie Rhodes; 'Shawntee Wynn'; rmurthy@ywcarrichmond.org
Cc: Trinity Bowens
Subject: GRCoC FY23 HUD CoC Ranking-YWCA
Attachments: GRCoC FY23 HUD CoC Ranking 8.31.pdf; GRCoC-Appeals-Process.pdf; YWCA ETP DV Bonus (002).docx; YWCS Empowernet Hotline (002).docx

Good afternoon,

The Greater Richmond Continuum of Care Ranking Committee met on August 31, 2023 to review project applications for FY23 HUD Continuum of Care funding. Please see the attached Priority Listing for the recommendations which will be forwarded to the GRCoC Board for review and approval.

The YWCA's DV Bonus Emergency Transfer Plan (\$250,000) was recommended for full funding. HUD requires that CoCs ranking projects in 2 tiers. Tier 1 is less likely to receive cuts than Tier 2. As a new project, the ETP application was placed in Tier 2.

The YWCA's CoC Bonus Empowernet Hotline project (\$150,00) was not selected to be included in the GRCoC's funding request to HUD. This is due to a permanent housing project, submitted as a CoC Bonus, being prioritized above an SSO project.

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Thank you for your commitment to ending homelessness in our region!

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Richmond, VA 23235
804-343-2045 ext. 215

Trinity Bowens

From: Michael Rogers
Sent: Friday, September 1, 2023 5:05 PM
To: Sarah Tunner; abennett@dailyplanetva.org
Cc: Trinity Bowens
Subject: GRCoC FY23 HUD CoC Ranking -- DPHS
Attachments: GRCoC FY23 HUD CoC Ranking 8.31.pdf; GRCoC-Appeals-Process.pdf; DPHS SSO-CE.docx

Good afternoon,

The Greater Richmond Continuum of Care Ranking Committee met on August 31, 2023 to review project applications for FY23 HUD Continuum of Care funding. Please see the attached Priority Listing for the recommendations which will be forwarded to the GRCoC Board for review and approval.

Daily Planet Health Services reallocated new SSO-CE project (\$60,480) was recommended for full funding. HUD requires that CoCs ranking projects in 2 tiers. Tier 1 is less likely to receive cuts than Tier 2. For FY23, HUD allowed for 93% of CoC's Annual Renewal Demand (ARD) in Tier 1. This means that \$350,212 of the GRCoC's ARD must be placed in Tier 2. Projects can straddle Tiers 1 and 2. The Ranking Committee elected to straddle this project with \$22,462 in Tier 1 and \$38,018 in Tier 2. Historically, the GRCoC has not recently lost any of our ARD, and we are optimistic that we will not see cuts to our ARD in FY23. HUD generally announces CoC awards in January or February.

The GRCoC does have an appeals policy for coordinated funding processes (see attachment). Appeals will only be considered in cases which applicants can:

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9211 Forest Hill Ave Suite 110
Richmond, VA 23235
804-343-2045 ext. 215

Trinity Bowens

From: Michael Rogers
Sent: Friday, September 1, 2023 4:40 PM
To: Mandy Herbert; Susan Danzi Hernandez (shernandez@homeagainrichmond.org); asaylors@homeagainrichmond.org
Cc: Trinity Bowens
Subject: GRCoC FY23 HUD CoC Ranking--HomeAgain
Attachments: GRCoC FY23 HUD CoC Ranking 8.31.pdf; Copy of HomeAgain PSH (002).xlsx; GRCoC-Appeals-Process.pdf; Copy of HomeAgain RRH (002).xlsx

Good afternoon,

The Greater Richmond Continuum of Care Ranking Committee met on August 31, 2023 to review project applications for FY23 HUD Continuum of Care funding. Please see the attached Priority Listing for the recommendations which will be forwarded to the GRCoC Board for review and approval.

HomeAgain's Permanent Supportive Housing (\$388,938) and Rapid Re-housing (\$327,207) renewal projects were recommended for full funding. Both projects are in Tier 1.

The GRCoC does have an appeals policy for coordinated funding processes (see attachment). Appeals will only be considered in cases which applicants can:

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Thank you for your commitment to ending homelessness in our region!

Michael Rogers
Continuum of Care Programs Director
Homeward
9211 Forest Hill Ave Suite 110
Richmond, VA 23235
804-343-2045 ext. 215

Trinity Bowens

From: Michael Rogers
Sent: Friday, September 1, 2023 4:21 PM
To: Beth Vann-Turnbull; cindy@housingfamiliesfirst.org
Cc: Trinity Bowens
Subject: HUD FY23 CoC Ranking--HFF
Attachments: GRCoC FY23 HUD CoC Ranking 8.31.pdf; Copy of HFF RRH.xlsx; GRCoC-Appeals-Process.pdf

Good afternoon,

The Greater Richmond Continuum of Care Ranking Committee met on August 31, 2023 to review project applications for FY23 HUD Continuum of Care funding. Please see the attached Priority Listing for the recommendations which will be forwarded to the GRCoC Board for review and approval.

Housing Families First's Building Neighbors Rapid Re-Housing renewal project (\$263,995) was recommended for full funding.

The GRCoC does have an appeals policy for coordinated funding processes (see attachment). Appeals will only be considered in cases which applicants can:

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Continuum of Care Programs Director
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Richmond, VA 23235
804-343-2045 ext. 215

Trinity Bowens

From: Michael Rogers
Sent: Friday, September 1, 2023 5:32 PM
To: Sheree Hedrick
Cc: Trinity Bowens
Subject: GRCoC FY23 HUD CoC Ranking -- HSP
Attachments: GRCoC FY23 HUD CoC Ranking 8.31.pdf; Hanover Safe Place DV Bonus.docx; GRCoC-Appeals-Process.pdf

Good afternoon,

The Greater Richmond Continuum of Care Ranking Committee met on August 31, 2023 to review project applications for FY23 HUD Continuum of Care funding. Please see the attached Priority Listing for the recommendations which will be forwarded to the GRCoC Board for review and approval.

Hanover Safe Place's DV Bonus Rapid Rehousing (\$458,552) was recommended for partial funding at \$441,265. This is due to a HUD-required Emergency Transfer Plan project being recommended for full funding, leaving a \$17,287 shortage in the DV Bonus. The Ranking Committee did request that Hanover Safe Place not reduce the number of households it projected to serve.

HUD requires that CoCs ranking projects in 2 tiers. Tier 1 is less likely to receive cuts than Tier 2. As a new project, this application was placed in Tier 2.

The GRCoC does have an appeals policy for coordinated funding processes (see attachment). Appeals will only be considered in cases which applicants can:

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- Describe bias or unfairness in the process, which warrants the appeal; or
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Richmond, VA 23235
804-343-2045 ext. 215

Trinity Bowens

From: Michael Rogers
Sent: Thursday, August 31, 2023 5:26 PM
To: Kelly King Horne; Melanie McDonald
Cc: Trinity Bowens
Subject: GRCoC FY23 HUD CoC Ranking--HW
Attachments: FY23 HUD CoC Ranking Tier Tool 8.31.pdf; GRCoC-Appeals-Process.pdf

Good morning,

The Greater Richmond Continuum of Care Ranking Committee met on August 31, 2023 to review project applications for FY23 HUD Continuum of Care funding. Please see the attached Priority Listing for the recommendations which will be forwarded to the GRCoC Board for review and approval.

Homeward's Coordinated Entry (\$149,750) and HMIS (\$50,000) renewal projects, as well as your non-competitive Planning application (\$346,633) were recommended for full funding.

The GRCoC does have an appeals policy for coordinated funding processes (see attachment). Appeals will only be considered in cases which applicants can:

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- Document a compelling organizational necessity not specifically described in the appeals policy document

The deadline for appeals is September 6 at noon. If you wish to appeal on the grounds stated in the policy, please email Michael Rogers at mrogers@homewardva.org.

Thank you for your commitment to ending homelessness in our region!

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Continuum of Care Programs Director
Homeward
9211 Forest Hill Ave Suite 110
Richmond, VA 23235
804-343-2045 ext. 215

Trinity Bowens

From: Michael Rogers
Sent: Friday, September 1, 2023 4:32 PM
To: Robert Baez; Ryan Hite
Cc: Trinity Bowens
Subject: GRCoC FY23 HUD CoC Ranking--RBH
Attachments: GRCoC FY23 HUD CoC Ranking 8.31.pdf; GRCoC-Appeals-Process.pdf; Copy of RBHA PSH.xlsx

Good afternoon,

The Greater Richmond Continuum of Care Ranking Committee met on August 31, 2023 to review project applications for FY23 HUD Continuum of Care funding. Please see the attached Priority Listing for the recommendations which will be forwarded to the GRCoC Board for review and approval.

RBHA's renewal Permanent Supportive Housing project (\$276,520) was recommended for full funding.

The GRCoC does have an appeals policy for coordinated funding processes (see attachment). Appeals will only be considered in cases which applicants can:

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Richmond, VA 23235
804-343-2045 ext. 215

Trinity Bowens

From: Michael Rogers
Sent: Friday, September 1, 2023 5:17 PM
To: Chlan, Kathryn; Green-Bloomfield, Kelly; Schoelles, Katelyn
Cc: Trinity Bowens
Subject: GRCoC FY23 HUD CoC Ranking -- SJV
Attachments: GRCoC FY23 HUD CoC Ranking 8.31.pdf; Copy of SJV RRH.xlsx; SJV RRH expansion.docx; GRCoC-Appeals-Process.pdf

Good afternoon,

The Greater Richmond Continuum of Care Ranking Committee met on August 31, 2023 to review project applications for FY23 HUD Continuum of Care funding. Please see the attached Priority Listing for the recommendations which will be forwarded to the GRCoC Board for review and approval.

St. Joseph's Villa's renewal RRH project (\$327,752) and its new CoC Bonus expansion project (\$483,373) were both recommended for full funding.

HUD requires that CoCs ranking projects in 2 tiers. Tier 1 is less likely to receive cuts than Tier 2. For FY23, HUD allowed for 93% of CoC's Annual Renewal Demand (ARD) in Tier 1. This means that \$350,212 of the GRCoC's ARD must be placed in Tier 2.

Due to scored performance of the renewal project, the Ranking Committee elected to place it in Tier 2. The Ranking Committee also chose to place a HUD-required Emergency Transfer Plan (ETP) project above this project in Tier 2.

For DV Bonus projects such as the ETP, if the project is selected for funding by HUD, the project is taken out of the ranking and all projects below it move up one place. Because ETP is required of CoCs, we are optimistic that it will be funded. If so, the SJV renewal project will move up and be within the GRCoC's ARD. Historically, the GRCoC has not recently lost any of our ARD, and we are optimistic that we will not see cuts to our ARD in FY23. HUD generally announces CoC awards in January or February.

The GRCoC does have an appeals policy for coordinated funding processes (see attachment). Appeals will only be considered in cases which applicants can:

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Thank you for your commitment to ending homelessness in our region!

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9211 Forest Hill Ave Suite 110
Richmond, VA 23235
804-343-2045 ext. 215

Trinity Bowens

From: Michael Rogers
Sent: Friday, September 1, 2023 4:30 PM
To: Felecia Motteler; Maddi Zingraff
Cc: Trinity Bowens
Subject: GRCoC FY23 HUD CoC Ranking--VSH
Attachments: GRCoC-Appeals-Process.pdf; GRCoC FY23 HUD CoC Ranking 8.31.pdf; Copy of VSH PSH (002).xlsx

Good afternoon,

The Greater Richmond Continuum of Care Ranking Committee met on August 31, 2023 to review project applications for FY23 HUD Continuum of Care funding. Please see the attached Priority Listing for the recommendations which will be forwarded to the GRCoC Board for review and approval.

Virginia Supportive Housing's consolidated renewal Permanent Supportive Housing project (\$3,158,428) was recommended for full funding.

Please note that metric PSH.3, bed utilization, is not calculable due to the consolidation of projects. The Ranking Committee chose to award VSH points since the lack of data is no fault of the program.

The GRCoC does have an appeals policy for coordinated funding processes (see attachment). Appeals will only be considered in cases which applicants can:

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Trinity Bowens

From: Michael Rogers
Sent: Friday, September 1, 2023 5:25 PM
To: Susan Katie Rhodes; 'Shawntee Wynn'; rmurthy@ywcarichmond.org
Cc: Trinity Bowens
Subject: GRCoC FY23 HUD CoC Ranking-YWCA
Attachments: GRCoC FY23 HUD CoC Ranking 8.31.pdf; GRCoC-Appeals-Process.pdf; YWCA ETP DV Bonus (002).docx; YWCS Empowernet Hotline (002).docx

Good afternoon,

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The YWCA's DV Bonus Emergency Transfer Plan (\$250,000) was recommended for full funding. HUD requires that CoCs ranking projects in 2 tiers. Tier 1 is less likely to receive cuts than Tier 2. As a new project, the ETP application was placed in Tier 2.

The YWCA's CoC Bonus Empowernet Hotline project (\$150,00) was not selected to be included in the GRCoC's funding request to HUD. This is due to a permanent housing project, submitted as a CoC Bonus, being prioritized above an SSO project.

The GRCoC does have an appeals policy for coordinated funding processes (see attachment). Appeals will only be considered in cases which applicants can:

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Greater Richmond Continuum of Care FY23 HUD CoC Application Ranking on 8.31.23

Rank	Applicant Name	Project Name	Project Type	Component Type	Amount Requested	Amount Ranked	Running Total
1	Housing Families First	Building Neighbors	RRH	RRH	\$ 263,955.00	\$ 263,955.00	\$4,026,110.00
2	Va. Supportive Housing	Home Link	PSH	PSH	\$ 3,158,428.00	\$ 3,158,428.00	\$4,026,110.00
3	Richmond Behavioral Health Authority	Home Connect 1 Program	PSH	PSH	\$ 276,520.00	\$ 276,520.00	\$4,415,048.00
4	HomeAgain (Emergency Shelter Inc)	HomeAgain RRH	RRH	RRH	\$ 327,207.00	\$ 327,207.00	\$4,415,048.00
5	HomeAgain (Emergency Shelter Inc)	Permanent Supportive Hsg	PSH	PSH	\$ 388,938.00	\$ 388,938.00	\$4,415,048.00
6	Homeward	Homeward Community	HMIS	HMIS	\$ 50,000.00	\$ 50,000.00	\$4,415,048.00
7	Homeward	Coordinated Entry	SSO-CE	SSO	\$ 149,750.00	\$ 149,750.00	\$4,614,798.00
8	Daily Planet Health	Coordinated Entry (Outreach)	SSO-CE	SSO	\$ 60,480.00	\$ 60,480.00	\$4,675,278.00
9	YWCA	ETP			\$ 250,000	\$ 250,000	\$ 4,925,278
10	St. Joseph's Villa	Richmond Flagler SJV	RRH	RRH	\$ 327,752	\$ 327,752	\$ 5,253,030
11	Hanover Safe Place	RRH DV Bonus	RRH	RRH	\$ 458,552	\$ 441,265	\$ 5,694,295
12	St. Joseph's Villa	RRH Expansion CoC Bonus			\$ 483,373	\$ 483,373	\$ 6,177,668
13	YWCA	Empowernet CoC Bonus	SSO-CE	SSO	\$150,000	\$ -	\$6,177,668.00
14							
15							
16							
4							
NR	Homeward	CoC Planning Grant	Planning	Planning	\$345,633.00		\$6,177,668.00

Tier 1 \$4,652,818 \$46,920 straddling Tiers 1 & 2

\$6,344,955.00 \$6,177,668.00

Formula does not include Planning

NR= Not ranked NS= Not scored Score column is deleted when sent to grantees

Description		
Annual Renewal Demand (ARD)		\$5,003,030
CoC planning (not ranked; not competitive)		\$345,633
Tier 1 (95% of ARD + 100% of newly renewable grants) Grants in Tier 1 are likely to be funded		\$4,652,818
Tier 2 (5% of ARD+ CoC and DV Bonuses). Grants in Tier 2 may not be funded.		\$432,472
DV Bonus		\$691,262
CoC Bonus		\$483,886

2023 HDX Competition Report

PIT Count Data for VA-500 - Richmond/Henrico, Chesterfield, Hanover Counties CoC

Total Population PIT Count Data

	2020 PIT	2021 PIT *	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count	546	834	697	690
Emergency Shelter Total	342	639	558	452
Safe Haven Total	41	43	28	29
Transitional Housing Total	33	54	26	21
Total Sheltered Count	416	736	612	502
Total Unsheltered Count	130	98	85	188

Chronically Homeless PIT Counts

	2020 PIT	2021 PIT *	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	137	168	222	168
Sheltered Count of Chronically Homeless Persons	112	168	199	123
Unsheltered Count of Chronically Homeless Persons	25	0	23	45

2023 HDX Competition Report

PIT Count Data for VA-500 - Richmond/Henrico, Chesterfield, Hanover Counties CoC

Homeless Households with Children PIT Counts

	2020 PIT	2021 PIT *	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children	39	87	85	48
Sheltered Count of Homeless Households with Children	38	87	85	47
Unsheltered Count of Homeless Households with Children	1	0	0	1

Homeless Veteran PIT Counts

	2011 PIT	2020 PIT	2021 PIT *	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Veterans	160	78	80	68	88
Sheltered Count of Homeless Veterans	150	64	80	61	62
Unsheltered Count of Homeless Veterans	10	14	0	7	26

*For CoCs that did not conduct an unsheltered count in 2021, 2020 data were used.

2023 HDX Competition Report

HIC Data for VA-500 - Richmond/Henrico, Chesterfield, Hanover Counties CoC

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Current, Year-Round, HMIS Beds	Total Year-Round, Current, Non-VSP Beds*	HMIS Bed Coverage Rate for Year-Round Beds	Total Year-Round, Current VSP Beds in an HMIS Comparable Database	Total Year-Round, Current, VSP Beds**	HMIS Comparable Bed Coverage Rate for VSP Beds	Total Current, Year-Round, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
ES Beds	299	238	238	100.00%	61	61	100.00%	299	100.00%
SH Beds	41	41	41	100.00%	0	0	NA	41	100.00%
TH Beds	48	35	35	100.00%	13	13	100.00%	48	100.00%
RRH Beds	241	226	226	100.00%	15	15	100.00%	241	100.00%
PSH Beds	938	332	938	35.39%	0	0	NA	332	35.39%
OPH Beds	127	127	127	100.00%	0	0	NA	127	100.00%
Total Beds	1,694	999	1,605	62.24%	89	89	100.00%	1,088	64.23%

2023 HDX Competition Report

HIC Data for VA-500 - Richmond/Henrico, Chesterfield, Hanover Counties CoC

2023 HDX Competition Report

HIC Data for VA-500 - Richmond/Henrico, Chesterfield, Hanover Counties CoC

Notes

*For OPH Beds, this does NOT include any beds that are Current, Non-VSP, Non-HMIS, and EHV-funded.

**For OPH Beds, this does NOT include any beds that are Current, VSP, Non-HMIS, and EHV-funded.

In the HIC, "Year-Round Beds" is the sum of "Beds HH w/o Children", "Beds HH w/ Children", and "Beds HH w/ only Children". This does not include Overflow ("O/V Beds") or Seasonal Beds ("Total Seasonal Beds").

In the HIC, Current beds are beds with an "Inventory Type" of "C" and not beds that are Under Development ("Inventory Type" of "U").

PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

Chronically Homeless Bed Counts	2020 HIC	2021 HIC	2022 HIC	2023 HIC
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC	253	241	266	265

Rapid Rehousing (RRH) Units Dedicated to Persons in Household with Children

Households with Children	2020 HIC	2021 HIC	2022 HIC	2023 HIC
RRH units available to serve families on the HIC	66	97	46	46

Rapid Rehousing Beds Dedicated to All Persons

All Household Types	2020 HIC	2021 HIC	2022 HIC	2023 HIC
RRH beds available to serve all populations on the HIC	287	402	275	241

2023 HDX Competition Report

HIC Data for VA-500 - Richmond/Henrico, Chesterfield, Hanover Counties CoC

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

Summary Report for VA-500 - Richmond/Henrico, Chesterfield, Hanover Counties CoC

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than October, 1, 2012.

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.

Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

a. This measure is of the client's entry, exit, and bed night dates strictly as entered in the HMIS system.

	Universe (Persons)		Average LOT Homeless (bed nights)				Median LOT Homeless (bed nights)			
	Revised FY 2021	FY 2022	Submitted FY 2021	Revised FY 2021	FY 2022	Difference	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
1.1 Persons in ES and SH	3257	2422	71	77	70	-7	46	48	42	-6
1.2 Persons in ES, SH, and TH	3301	2466	80	80	73	-7	52	52	44	-8

b. This measure is based on data element 3.17.

This measure includes data from each client's Living Situation (Data Standards element 3.917) response as well as time spent in permanent housing projects between Project Start and Housing Move-In. This information is added to the client's entry date, effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

	Universe (Persons)		Average LOT Homeless (bed nights)				Median LOT Homeless (bed nights)			
	Revised FY 2021	FY 2022	Submitted FY 2021	Revised FY 2021	FY 2022	Difference	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
1.1 Persons in ES, SH, and PH (prior to "housing move in")	3404	2638	364	368	475	107	173	173	232	59
1.2 Persons in ES, SH, TH, and PH (prior to "housing move in")	3437	2680	367	371	477	106	190	175	233	58

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)		Returns to Homelessness in Less than 6 Months			Returns to Homelessness from 6 to 12 Months			Returns to Homelessness from 13 to 24 Months			Number of Returns in 2 Years	
	Revised FY 2021	FY 2022	Revised FY 2021	FY 2022	% of Returns	Revised FY 2021	FY 2022	% of Returns	Revised FY 2021	FY 2022	% of Returns	FY 2022	% of Returns
Exit was from SO	73	225	10	22	10%	3	12	5%	12	22	10%	56	25%
Exit was from ES	719	469	92	40	9%	33	15	3%	48	29	6%	84	18%
Exit was from TH	59	18	3	0	0%	5	2	11%	5	3	17%	5	28%
Exit was from SH	43	38	4	1	3%	1	2	5%	3	2	5%	5	13%
Exit was from PH	285	284	29	14	5%	32	7	2%	17	22	8%	43	15%
TOTAL Returns to Homelessness	1179	1034	138	77	7%	74	38	4%	85	78	8%	193	19%

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

This measures the change in PIT counts of sheltered and unsheltered homeless person as reported on the PIT (not from HMIS).

	January 2021 PIT Count	January 2022 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	834	697	-137
Emergency Shelter Total	639	558	-81
Safe Haven Total	43	28	-15
Transitional Housing Total	54	26	-28
Total Sheltered Count	736	612	-124
Unsheltered Count	98	85	-13

Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
Universe: Unduplicated Total sheltered homeless persons	3280	3353	2542	-811
Emergency Shelter Total	3152	3215	2402	-813
Safe Haven Total	119	131	121	-10
Transitional Housing Total	136	137	85	-52

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
Universe: Number of adults (system stayers)	223	242	256	14
Number of adults with increased earned income	5	7	4	-3
Percentage of adults who increased earned income	2%	3%	2%	-1%

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
Universe: Number of adults (system stayers)	223	242	256	14
Number of adults with increased non-employment cash income	109	113	141	28
Percentage of adults who increased non-employment cash income	49%	47%	55%	8%

Metric 4.3 – Change in total income for adult system stayers during the reporting period

	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
Universe: Number of adults (system stayers)	223	242	256	14
Number of adults with increased total income	112	117	141	24
Percentage of adults who increased total income	50%	48%	55%	7%

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
Universe: Number of adults who exited (system leavers)	156	139	150	11
Number of adults who exited with increased earned income	25	20	15	-5
Percentage of adults who increased earned income	16%	14%	10%	-4%

Metric 4.5 – Change in non-employment cash income for adult system leavers

	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
Universe: Number of adults who exited (system leavers)	156	139	150	11
Number of adults who exited with increased non-employment cash income	24	21	21	0
Percentage of adults who increased non-employment cash income	15%	15%	14%	-1%

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
Universe: Number of adults who exited (system leavers)	156	139	150	11
Number of adults who exited with increased total income	45	38	32	-6
Percentage of adults who increased total income	29%	27%	21%	-6%

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

Measure 5: Number of persons who become homeless for the 1st time

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	3174	3196	2204	-992
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	671	512	303	-209
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	2503	2684	1901	-783

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	3501	3448	2587	-861
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	800	590	448	-142
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	2701	2858	2139	-719

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD's Homeless Definition in CoC Program-funded Projects

This Measure is not applicable to CoCs in FY2022 (Oct 1, 2021 - Sept 30, 2022) reporting period.

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

Metric 7a.1 – Change in exits to permanent housing destinations

	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
Universe: Persons who exit Street Outreach	1305	1270	1495	225
Of persons above, those who exited to temporary & some institutional destinations	540	548	588	40
Of the persons above, those who exited to permanent housing destinations	293	255	236	-19
% Successful exits	64%	63%	55%	-8%

Metric 7b.1 – Change in exits to permanent housing destinations

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	2908	2854	2302	-552
Of the persons above, those who exited to permanent housing destinations	873	790	756	-34
% Successful exits	30%	28%	33%	5%

Metric 7b.2 – Change in exit to or retention of permanent housing

	Submitted FY 2021	Revised FY 2021	FY 2022	Difference
Universe: Persons in all PH projects except PH-RRH	430	464	476	12
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	425	459	449	-10
% Successful exits/retention	99%	99%	94%	-5%

2023 HDX Competition Report FY2022 - SysPM Data Quality

VA-500 - Richmond/Henrico, Chesterfield, Hanover Counties CoC

	All ES, SH			All TH			All PSH, OPH			All RRH			All Street Outreach		
	Submitted FY2020	Submitted FY2021	FY2022	Submitted FY2020	Submitted FY2021	FY2022	Submitted FY2020	Submitted FY2021	FY2022	Submitted FY2020	Submitted FY2021	FY2022	Submitted FY2020	Submitted FY2021	FY2022
1. Number of non-DV Beds on HIC	291	626	478	46	81	31	1089	1124	862	241	384	268			
2. Number of HMIS Beds	279	608	461	46	81	31	509	545	425	241	384	268			
3. HMIS Participation Rate from HIC (%)	95.88	97.12	96.44	100.00	100.00	100.00	46.74	48.49	49.30	100.00	100.00	100.00			
4. Unduplicated Persons Served (HMIS)	2389	3313	1650	182	154	85	502	590	574	558	676	858	1374	1583	1730
5. Total Leavers (HMIS)	2128	2879	1450	145	138	58	57	60	80	350	372	550	976	1328	1555
6. Destination of Don't Know, Refused, or Missing (HMIS)	555	1808	266	17	68	1	5	2	17	8	10	46	60	253	337
7. Destination Error Rate (%)	26.08	62.80	18.34	11.72	49.28	1.72	8.77	3.33	21.25	2.29	2.69	8.36	6.15	19.05	21.67

2023 HDX Competition Report
FY2022 - SysPM Data Quality

2023 HDX Competition Report

Submission and Count Dates for VA-500 - Richmond/Henrico, Chesterfield, Hanover Counties CoC

Date of PIT Count

	Date	Received HUD Waiver
Date CoC Conducted 2023 PIT Count	1/25/2023	

Report Submission Date in HDX

	Submitted On	Met Deadline
2023 PIT Count Submittal Date	4/27/2023	Yes
2023 HIC Count Submittal Date	4/27/2023	Yes
2022 System PM Submittal Date	2/28/2023	Yes

MEMORANDUM OF UNDERSTANDING
FOR
CARE COORDINATION FOR RAPID RE-HOUSING CLIENTS

This Memorandum of Understanding (MOU) is between the between United HealthCare Services, Inc., a Minnesota corporation with offices at 9900 Bren Road East, Minnetonka, MN 55343 on behalf of UnitedHealthcare Community Plan of Virginia, Inc. and its affiliates (collectively referred to as ("UHC"), St. Joseph's Villa (SJV), and Homeward.

The purpose of this MOU is to describe the process by which these parties will share information about clients in order to connect SJV's RIC Rapid Re-housing (RRH) Department of Housing and Urban Development (HUD) FY23 Expansion Project (the Project) clients with medical and behavioral health services intended to help them remain stably housed. The parties identified below play a key role in this agreement.

Homeward is the lead agency for the Greater Richmond Continuum of Care (GRCoC) and the administrator of the community-based Homeward Community Information System (HCIS). HCIS is a Homeless Management Information System (HMIS) that meets HUD requirements. They are also responsible for facilitating the Release of Information (ROI, see Appendix) process to identify UHC members in the Project.

UHC is a Managed Care Organization (MCO) that seeks to offer services to UHC members who are housed through the Project. These services, which are voluntary to clients, may include medical and behavioral health services valued at a minimum of \$120,843.25. These services will be provided on an ongoing basis beginning at the proposed RRH project start date of July 1, 2024.

SJV is an established RRH provider and recipient of CoC and Emergency Grant Solutions funding. For clients of the Project who receive Medicaid, SJV is responsible for completing the ROI form and submitting it to Homeward.

If through the ROI process it is determined that the client's MCO is UHC, UHC and Homeward develop a care coordination plan through case conferencing.

Eligibility for the Project is based on CoC Program fair housing requirements and will not be restricted by any partnering agency.

Notice

Any notice required or permitted to be given under the MOU shall be in writing and shall be deemed to have been sufficiently given if provided by email to the person designated by each party to receive notice by email. The parties may change the individual identified to receive notice or any of the contact information by giving the other parties notice of such change in accordance with this provision. The parties agree that, should the designated person cease to be the appropriate representative, such party shall appoint a new contact and notify the other party within five business days of change.

Term and Termination

This agreement shall become effective when all parties have signed it. The date of this agreement will be the date this agreement is signed by the last party to sign it (as indicated by the date

associated with that party's signature). This MOU shall continue in effect unless modified in writing or terminated.

Amendments

The parties shall amend this MOU only by written instrument dated and signed by duly authorized representatives of all parties.

Governing Law

This MOU is governed by the laws of the Commonwealth of Virginia and of the United States.

Each party is signing this agreement on the date stated beneath that party's signature.

**UNITED HEALTHCARE SERVICES, INC.
ON BEHALF OF ITSELF, UNITED HEALTHCARE
OF VIRGINIA, INC., AND ITS OTHER AFFILIATES**

DocuSigned by:



9/18/2023

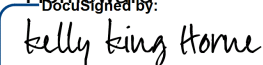
United's Signature

Tameeka Smith

Printed Name of Signer

Homeward

DocuSigned by:



9/18/2023

Homeward's Signature

Kelly King Horne

Printed Name of Signer

St. Joseph's Villa

DocuSigned by:



9/19/2023

St. Joseph's Villa Signature

Katie Chlan, LCSW

Printed Name of Signer

Appendix

Authorization for Release of Health Information

Please keep a copy of this form for your records.

Member's personal information

Full Name _____
Member/Subscriber ID _____ Date of Birth _____
Address _____
City _____ State _____ ZIP Code _____

Who May Receive and Disclose My Information:

I authorize United HealthCare Services Inc., and its affiliates to receive from and/or disclose to any Continuum of Care (COC) organization and any medical provider or other organization participating in the COC, my or my dependent's individually identifiable health information (Health Information).

I understand and agree that:

- This authorization is voluntary;
- The Health Information this authorization relates to may contain information created by other persons or entities including health care providers and may contain medical, pharmacy, dental, vision, mental health, substance abuse, HIV/AIDS, psychotherapy, reproductive, communicable disease and health care program information;
- Neither my dependent nor I may not be denied treatment, payment for health care services, or enrollment or eligibility for health care benefits if I do not sign this form;
- The Health Information this authorization relates to may be subject to re-disclosure by the recipient, and if the recipient is not a health plan or health care provider, the information may no longer be protected by the federal privacy regulations;
- This authorization will expire one year from the date I sign the authorization. I may revoke this authorization at any time by notifying UnitedHealthcare in writing; however, the revocation will not have an effect on any actions taken prior to the date my revocation is received and processed.

Type of Information to be Disclosed and Purpose of Disclosure:

☐ I authorize disclosure and receipt of all my Health Information including information relating to medical, pharmacy, dental, vision, mental health, substance abuse, HIV/AIDS, psychotherapy, reproductive, communicable disease and health care program information; **or**

☐ I authorize only the disclosure of the following information:

(Type of Information)

Purpose of Disclosure/Receipt:

☐ My Health Information is being disclosed at my request or at the request of my personal representative; **or**

☐ My Health Information is being disclosed for the following purpose:

(Explain Purpose)

Date

Date

Please note: If you are a guardian or court appointed representative, you must attach a copy of your legal authorization to represent the member and complete the following:

Guardian or Representative:

Phone Number

Zip Code

Date _____

(For California and Georgia residents only) I understand that I may see and copy the information described on this form if I ask for it, and that I may receive a copy of this form after I sign it.

PLEASE MAINTAIN A COPY OF THIS FORM FOR YOUR RECORDS AND RETURN IT TO:

va_housingadvocate@uhc.com

MEMORANDUM OF UNDERSTANDING
FOR
CARE COORDINATION FOR RAPID RE-HOUSING CLIENTS

This Memorandum of Understanding (MOU) is between Daily Planet Health Services (DPHS) and St. Joseph's Villa (SJV).

The purpose of this MOU is to describe the agreement by which these parties will, upon qualification and client selection, connect SJV's RIC Rapid Re-housing Department of Housing and Urban Development (HUD) FY23 Expansion Project (the Project) clients with DPHS's comprehensive health and supportive services, including substance use treatment, intended to help them remain stably housed. The parties identified below play a key role in this agreement.

DPHS is a federally qualified health center and a Healthcare for the Homeless grantee that seeks to offer comprehensive health and supportive services, including substance use treatment, to clients who are housed through the Project. These services, which are voluntary to clients, have a value of at a minimum of \$120,843.25. These services will be provided to clients who qualify and choose these services on an ongoing basis beginning at the proposed Project start date of July 1, 2024.

SJV is an established RRH provider and recipient of CoC and Emergency Grant Solutions (ESG) funding. SJV will make connections with DPHS for clients in the Project who qualify and choose to seek comprehensive health and supportive services from DPHS.

Eligibility for the Project is based on CoC Program fair housing requirements and will not be restricted by any partnering agency.

Notice

Any notice required or permitted to be given under the MOU shall be in writing and shall be deemed to have been sufficiently given if provided by email to the person designated by each party to receive notice by email. The parties may change the individual identified to receive notice or any of the contact information by giving the other parties notice of such change in accordance with this provision. The parties agree that, should the designated person cease to be the appropriate representative, such party shall appoint a new contact and notify the other party within five business days of change.

Term and Termination

This agreement shall become effective when all parties have signed it. The date of this agreement will be the date this agreement is signed by the last party to sign it (as indicated by the date associated with that party's signature). This MOU shall continue in effect unless modified in writing or terminated.

Amendments

The parties shall amend this MOU only by written instrument dated and signed by duly authorized representatives of all parties.

Governing Law

This MOU is governed by the laws of the Commonwealth of Virginia and of the United States.

Each party is signing this agreement on the date stated beneath that party's signature.



Anita Bennett
Chief Executive Officer
Daily Planet Health Services

Date: September 19, 2023



09/19/23

Katie Chlan, LCSW
Senior Director, Flagler Housing and Homeless Services
St. Joseph's Villa

Greater Richmond Continuum of Care

Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking

Emergency Transfers

If a HUD Continuum of Care (CoC) Program-funded or VaDHCD Virginia Homeless Solutions Program (VHSP)-funded Rapid Rehousing (RRH) or Permanent Supportive Housing (PSH) provider (Housing Provider, HP) is concerned about the safety of its clients housed through its program, and such concern extends to tenants who are victims of domestic violence, dating violence, sexual assault, or stalking. The YWCA is the coordinating agency (CA) for the GRCoC's Emergency Transfer Plan (ETP).

In accordance with the Violence Against Women Act (VAWA),¹ the ETP allows tenants who are victims of domestic violence, dating violence, sexual assault, or stalking to request an emergency transfer from the tenant's current unit to another unit. The ability to request a transfer is available regardless of sex, gender identity, or sexual orientation.² The ability of the CA to honor such request for tenants currently receiving assistance, however, may depend upon a preliminary determination that the tenant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, and on available resources to offer safe, temporary accommodations provided by the CA. The HP will continue to provide case management, including housing search and navigation to locate and secure a new RRH or PSH unit.

¹ Despite the name of this law, VAWA protection is available to all victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

² Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

This ETP identifies tenants who are eligible for an emergency transfer, the documentation needed to request an emergency transfer, confidentiality protections, how an emergency transfer may occur, and guidance to tenants on safety and security.

Eligibility for Emergency Transfers

A tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking, as provided in HUD's regulations at 24 CFR part 5, subpart L is eligible for an emergency transfer, if: the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant remains within the same unit. If the tenant is a victim of sexual assault, the tenant may also be eligible to transfer if the sexual assault occurred on the premises within the 90-calendar-day period preceding a request for an emergency transfer.

A tenant requesting an emergency transfer must expressly request the transfer in accordance with the procedures described in this plan.

Tenants who are not in good standing may still request an emergency transfer if they meet the eligibility requirements in this section.

Emergency Transfer Request Documentation

To request an emergency transfer, the tenant shall notify their HP case manager who will and submit a written request for a transfer to the CA . The CA will provide reasonable accommodations to this policy for individuals with disabilities. The tenant's written request for an emergency transfer should include either:

1. A statement expressing that the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant were to remain in the same dwelling unit assisted under HP's program; OR

2. A statement that the tenant was a sexual assault victim and that the sexual assault occurred on the premises during the 90-calendar-day period preceding the tenant's request for an emergency transfer.

Confidentiality

The CA and HP will keep confidential any information that the tenant submits in requesting an emergency transfer, and information about the emergency transfer, unless the tenant gives HP written permission to release the information on a time limited basis, or disclosure of the information is required by law or required for use in an eviction proceeding or hearing regarding termination of assistance from the covered program. This includes keeping confidential the new location of the dwelling unit of the tenant, if one is provided, from the person(s) that committed an act(s) of domestic violence, dating violence, sexual assault, or stalking against the tenant. .

Emergency Transfer Timing and Availability

The CA cannot guarantee that a transfer request will be approved, if there are resources available to provide the transfer, or how long it will take to process a transfer request. The CA will, however, act as quickly as possible to move a tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking to another unit, subject to availability and safety of a unit.

Rehoused Unit

If a tenant reasonably believes a proposed transfer would not be safe, the tenant may request a transfer to a different unit. If a unit is available, the transferred tenant must agree to abide by the terms and conditions that govern occupancy in the unit to which the tenant has been transferred. HP may be unable to transfer a tenant to a particular unit if the tenant has not or cannot establish eligibility for that unit.

If HP has no safe and available units for which a tenant who needs a transfer is eligible, HP will assist the tenant in identifying other housing providers who may have safe and available units to which the tenant could move. At the tenant's request, HP will also assist tenants in contacting the local organizations offering assistance to victims of domestic violence, dating violence, sexual assault, or stalking that are attached to this plan.

Safety and Security of Tenants

Pending processing of the transfer and the actual transfer, if it is approved and occurs, the tenant is urged to take all reasonable precautions to be safe.

Tenants who are or have been victims of domestic violence are encouraged to contact the Empowernet Regional Hotline at 804-612-6126.

HUD Entry Assessment (for all other programs) Date: _____

First Name: _____ Middle Name _____

Last Name: _____ SSN#: _____

Date of Birth: _____

Gender: ☐ Female ☐ Male ☐ Trans MTF male to female ☐ Trans FTM female to male
☐ Client Doesn't Know ☐ Client Refused ☐ Data not collected
☐ Gender Non-conforming

Primary Race: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Gender Non-conforming ☐ Client Doesn't Know ☐ Client Refused ☐ Data not collected

Secondary Race: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Client Doesn't Know ☐ Client Refused ☐ Data not collected

Ethnicity: ☐ Hispanic/Latino ☐ Non-Hispanic/Latino ☐ Client Doesn't Know
☐ Client Refused ☐ Data not collected

Military Veteran? ☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data not collected

Pick only 1 option that applies appropriately to client's entry

(Client is entering from 1. homelessness, 2. Institutional, 3. Transitional/Permanent housing)

Option 1 – Entering Program from Homeless Situation

Residence prior to Entry: Check Only One

☐ Emergency shelter (to include hotel paid voucher) ☐ Place not meant for habitation
☐ Safe Haven ☐ Interim Housing

Length of stay in previous place: Check only one

☐ 1 night or less ☐ 90 days or more, but less than 1 year
☐ 2 nights to 6 nights ☐ 1 year or longer
☐ 1 week or more, but less than 1 month ☐ Client Doesn't Know
☐ 1 month or more, but less than 90 days ☐ Client Refused
☐ Data not collected

Approximate date homelessness started: _____ (mm/dd/yyyy)

Regardless of where they stayed last night, Number of times the client has on streets, ES or SH past 3 years: Check only one

☐ 1 time ☐ 3 times ☐ Client Doesn't Know ☐ Data not collected
☐ 2 time ☐ 4 or more times ☐ Client Refused

Total number of month's client has been on street, ES, or SH 3 years: Check only one

☐ 1 month, this is the first month ☐ 5 ☐ 9 ☐ more than 12 months
☐ 2 ☐ 6 ☐ 10 ☐ Client Doesn't Know

- | | | | |
|----------------------------|----------------------------|-----------------------------|---|
| <input type="checkbox"/> 3 | <input type="checkbox"/> 7 | <input type="checkbox"/> 11 | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> 4 | <input type="checkbox"/> 8 | <input type="checkbox"/> 12 | <input type="checkbox"/> Data not collected |

Option 2 - Entering Program from Institutional Situation

Residence Prior to Entry: Check Only One

- | | |
|---|---|
| <input type="checkbox"/> Foster Care/group home | <input type="checkbox"/> Hospital or non-psychiatric facility |
| <input type="checkbox"/> Jail/Prison or Juvenile Facility | <input type="checkbox"/> Long term care facility/nursing home |
| <input type="checkbox"/> Psychiatric hospital | <input type="checkbox"/> Substance abuse treatment facility/detox |

Length of stay: Check only one

- | | |
|---|--|
| <input type="checkbox"/> 1 night or less | <input type="checkbox"/> 90 days or more, but less than 1 year |
| <input type="checkbox"/> 2 nights to 6 nights | <input type="checkbox"/> 1 year or longer |
| <input type="checkbox"/> 1 week or more, but less than 1 month | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> 1 month or more, but less than 90 days | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data not collected | |

On the night before did you stay on street, ES, or SH? ☐ Yes ☐ No

Option 3- Residence prior to Entry: Transitional & Permanent Situation

Residence prior to Entry: Check Only One

- | | |
|---|---|
| <input type="checkbox"/> Hotel/Motel paid without ES voucher | <input type="checkbox"/> Owned with No Subsidy |
| <input type="checkbox"/> Owned with Subsidy | <input type="checkbox"/> Perm. Housing other than RRH for Formerly Homeless |
| <input type="checkbox"/> Rental with No Subsidy | <input type="checkbox"/> Rental with VASH Subsidy |
| <input type="checkbox"/> Rental with GPD TIP Subsidy | <input type="checkbox"/> Rental with Other Subsidy include RRH |
| <input type="checkbox"/> Residential/halfway house w/no homeless criteria | <input type="checkbox"/> Living w/ Family |
| <input type="checkbox"/> Living w/Friends | <input type="checkbox"/> Transitional housing for homeless persons |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data not collected | |

Length of stay: Check only one

- | | |
|---|--|
| <input type="checkbox"/> 1 night or less | <input type="checkbox"/> 90 days or more, but less than 1 year |
| <input type="checkbox"/> 2 nights to 6 nights | <input type="checkbox"/> 1 year or longer |
| <input type="checkbox"/> 1 week or more, but less than 1 month | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> 1 month or more, but less than 90 days | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data not collected | |

On the night before did you stay on street, ES, or SH? ☐ Yes ☐ No

Relationship to Head of Household: Check only one

- | | |
|--|--|
| <input type="checkbox"/> Self (Head of household) | <input type="checkbox"/> Head of Household's other relation member |
| <input type="checkbox"/> Head of household's child | <input type="checkbox"/> Other: Non-relation member |
| <input type="checkbox"/> Head of household's spouse or partner | <input type="checkbox"/> Data not collected |

Client Location (this is the CoC where the client is staying prior to entry): Check only one

- | | |
|--|--|
| <input type="checkbox"/> VA-500 - Richmond | <input type="checkbox"/> VA - 513 Western CoC |
| <input type="checkbox"/> VA-521 - Balance of State | <input type="checkbox"/> VA-514 - Fredericksburg |

Receiving Income from any source? ☐ Yes

☐ No

Must complete all questions

Income Source	Yes	No	Data not collected	Incomplete
Alimony or Other Spousal Support \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Support \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Earned Income \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Assistance \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pension/retirement from a Former Job \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private Disability Insurance \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retirement Income Social Security \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SSDI \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SSI \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TANF \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unemployment Insurance \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VA Non-Service connected disability pension \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VA Service connected disability compensation \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workers Compensation \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Receiving any Non-cash benefits: ☐ Yes

☐ No

Must complete all questions

Non-Cash source	Yes	No	Data no collected	Incomplete
Other Source	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other TANF-funded service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SNAP – Food Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TANF child care services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TANF transportation services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Health Insurance: ☐ Yes

☐ No

Must complete all questions

Health Insurance Type	Yes	No	Data not collected	Incomplete
Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vet. Admin. Medical service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employer provided Health Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCHIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COBRA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private Pay Health Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Health Insurance for Adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indian Health Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Disabling Condition? ☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused ☐ Data not collected

Must complete all questions

Disability Type	Yes	No	Data not collected	Incomplete
Alcohol Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Health Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developmental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Both Alcohol & Drug Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Domestic Violence Victim/Survivor? ☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused
☐ Data not collected

Extent of Domestic violence: Check only one

☐ Within past 3 months ☐ 3 to 6 months ☐ Client Doesn't Know
☐ From 6 to 12 months ☐ More than a year ago ☐ Client Refused
☐ Data not collected

If yes, are you currently fleeing? ☐ Yes ☐ No ☐ Client Doesn't Know ☐ Client Refused
☐ Data not collected

Zip Code: _____

Locality of Last Residence: Only Check One

Accomack	Essex	Loudoun	Prince Edward
Albermarle	Fairfax City	Louisa	Prince George
Alexandria City	Falls Church City	Lunenburg	Prince William
Alleghany	Fauquier	Floyd	Pulaski
Amelia	Floyd	Lynchburg City	Radford City
Amherst	Fluvanna	Madison	Rappahannock
Appomattox	Franklin	Manassas	Richmond City
Augusta	Franklin City	Manassas City	Richmond county
Bath	Frederick	Manassas Park City	Rockbridge
Bland	Fredericksburg City	Martinsville City	Rockingham
Botetourt	Galax	Mathews	Russell
Bristol City	Giles	Mecklenburg	Salem City
Brunswick	Gloucester	Middlesex	Scott
Buchanan	Goochland	Montgomery	Shenandoah
Buckingham	Grayson	Nelson	Smyth
Buena Vista City	Greene	New Kent	Southampton

Charles City	Greensville	Newport News	Spotsylvania
Charlotte	Halifax	Newport News City	Stafford
Chesapeake City	Hampton City	Norfolk City	Staunton City
Chesterfield	Hanover	Northampton	Suffolk City
Clarke	Harrisonburg City	Northumberland	Surry
Clifton Forge	Henrico	Norton	Sussex
Colonial Heights City	Henry	Norton City	Tazewell
Covington	Highland	Nottoway	Virginia Beach City
Covington City	Hopewell City	Orange	Warren
Craig	Isle of Wright	Page	Washington
Culpeper	James City	Patrick	Waynesboro City
Cumberland	King and Queen	Petersburg City	Westmoreland
Danville City	King William	Poquoson	Williamsburg City
Dickenson	Lancaster	Poquoson City	Winchester City
Dinwiddie	Lee	Portsmouth City	Wise
Emporia City	Lexington City	Powhatan	Wythe

List Other State: _____

Employed: ☐ Yes ☐ No

Client Telephone number: _____

Emergency Contact

Contact's Name: _____

Contact's Address: _____

City: _____ **State:** _____

Phone: _____ **Second Phone:** _____

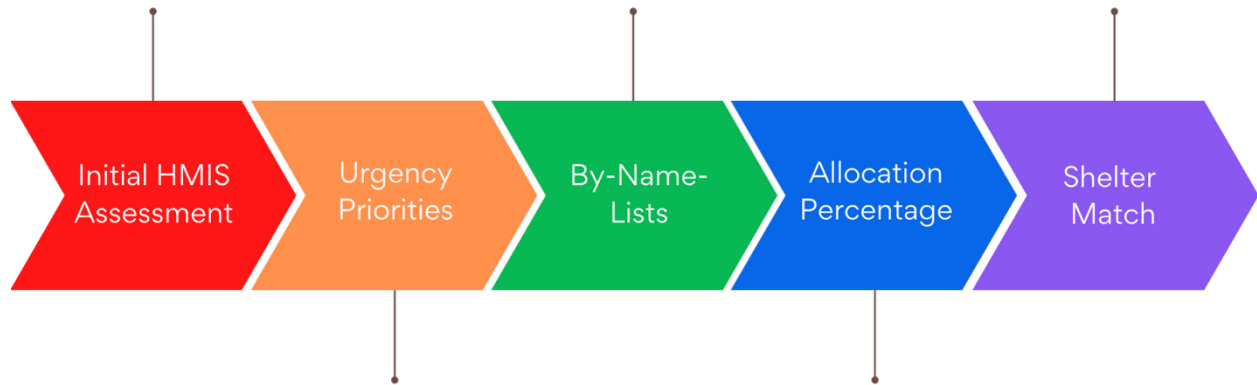
Relationship to client: _____

Single Adult Year-round Shelter Bed Assignment Assessment Process

HCL & Outreach complete the HMIS intake with added acuity fields and additional disabling conditions based on how a client self-reports

HMIS would be able to place clients into one of the three urgency priorities which would be listed on the ES by-name-list and sort clients by length of Homelessness.

Client decides to accept or deny the referral. Access Navigator (AN) completes update in HMIS and completes referral in HMIS for shelter



Sorted by Length of Homelessness				Access Navigator (AN) contacts clients based on allocation formula: <ul style="list-style-type: none"> • Urgency Priority 1: 75 %* • Urgency Priority 2: 25%* <p>*Access Navigator may allocate up to 25% of total daily beds for urgency priority 3 clients</p> <p>If there are any leftover beds, AN may contact clients in Urgency Priority 4</p>
Urgency Priority One	Urgency Priority Two	Urgency Priority Three	Urgency Priority Four	
<p>A client must have at least three vulnerabilities</p> <ul style="list-style-type: none"> - Unsheltered* - 2 acuity questions (see below)* - 65+ years old - Three or more disabling conditions (tri-morbidity) - 3+ months pregnant <p><i>*Having both of these vulnerabilities automatically qualifies a client for Urgency Priority One</i></p>	<p>A client must have at least two vulnerabilities</p> <ul style="list-style-type: none"> - Unsheltered - Youth (18-24 years old) - Two disabling conditions (co-morbidity) - One acuity question answered - 65+ years old - 3+ pregnant 	<p>A client must be recommended by case conferencing consensus. Household characteristics could include:</p> <ul style="list-style-type: none"> - Unsheltered - Vulnerable because of emergent crisis or vulnerability 	<p>Remaining individuals including contacts of three days away or less from literal homelessness</p>	

Definitions:

- Acuity: Complexity and severity of a client's health conditions.
- Vulnerability: A state of being or a possibility that someone's health and physical safety is being harmed by their situation or others.
- Chronic: A homeless person with a disability who has been homeless for 12 consecutive months or 4 or more times within the past 3 years adding up to 12 months.

Acuity Questions to add to the Initial Assessment (HMIS Intake) as Acuity Questions:

- In the past week, have you used an emergency hotline or crisis service? Such as: emergency rooms, in-patient psychiatric center/hospital, sexual assault crisis, mental health crisis/hotline, family/intimate violence, and suicide prevention hotlines?
- Do you feel that your physical safety is at risk?
- Do you require medical attention for wound care, dialysis, chemo, and/or disease?

GRCoC PSH Prioritization for Singles				
Each Priority is Sorted by Length of Homelessness				
Priority Order	Documented Criteria	Recommended Intervention	Tie Breaker	Allocation
1	- Chronic - Tri-morbidity+ (3 or more disabilities) - Answered yes to 2 or more acuity questions (excluding pregnancy)	PSH OPH (ALF/SNF)	1. Case Conference consensus 2. Unsheltered Status 3. Unsuccessful Exits from Shelter (excluding IWS) & Housing Interventions	PSH: 50% - Priority will be given to priority 1 if there is one vacancy or an odd number of vacancies.
2	- Chronic - Co-morbidity+ (2 or more disabilities) - Answered yes to 1 acuity question (excluding pregnancy)	PSH		PSH: 50%* (see priority three)
3	Remaining individuals experiencing chronic homelessness: - Clients should have an emergent crisis or vulnerability	PSH		PSH: * Up to 50% can be allocated to priority 3
GRCoC PSH Prioritization for Singles				
Each Priority is Sorted by Length of Homelessness				
1	Must be unsheltered and have at least two vulnerabilities: - Tri-morbidity+ (3 or more disabilities) - Yes to 2 acuity questions - 65+ years of age	RRH OPH (ALF/SNF)		RRH: 75%
2	Must have at least two vulnerabilities: - Unsheltered - Co-morbidity (2 or more disabilities) - Yes to 1 acuity question - 65+ years of age	RRH		RRH: 25%* (see priority 6)
3	Remaining individuals	RRH	1. Case Conference consensus of an individual with an emergent crisis or vulnerability 2. Date of homelessness	RRH: *25% can be allocated to priority 6

GRCoC Family Shelter and RRH Prioritization

Family Shelter Prioritization Sorted by Length of Homelessness			
Urgency Priority One	Urgency Priority Two	Urgency Priority Three Case Conferencing	Allocation Formula
<p>A household must be unsheltered (place not meant for human habitation) AND has at least one of the following vulnerabilities:</p> <ul style="list-style-type: none"> • Have at least one minor child between the ages of 0-5. • Have an older adult (65+) in the household • Answer yes to two or more acuity questions. <p>* Sorted by length of homelessness</p>	<p>All other literally homeless households sorted by length of homelessness.</p>	<p>A household must be recommended by a case conference consensus with an emergent crisis or vulnerability.</p>	<p>Urgency Priority One: 75%*</p> <p>Urgency Priority Two: 25%*</p> <p>*Access Navigator may allocate up to 25% of total vacancies for urgency priority three.</p>

RRH Family Prioritization Sorted by Length of Homelessness			
Urgency Priority One	Urgency Priority Two	Urgency Priority Three Case Conferencing	Allocation Formula
<p>An unsheltered household (place not meant for human habitation) and be open to a street outreach project with an engagement within the past 3 weeks AND must have at least one of the following vulnerabilities:</p> <ul style="list-style-type: none"> - Have one disability in the household or more. - Answered yes to one or more acuity questions <p>* Sorted by length of homelessness.</p>	<p>All other literally homeless households sorted by length of homelessness.</p>	<p>A household must be recommended by a case conference consensus with an emergent crisis or vulnerability.</p>	<p>Urgency Priority One: 50%*</p> <p>Urgency Priority Two: 50%*</p> <p>*Housing Intervention Navigator may allocate up to 50% of total vacancies for urgency priority three.</p>

Coordinated Services Agreement

Between

Greater Richmond Continuum of Care (GRCoC)

And

Thrive Birth to Five

Greater Richmond Continuum of Care (GRCoC) and Thrive Birth to Five agree to coordinate services to prevent and reduce child and family homelessness in the greater Richmond region as well as support children and families experiencing homelessness.

GRCoC coordinates homeless services and homelessness prevention across the City of Richmond, and the counties of Charles City, Chesterfield, Goochland, Hanover (including the town of Ashland), Henrico, New Kent, and Powhatan. GRCoC will distribute and disseminate quality information that can be used by staff and families in the greater Richmond region on:

- the coordinated entry system for people experiencing homelessness and how to make referrals.
- Data related to child and family homelessness
- Coordinated funding process
- Planning and decision making related to homeless services

Thrive Birth to Five will provide information on available resources for eligible or potentially eligible households. Thrive Birth to Five will register for the GRCoC newsletter at endhomelessnessrva.org to receive information. Thrive Birth to Five can also contact Homeward to request information at info@homewardva.org.

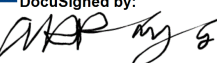
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9/18/2023

Kelly King Horne, Executive Director, Homeward

Date

DocuSigned by:

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9/14/2023

Ann Rohde Payes, Chief Executive Officer, Thrive Birth to Five

Date

Coordinated Services Agreement

Between

Greater Richmond Continuum of Care (GRCoC)

And

YWCA Richmond

Greater Richmond Continuum of Care (GRCoC) and YWCA Richmond (Sprout Schools) agree to coordinate services to prevent and reduce child and family homelessness in the greater Richmond region as well as support children and families experiencing homelessness.

GRCoC coordinates homeless services and homelessness prevention across the City of Richmond, and the counties of Charles City, Chesterfield, Goochland, Hanover (including the town of Ashland), Henrico, New Kent, and Powhatan. GRCoC will distribute and disseminate quality information that can be used by staff and families in the greater Richmond region on:

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- Data related to child and family homelessness
- Coordinated funding process
- Planning and decision making related to homeless services

AGENCY will provide information on available resources for eligible or potentially eligible households. AGENCY will register for the GRCoC newsletter at endhomelessnessrva.org to receive information. Agency can also contact Homeward to request information at info@homewardva.org.

Kelly King
Kelly King Horne, Homeward

9/17/2023
Date

Rupa S. Murthy, CEO
NAME, TITLE, AGENCY

YWCA RICHMOND
Date

9/12/23

Coordinated Services Agreement

Between

Greater Richmond Continuum of Care (GRCoC)

And

Family Lifeline

Greater Richmond Continuum of Care (GRCoC) and Family Lifeline agree to coordinate services to prevent and reduce child and family homelessness in the greater Richmond region as well as support children and families experiencing homelessness.

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- the coordinated entry system for people experiencing homelessness and how to make referrals.
- Data related to child and family homelessness
- Coordinated funding process
- Planning and decision making related to homeless services

Family Lifeline will provide information on available resources for eligible or potentially eligible households. Family Lifeline will register for the GRCoC newsletter at endhomelessnessrva.org to receive information. Family Lifeline can also contact Homeward to request information at info@homewardva.org.

DocuSigned by:

Kelly King Horne

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9/18/2023

Kelly King Horne, Executive Director, Homeward

Date

DocuSigned by:

Anna Hardin

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9/18/2023

Anna Hardin, Sr. Vice President of Programs, Family Lifeline

Date