Before Starting the CoC Application

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

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

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

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

Your CoC Must Approve the Consolidated Application before You Submit It

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

Answering Multi-Part Narrative Questions

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

Attachments

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

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

1A. Continuum of Care (CoC) Identification

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

1A-1. CoC Name and Number: TN-510 - Murfreesboro/Rutherford County CoC

1A-2. Collaborative Applicant Name: Housing, Health and Human Services Alliance of Rutherford County

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Housing, Health and Human Services Alliance of Rut

1B. Coordination and Engagement–Inclusive Structure and Participation

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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1B-1.	**Inclusive Structure and Participation–Participation in Coordinated Entry.**	
	NOFO Sections VII.B.1.a.(1), VII.B.1.e., VII.B.1.n., and VII.B.1.p.	

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

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

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

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

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

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

(limit 2,000 characters)

1. Our CoC has 70 member-agencies representing community systems and individual advocates, an increase of 10 members since the last collaborative application for FY2019.
New members are solicited year-round with information on the H3ARC website (our Lead Agency). In 2020 and 2021, the Executive Director (ED) of H3ARC held interviews with local radio stations and promoted CoC membership. The CoC Board and ED contacted agencies from underrepresented groups to encourage CoC membership. These areas included agencies based in and serving clients in the North end of Rutherford County (2 new members), agencies led by and serving persons of color (2 new members), and mental health service providers (2 new members).
2. Efforts include closed captioning for virtual meetings, accessible locations for in-person meetings, translation and reading services for persons with limited English proficiency (LEP).
Contracts with member agencies also require policies in place to ensure access

to persons with disabilities including LEP persons.
3. In 2019 our Consumer Council surveyed persons with lived experience and invited respondents to the CoC.
In 2021, we started quarterly dinner and discussion events. CoC member agencies invite persons with lived experience to these events. These have added 4 persons to the Council who will facilitate these sessions in 2022 and provide input to other CoC work.
4. We identified two areas of underrepresentation: agencies led by and serving persons of color and agencies located and serving persons in the north end of Rutherford County.
This was evident in CoC membership, CoC Committees and other working areas, and in the CoC Board.
In addition to the new member agencies above, the ED has included these underrepresented groups in several areas in 2020 and 2021: Rating and Ranking Committee – including a Co-Chair, HMIS strategic assessment group, PIT Count planning group, case conferencing, ESG-CV coordination, and CoC Membership and Advocacy Committee.

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

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

(limit 2,000 characters)

1. The Housing, Health and Human Services Alliance of Rutherford County (H3ARC) is the deliberative body for TN-510. 70 agencies representing all community systems and individual advocates are members. All are encouraged to participate in one or more CoC Committees: planning, rating and ranking, membership and advocacy, consumer council (comprised of persons with lived experience of homelessness) and service delivery, or additional working groups: HMIS assessment, case conferencing, ESG-CV coordination.
2. These committees and working groups meet regularly and report to the CoC Board and general membership.
Meetings are quarterly for the general membership where surveys, group discussion and reports are discussed. All agendas include time for input. H3ARC website and mass emails include meeting times and other information for the community. The HMIS web board (used by many organizations beyond HMIS participants) also advertises this information. In addition, the Executive Director, Board, and members participate in community groups and meetings with citizens, civic groups and public leaders. In 2020 and 2021 we have participated in the City of Murfreesboro consolidated plan, annual plan, The United Way's Bold Goals vision team, the Family Collective steering team, and Rutherford County's sequential intercept mapping.
3. We continue to work our 2020-2023 strategic plan that was designed with this input.

In 2021, ongoing input has continued to form our case conferencing, ESG-CV coordination, EHV coordination, and the redevelopment of our rating and ranking committee and consumer council.

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

	Describe in the field below how your CoC notified the public:
1.	**that your CoC's local competition was open and accepting project applications;**
2.	**that your CoC will consider project applications from organizations that have not previously received CoC Program funding;**
3.	**about how project applicants must submit their project applications;**
4.	**about how your CoC would determine which project applications it would submit to HUD for funding; and**
5.	**how your CoC effectively communicated with individuals with disabilities, including making information accessible in electronic formats.**

(limit 2,000 characters)

1. We posted information on the Lead Agency's (H3ARC) website on 9/17/21, included the notice in a CoC-wide email on 9/10/21, and held an online information session on 9/14/21 which was recorded and posted to our website.
2. This was included in the information session, and in discussions with interested agencies. The CoC solicited new project applications, and encouraged agencies that have not previously received CoC program funding to include information about project design, experience with other state or federal funding sources, or other housing projects they learned from as methods to include supporting data for their applications.
3. These instructions were included in the information session, with additional links to the detailed instructions to complete project applications.
4. The rating and ranking committee oversees this process. This procedure was updated by the CoC Board this year after extensive deliberation from February through May of 2021. The rating and ranking chairperson reported on these procedures to the CoC Board and to general membership at each meeting during the process. The Executive Director also updated the Executive Committee during their meetings. The rating and ranking chair shared the timeline, priorities, scoring, and ranking process during the information session, and reviewed the process with applicants.
5. Information was available in both written and electronic formats, with closed captioning available for virtual meetings. Additional reading assistance was available, although we did not have any requests for this service.

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

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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1C-1.	**Coordination with Federal, State, Local, Private, and Other Organizations.**	
	NOFO Section VII.B.1.b.	

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

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with Planning or Operations of Projects
1.	**Funding Collaboratives**	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)**	Nonexistent
11.	**Organizations led by and serving Black, Brown, Indigenous and other People of Color**	Yes
12.	**Organizations led by and serving LGBT persons**	Yes
13.	**Organizations led by and serving people with disabilities**	Yes
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.	The United Way	Yes

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

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

(limit 2,000 characters)

1. Beginning in 2020, our CoC and several others in the state began planning with the Tennessee Housing Development Agency (THDA) for allocation of ESG-CV funds. Our 2020 Board Chair and Executive Director participated in this work. This planning developed the evaluation and reporting scheme in #2. This was a significant growth in the planning and coordination for ESG funds, and has carried over into annual ESG from THDA.
The City of Murfreesboro receives a set-aside amount ($150,000 in 2021) from THDA for ESG. The City holds a seat on the CoC Board, and works closely with the CoC to coordinate the use of these funds. With the addition of ESG-CV and ERAP funds in the community, we have been able to utilize ESG funds in two high-impact areas: Rapid Re-Housing (ESG-CV-2 funds) and shelters (ESG City funds).
2. Our CoC conducted a rating and ranking process as part of the ESG-CV-2 funding determinations in partnership with THDA. We continue to work with THDA to make this a part of the annual ESG process. With our updated rating and ranking procedures developed this year, we are now prepared to add this to our regular operations.
H3ARC submits quarterly ESG-CV reports for our recipients. This reduces the data reporting burden on recipient agencies and improves data quality in reports. It has created more opportunities for our HMIS staff to work with recipient agencies to improve their overall data quality as we prepare for each quarterly report. We continue to work with THDA to see how these improvements may be implemented as part of ESG annual funds.
3. The City of Murfreesboro is the only Consolidated Plan jurisdiction in our area. We work with the City's Community Development department to provide PIT and HIC data, and also for their process updating the consolidated plan this year.
4. This has included participation in the analysis to impediments for fair housing, and a new initiative to improve the quality of food distribution activities in the City.

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

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

1.	**Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated.**	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.**	Yes
5.	**Sought assistance from HUD by submitting AAQs or requesting technical assistance to resolve noncompliance of service providers.**	Yes
6.	**Other. (limit 150 characters)**	

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

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

(limit 2,000 characters)

1,2. Several CoC member agencies provide educational services for children, youth, and families:
-YouthCAN- for ages 16-24, educational and career opportunities with support services for financial literacy, occupational goals, and other life skills
-Rutherford Co. Safe Baby Court- community engagement initiative to improve and expedite services for children who are under court supervision
-Read to Succeed- literacy programs including ESL. Currently serves on CoC evaluation team.
-Prevention Coalition for Success- education for youth and parents about substance abuse and prevention
-Middle Tennessee State University Next Step- services for underprivileged students to succeed in college, including youth from foster care, independent minors, or from homelessness
-Family and Children's Services- safety net agency to fill gaps in social services
-Child Advocacy Center
-Boys & Girls Club

3. Our agencies utilized state education agencies for requirements, best practices, and training in education.
4. Member agencies have a variety of formal partnerships with education agencies to implement programs in our community.

5. The largest school districts in our area, City of Murfreesboro schools and Rutherford Co. schools, are both members of the CoC. We work with their designated departments, Rutherford Co. ATLAS program and City schools Community Liaison and social workers, to ensure appropriate services are available to K-12 students and families. We have started a new partnership with City schools, training their social workers in some areas of Coordinated Entry so they can make expedited referrals for families looking for housing and supportive services.
6. The new partnership with City schools for coordinated entry training has a written MOU to clarify the responsibilities of the City schools staff and CE agencies. ATLAS also has a formal agreement with The Family Collective as part of that network of CoC agencies working together to provide sustainable housing and supportive services for families.

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

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

(limit 2,000 characters)

The CoC maintains partnerships with the McKinney-Vento (M-V) liaisons in both Murfreesboro city schools and Rutherford County schools. These liaisons provide posters, brochures, and other written informational materials to member agencies in the CoC that provide intake services to families, and youth. These materials are provided in English and Spanish. Member agencies use the materials to inform families and youth about their eligibility for the resources available.
Additionally, our CoC is currently facilitating a direct referral process for guidance counselors, social workers, and other appropriate staff in both school districts to connect families and youth with agencies that work with families and youth.

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

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

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	No	No
2.	Child Care and Development Fund	No	No
3.	Early Childhood Providers	No	No
4.	Early Head Start	No	No
5.	Federal Home Visiting Program–(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No	No

6.	**Head Start**	No	No
7.	**Healthy Start**	No	No
8.	**Public Pre-K**	No	Yes
9.	**Tribal Home Visiting Program**	No	No
	Other (limit 150 characters)		
10.			

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

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

(limit 2,000 characters)

1. A strategic partnership between CoC and Domestic Violence Program (DVP) provides increased training and awareness opportunities that better prepares community service agencies for improved appropriate responses and victim access to services, especially in relations to homeless or near homeless populations. DVP staff receives extensive and detailed training through the State of Tennessee through the Tommy Burks Academy Advocate training when hired. Ongoing training is conducted through monthly staff meetings and webinars provided by local coalitions and sister agencies.
2. DVP then provides community-based curriculum and workshops that include evidence-based and best practice instruction on the various types of violence and abuse (Power and Control Wheel) and interactive simulations designed to educate individuals on why victims do not leave. These trainings are made available to the CoC committees, in which DVP participates in the Planning and Service Delivery committees, which are responsible for coordinated entry. In addition, the DVP provides day long community-based training "Summits" for awareness and prevention. Included in these modules is the evidence-based simulation model "In Her Shoes". DVP also provides information and presentations to the members of the CoC during general membership meetings. CoC members are encouraged to visit and meet with DVP staff to learn more about the issues of DV and intersectionality with vulnerable populations.

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

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

(limit 2,000 characters)

Data used by TN-510 CoC to assess the scope of the needs of domestic violence, dating violence, sexual assault and stalking survivors include local data collection via DVP through their own data management system. DVP also uses Simon Solutions Charity Tracker HMIS platform which is independent of TN-510 Coc's HMIS platform of Charity Tracker. Only users of DVP have access to this comparable database as a victim service provider. Executive Director of DVP also provides TN-510 with de-identified information, so that clients of DVP can be added to TN-510 CoC BNL (by-name list). Additional community level data sources include the data from the 16th Judicial District Judicial systems (Rutherford Co), Murfreesboro Police Department, Rutherford County Sheriff's Department, MTSU Police Department, La Vergne Police Department, and Smyrna Police Department. State level data is made available via Tennessee Bureau of Investigation. DVP makes TN-510 aware of national statistics and data sources from the CDC, RAINN (Rape, Abuse, & Incest National Network), NNEDV (National Network to End Domestic Violence) and other DV/SA coalitions such as TN Coalition to End Domestic and Sexual Violence.

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

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

(limit 2,000 characters)

1. Safely working with clients who have experienced domestic violence, dating violence, sexual assault and stalking involves a strong collaborative partnership of TN-510 CoC with DVP. DVP is the only agency in our community that provides comprehensive services for individuals and families who have been affected by domestic and sexual violence at no costs to the survivor. DVP clients receive comprehensive safety planning by trained advocates during all intakes for services. Additional and more extensive personal safety planning provided throughout the completion of services provided as well as after-care case management. TN-510 CoC's coordinated entry refers all DV cases directly to DVP to prioritize the safety needs of survivors.
2. DVP provides 24-hour access to all services via crisis lines including emergency safe shelter, so TN-510 CoC can enact an emergency transfer plan. DV survivors experiencing homelessness are quickly assisted due to low barriers for entry for services and via prioritization for services with DVP.
3. DVP's goal is to ensure survivors served through safe shelter and other supportive housing services are safe from emotional and physical abuse; to provide trauma-informed services and provide survivors with resources and personal choices for their physical safety and emotional well-being. DVP maintains rigorous client confidentiality policies and upholds those through their work with TN-510 CoC to assist sheltered and unsheltered homeless individuals by providing the housing and/or services needed to help individuals into transitional and permanent housing with the goal of long-term stability. DVP maintains a special sensitivity to confidentiality, a housing first model, and

vulnerability and priority scoring on the VI-SPDAT to successfully house families in permanent housing solutions through the participation in emergency safe housing, Rapid Re-Housing or Transitional Housing programs with provisions of supportive wraparound services.

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

1.	Did your CoC implement a written CoC-wide anti-discrimination policy ensuring that LGBT individuals and families receive supportive services, shelter, and housing free from discrimination?	Yes
2.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	No
3.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual's Gender Identity (Gender Identity Final Rule)?	No

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

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

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2020 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Murfreesboro Housing Authority	81%	Yes-HCV	No
TN Housing Development Agency	100%	Yes-HCV	No

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

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

(limit 2,000 characters)

Our CoC works with the Murfreesboro Housing Authority for a homeless admission preference for HCV. MHA has a seat on the CoC Board, and collaborates together on Shelter Plus Care and EHV.

Homelessness, and involuntary displacement both qualify for preference in applicant scoring.
The Shelter Plus Care program is exclusively for homeless clients.

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 Tax Credit (LIHTC) developments	Yes
4.	Local low-income housing programs	Yes
	Other (limit 150 characters)	
5.		

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

Does your CoC include PHA-funded units in the CoC's coordinated entry process?	No

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

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

(limit 2,000 characters)

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

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

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

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

(limit 2,000 characters)

1. Emergency Housing Vouchers (EHV)
2. Yes, MHA was awarded 28 vouchers
3. As of 11/11/21 we have 13 households that have moved-in to new housing with these vouchers. As part of the partnership between the CoC and the PHA, the CoC has made referrals from our prioritized by-name list of individuals and families for these vouchers. The CoC has also coordinated work with multiple member agencies for supportive services for these households. These vouchers are a sustainable housing option for persons in our community that need more permanent assistance, beyond our limited PSH capacity.

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

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

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

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

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

PHA
Murfreesboro Hous...

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

Name of PHA: Murfreesboro Housing Authority

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

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

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

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

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

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition.	5
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition that have adopted the Housing First approach.	4
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects the CoC has ranked in its CoC Priority Listing in the FY 2021 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	80%

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

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

(limit 2,000 characters)

As a sub-group of our CoC's Rating and Ranking Committee, our evaluation team monitors the progress of CoC-funded projects. This process includes updates on any barriers to project entry, requirements for services, and other obstacles to a Housing First approach. We also evaluate the supportive

services that each agency provides to services, partnership with agencies that provide these services, and any barriers to accessing supportive services. These evaluations help the group develop action plans for each agency. The group remains in communication with each agency about the success of these plans and any areas for additional improvement throughout the year. An annual report from this group is provided to each agency on their CoC-funded project, and to the Rating and Ranking Committee for future evaluations.
This is an ongoing process.
As part of our CoC's reallocation policy, every CoC-funded project will receive one year of time to work an action plan with the evaluation group before funds are considered for reallocation.

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

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

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

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

(limit 2,000 characters)

1.Murfreesboro Cold Patrol is the primary outreach arm for TN-510 in Rutherford County. The all-volunteer team goes to local encampments, under bridges, in the woods, and other places where those experiencing homelessness gather. They work to build relationships with individuals in an effort to identify barriers to forward motion and actively work to help each individual or family progress towards sustainable housing. They work in collaboration with local nonprofit organizations, volunteers, dental and health clinics, mental health organizations, along with others that can help provide needed services.
We have a PATH-funded outreach worker and an ESG-CV funded outreach project working in outreach settings to connect persons with mental health and substance use resources.
We have an outreach worker at The Salvation Army working with clients in outreach setting to invite persons into emergency shelter and ongoing services at their agency.
2. Outreach services are based in Murfreesboro, where most of our unsheltered population live. We also partner with social workers and community liaison officers for outreach work in neighboring cities as well. This has looked like responding to police calls about unsheltered individuals, and starting relationships with unsheltered persons across the County.

3. Three days per week.
4. We have a small chronically unsheltered population who do not request or access many services. Murfreesboro Cold Patrol is our primary outreach to these persons. They visit each of these persons at least weekly to continue those relationships, provide essential items, and periodically invite persons to services. MCP informs our advocacy to ensure that services are accessible for these persons, even if they do not request asssitance.

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

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

1.	Engaged/educated local policymakers	Yes
2.	Engaged/educated law enforcement	Yes
3.	Engaged/educated local business leaders	Yes
4.	Implemented communitywide plans	Yes
5.	Other:(limit 500 characters)	

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

	2020	2021
Enter the total number of RRH beds available to serve all populations as reported in the HIC–only enter bed data for projects that have an inventory type of "Current."	5	69

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

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

	Type of Health Care	Assist with Enrollment?	Assist with Utilization of Benefits?
1.	Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	Yes	Yes
2.	Private Insurers	Yes	Yes
3.	Nonprofit, Philanthropic	Yes	Yes
4.	Other (limit 150 characters)		

SOAR applications for SSI and SSDI	Yes	Yes

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

	Describe in the field below how your CoC provides information and training to CoC Program-funded projects by:
1.	**systemically providing up to date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within your CoC's geographic area;**
2.	**communicating information about available mainstream resources and other assistance and how often your CoC communicates this information;**
3.	**working with projects to collaborate with healthcare organizations to assist program participants with enrolling in health insurance; and**
4.	**providing assistance with the effective use of Medicaid and other benefits.**

(limit 2,000 characters)

1. The Tennessee Dept. of Human Services and Dept. of Children's Services are members of the CoC and regularly attend meetings. Through these members, emails are sent to the membership that keep them up-to-date on programs and opportunities.
2. We hold monthly Service Delivery Committee meetings for information on mainstream resources and relevant updates. Significant updates to resources are also shared at quarterly general membership meetings, and in the Executive Director's monthly CoC-wide email.
Additional CoC-wide emails are sent for more urgent information.
3. The CoC supports the St. Thomas Health Medical Mission held annually where enrollment resources are available. It is announced at meetings, posted through the Charity Tracker system, and member agencies attend/provide services. The CoC member agencies also provide services at and support community service fairs during the year where healthcare information and/or enrollment is available. In Tennessee, DHS works with TennCare enrollment as well. National Healthcare for the Homeless Coalition is also active in the community.
4. The CoC provides assistance for the use of Medicaid benefits by referrals and coordination of appointments for clients at the member agency level at St. Louise Clinic and Hope Clinic for physical health needs and Guidance Center (VBH) for safety net mental health services. Member agencies also host case workers from these agencies and the mobile health unit that brings services to our homeless/disadvantaged clients.

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

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

(limit 2,000 characters)

1.TN-510 is a single county, suburban area with a population of 341,486 people, the 5th most populated county in the state of Tennessee. Our coordinated entry (CE) system uses six designated entry points across the county. The CE policy was updated in 2020. These agencies are designated by the CoC, and provided with training and support from the CoC Lead Agency. Community-wide, over 100 agencies across the County have access to the web-based assistance network to make referrals to these entry points. Contact numbers and assessment materials (online training for the VI-SPDAT tool, housing needs tool, etc.) are provided to agencies throughout the county and an uniformed intake form. Our next CE entry point training session will be in January of 2022.
2. In addition to routine communication through our community shelters, day center, and outreach organizations, we initiated relationships with a wide range of
community partners including police departments, jail, recovery courts, schools, and hospital emergency rooms. We use Charity Tracker to identify patterns of interactions with our faith-based partners throughout the county. Our primary outreach provider visits unsheltered persons who are less likely to request assistance for a “meet you where you are” approach.
3. We currently prioritize those who are most vulnerable using the VI-SPDAT along with multiple prioritization criteria in our CE policy. These criteria include persons with disabilities, chronically homeless, survivors of domestic violence or sexual assault, the current living situation, and length of time homeless.
4. We meet bi-weekly for Case Conferencing sessions to discuss care coordination and next steps for our most vulnerable persons. This allows multiple agencies to provide assistance in a coordinated fashion, and to identify sources for the services needed by our most vulnerable clients. We share client success stories and strategize for higher barrier clients to move towards permanent housing.

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

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

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

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

1.	**People of different races or ethnicities are more likely to receive homeless assistance.**	Yes
2.	**People of different races or ethnicities are less likely to receive homeless assistance.**	Yes
3.	**People of different races or ethnicities are more likely to receive a positive outcome from homeless assistance.**	Yes

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

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

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

1.	**The CoC's board and decisionmaking bodies are representative of the population served in the CoC.**	No
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.**	No
	Other:(limit 500 characters)	
12.		

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

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

(limit 2,000 characters)

Several of our member providers and the leadership of the CoC have begun the intentional steps to improve the representation of racial and ethnic groups that are
disproportionately large in the clients we serve when compared to the County

population overall. Agencies within our CoC operate all direct services within the parameters of a nondiscriminatory practices and statements of inclusivity, but we recognize there is still work to be accomplished. For the CoC's leadership, this work began with identifying and inviting agencies that are led by and serve persons of color to be members of the CoC who represent an undeserved population. While engaging with these new agencies and existing CoC members, we identified several persons with qualifying experience and desire to serve in a variety of CoC leadership roles. These efforts have improved the representation of persons of color on several of our provider's boards and on CoC Committees.
We are currently working with the CoC Membership and Advocacy Committee, which oversees the nomination process for CoC Board members, to identify a more representative group of candidates for upcoming board elections in January of 2022.
We identified racial disparities in assessments of clients. We are currently utilizing additional prioritization criteria designated in our CE policy to work towards eliminating these disparities. Our next CE training with designated entry points will be in January of 2022, and we will emphasize this work.
Our Rating and Ranking Committee also collected available data on the outcomes of clients in CoC-funded projects broken down by race and ethnicity as part of this year's evaluation of CoC project applications.

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

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

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included and provide input that is incorporated in the local planning process.	9	5
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	9	5
3.	Participate on CoC committees, subcommittees, or workgroups.	9	5
4.	Included in the decisionmaking processes related to addressing homelessness.	9	5
5.	Included in the development or revision of your CoC's local competition rating factors.	9	5

1C-17.	Promoting Volunteerism and Community Service.	
	NOFO Section VII.B.1.r.	

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

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

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

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

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

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

(limit 2,000 characters)

In spring of 2020, early in the pandemic, the CoC convened a COVID-19 working group to plan and implement appropriate health and safety measures. Many of the resulting practices are still in use.
1. Portable handwashing stations were placed in several key locations, close to where unsheltered persons live or congregate. Masks and other PPE were given to unsheltered persons through outreach teams, and also made available at shelters and other service locations. As the vaccine became available, outreach workers talked with persons about the vaccine. In 2021 the CoC partnered with our largest day shelter for a vaccination event focused on unsheltered persons. The PHA and another member agency also held vaccination events.
Outreach workers are able to transport persons to testing, vaccination, and other appointments when desired/ needed.
2. Shelters implemented distancing and mask requirements, rearranged beds and other areas for appropriate distancing, increased cleaning protocols, and other safety protocols.
Our seasonal cold weather shelter also modified their staffing to reduce the number of total persons in shelter. It also operated every day during the 2020-21 winter season, instead of only on days when the temperature was especially low.
3. Transitional houses implemented mask and distancing requirements as appropriate, and assist clients that need transportation assistance for vaccination, testing, or other appointments.

When a positive test or known exposure occurs, each agency works directly

with the County Health Department to determine appropriate closures, quarantine, or isolation. The HMIS Lead also provides assistance with contact tracing to notify additional impacted clients and agencies.

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

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

(limit 2,000 characters)

This process has strengthened the relationship of the CoC and our member agencies with the County Health Department, and with our hospitals and other healthcare providers. This has made communication and implementation quicker and easier, and will better facilitate this type of coordination in the future.
Because of the work of the COVID-19 working group in 2020, we also now have a model for future public health emergencies to coordinate work together. This structure can serve as the model for future needs.
Many of our shelters and other providers continue some of the health and safety practices that have been implemented. These continue to offer protection from the spread of COVID-19, and may offer protection from other public health emergencies also.

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

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

(limit 2,000 characters)

1. Early in the ESG-CV funding period, some shelters and other service providers used these funds for PPE and other tangible safety equipment. As availability of these items has become consistent, most agencies have been able to transition these items to regular operating funds.
2. The largest category of ESG-CV funds in our County is RRH. throughout the pandemic, we have had a high need for non-congregate shelter options. ESG-CV funds have served a needed role to fund hotel/motel vouchers for non-congregate shelter. For many of the clients placed in hotels/motels, agencies are now working towards sustainable permanent housing options. As of 11/11/21, 76% of clients served with ESG-CV RRH funds have moved in to permanent housing.
3. For persons still in housing and needing assistance, our agencies have utilized the flexibility of ESG-CV funds to pay rent and utility arrears and keep

clients in their current housing. This has been especially useful for tenants whose landlords did not complete the steps to receive ERAP-1 funds, and for transitioning clients to more permanent support through EHV and other vouchers.
4. This was a need early in ESG-CV funds, and has now subsided. ESG-CV shelter funds are now primarily utilized on case management capacity for persons in shelter to move towards permanent, sustainable housing.
5. Shelters and other service providers continue to have enhanced cleaning protocols. There were significant expenses to start these protocols and purchase supplies and equipment early on. For most agencies, the ongoing costs of continuing these protocols are now being moved to regular operating expenses.

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

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

(limit 2,000 characters)

1. The TN State Health Department, our County Health Department office, and St. Thomas - Rutherford Hospital have been key partners in this work.
The Health Department consulted with shelters and other agencies when known exposures and positive tests occurred to advise on appropriate closures, quarantining, and isolation to reduce spread. They have also offered testing and vaccinations since they became available.
St. Thomas hospital operates a mobile health bus that was able to be used for mobile vaccination events at several of our agencies.
2. We have used HUD, CDC, and TN State Health Department resources to educate agencies and clients on appropriate safety measures throughout the pandemic.
The HMIS Lead has supported agencies with data and analysis to support decision making about masking and other requirements. Particularly in the early part of summer 2021, many agencies evaluated their current vaccination rates and other data to determine appropriate levels of these requirements.

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

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

(limit 2,000 characters)

1. We have used HUD, CDC, and TN State Department of Health resources: posters, fliers, and websites as primary sources of information on appropriate

safety measures. In 2020, the COVID-19 working group communicated these directly with service providers. After that working group concluded, the CoC Lead Agency has distributed these through email, our website, the Executive Director's updates, and general membership meetings.
2. We did not experience many changes in local restrictions. Rutherford County had a public mask mandate for several months in 2020 that coincided with CDC recommendations. Beyond that time, our CoC has continued to promote CDC recommendations to our service providers.
3. We continue to promote information about vaccinations to service providers and clients, using CDC and TN State Health Department materials. From March to June of 2021 we also had consistent communication with agencies and clients on the availability of vaccinations through CoC-wide emails, Service Delivery Committee meetings, general membership meetings, Executive Director updates, and on our website.
For the vaccination event the CoC co-hosted with our largest day service provider, we also made calls to member agencies and provided information to share with clients. Our primary outreach agency transported persons to the vaccination site. We also sent text message reminders to all who registered in advance for the event.

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

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

(limit 2,000 characters)

Tennessee had vaccination phases that progressed rapidly early in 2021. Agencies identified clients who were eligible in the early phases of vaccination. The HMIS Lead supported agencies with custom reports and data analysis to provide lists of clients to contact.
During the early phases, the primary obstacles we encountered for clients to receive the vaccination were not their eligibility in the current phase, but rather transportation to vaccination locations and not having a car to be vaccinated at drive-thru locations.

By the beginning of March of 2021, all of the residents in the senior housing with our PHA were eligible. The PHA partnered St. Thomas Hospital to have a vaccination event on-site for these residents.

St. Thomas hospital received approval to use their mobile health bus for vaccination events. This created the ability for on-site events anywhere, a critical piece of overcoming the transportation obstacles.

By the time of the vaccination event with our largest day service provider on March 26th, 2021, our County Health Department office permitted us to vaccinate all persons at least 18 years old with the Johnson & Johnson vaccine, without any identification requirements. This eliminated the need for any significant analysis. From that point on, clients wanting to be vaccinated have been able to receive the vaccine from the County Health Department office, or from retail pharmacies.

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

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

(limit 2,000 characters)

Particularly early in the pandemic, during the state's stay-at-home order, our VSP identified an increase in domestic violence calls for assistance. From March 2020 through June 2020, the VSP saw a 6% increase in calls to its crisis hotline and 7% decrease in individuals seeking out Orders of Protection due to COVID-19 stay at home orders. The negative effect hit especially hard on those impacted by existing social inequities and were representative of the underserved population that is a high proportionate of the clients that our VSP normally sees.
The VSP updated guidelines to have workers and the individuals filing the order do so in a safe way. Conversations are held using distancing recommendations, and when necessary, more private talks can be held in a separate room. Counseling services were also able to be offered virtually.

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

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

(limit 2,000 characters)

The most common need that has arisen for our Coordinated Entry system is how we proceed with persons that have been in hotel/ motel vouchers as non-congregate shelter. Because our non-congregate shelter inventory was low before the pandemic, we have utilized this method for a large number of clients. For many of these, their assessments did not accurately reflect the pandemic-related concerns for returns to homelessness, or factors that made it more dangerous for them to be in any congregate settings.
Our CoC implemented a new elevation policy for agency staff to have a method to increase the referral for these clients, making appropriate, higher levels of service available for these clients.
We also needed a stronger platform for agencies working with these clients to coordinate effort. We saw an increase in cases where one agency is providing the hotel/motel voucher, with a different agency providing case management. This need lead us to develop our new Case Conferencing session model. We now meet every other week to discuss our most vulnerable clients and coordinate the care for each.

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

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
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1E-1.	**Announcement of 30-Day Local Competition Deadline–Advance Public Notice of How Your CoC Would Review, Rank, and Select Projects. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.B.2.a. and 2.g.	

1.	**Enter the date your CoC published the 30-day submission deadline for project applications for your CoC's local competition.**	09/15/2021
2.	**Enter the date your CoC publicly posted its local scoring and rating criteria, including point values, in advance of the local review and ranking process.**	09/15/2021

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

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

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

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

	NOFO Section VII.B.2.d.

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

(limit 2,000 characters)

Our CoC identified four local priorities, four prioritized methods for applicant agencies, and five prioritized performance metrics. All of these were recommended by the Rating & Ranking Committee after reviewing data from the HMIS Lead. They were approved by the CoC Board, and shared with potential applicants in the information session on 9/14/21. They were then posted publicly on the Lead Agency's website on 9/15/21.
1. Our CoC is currently experience a higher than desired rate of returns to homelessness. There is a high correlation between these returns and poor data quality, particularly at project exists. To address this, our CoC is evaluating projects for a 65% rate of exit interview that include at least the exit destination and client income at project exit. This was used as a criteria during the rating and ranking process and will be used by the evaluation team over the next year. We also identified a project pathway that currently has an extremely low rate of moving clients to permanent housing. 88% of clients who only engage with a shelter, without a RRH, PSH, or other permanent housing project immediately afterwards do not enter permanent housing. To address this, we established two of our CoC priorities around permanent housing placements. This was included in the rating and ranking process and will be used by the evaluation team over the next year.

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

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

(limit 2,000 characters)

1. The CoC expanded our Rating and Ranking Committee in 2021, to include two persons (out of 6 on the CoC rating and ranking group) who identify as Black or African American. This group is overrepresented in the clients we serve when compared to the county population overall, and has been underrepresented in CoC leadership in previous years. This group developed the CoC priorities for this funding.
2. The same group from 1) served as rating and ranking group during the CoC process, with increased representation of different races this year.
3. The rating and ranking group reviewed aggregated data of program participants for renewal projects including a breakdown by race and ethnicity.

This was included in their review and rankings. During the interview portion of the evaluations, the committee asked each applicant about the demographics of leadership of their agency and of the program.

1E-4.	**Reallocation–Reviewing Performance of Existing Projects. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criterion below.**	
	NOFO Section VII.B.2.f.	

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

(limit 2,000 characters)

1. The CoC updated our reallocation policy in 2021. Reallocations are made based on the rating and ranking committee's evaluation of a project's performance according to HUD priorities, APR report data, expenditure of CoC funds, HMIS data quality, CoC needs assessment and priorities, and the report of the CoC's evaluation group. Agencies may submit a voluntary reallocation, or the rating and ranking committee may determine a reallocation. Projects identified for involuntary reallocation will first be offered a one-year plan of improvement to work with the evaluation group.
2. Yes - the Murfreesboro Housing Authority, Shelter Plus Care project was the only project identified for potential reallocation.
3. Yes - the Murfreesboro Housing Authority, Shelter Plus Care project will have a partial reallocation.
4. N/A - The rating and ranking committee made one partial reallocation.
5. Applicants received information about the evaluation and potential for reallocation during the applicant information session, which was also posted on the website of the Lead agency. The reallocation decision was posted with the final ranking on November 1st.

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

Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2016 and FY 2021?	No

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

1.	**Did your CoC reject or reduce any project application(s)?**	Yes
2.	**If you selected yes, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.**	11/01/2021

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

Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	11/01/2021

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

Enter the date your CoC's Consolidated Application was posted on the CoC's website or affiliate's website–which included: 1. the CoC Application; 2. Priority Listings; and 3. all projects accepted, ranked where required, or rejected.	11/14/2021

2A. Homeless Management Information System (HMIS) Implementation

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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2A-1.	**HMIS Vendor.**	
	Not Scored–For Information Only	

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

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

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

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

Enter the date your CoC submitted its 2021 HIC data into HDX.	05/09/2021

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

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

(limit 2,000 characters)

1.The single VSP in TN-510 uses a comparable database administered by the CoC's HMIS vendor. Updates to ensure compliance are made in tandem to both networks. The HMIS Lead annually conducts a vendor evaluation using the HMIS vendor checklist to maintain compliance in both networks. Moving forward, the CoC will also utilize the CD Vendor Checklist. The HMIS Lead works closely with the VSP to ensure proper training and reporting from the comparable database network.
2.The HMIS Lead and VSP work closely to monitor data within the comparable database. This includes data quality evaluations as well as monitoring the outcomes of projects within the network. As part of the Data Strategy Plan for TN-510, all agencies including VSPs will be monitored and evaluated to ensure compliance and success for participating projects.

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

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

Project Type	Total Beds 2021 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	173	39	134	100.00%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	67	32	35	100.00%
4. Rapid Re-Housing (RRH) beds	69	12	57	100.00%
5. Permanent Supportive Housing	272	0	146	53.68%
6. Other Permanent Housing (OPH)	0	0	0	

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

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

(limit 2,000 characters)

PSH bed coverage rates fall below 85% due to HUD-VASH beds not being entered into HMIS. The HMIS Lead is partnering with the VA to receive regularly scheduled imports of participating clients to be included in the HUD-VASH program projects to increase the bed coverage in HMIS. Imports are scheduled to occur on a quarterly basis and will be recorded in HMIS in timely manner. The first import of information occurred in August 2021.

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

Enter the percentage of beds covered in comparable databases in your CoC's geographic area.	100.00%

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

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

(limit 2,000 characters)

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

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

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

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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2B-1.	**Sheltered and Unsheltered PIT Count–Commitment for Calendar Year 2022**	
	NOFO Section VII.B.4.b.	

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

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

Does your CoC commit to implementing an unsheltered youth PIT count in Calendar Year 2022 that includes consultation and participation from youth serving organizations and youth with lived experience?	No

2C. System Performance

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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2C-1.	**Reduction in the Number of First Time Homeless–Risk Factors.**	
	NOFO Section VII.B.5.b.	

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

(limit 2,000 characters)

1. In 2021, and continuing into 2022, the CoC and eight member agencies are partnering with Rutherford County in their administration of ERAP funds. By sharing information about households receiving this assistance, we have improved our ability to identify those households that may be at risk of becoming homeless for the first time. Our goal during this time is to intervene with these families before becoming homeless. Over 60% of all households receiving ERAP assistance so far have been at or below 50% AMI.
2. Eight agencies are receiving administration funds through ERAP to provide assistance with the ERAP application and case management for these clients. The HMIS Lead agency has set up appropriate assistance records in our community-wide system to allow agencies to record and share assistance information effectively. For individuals and families who will not be able to stay in their current housing, ERAP or ESG-CV funds are used to pay any arrears and avoid having a foreclosure or eviction. Case managers work with clients to determine next steps, diversion strategies where possible, and securing new housing and temporary shelter, if needed.
3. H3ARC - Executive Director

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

	Describe in the field below:
1.	**your CoC's strategy to reduce the length of time individuals and persons in families remain homeless;**
2.	**how your CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and**

3.	**provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the length of time individuals and families remain homeless.**

(limit 2,000 characters)

1. The CoC continues to improve our Coordinated Entry system. Policies were updated in 2020. Our new case conferencing sessions began in the 1st quarter of 2021, to develop next steps towards housing for our most vulnerable clients and coordinate services from multiple agencies. In the 2nd quarter of 2021 the CoC Lead agency also convened a weekly Zoom session with ESG-CV RRH recipient agencies to ensure clients are being assigned to these projects rapidly. 75% of the clients in ESG-CV RRH projects are now moved in to permanent housing. These efforts a moving clients into housing and off the by-name list through multiple projects. This strategy is designed to partner well with our prevention strategy around ERAP funds described in 2C-1. By targeted ERAP funds to households with lower income, we are preventing the most vulnerable households from becoming homeless. Those that do become homeless will be able to move quickly into one of these coordination efforts, based on their vulnerability.
2. Length of time homeless, as reported at intake, is one of the prioritization factors for our by-name list. Indeed we see a high correlation between the length of time homeless and the position the prioritized by-name list. These high-priority clients are currently being brought up in our case conferencing sessions, where case managers from multiple agencies work together to develop next steps towards permanent housing for each client.
3. H3ARC - Executive Director

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

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

(limit 2,000 characters)

1. The first obstacle for demonstrable improvement in exit destinations is data quality. Across our system, we have a low percentage of project exits that include accurate exit destination data. This is primarily due to exits from our winter night-by-night shelter. Our primary day shelter and our primary outreach organization partner to run the winter shelter. Staffing for data entry is limited, and our HMIS Lead staff has filled in project exits for this shelter for the past two years. This year the HMIS Lead is working with the hosting agencies to develop additional capacity for data entry at project exit. The HMIS Lead will further be able to provide support to shelter staff through our new Data Entry Specialist position. The winter shelter will also have additional outreach staff and volunteers this winter to develop relationships with clients throughout the season and encourage accessing services, to improve exit destinations.
2. Our first step is to improve the data quality of exit interviews. The CoC identified exit destination and income at project exit as two key data points to this improvement. These are named in the CoC's priorities for CoC funds this year. These data will be tracked through the year by the evaluation group. The progress made in this area will be reported to next year's rating and ranking to

inform renewal and reallocation decisions.

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

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

(limit 2,000 characters)

1. Individuals that return to homelessness are captured in the Charity Tracker HMIS system and then the CE system. Cases are updated if they engage the service system for new services.
2. Being that there is so little affordable housing available in the area due to growth pressure, program agencies try not to exit participants before they have a plan to maintain housing, sometimes extending housing program time in order that families attain that. Agencies are also involved in housing search/placement with landlords and
then serve as mediators if problems arise. Referrals are made for health, mental health, employment, SOAR and other disability services to create overall stability. MHA has applied for additional vouchers as housing instability is often a result of income instability and having a voucher reduces budget pressure. Participants are assisted in attaining/maintaining mainstream resources during program housing tenure. H3ARC also encourages and supports member agencies that are working to build new affordable housing that will be used for low and very low income persons by agencies that are prepared to work with clients to prevent returns to homelessness.
3. H3ARC – Executive Director

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

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

(limit 2,000 characters)

1, 2. Each of the CoC housing programs have 3 overarching goals: to create housing stability, to increase/maintain income, and to increase self-determination increasing the chances of maintaining overall stability. As a whole, the CoC agencies work with the American Jobs Center and staffing agencies to encourage participation in mainstream employment programs, job fairs, and career training opportunities by postings, case management meetings, and by offering assistance to attend meetings and job fairs. Some member agencies have programs for small group job training and placement

and some hire homeless persons to work in their facilities.
3. H3ARC – Executive Director

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

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

(limit 2,000 characters)

1, 2.The CoC includes the American Job Center, the County Workforce Development team, and career training programs through Middle Tennessee State University and community colleges. The Service Delivery Committee promotes opportunities for job readiness and career training to inform case managers and clients of available assistance. Several of these agencies and the Chamber of Commerce frequently hold job fairs with local employers. The CoC communicates these opportunities through the Service Delivery Committee and CoC-wide emails.
The CoC has also partnered with our United Way to identify workforce development opportunities as a critical component of our economic stability and housing goals. This will increase the number of workforce development programs funding through local United Way grants in 2022.

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

	Describe in the field below:
1.	your CoC's strategy to increase non-employment cash income;
2.	your CoC's strategy to increase access to non-employment cash sources; and
3.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase non-employment cash income.

(limit 2,000 characters)

1. The primary strategy for increasing non-employment cash income for program participants is participation in the SOAR program. A member agency, Volunteer Behavioral Health provides direct services and also training for agency workers and volunteers to assist those homeless with disabilities apply for SSI and SSDI benefits to help stabilize their situations. Applying for these benefits through SOAR greatly reduces the response time, with a high acceptance rate.
2. The CoC participates in SOAR training and has at two organizations with volunteers working on SOAR applications currently (in addition to SOAR grantee). In the past year, two additional agency staff have started the training to complete SOAR applications. The next training in Murfreesboro will be December of 2021.
3. SOAR coordinator, Volunteer Behavioral Health.

3A. Coordination with Housing and Healthcare Bonus Points

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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- 24 CFR part 578

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

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

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

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

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

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

Is your CoC applying for a new PSH or RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	No

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

1.	**Did your CoC obtain a formal written agreement that includes: (a) the project name; (b) value of the commitment; and (c) specific dates that healthcare resources will be provided (e.g., 1-year, term of grant, etc.)?**	No
2.	**Is project eligibility for program participants in the new PH-PSH or PH-RRH project based on CoC Program fair housing requirements and not restricted by the health care service provider?**	No

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

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

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

3B. New Projects With Rehabilitation/New Construction Costs

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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3B-1.	**Rehabilitation/New Construction Costs–New Projects.**	
	NOFO Section VII.B.1.r.	

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

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

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

(limit 2,000 characters)

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

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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- 24 CFR part 578

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

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

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

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

(limit 2,000 characters)

4A. DV Bonus Application

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

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

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

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

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

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

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

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

1.	**Enter the number of survivors that need housing or services:**	126
2.	**Enter the number of survivors your CoC is currently serving:**	52
3.	**Unmet Need:**	74

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

Describe in the field below:

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

(limit 2,000 characters)

1. Number of DV survivors needing housing or services is based on total number of clients served through Domestic Violence Program emergency safe shelter in FY2020- 2021. The DVP program served 2,684 clients in the fiscal year which was increase of 7.66% from FY2019-2020. However, not all clients were homeless or in need of housing services. The DVP is currently serving 52 individuals through emergency safe shelter and existing RRH/TH program (Based on service numbers from 7/1/21 to 11/12/21.
2. Information is collected through an independent HMIS comparable database system managed and confidentially secured by the Domestic Violence Program which is Simon Solutions' Charity Tracker.
3. CoC is unable to meet the needs of all survivors for a multitude of barriers: a) Not all DV survivors identify themselves as survivors and step forward to seek resources for sheltering and housing services. Instead of risking potential homeless, a victim may feel that their only option is to stay in an abusive relationship to maintain housing stability. Victims have also been isolated from their friends and family supports, so access to resources may be out of their reach. b) DVP is the only DV provider within TN-510 CoC with a safe shelter of 31 beds. The number of shelter beds alone presents a barrier to housing and meeting the needs of all survivors. This one factor substantiates the need to expand the DV bonus project to serve more survivors with supportive housing via RRH and TH programs. c) Due to the cycle of abuse, victims may not have the financial resources to afford their own housing independent of their abuser which is why programs like RRH/TH programs are so vital to survivors. It affords an opportunity for a survivor to obtain safe housing, to recover from trauma, and to build economic empowerment and dependent. Simply stated, more tailored programs are needed to support the needs of our survivors to make the basic right of safe and supportive housing a reality.

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

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

Applicant Name
Domestic Violence...

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

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

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

1.	**Applicant Name**	Domestic Violence Program Inc.
2.	**Rate of Housing Placement of DV Survivors–Percentage**	65.00%
3.	**Rate of Housing Retention of DV Survivors–Percentage**	95.00%

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

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

(limit 1,000 characters)

1) Rate of housing placement and rate of housing retention is calculated by data from Rapid Re-housing and Transitional Housing Case managers. Key determinants are as follows: a) time survivor begins the application process, b) completes the application process, and c) then secures housing placement. Programs of Transitional Housing and Rapid Re-housing are relatively new to DVP with dates of October 2018 and July 2019 respectively. Both placement and retention rates are affected by survivors' returning to their abusers or opting out of the program. Current retention is 95%. Long term goal of both programs is to remain at or above that level.
2) Data source collection is obtained via DVP's HMIS comparable database of Simon Solution Charity Tracker.

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

	Describe in the field below how the project applicant:
1.	**ensured DV survivors experiencing homelessness were assisted to quickly move into safe affordable housing;**
2.	**prioritized survivors–you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC's emergency transfer plan, etc.;**
3.	**connected survivors to supportive services; and**

4.	**moved clients from assisted housing to housing they could sustain–address housing stability after the housing subsidy ends.**

(limit 2,000 characters)

1) DV survivors experiencing homelessness are assisted quickly to move into safe affordable housing through their participation in emergency safe sheltering for survivors provided by Domestic Violence Program.
2) TN-510 CoC's coordinated entry and other emergency housing providers can refer survivors to the DV RR/TH program and DV survivors can access our emergency shelter services 24/7. Prioritizing survivors and limited acceptance criteria will be used, therefore there are no mandated services, no income minimums, and no requirements for service (i.e. drug testing, sober living/treatment, etc.).
3) A case manager will work with client to identify housing preferences/needs (RRH or TH or both), potential units and identify any barriers to landlord participation. Survivors also receive access to all supportive services offered by DVP such as orders of protection and counseling services and receive access to referrals for addiction and mental health services.
4) Clients are moved from assisted housing to housing that they can sustain via financial planning. Initially, rental and supportive assistance (rent arrearages, application fees, utilities, deposit etc.) will be assessed. Personal goal setting and safety planning for follow-up wrap-around case management will be used to support stabilized housing.

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

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

(limit 5,000 characters)

1 All DVP staff receives comprehensive DV training developed at the state level when they are hired. Training is thereafter updated at DVP's regular monthly staff meetings. This training allows staff to create safety plans for clients which are maintained in the client's file. In adherence with primary safety planning guidelines, we will ensure client confidentiality is protected and the location of where or with whom they are staying is not revealed.
2) All clients are interviewed in private offices to ensure private conversations.
3) DVP does not engage the respondent/abuser. DVP provides services to victims only, so there is no instance of interviewing couples together.
4) DVP has developed, in collaboration with other TN-510 CoC providers, a housing navigation tool and plan to assist clients to identify safe housing options outside of safe shelter. DVP provides TH-RRH services and collaborates with The Journey Home to provide RRH services as well to find the most

appropriate housing available as it relates to scattered sites and/or rental assistance. In addition, the Domestic Violence Program refrains from activities that threaten the safety of victims and their children, including participation in discriminatory practices that exclude individuals; implement procedures/policies that compromise confidentiality of information and privacy of persons receiving services; require mediation or counseling for couples as a systemic response, force victims to participate in criminal proceedings; rely on court-mandated batterer intervention programs that do not use the coercive power of the criminal justice system to hold batterers accountable, or the like; in order for them to receive services.
5) DVP safe shelter was designed as a DV shelter with safety features in the design. It is gated and locked throughout for additional safety. Security cameras monitor the external areas of the property and shelter location is routinely patrolled by local enforcement. Exterior lighting has been upgraded and access to our gate is my code entry only as well as internal doors within our facility.
6) DVP maintains 2 locations. Public office is in a separate location from safe shelter location. Public office does not disclose shelter location to maintain safety for DV survivors and confidentiality of the location. DV survivors are transported from public office to shelter location by law enforcement as an added safety precaution. DVP's congregate shelter is designed and designated for survivors only and by their self-disclosure as a survivor.

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

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

(limit 2,000 characters)

Annual evaluations of the programs include incident reports filed at our safe shelter and client surveys from exiting clients to measure safety of our program. All incident reports and client surveys are reviewed routinely by staff and leadership to identify areas of weakness for improvements. Guidance is routinely sought by local enforcement to walk through our facilities to identify vulnerable areas within the shelter and modifications are enacted to rectify and secure facility.

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

	Describe in the field below examples of the project applicant's experience in using trauma-informed, victim-centered approaches to meet needs of DV survivors in each of the following areas:
1.	**prioritizing program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;**
2.	**establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;**
3.	**providing program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;**

4.	**emphasizing program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;**
5.	**centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;**
6.	**providing opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and**
7.	**offering support for parenting, e.g., parenting classes, childcare.**

(limit 5,000 characters)

1) DVP implemented Trauma Informed Care practices over 7 years ago to better meet the needs of DV survivors. In accordance with trauma standards and victim centered best practices, the DVP adheres to the following key principals in daily practice, operations, and client services: safety, trustworthiness, and transparency; peer support, collaboration and mutuality; empowerment, voice and choice; mindful of cultural, historical, and gender issues; and promoting recovery & resilience.
2) DVP has developed a housing navigation system to expedite housing and maximize choice for the survivor . Since the beginning of our TH-RRH program and due to limited availability of housing in the market, DVP collaborates with partner agencies as well to ensure rapid placement and stabilization in permanent housing.
3) The DVP program standards provide the following rights to clients: a right to receive services in a professional manner, including to be treated with fairness, respect and dignity; b. a right to receive services free of discrimination, exploitation, oppression and abuse; c. a right to receive services that are confidential, and to be informed of services that have limits to confidentiality; d. a right to receive services in the language identified as most appropriate to them; e. a right to receive services on a voluntary basis; f. Individuals have a right to be informed of the program's grievance procedure; g. a right to receive services that are culturally sensitive; and h. a right to determine what information will be shared when collaborating on services with another agency, with the knowledge that they retain the right to withdraw consent at any time.
4) As noted previously, trained staff develop safety plans as part of ongoing case management when first entering the program. Trained case managers incorporate asset-based strategies when working with clients to assess needs, set goals and develop plans for implementation. Following the policies above, counseling is also offered to all clients to better understand and overcome trauma caused to them and their families.
5) As noted above, staff receives training on inclusivity and follows policies that rea client focused and informed regarding non-discrimination and cultural competence.
6) DVP collaborates with a variety of community agencies to provide access to support groups, the faith communities, and other resources. Staff also includes persons that have experienced DV in their own lives and offer peer support.
7) Parenting resources and childcare are coordinated through partner agencies.

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

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

2.	**provide examples of how the project applicant provided the supportive services to domestic violence survivors.**

(limit 5,000 characters)

1)The Domestic Violence Program has 35 years of experience providing direct services to victims, as well as education, outreach and awareness activities in the community. DVP works to provide client-centered services and recognizes each client's needs may be different, so it is imperative that the program has demonstrated strong community partnerships to provide that continuum of care that creates the safety net allowing our clients to meet their goals and be successful. Each participant works closely with a case manager at program entry with intensive and regular contact throughout their tenure in the program. Case management involves sitting down with the participant to develop a program plan with goals, steps to achieve them, followed by regular meetings to assess progress, modify plans as needed and develop strategies for barriers and bottlenecks. The case management services provide direct resources for legal services, criminal history (not expungement services, but services finding felon friendly housing/employment, etc.), education, job training and employment.
2) Counseling services are also provided directly. Some items such as legal services, mental health care, education and employment are also provided collaboratively with partners. Service such as child custody, credit repair, physical health care, substance recovery and childcare are provided through referrals to community partners.

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

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

(limit 5,000 characters)

This application is for an expansion of an existing project. The project will continue the trauma-informed, victim-centered approaches described in 4A-4D.

4B. Attachments Screen For All Application Questions

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

Attachments must match the questions they are associated with.

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

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

Document Type	Required?	Document Description	Date Attached
1C-14. CE Assessment Tool	Yes	VI-SPDAT Single &...	11/15/2021
1C-7. PHA Homeless Preference	No		
1C-7. PHA Moving On Preference	No		
1E-1. Local Competition Announcement	Yes	Mass email NOFO a...	11/13/2021
1E-2. Project Review and Selection Process	Yes	SOP Rating and Ra...	11/13/2021
1E-5. Public Posting–Projects Rejected-Reduced	Yes	Ranking Posting	11/13/2021
1E-5a. Public Posting–Projects Accepted	Yes	Ranking Posting	11/13/2021
1E-6. Web Posting–CoC-Approved Consolidated Application	Yes	Consolidated Appl...	11/14/2021
3A-1a. Housing Leveraging Commitments	No		
3A-2a. Healthcare Formal Agreements	No		
3C-2. Project List for Other Federal Statutes	No		

Attachment Details

Document Description: VI-SPDAT Single & Family

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: Mass email NOFO announcement

Attachment Details

Document Description: SOP Rating and Ranking

Attachment Details

Document Description: Ranking Posting

Attachment Details

Document Description: Ranking Posting

Attachment Details

Document Description: Consolidated Application Posting 11-14-21

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	11/08/2021
1B. Inclusive Structure	11/15/2021
1C. Coordination	11/15/2021
1C. Coordination continued	11/16/2021
1D. Addressing COVID-19	11/12/2021
1E. Project Review/Ranking	11/14/2021
2A. HMIS Implementation	11/12/2021
2B. Point-in-Time (PIT) Count	11/12/2021
2C. System Performance	11/16/2021
3A. Housing/Healthcare Bonus Points	11/12/2021
3B. Rehabilitation/New Construction Costs	11/12/2021

3C. Serving Homeless Under Other Federal Statutes	11/12/2021
4A. DV Bonus Application	11/14/2021
4B. Attachments Screen	11/15/2021
Submission Summary	No Input Required

Vulnerability Index -

Service Prioritization Decision Assistance Tool

(VI-SPDAT)

Prescreen Triage Tool for Single Adults

AMERICAN VERSION 2.01

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COMMUNITY SOLUTIONS

ORG CODE

Welcome to the SPDAT Line of Products

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

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

VI-SPDAT Series

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

Current versions available:

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

All versions are available online at

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

SPDAT Series

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

Current versions available:

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

Information about all versions is available online at

www.orgcode.com/products/spdat/

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SPDAT Training Series

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

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

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

Current SPDAT training available:

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

Other related training available:

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

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

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

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Administration

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

Opening Script

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

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

Basic Information

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

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

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

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

SCORE:

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A. History of Housing and Homelessness

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

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

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

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

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

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

B. Risks

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

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

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

c) Been hospitalized as an inpatient? ____ ☐ Refused

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

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

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

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

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

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

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

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

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

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

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

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

C. Socialization & Daily Functioning

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

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

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

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

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

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

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

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

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

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D. Wellness

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

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

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

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

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

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

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

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

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

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

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

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

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

Scoring Summary

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

Follow-Up Questions

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

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

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

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Appendix A: About the VI-SPDAT

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

The VI-SPDAT

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

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

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

Version 2

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

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

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

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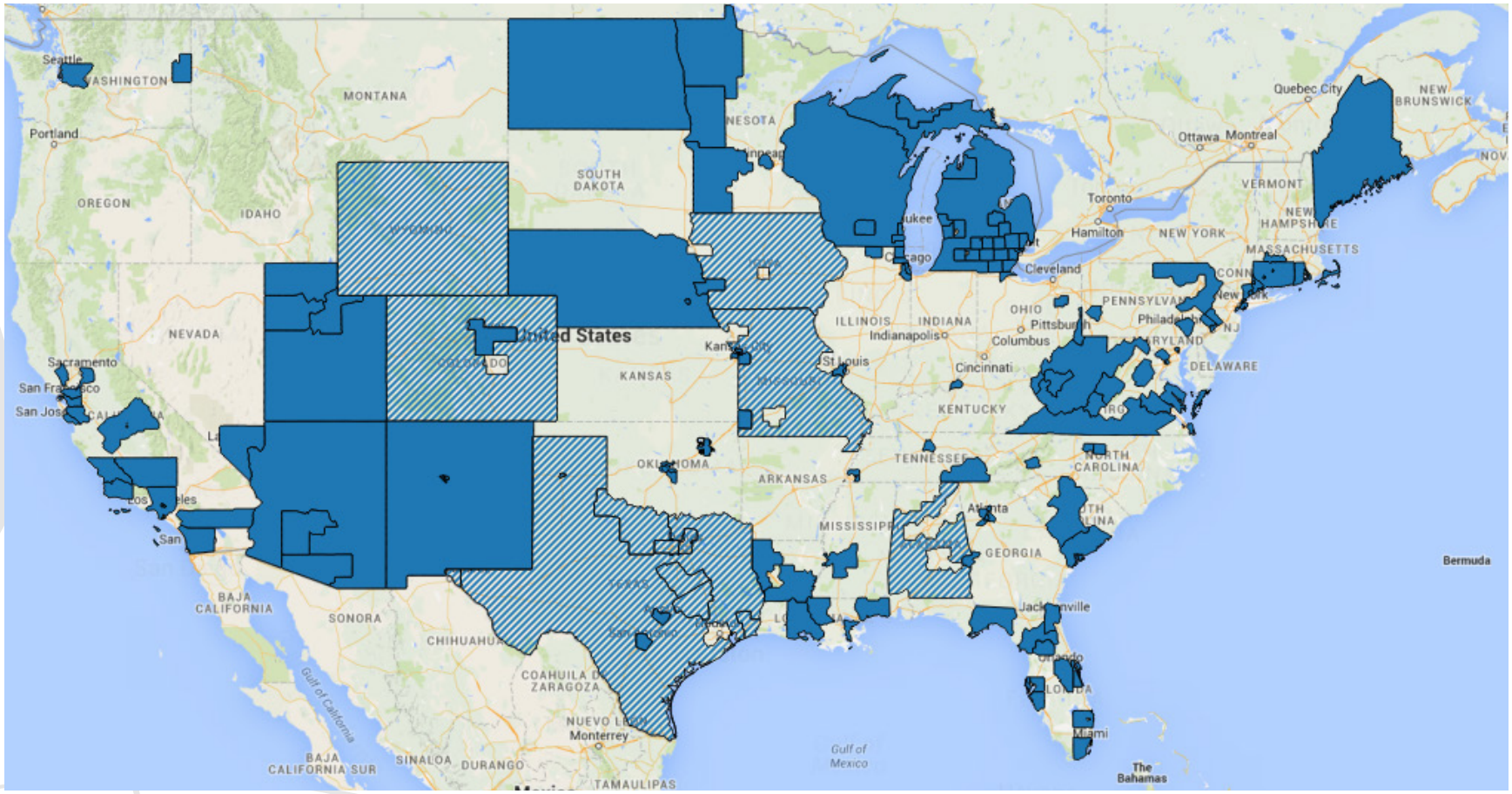
Appendix B: Where the VI-SPDAT is being used in the United States

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



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

Alabama
- Parts of Alabama Balance of State

Arizona
- Statewide

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

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

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

District of Columbia
- District of Columbia

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

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

Hawaii
- Honolulu

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

Iowa
- Parts of Iowa Balance of State

Kansas
- Kansas City/Wyandotte County

Kentucky
- Louisville/Jefferson County

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

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

Maryland
- Baltimore City
- Montgomery County

Maine
- Statewide

Michigan
- Statewide

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

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

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

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

North Dakota
- Statewide

Nebraska
- Statewide

New Mexico
- Statewide

Nevada
- Las Vegas/Clark County

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

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

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

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

Rhode Island
- Statewide

South Carolina
- Charleston/Low Country
- Columbia/Midlands

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

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

Utah
- Statewide

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

Washington
- Seattle/King County
- Spokane City & County

Wisconsin
- Statewide

West Virginia
- Statewide

Wyoming
- Wyoming Statewide is in the process of implementing

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Vulnerability Index -

Service Prioritization Decision Assistance Tool

(VI-SPDAT)

Prescreen Triage Tool for Families

AMERICAN VERSION 2.0

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COMMUNITY SOLUTIONS

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Welcome to the SPDAT Line of Products

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

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

VI-SPDAT Series

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

Current versions available:

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

All versions are available online at

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

SPDAT Series

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

Current versions available:

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

Information about all versions is available online at

www.orgcode.com/products/spdat/

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SPDAT Training Series

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

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

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

Current SPDAT training available:

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

Other related training available:

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

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

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

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Administration

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

Opening Script

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

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

Basic Information

PARENT 1

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

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

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

PARENT 2

☐ No second parent currently part of the household

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

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

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

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

SCORE:

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Children

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

First Name	Last Name	Age	Date of Birth

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

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

SCORE:

A. History of Housing and Homelessness

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

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

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

SCORE:

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

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

SCORE:

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B. Risks

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

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

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

   c) Been hospitalized as an inpatient? ____ ☐ Refused

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

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

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

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

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

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

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

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

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

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

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

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

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C. Socialization & Daily Functioning

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

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

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

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

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

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

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

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

D. Wellness

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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E. Family Unit

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

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

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

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

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

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

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

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

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Scoring Summary

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

Follow-Up Questions

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

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

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

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Appendix A: About the VI-SPDAT

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

The VI-SPDAT

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

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

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

Version 2

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

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

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

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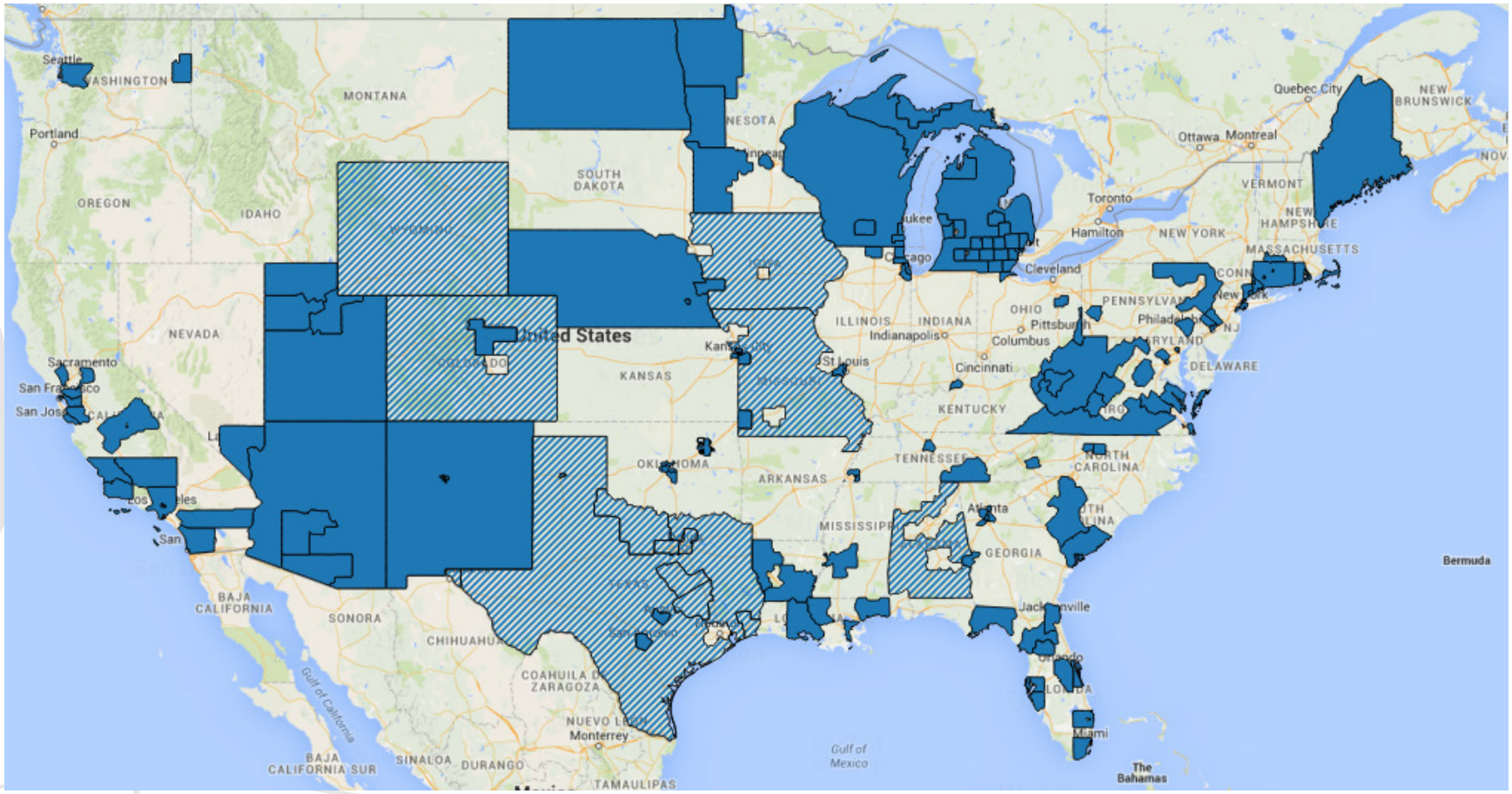
Appendix B: Where the VI-SPDAT is being used in the United States

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



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

Alabama
- Parts of Alabama Balance of State

Arizona
- Statewide

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

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

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

District of Columbia
- District of Columbia

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

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

Hawaii
- Honolulu

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

Iowa
- Parts of Iowa Balance of State

Kansas
- Kansas City/Wyandotte County

Kentucky
- Louisville/Jefferson County

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

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

Maryland
- Baltimore City
- Montgomery County

Maine
- Statewide

Michigan
- Statewide

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

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

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

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

North Dakota
- Statewide

Nebraska
- Statewide

New Mexico
- Statewide

Nevada
- Las Vegas/Clark County

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

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

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

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

Rhode Island
- Statewide

South Carolina
- Charleston/Low Country
- Columbia/Midlands

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

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

Utah
- Statewide

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

Washington
- Seattle/King County
- Spokane City & County

Wisconsin
- Statewide

West Virginia
- Statewide

Wyoming
- Wyoming Statewide is in the process of implementing

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