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: FL-512 - St. Johns County CoC

1A-2. Collaborative Applicant Name: Flagler Hospital, Inc.

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Flagler Hospital, Inc.

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	Yes
4.	**CoC-Funded Victim Service Providers**	Yes	Yes	Yes
5.	**CoC-Funded Youth Homeless Organizations**	Yes	Yes	Yes
6.	**Disability Advocates**	Yes	Yes	Yes
7.	**Disability Service Organizations**	Yes	Yes	No
8.	**Domestic Violence Advocates**	Yes	Yes	Yes
9.	**EMS/Crisis Response Team(s)**	No	No	No
10.	**Homeless or Formerly Homeless Persons**	Yes	Yes	Yes
11.	**Hospital(s)**	Yes	Yes	Yes
12.	**Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)**	Nonexistent	No	No
13.	**Law Enforcement**	Yes	Yes	Yes
14.	**Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates**	Yes	Yes	Yes
15.	**LGBT Service Organizations**	No	No	No
16.	**Local Government Staff/Officials**	Yes	Yes	Yes
17.	**Local Jail(s)**	Yes	Yes	No
18.	**Mental Health Service Organizations**	Yes	Yes	Yes

19.	**Mental Illness Advocates**	Yes	Yes	Yes
20.	**Non-CoC Funded Youth Homeless Organizations**	Yes	Yes	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**	No	No	No
24.	**Organizations led by and serving people with disabilities**	Nonexistent	No	No
25.	**Other homeless subpopulation advocates**	Nonexistent	No	No
26.	**Public Housing Authorities**	No	No	No
27.	**School Administrators/Homeless Liaisons**	Yes	Yes	No
28.	**Street Outreach Team(s)**	Yes	Yes	Yes
29.	**Substance Abuse Advocates**	Yes	Yes	Yes
30.	**Substance Abuse Service Organizations**	Yes	Yes	Yes
31.	**Youth Advocates**	Yes	Yes	Yes
32.	**Youth Service Providers**	Yes	Yes	Yes
	Other:(limit 50 characters)			
33.				
34.				

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)

The CoC's Membership and Outreach Committee focuses on identifying and creating partnerships with businesses, education, nonprofits, faith-based, and other organizations that have an interest in preventing or ending homelessness. The Committee personally invites interested organizations and individuals to attend the monthly CoC meetings, committee meetings, and other special events. The CoC general membership meetings also solicit public comment from attendees to encourage an open forum on homeless issues.
Additionally, the CoC Lead Agency attends meetings and special events on behalf of the CoC, where CoC information including meeting times and contact information, is presented and/or distributed, typically several times a month. The CoC is also active on social media, where we have a public Facebook page available for interested parties to learn more and ask questions regarding the CoC and homelessness initiatives. Meetings are open to the public and always publicized on the CoC Facebook and website.
The Membership and Outreach Committee keeps a record of attendance and focuses on engagement with individuals from targeted areas such as individuals with lived experience and organizations that serve culturally specific

communities experiencing homelessness. Equity has also been a particular focus with subcommittee membership. The committee meets monthly to discuss representation at meetings and potential members to engage to ensure meaningful representation. New members are invited by current general membership members and by the Membership and Outreach committee.
The CoC ensures effective communication with individuals with disabilities by ensuring all documents distributed during meetings are available electronically. Since the meetings have been held virtually over the last year and a half, subtitles and recordings have been available.

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)

Last year a Strategic Plan was drafted by the CoC Membership and Governance Board to establish priorities, strategies, goals and action steps for preventing and ending homelessness in St. Johns county. The plan represents a collaborative effort from many stakeholders including providers, local government, veteran organizations, United Way, community volunteers, the school district, behavioral health providers, and other community stakeholders who all have a vested interest in ending homelessness. The plan has directed the work of the CoC and continues to do so.
The Strategic Plan outlines several strategies for soliciting and considering opinions from varying parties interested in homelessness issues, most of which focus on connecting potential members to the CoC meetings and Committees. To accomplish this, the CoC's Membership and Outreach Committee focuses on identifying and creating partnerships with businesses, education, nonprofits, faith-based, and other organizations that have an interest in preventing or ending homelessness. The Committee invites interested organizations and individuals to attend the monthly CoC meetings, committee meetings, and other special events. The CoC general membership meetings also solicit public comment from attendees to encourage an open forum on homeless issues. The CoC meetings are structured to encourage dialogue. Meetings are focused on participating agencies and presentations and educational opportunities are also offered.
Additionally, the CoC Lead Agency and Board Members attend meetings and special events on behalf of the CoC, where CoC information including meeting times and contact information, is presented and/or distributed. The CoC is also active on social media, where we have a public Facebook page available for interested parties to learn more, find meeting information and ask questions regarding the CoC and homelessness initiatives.

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)

The CoC keeps the public aware of CoC program funding availability through social media, CoC membership meetings, postings on the St. Johns County CoC website, and via email. The timeline and competition information was sent through email with links to the NOFA on September 9, 2021. The information was presented at a virtual information session that was open to the public on September 15, 2021. Materials were posted on the website later that day.
An email was sent on September 17, 2021 announcing the start of the local competition. The email included available funds, available projects, important dates, and links to the CoC website which included the project score cards. There was a timeline in the email which included when project applicants must submit their project applications in e-snaps and a link for instructions. The links and information were posted on the CoC website the same day.
The email invited any interested organizations to apply. The CoC did not prohibit organizations that have not previously received CoC program funding from applying. However, one of the CoC local thresholds in the score cards required that poject applicants are active CoC participants, attending 75% of CoC meetings.
The public was notified about how the CoC would determine which project applications would be submitted to HUD for funding through the Scoring Rating & Review Policy and the project score cards. These documents were on the CoC website and links were included in the email that was sent out on September 17, 2021.
Competition information was shared at the CoC General Membership meetings, which are open to the public, on September 8, 2021 and October 13, 2021.
The CoC ensures effective communication with individuals with disabilities by ensuring all documents distributed during meetings are available electronically. Since the meetings have been held virtually over the last year and a half, subtitles and recordings have been available.

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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- 24 CFR part 578

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

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

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with Planning or Operations of Projects
1.	**Funding Collaboratives**	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**	No
13.	**Organizations led by and serving people with disabilities**	Nonexistent
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.		

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)

The Collaborative Applicant attends weekly conference calls with the Florida DCF Office on Homelessness (ESG/ESG-CV recipient) and other CoC Collaborative Applicants within the state of Florida to discuss ongoing homeless issues and grants. The Collaborative Applicant also consults with the Office on Homelessness separately to discuss the unique needs of St. Johns County. DCF shares its established priorities and standards with the CoC to aid in the planning and allocation of funds. With the addition of ESG-CV funds, the Collaborative Applicant worked closely with DCF to understand additional eligible expenses and to create an ESG-CV addendum to the written standards that includes relevant eligible expenses.
The Collaborative Applicant monitors ESG/ESG-CV sub recipients at least once annually and provides the results to DCF. DCF provides tools to be used for monitoring. Additionally, monthly invoices and outcomes are reported to DCF. The HMIS Lead provides PIT and HIC data to DCF's Office on Homelessness and the St. Johns County Housing and Community Development Division for inclusion in their respective consolidated plans. Collaborative Applicant staff also provided updates and goals from the strategic plan to be incorporated in the Consolidated Plan.

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

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

1.	**Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated.**	Yes
2.	**Conducted optional training for all CoC- and ESG-funded service providers to ensure families are not separated.**	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)

The CoC collaborates with the local early childhood education agency to ensure that families experiencing homelessness have access to early learning resources and childcare for their children. The CoC also has an MOU in place with the school district, and the district's McKinney-Vento homeless liaison currently sits on the CoC Board, and other CoC committees, and is an active participant in the CoC. The liaison provides valuable information on homeless school children and disseminates this information both at monthly CoC Board and General Membership meetings. Additionally, the CoC works with a variety of other local youth education providers to ensure that the educational needs of families with children are met, regardless of their housing status.

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 has adopted Educational Assurances in its Written Standards as a requirement for all CoC-funded providers to ensure that homeless families and youth are made aware of their educational rights and eligibility for McKinney-Vento education services.

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**	Yes	Yes
2.	**Child Care and Development Fund**	Yes	Yes
3.	**Early Childhood Providers**	Yes	Yes
4.	**Early Head Start**	No	Yes
5.	**Federal Home Visiting Program–(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)**	No	No
6.	**Head Start**	No	Yes
7.	**Healthy Start**	No	Yes
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)

The CoC coordinates with Betty Griffin Center to provide both general and targeted domestic violence training to CoC member agencies to address the needs of victims and their families across CoC programs. These trainings include a 30-hour core competency training, legal aspects pertaining to domestic violence, trauma-informed care, client confidentiality, and a variety of other topics. The training is offered at least once annually.
Additionally, Betty Griffin leadership and staff participate in CoC General Membership meetings, actively participate in committees and planning for the CoC, and provide suggestions for training regarding domestic violence, dating violence, sexual assault, and stalking on an ongoing basis. In the past, their attorney presented about domestic violence in a legal series that was open to the public. We plan to have another series in 2022.
To address the needs of DV survivors, Betty Griffin actively participates in our Coordinated Entry (CE) committee meetings. A major area of focus is how to best integrate DV with the CoC's CE process, while also ensuring that the specialized and complex needs, including privacy of domestic violence victims are addressed.
We plan to utilize funding to consult with a subject matter expert or person with lived experience to assist in the development of policies and procedures related to survivors' engagement in CE as well as annual training for service providers and CE staff working with survivors. The policies and procedures will be trauma-informed and survivor-centered, while guiding staff how best to identify and integrate survivors for utilization of CE; and will include standards for confidentiality, case conferencing, data entry and reporting, documentation,

service implementation, and referral to non-VSP providers. The service provider trainings will also include trauma-informed care, survivor-centered approaches, confidentiality, and best practices for providing housing services for this population.

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)

Statistics regarding domestic violence and homelessness are provided by Betty Griffin Center using the Osnium Women's Shelter Database, an HMIS comparable database, administered by the Florida Coalition Against Domestic Violence, and contracted by DCF. Statistics provided are de-identified aggregate data. Betty Griffin Leadership and Staff also actively participate in CoC General Membership meetings, committee meetings, and planning sessions to ensure that the needs of victims of domestic violence are recognized and included in CoC community planning. Additionally, statistics regarding domestic violence and those fleeing violence are collected within the local HMIS database from all participating agencies.

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)

The CoC has one certified domestic violence and sexual assault services provider in our county, the Betty Griffin Center. Clients experiencing domestic violence are referred directly to Betty Griffin Center, who operates a 24-hour crisis hotline and outreach services as entry points into emergency safe shelter at a confidential location, and provide services including safety planning, legal assistance in obtaining injunctions for protection, case management, economic empowerment, counseling, and other services, using trauma-informed care. All services are offered free of charge, and all Betty Griffin Center staff have victim advocate confidentiality privilege. In the event that Betty Griffin Center is full, survivors are offered confidential safe shelter in other certified domestic violence shelters within the state or are placed in a hotel until safe shelter beds are available. The CoC also has an emergency transfer plan, which is utilized for clients being served in housing programs to continue to receive services in the event of a safety crisis as long as the client is eligible. This plan

encompasses survivor-choice while also prioritizing safety. Furthermore, to continue collaboration and continuity of care, the collaborative applicant and Betty Griffin Center plan to analyze service gaps between the victim service provider and coordinated entry system and implement policies and procedures that encompass needs of survivors including confidentiality, safety, and HMIS concerns, while addressing barriers to housing assistance. Once these are developed, we plan to implement trainings with service providers on process and trauma-informed, survivor-centered approaches for working with those who have experienced domestic violence and homelessness.

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

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

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

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

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2020 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Jacksonville Housing Authoriy	18%	No	No
Housing Authority of the County of Flagler	12%	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)

The St. Johns County CoC has not worked with the PHAs in its geographic area. The St. Johns County CoC falls under the PHA of a neighboring county and we are working to develop a relationship with them. The board intends to reach out to the Jacksonville Housing Authority to adopt a homeless admission preference.

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

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

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

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

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

The CoC does not include PHA-funded units in the CoC's coordinated entry process.

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)?	No

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)

The CoC did not coordinate with a PHA to submit a joint application for funding of projects serving families experiencing homelessness.

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?	No

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
This list contains no items

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.	0
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.	0
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.	0%

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)

The CoC regularly evaluates projects Housing First approach and are prioritizing permanent housing placement and stabilization, without participants meeting any preconditions or service participation in several manners. Upon project application for funding, projects must discuss their plan for utilizing the

Housing First approach as well as complete the United States Interagency Council on Homelessness Housing First Checklist to evaluate their projects commitment to the approach. Once funded, programs receive participants through coordinated entry. Coordinated entry access has no requirements or barriers other than client is in the continuum's served geographic area and presents with housing crisis. Income, employment status, criminal history, or any other documentation or standard is not allowed to be required for admission into coordinated entry, and thus a program. Once matched with a provider, the referral is sent to provider and they begin working with the client. If a provider wants to deny a referral or close out a client, they must speak about it during coordinated entry case conferencing calls with coordinated entry staff, who redirects any statements that differ from the housing first philosophy. Our written standards also provide guidelines on acceptance of referrals as well as closure of clients, which encompass the Housing First philosophy therefore to safeguard CoC programs from digressing from the philosophy. In addition, our CoC has also offered several Housing First trainings to project staff from all levels of administration and participant-facing positions, and has worked to build relationships with landlords and property owners that accept tenants who present with criminal history, lack income, or other barriers.

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)

Our continuum of care has an outreach team and outreach homelessness police officer that are directed to known public areas where unsheltered persons gather across the catchment area. Additionally, the teams routinely explore areas where encampments of one or more people may be located. The team is well known to the public and fields calls from outside service providers, law enforcement agencies, businesses, and concerned community members regarding possible persons for engagement. Follow-up is completed regularly to assess the situation and try to connect with the reported person(s). Our outreach team covers all areas of St. Johns County, which is the full geographic area of our continuum. Street outreach activities are conducted Monday through Friday from 8:00 AM- 4:00 PM. Exceptions are made when hurricane or tropical storms indicate. Exceptions are also made to accommodate when a night or

weekend operation is required. Street outreach workers are trained in various approaches to find and engage persons who are least likely to request assistance, including having staff members of differing races and ethnicities to engage minority populations, dress in casual clothing to appear more approachable, and offer basic necessities to clients they engage with.

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."	28	43

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)		

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)

The CoC works with a variety of mainstream resources through local service providers. Care Connect +, an organization providing resource navigation, utilizes ServicePoint (HMIS provider) as a tool to make referrals for services including housing, prescription assistance, transportation, Medicaid and insurance navigation, and other services related to social determinants of health. Care Connect + is in the same office as the Lead Agency staff at Flagler Hospital. Care Connect + is partnered with all of the CoC member agencies and extends to those who are not part of the CoC. The organization acts as a connector and is available to assist clients and agencies to find appropriate, available resources.

The CoC homeless service providers serve as Department of Children and Families (DCF) Access Florida Community partners, providing access to public assistance services that promote self-sufficiency, such as food stamps and TANF. The St. Johns County Health and Human Services office also provides office space to DCF twice per week to directly assist clients with obtaining benefits.

A local Legal Aid office representative attends the monthly CoC meetings and regularly updates the CoC on the services they offer to the homeless community. Additionally, the monthly CoC General Membership meeting encourages dialogue with agency updates and a public forum for agencies to share resources.

The CoC Lead Agency distributes program information and related training via email and at the monthly meetings, on services that may be available. Additionally, the CoC Lead Agency provides a resource list for the community, which provides contact information for all appropriate resources, and is available to the public via the CoC website. This literature is updated semiannually and is also distributed to law enforcement, community agencies, groups, and individuals to distribute. The CoC Lead Agency is responsible for overseeing strategy related to mainstream benefits.

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)

For our coordinated entry system to be easily accessible for all experiencing homelessness in our geographic area as well as for individuals of varying abilities and that are least likely to apply for assistance, and to utilize Housing First philosophy, our continuum strives for access to be accessible at multiple points and to have low barriers. Access can occur at any service provider in the continuum, including our county's social service department, a resource navigation helpline, emergency shelter for individuals and families, victim service provider and its domestic violence shelter, street outreach, and comfort station to those unsheltered. These providers are located throughout all areas of our geographic area, and once clients are identified, can go meet with them anywhere in the county utilizing satellite offices, street outreach team, or telephonic services through the resource navigation line. Our coordinated entry system utilizes the Vulnerability Index- Service Prioritization Decision Assistance Tool (VI- SPDAT) as well as amended Covid-19 prioritization, regarding eligibility criteria for households who are at higher vulnerability for Covid-19 as outlined by the Centers for Disease Control, to identify and prioritize households in most need of assistance. The coordinated entry system also ensures assistance is received in a timely manner by utilizing the eligibility search tool within our HMIS to determine eligibility for differing homeless programs or other identified need assistance, and communicates and offers eligible resources to the household as available, upon intake and again throughout process. As resources are available, the client is offered them as soon as identified, and referrals to agencies sent within 7 days, and contact attempts by resource agency given within 7 days, to ensure timely assistance.

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

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

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

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

1.	**People of different races or ethnicities are more likely to receive homeless assistance.**	Yes
2.	**People of different races or ethnicities are less likely to receive homeless assistance.**	No
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.**	No
5.	**There are no racial or ethnic disparities in the provision or outcome of homeless assistance.**	Yes

6.	**The results are inconclusive for racial or ethnic disparities in the provision or outcome of homeless assistance.**	No

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

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

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

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)

In the last year, lead agency staff and a CoC board member were able to attend the Technical Assistance System Modeling Workshop which provided guidance to the local data committee in regards to racial equity. As a result, the committee conducted a deep dive in December of 2020 addressing the system performance measure returns to homelessness. With a high return in emergency shelter (53% in the first 90 days), the committee examined both destination and racial demographics. Some data clean-up was discovered and needed to truly assess inequity. Data clean up continues and we will repeat the

analysis this winter. This has led to more conversation and focus on ensuring an equitable system throughout the CoC.
The CoC is currently working with the HMIS vendor to develop reporting that will generate outcomes based on race, demographics of the measures and demographic reporting based on projects.
Currently, the data committee is working to provide a quarterly review of data that can be gathered on a manual basis. With enhanced technology and reports, the information will be easier to obtain for deep analysis. Once we are able to examine the data, we will be able to make adjustments to ensure an equitable system of care.
As a result of our racial disparity assessment, we have utilized our coordinated entry (CE) committee, consisting of community stakeholders and service providers to review the findings and identified needed revisions. This committee has taken steps to begin the process of reviewing and altering our prioritization policies and assessment tool. With the goal of a more equitable prioritization standard and assessment tool, two members of the committee are participating in a HUD technical assistance CE Prioritization and Assessment Workshop. Our CoC has also utilized technical assistance trainings for service providers to provide more client-centered, trauma-informed, and equitable approaches with services and clients.

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.**	1	6
2.	**Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.**	1	6
3.	**Participate on CoC committees, subcommittees, or workgroups.**	1	6
4.	**Included in the decisionmaking processes related to addressing homelessness.**	1	6
5.	**Included in the development or revision of your CoC's local competition rating factors.**	0	1

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)

Our community focused on prevention and preparedness to limit further health complications within vulnerable populations in order to decrease the potential of necessary hospital utilization. In caring closely for this population by offering support, resources, education and shelter to those identified as "high risk" or most vulnerable, we aim to limit the spread of infections within the communal settings.
The CoC is in a unique situation since the sole community hospital in St. Johns County also serves as the CoC Lead Agency. Lead Agency staff consulted with an outreach nurse who was able to provide shelter and infection prevention guidance. The nurse also visited homeless service providers to offer education and necessary supplies. Additionally, she created portable handwashing stations that were installed at encampments and congregate shelters.
The CoC also developed a plan for a "prevention facility for the medically vulnerable". The original plan included medical isolation for homeless individuals who are pending COVID results or those who have tested positive. However, the St. Johns County Department of Emergency Management Emergency Operations Center took the lead on that initiative. We then shifted our focus and created a plan for a prevention facility for the medically vulnerable who are experiencing homelessness. We secured a hotel location, funding and potential staff. However, the need to extend the shelter for the medically vulnerable does not exist at this time and was not needed at any point during the pandemic up to this point. If the need arises we have a plan in place and will move forward with transitioning vulnerable individuals to the hotel setting. Guests would be referred by the local emergency shelter and/or other CoC member providers.

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)

In the case that we have future public health emergencies, the CoC already has policies and procedures in place. The CoC, in consultation with a Community Health nurse, developed shelter and infection prevention guidance and a plan for a prevention facility for the medically vulnerable. Additionally, the CoC has established emergency preparedness protocols and a relationship with the St. Johns County Department of Emergency Management.
As a response to the pandemic we have created a COVID-19 Resource Hub in our Homeless Management Information System. We developed a shared program with an interactive dashboard where we could track all needs and conduct weekly provider calls to address the needs being presented in our county. During this call we are able to coordinate with the providers and navigate the client to the appropriate resource. This process is similar to our coordinated entry weekly calls but it has expanded to address COVID needs specifically. This weekly case conferencing has decreased the length of time that a client is pending for services. The weekly calls have ended because COVID specific needs have drastically decreased but we already have the framework in place if we need to resume this process.

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)

The Collaborative Applicant attends weekly conference calls with the Florida DCF Office on Homelessness (ESG/ESG-CV recipient) and other CoC Collaborative Applicants within the state of Florida to discuss ongoing homeless issues and grants. The Collaborative Applicant also consults with the Office on Homelessness separately to discuss the unique needs of St. Johns County. DCF shares its established priorities and standards with the CoC to aid in the planning and allocation of funds. With the addition of ESG-CV funds, the Collaborative Applicant worked closely with DCF to understand additional eligible expenses and to create an ESG-CV addendum to the written standards that includes relevant eligible expenses.
The ESG-CV addendum to the written standards outlines eligible costs and is a publicly posted document for the agencies to refer to. As guidance was

released by HUD, we made sure to share relevant information with the ESG-CV recipients. Whenever additional allowable expenses were made available due to waivers, we shared the information with the recipients and asked if they wanted to fund those activities. We then updated the written standards addendum related to ESG-CV. We encouraged recipients to take advantage of flexibilities with ESG-CV funds to address safety measures, housing assistance, eviction prevention, healthcare supplies and sanitary supplies.

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

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

(limit 2,000 characters)

The CoC is in a unique situation since the sole community hospital in St. Johns County also serves as the CoC Lead Agency. Lead Agency staff consulted with an outreach nurse who was able to provide shelter and infection prevention guidance. The nurse also visited homeless service providers to offer education and necessary supplies. She also created portable handwashing stations that were installed at encampments and congregate shelters.
The shelters practiced social distancing and were given supplies as needed.
The CoC also coordinated with the St. Johns County Department of Emergency Management as many CoC members volunteered at the Emergency Operations Center.
Masks were distributed to the emergency shelter, DV shelter, homeless encampments, and other agency providers to be given to individuals experiencing homelessness. Masks were ordered by hospital staff and distributed by Lead Agency staff.
The CoC also has access to a mobile health clinic. Vaccines have been offered at Dining with Dignity, a local food distribution event for those experiencing homelessness and at local homeless service provider locations, including the emergency shelter and the domestic violence shelter, during scheduled outreach days with medical providers. Additionally, vaccines were available through community outreach events in medically underserved areas and areas that regularly lack transportation access to medical care. These events were open to the public and many homeless individuals were in attendance.

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)

Information on COVID-19 safety measures, restrictions, and vaccine implementation was shared at monthly CoC meetings and weekly COVID case conferencing calls with service providers. Lead Agency staff also checked in weekly with service providers regarding their needs and collected Situation Reports from the shelters. The situation reports included sheltered and unsheltered data and unmet needs. The reports were also sent to the Florida Division of Emergency Management COVID-19 Homeless Taskforce.
The CoC also worked with a Community Health Nurse and the local free health care clinic to offer education and vaccine opportunities that were publicized at CoC meetings.

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)

Vaccines are available in a variety of ways for those who are interested in receiving it. The CoC Lead Agency is the sole community hospital in St. Johns County and has access to a mobile health clinic. Vaccines have been offered at Dining with Dignity, a local food distribution event for those experiencing homelessness. Vaccines were also offered at local homeless service provider locations, including the emergency shelter and the domestic violence shelter, during scheduled outreach days with medical providers. Additionally, vaccines were available through community outreach events in medically underserved areas and areas that regularly lack transportation access to medical care. These events were open to the public and many homeless individuals were in attendance. Events are publicized at monthly CoC meetings, which are open to the public, and mobile clinic days are publicized on the CoC Facebook page.

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)

As a response to the pandemic we have created a COVID-19 Resource Hub in our Homeless Management Information System. We developed a shared program with an interactive dashboard where we could track all needs and conduct weekly provider calls to address the needs being presented in our county. During this call we are able to coordinate with the providers and navigate the client to the appropriate resource. This process is similar to our coordinated entry weekly calls but it has expanded to address COVID needs specifically.
Since the sole community hospital in St. Johns County also serves as the CoC

Lead Agency, Lead Agency staff implemented a “Care Plus Calls” system to follow up with all COVID discharged patients. This follow up call system addressed both clinical and social determinates of health allowing for an opportunity to address potential DV issues.
The CoC also awarded ESG-CV emergency shelter funds to the domestic violence shelter, Betty Griffin, to support shelter costs. ESG-CV funds were also used to place clients in hotels whenever the shelter reached capacity or when clients needed to quarantine.

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)

This is an unprecedented time for our vulnerable population and our Coordinated Entry System (CES). Decisions being made are in an effort to prevent the spread of COVID-19. The goal is to utilize Rapid Re-Housing (RRH) when available to quickly exit as many households from shelters as possible. This will offer shelters the ability to increase personal space for shelter guests and reduce the number of people in our congregate shelter setting. Given the fluid nature of the COVID-19 pandemic and continuing guidance from HUD regarding ESG-CV funding, the process allows for flexibility and will be updated as needed.
Rapid Re-Housing prioritization includes those who are 55 and older, residing in congregate shelters with underlying medical conditions per CDC guidance, living outside with underlying medical conditions per CDC guidance, as well as those who have zero/low income, disabling conditions, and those experiencing long term homelessness.

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

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

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

1.	**Enter the date your CoC published the 30-day submission deadline for project applications for your CoC's local competition.**	09/17/2021
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.**	09/17/2021

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)

The CoC Scoring and Review Committee instituted project based score cards for reviewing and rating the project applications. The score cards included data elements and other criteria considered by the CoC as high priorities. Among others, the CoC considered several vulnerabilities in evaluating and scoring the projects, including: that the project intends to serve those with zero income at entry, intends to serve those from a place not meant for human habitation and intends to serve chronically homeless.
Projects addressing HUD and local CoC priorities and participating in Coordinated Entry, scored up to 27 bonus points. Priority areas include ending homelessness for all persons, using a housing first approach, reducing unsheltered homelessness, improving system performance, partnering with housing, health and service agencies, addressing racial equity, and engaging persons with lived experience.
Project effectiveness and system performance were also considered. The score card placed a heavy weighted score on projects that addressed measure 1 (length of time homeless), measure 2 (returns to homelessness), measure 4 (income and non-cash), measure 7 (successful placement) and as well as projects that addressed high need populations.
Project applications needed to describe a method for moving participants into permanent housing quickly, a method for how participants will remain in permanent housing, a method for participants to increase or gain both earned income and non-employment income, a method for how participants will exit to permanent housing if they do not remain within a PSH project and a method for prioritizing chronically homeless and/or the unsheltered population.

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)

The CoC promotes racial equity in the local review, selection, and ranking process. The CoC also solicits input from persons of different races and ethnicities particularly those over- represented in the local homelessness population, when determining the rating factors used to review project applications. The CoC Board, who reviewed and approved the Scoring, Rating

and Review procedures as well as the project based score cards, is comprised of a mix of representatives from different demographics including sex and race. The Scoring and Review committee is responsible for the review, selection and ranking process. This year the committee members represented the homeless population racial demographics. In 2020, 22% of those engaged in Coordinated Entry were black/African American. Of those serving on the committee, 25% were black/African American.
The score cards included bonus points for project applications that addressed racial equity. The score cards also included two sections that focused on equity which comprised of 23% of the available points. One section looked at program participant outcomes and the other looked at equity within agency leadership, governance and policies.

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)

The written process states that agencies can either voluntary reallocate or low performing projects are reallocated. Funds reallocated as part of recapturing unspent funds, voluntary or involuntary will be made available for reallocation to create new projects during the local solicitation process.
Projects that are not fully expending or under-spending their grant awards are subject to the reallocation process. Projects that have underspent their award by 10% may be reduced and those funds will go to reallocation for New Projects.
As part of the local solicitation, programs are asked if they wish to voluntarily reallocate some or all of their funding. Such reallocated funds are pooled for reallocation to New Projects.
Projects with poor performance and/or are not serving the intended population or with significant, unresolved findings are subject to reallocation. Lower performing projects will be reallocated to create new higher performing projects. The lead agency annually reviews projects to determine if there are any low performing projects. No low performing projects were identified this year. The CoC had an information session to communicate the process to all interested applicants. Projects are considered low performing by a review of returns to homelessness, exit destinations, income increases and targeting of vulnerable populations upon enrollment.
Four project applications were submitted for this competition. Two were renewal projects and two were new bonus projects. The scoring and review committee did not recommend reallocation. These projects were prioritized for funding based on the CoC's local needs, gaps and priorities and fully funded in tier 1.

This process is included in the Scoring, Rating, and Review Procedures which were approved prior to the local competition. The document was posted on the CoC website and the link to the document was included in the email that was sent out on September 17, 2021 announcing the start of the local competition.

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)?**	No
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.**	

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

Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	10/29/2021

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

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

2A. Homeless Management Information System (HMIS) Implementation

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

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

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

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

Select from dropdown menu your CoC's HMIS coverage area.	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.	05/14/2021

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

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

(limit 2,000 characters)

Statistics regarding domestic violence and homelessness are provided by Betty Griffin Center using the Osnium Women's Shelter Database, an HMIS comparable database, administered by the Florida Coalition Against Domestic Violence, and contracted by DCF. Statistics provided are de-identified aggregate data. Betty Griffin Leadership and Staff also actively participate in CoC General Membership meetings, committee meetings, and planning sessions to ensure that the needs of victims of domestic violence are recognized and included in CoC community planning. Additionally, statistics regarding domestic violence and those fleeing violence are collected within the local HMIS database from all participating agencies.
The HMIS Lead has a new HMIS Administrator as of November 2021 and there has been staff turnover at the Betty Griffin Center with new HMIS staff and a new executive director. Meetings are being scheduled to discuss data elements and data standards with new staff. The HMIS Administrator is beginning to look at system performance measures while completing system admin training.

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	115	50	65	100.00%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	67	17	50	100.00%
4. Rapid Re-Housing (RRH) beds	43	0	43	100.00%
5. Permanent Supportive Housing	0	0	0	
6. Other Permanent Housing (OPH)	76	0	76	100.00%

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

Not applicable. Bed coverage rates did not fall below 84.99 percent in question 2A-5.

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)

Not applicable. Bed coverage rates did not fall below 84.99 percent in question 2A-5b.

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

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

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

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

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

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

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

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

2C. System Performance

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
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- 24 CFR part 578

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

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

(limit 2,000 characters)

The CoC used information gained from survey responses during the PIT Count, from universal intake applications, and from HMIS data to determine trends and risk factors for becoming homeless within our community. These main factors identified included loss of income, or some sort of crisis having taken place in their lives, such as a medical emergency, death, or other traumatic event. Current strategies in place to address risk factors are to recognize the risk factors of individuals and families during intake, and provide the appropriate referrals for concrete services such as applications for SSI/insurance, prescription assistance, assistance in obtaining identification, and other needs; as well as wrap-around case management tailored to their specific needs. The Lead Agency, with the support of the CoC HMIS/Coordinated Entry Committee, is responsible for oversight and training agencies regarding risk factors for first-time homeless.

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)

We are in the process of striving to reduce emergency shelter stays to 15 days or less, and transitional housing stays to 180 days or less, to reduce the length of time individuals and families remain homeless.
The CoC's Coordinated Entry process prioritizes those individuals experiencing homelessness for the longest length of time, and attempts to secure permanent housing for those individuals first. To accomplish these tasks, the CoC employs strategies such as: collaborating with homeless shelters, the street outreach team and rapid re-housing programs, who have funding available to re-home individuals and families.
CoC Lead Agency staff also participate in the St. Johns County Affordable Housing Advisory Committee to address the lack of affordable housing in the county. Additionally, a Housing Navigator is employed to engage landlords, increase housing stock and create easier access to these affordable housing options.
To identify those with the longest length of time homeless, the CoC uses a universal intake, and a VI-SPDAT, which then provide a vulnerability score for the Coordinated Entry process.
The CoC Lead Agency is ultimately responsible for overseeing the CoC's strategy to reduce the length of time individuals and families remain homeless. However, the CoC Strategic Planning Committee provides oversight to the CoC on strategy, the Coordinated Entry Committee provides oversight of prioritization and HMIS/Data Committee provides analysis of the data measures and outcomes. Each of these committees are dedicated to ensure that the system of care is operating efficiently and effectively so that homelessness is rare, brief and one time.

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)

The CoC's strategy to increase the rate of households exiting to permanent housing is multifaceted. One major challenge has been the lack of availability of affordable housing in the community. CoC Lead Agency staff participate in the St. Johns County Affordable Housing Advisory Committee, whose members have been working with the local government to address issues preventing the development of this housing locally. Additionally, the utilizes a Housing Navigator to work directly with clients to access affordable housing and build local housing stock. The CoC uses a Housing First strategy to ensure that all service providers are focused on permanent housing as a destination. Critical to strategies for both obtaining and retaining permanent housing is case management. The CoC has provided multiple training opportunities on various aspects of case management and will continue to focus efforts on ensuring that agencies providing services are also addressing the case management needs of their clients. The CoC Strategic Planning Committee provides oversight to the CoC on strategy and the HMIS/Data Committee gives analysis of the data measures.

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)

Individuals and families who return to homelessness are determined by reporting from HMIS. This data is also included in the By Name List that is used with Coordinated Entry.
Agencies have implemented diversion and prevention strategies to find other options and keep those who are at risk of losing housing in their current location and divert them from returning to homelessness.
Case management is a critical piece of successful housing placement. With strong case management and wrap around services, we are able to help clients achieve self-sufficiency and reduce returns to homelessness. Case management is paramount to ensuring homelessness is rare, brief and one time. The CoC has provided multiple training opportunities on various aspects of case management and will continue to focus efforts on ensuring that agencies providing services are also addressing the case management needs of their clients.
The CoC Lead Agency is responsible for overseeing the CoC's strategy to reduce the rate that individuals and persons in families return to homelessness. However, the Strategic Planning Committee provides oversight to the CoC on strategy and the HMIS/Data Committee provides analysis of the data measures and outcomes.

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)

The CoC's strategy to increase employment is to create partnerships with businesses, education, and provider agencies.
The CoC and CoC member agencies work with various employment centers including CareerSource, First Coast Technical College, Northeast Community Action Agency, Communities in Schools, Goodwill, Operation New Hope and Labor Finders, many of whom participate in CoC meetings regularly.
Care Connect +, an organization providing resource navigation, acts as a connector and is available to assist clients and agencies to find appropriate, available resources. Care Connect + is partnered with all of the CoC member

agencies and extends to those who are not part of the CoC. Care Connect + provides a network of providers that are accessible to any CoC member organization. This network is utilized to connect clients to agencies that assist with employment like Career Source. Care Connect + is located in the same office as the Lead Agency staff at Flagler Hospital.
Critical to strategies for increasing employment income is case management. The CoC has provided multiple training opportunities on various aspects of case management and will continue to focus efforts on ensuring that agencies providing services are also addressing the case management needs of their clients. Case plans are focused on housing needs and any barriers to self-sufficiency including income and employment.
The CoC Lead Agency is responsible for overseeing the CoC's strategy to increase income from employment.

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)

CoC member organizations have direct agreements with staffing agencies to hire those residing in an emergency shelter or transitional housing. In terms of employment, the CoC and CoC member agencies work with various employment centers including CareerSource, First Coast Technical College, Northeast Community Action Agency, Communities in Schools, Goodwill, and Labor Finders, many of whom participate in CoC meetings regularly.
The CoC also has a partnership with Northrup Grumman to offer employment opportunities to Veterans who are experiencing homelessness. The CoC has also met with the local technical college who offers scholarships to homeless students to receive a free tuition. This information has been shared at CoC committee and general membership meetings.
Additionally, many CoC provider agencies have offered programs in partnership with local colleges, churches, and community groups, such as sewing classes, business skills, resume writing and interview skills.

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)

The CoC's strategy to increase non-employment cash income is to connect clients with benefits such as TANF, SSI, SSDI and SNAP benefits through effective case management.
The CoC homeless service providers serve as Department of Children and Families (DCF) Access Florida Community partners, providing access to public assistance services that promote self-sufficiency, such as SNAP, Medicaid and TANF.
Additionally, St. Johns County Health and Human Services, a CoC member agency, employs a SOAR Processor who assists clients with SSI/SSDI applications and provides office space to DCF twice per week to directly assist clients with obtaining benefits.
The Lead Agency is responsible for overseeing strategy related to employment and mainstream benefits.

3A. Coordination with Housing and Healthcare Bonus Points

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

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

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

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

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

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

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

Is your CoC applying for a new PSH or RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	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:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
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- 24 CFR part 578

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

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

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

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

(limit 2,000 characters)

Not applicable. Our CoC is not requesting funding for any new project application requesting 200,000 or more in funding for housing rehabilitation or new construction.

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

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
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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)

Not applicable. The CoC is not 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.

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**	Yes
2.	**PH-RRH or Joint TH/RRH Component**	No

You must click "Save" after selecting Yes for element 2 PH-RRH or Joint TH/RRH Component to view questions 4A-4 through 4A-4f.

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:**	294
2.	**Enter the number of survivors your CoC is currently serving:**	143
3.	**Unmet Need:**	151

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)

The domestic violence shelter, Betty Griffin Center, reported that they received 294 helpline calls since July, and used that data to capture how many survivors were in need of housing or services.
Since July 2021, 143 survivors (adults and children) were served in the domestic violence shelter and all were in need housing or services.
Data was provided by Betty Griffin Center using the Osnium Women's Shelter Database, an HMIS comparable database, administered by the Florida Coalition Against Domestic Violence, and contracted by the Florida Department of Children and Families.
There are several reasons why the CoC is unable to meet the needs of all survivors. This includes a lack of shelter capacity and resources. Additionally, we lack a streamlined process between survivors of domestic violence, coordinated entry and resource providers. Even when resources are available, there is a low housing stock in St. Johns County. Low income housing is difficult to find in our area and domestic violence survivors often have to take jobs in the service industry which does not provide enough income for the cost of housing. Domestic violence survivors have the same needs as other people experiencing homelessness, but they also have to consider their safety in where they find housing and employment.
With the DV bonus, we plan to establish coordinated entry policies and procedures specific to the survivor population. Additionally, we are in the process of reallocating ESG-CV funds to Betty Griffin Center to create their own Rapid Rehousing program specific to domestic violence survivors, which will assist in not only meeting the needs of survivors, but will provide the service with a trauma-informed approach and strong client rapport, as these staff are present in the shelter.

4A-3.	New Support Services Only Coordinated Entry (SSO-CE) DV Bonus Project–Applicant Information.	
	NOFO Section II.B.11.(c)	

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

1. Applicant Name	Flagler Hospital, Inc.
2. Project Name	FY21 DV Coordinated Entry

4A-3a.	New SSO-CE Project–Addressing Coordinated Entry Inadequacy.	
	NOFO Section II.B.11.(c)	

Describe in the field below:

1.	**how the current Coordinated Entry is inadequate to address the needs of survivors of domestic violence, dating violence, sexual assault, or stalking; and**
2.	**how the proposed project addresses inadequacies identified in element 1. above.**

(limit 2,000 characters)

The current coordinated entry (CE) process includes those who are survivors of, fleeing, or attempting to flee DV. Our victim service provider (VSP) currently utilizes a HMIS comparable database and refers clients to CE with a warm hand-off to an access point of client's choosing. Clients then consent to HMIS sharing agreement, with no data entry regarding survivor status and are assisted with CE by non-VSP staff.

The CoC has recognized our current process causes unnecessary barriers for and possible gaps in identification of survivors. This also negates best practice as continuity of care is interrupted due to lack of VSP staff involvement and can also cause an increase in traumatization and threaten safety by involvement of additional staff, HMIS, limiting control and choice of survivors and increased length of homelessness.

To address these concerns, we plan to utilize funds to consult with a subject matter expert or person with DV lived experience to provide training and assist in the development of policies and procedures related to survivors' engagement in CE. Both will be trauma-informed, racially-equitable, survivor-centered, will guide staff how best to identify and integrate survivors for utilization of CE; and include standards for confidentiality, case conferencing, data entry, reporting, documentation, service implementation and referral to non-VSP providers. Policies will allow DV clients to be housed out of CoC geographic area, due to safety concerns, which will assist in the lack of affordable housing identified above.

We anticipate several favorable outcomes, including decreases in returns to homelessness and DV, traumatization and shelter consumption thus decreasing unsheltered, and increases in engagement, rapport, performance of CE, permanent housing placements, and sustainability, independence, safety, choice, wellbeing and empowerment of survivors. CE data will be reviewed to ensure engagement, quality of service, and equity in populations served.

Applicant Name
This list contains no items

4B. Attachments Screen For All Application Questions

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

Attachments must match the questions they are associated with.

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

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

Document Type	Required?	Document Description	Date Attached
1C-14. CE Assessment Tool	Yes	CE Assessment Tool	11/12/2021
1C-7. PHA Homeless Preference	No	PHA Homeless Pref...	11/12/2021
1C-7. PHA Moving On Preference	No		
1E-1. Local Competition Announcement	Yes	Local Competition...	11/12/2021
1E-2. Project Review and Selection Process	Yes	Project Review an...	11/12/2021
1E-5. Public Posting–Projects Rejected-Reduced	Yes	Public Posting - ...	11/12/2021
1E-5a. Public Posting–Projects Accepted	Yes	Public Posting - ...	11/12/2021
1E-6. Web Posting–CoC-Approved Consolidated Application	Yes	Web Posting-CoC-A...	11/12/2021
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: CE Assessment Tool

Attachment Details

Document Description: PHA Homeless Preference

Attachment Details

Document Description:

Attachment Details

Document Description: Local Competition Announcement

Attachment Details

Document Description: Project Review and Selection Process

Attachment Details

Document Description: Public Posting - Projects Rejected- Reduced

Attachment Details

Document Description: Public Posting - Projects Accepted

Attachment Details

Document Description: Web Posting-CoC-Approved Consolidated Application

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	09/24/2021
1B. Inclusive Structure	11/11/2021
1C. Coordination	11/12/2021
1C. Coordination continued	11/12/2021
1D. Addressing COVID-19	11/11/2021
1E. Project Review/Ranking	11/11/2021
2A. HMIS Implementation	11/11/2021
2B. Point-in-Time (PIT) Count	11/09/2021
2C. System Performance	11/12/2021
3A. Housing/Healthcare Bonus Points	11/09/2021
3B. Rehabilitation/New Construction Costs	11/04/2021

3C. Serving Homeless Under Other Federal Statutes	11/09/2021
4A. DV Bonus Application	11/12/2021
4B. Attachments Screen	11/12/2021
Submission Summary	No Input Required

Vulnerability Index -

Service Prioritization Decision Assistance Tool

(VI-SPDAT)

Prescreen Triage Tool for Single Adults

AMERICAN VERSION 2.0

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

COMMUNITY SOLUTIONS

ORG CODE

Welcome to the SPDAT Line of Products

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

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

VI-SPDAT Series

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

Current versions available:

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

All versions are available online at

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

SPDAT Series

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

Current versions available:

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

Information about all versions is available online at

www.orgcode.com/products/spdat/

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

SPDAT Training Series

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

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

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

Current SPDAT training available:

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

Other related training available:

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

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

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

Administration

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

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:

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

A. History of Housing and Homelessness

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

☐ Shelters
☐ 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:**

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:**

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:**

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
PRE-SURVEY	/1
A. HISTORY OF HOUSING & HOMELESSNESS	/2
B. RISKS	/4
C. SOCIALIZATION & DAILY FUNCTIONS	/4
D. WELLNESS	/6
GRAND TOTAL:	/17

RESULTS	
Score:	**Recommendation:**
0-3:	no housing intervention
4-7:	an assessment for Rapid Re-Housing
8+:	an assessment for Permanent Supportive Housing/Housing First

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

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

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

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.

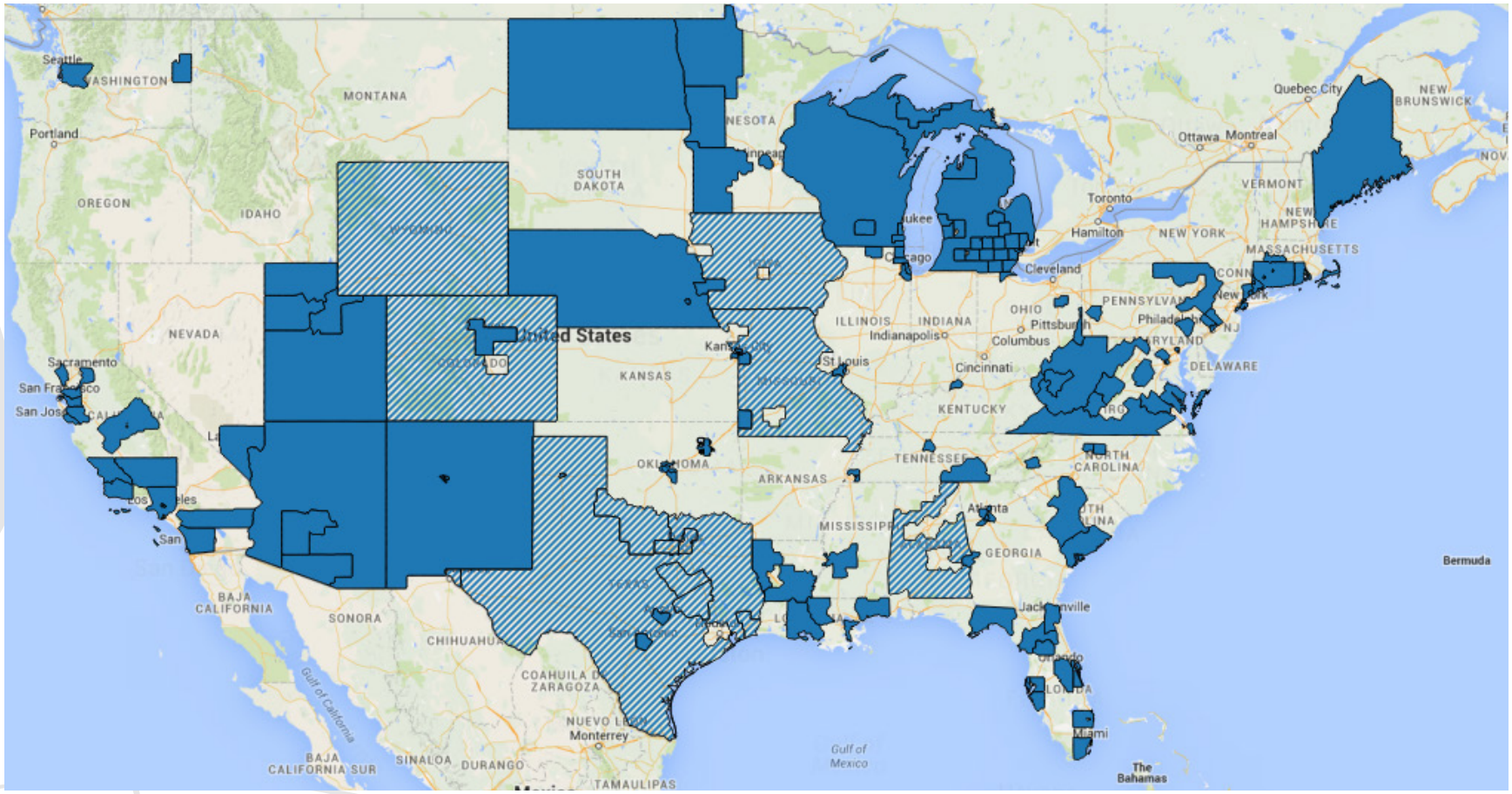
You will notice some differences in Version 2 compared to Version 1. Namely:

- 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).

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

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

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



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

Vulnerability Index -

Service Prioritization Decision Assistance Tool

(VI-SPDAT)

Prescreen Triage Tool for Families

AMERICAN VERSION 2.0

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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/

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

SPDAT Training Series

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

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

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

Current SPDAT training available:

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

Other related training available:

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

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

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

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

Administration

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

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:

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:**

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:**

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:** ____

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

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

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

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.

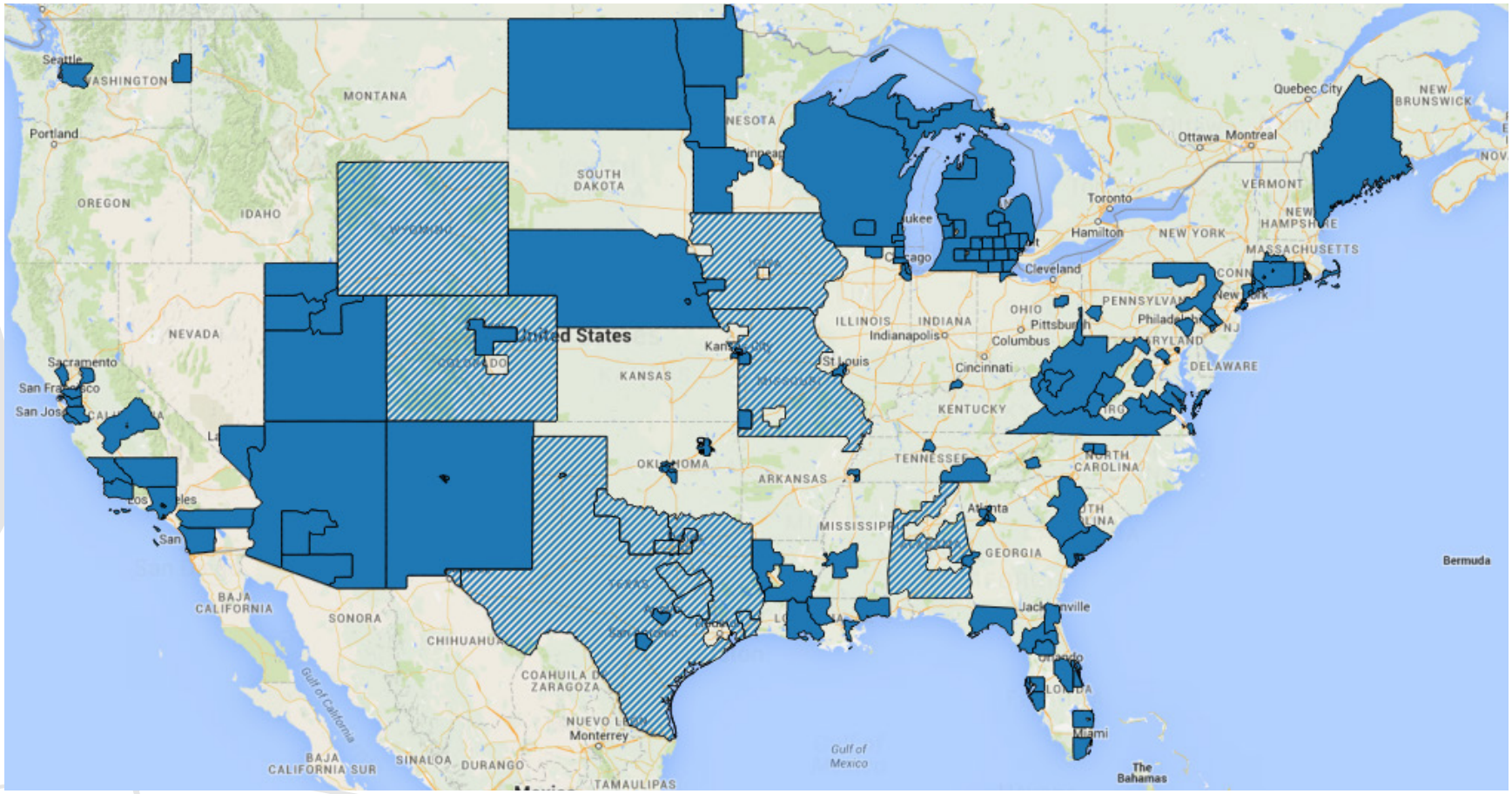
You will notice some differences in Version 2 compared to Version 1. Namely:

- 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).

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

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

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



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

Youth

Service Prioritization Decision Assistance Tool

(Y-SPDAT)

Assessment Tool for Single Youth

VERSION 1.0

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

Disclaimer
The management and staff of OrgCode Consulting, Inc. (OrgCode) do not control the way in which the Service Prioritization Decision Assistance Tool (SPDAT) will be used, applied or integrated into related client processes by communities, agency management or frontline workers. OrgCode assumes no legal responsibility or liability for the misuse of the SPDAT, decisions that are made or services that are received in conjunction with the assessment tool.

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.

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

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

Terms and Conditions Governing the Use of the SPDAT

SPDAT products have been developed by OrgCode Consulting, Inc. with extensive feedback from key community partners including people with lived experience. The tools are provided free of charge to communities to improve the client centered services dedicated to increasing housing stability and wellness. Training is indeed required for the administration and interpretation of these assessment tools. Use of the SPDAT products without authorized training is strictly prohibited.

By using this tool, you accept and agree to be bound by the terms of this expectation.

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A. Mental Health & Wellness & Cognitive Functioning

PROMPTS	CLIENT SCORE:
• *Have you ever had a conversation with a psychiatrist, psychologist, or school counsellor? When was that?* • *Do you feel you are getting all the help you might need with whatever mental health stress you might have?* • *Have you ever hurt your brain or head?* • *Do you have trouble learning or paying attention?* • *Has anyone ever told you you might have ADD or ADHD?* • *Was there ever any special testing done to identify learning disabilities?* • *Has any doctor ever prescribed you pills for anxiety, depression, or anything like that?* • *Do you know if, when pregnant with you, your mother did anything that we now know can have negative effects on the baby?* • *Are there any professionals we could speak with that have knowledge of your mental health?*	**NOTES**

SCORING		
4	**Any** of the following: ☐ Serious and persistent mental illness (2+ hospitalizations in a mental health facility or psychiatric ward in the past 2 years) **and** not in a heightened state of recovery currently ☐ Major barriers to performing tasks and functions of daily living or communicating intent because of a brain injury, learning disability or developmental disability	
3	**Any** of the following: ☐ Heightened concerns about state of mental health, but fewer than 2 hospitalizations, and/or without knowledge of presence of a diagnosable mental health condition ☐ Diminished ability to perform tasks and functions of daily living or communicating intent because of a brain injury, learning disability or developmental disability	
2	While there may be concern for overall mental health or mild impairments to performing tasks and functions of daily living or communicating intent, **all** of the following are true: ☐ No major concerns about safety or ability to be housed without intensive supports to assist with mental health or cognitive functioning ☐ No major concerns for the health and safety of others because of mental health or cognitive functioning ability ☐ No compelling reason for screening by an expert in mental health or cognitive functioning prior to housing to fully understand capacity	**FOR YOUTH** ☐ Age 16 or under and would not otherwise score higher
1	☐ In a heightened state of recovery, has a Wellness Recovery Action Plan (WRAP) or similar plan for promoting wellness, understands symptoms and strategies for coping with them, **and** is engaged with mental health supports as necessary.	☐ Age 17-23 and would not otherwise score higher
0	☐ Age 24+ **and** no mental health or cognitive functioning issues disclosed, suspected or observed	

B. Physical Health & Wellness

PROMPTS	CLIENT SCORE:
• *How is your health?* • *Do you feel you are getting all the care you need for your health? When was the last time you saw a doctor? What was that for?* • *Do you have a clinic or doctor that you usually go to?* • *Any illness like diabetes, HIV, Hep C or anything like that going on?* • *Do you have any reason to suspect you might be pregnant? Is that impacting your health in any way? Have you talked with a doctor about your pregnancy? Are you following the doctor's advice?* • *Anything going on right now with your health that you think would prevent you from living a full, healthy, happy life?* • *Are there other professionals we could speak with that have knowledge of your health?*	**NOTES**

Note: In this section, a current pregnancy can be considered a health issue.

SCORING	
4	**Any** of the following: ☐ Co-occurring chronic health conditions ☐ Attempting a treatment protocol for a chronic health condition, but the treatment is not improving health ☐ Pallative health condition
3	Presence of a health issue with **any** of the following: ☐ Not connected with professional resources to assist with a real or perceived serious health issue, by choice ☐ Single chronic or serious health concern but does not connect with professional resources because of insufficient community resources (e.g. lack of availability or affordability) ☐ Unable to follow the treatment plan as a direct result of homeless status
2	☐ Presence of a relatively minor physical health issue, which is managed and/or cared for with appropriate professional resources or through informed self-care ☐ Presence of a physical health issue, for which appropriate treatment protocols are followed, but there is still a moderate impact on their daily living
1	Single chronic or serious health condition, but **all** of the following are true: ☐ Able to manage the health issue and live a relatively active and healthy life ☐ Connected to appropriate health supports ☐ Educated and informed on how to manage the health issue, take medication as necessary related to the condition, and consistently follow these requirements.
0	☐ No serious or chronic health condition ☐ If any minor health condition, they are managed appropriately

C. Medication

PROMPTS	CLIENT SCORE:
• *Have you recently been prescribed any medications by a health care professional?* • *Do you take any medications prescribed to you by a doctor?* • *Have you ever sold some or all of your prescription?* • *Have you ever had a doctor prescribe you medication that you didn't have filled at a pharmacy or didn't take?* • *Were any of your medications changed in the last month? If yes: How did that make you feel?* • *Do other people ever steal your medications?* • *Do you ever share your medications with other people?* • *How do you store your medications and make sure you take the right medication at the right time each day?* • *What do you do if you realize you've forgotten to take your medications?* • *Do you have any papers or documents about the medications you take?*	**NOTES**

SCORING	
4	**Any** of the following: ☐ In the past 30 days, started taking a prescription which **is** having any negative impact on day to day living, socialization or mood ☐ Shares or sells prescription, but keeps **less** than is sold or shared ☐ Regularly misuses medication (e.g. frequently forgets; often takes the wrong dosage; uses some or all of medication to get high) ☐ Has had a medication prescribed in the last 90 days that remains unfilled, for any reason
3	**Any** of the following: ☐ In the past 30 days, started taking a prescription which is **not** having any negative impact on day to day living, socialization or mood ☐ Shares or sells prescription, but keeps **more** than is sold or shared ☐ Requires intensive assistance to manage or take medication (e.g., assistance organizing in a pillbox; working with pharmacist to blister-pack; adapting the living environment to be more conducive to taking medications at the right time for the right purpose, like keeping night-time medications on the bedside table and morning medications by the coffeemaker) ☐ Medications are stored and distributed by a third-party
2	**Any** of the following: ☐ Fails to take medication at the appropriate time or appropriate dosage, 1-2 times per week ☐ Self-manages medications except for requiring reminders or assistance for refills ☐ Successfully self-managing medication for fewer than 30 consecutive days
1	☐ Successfully self-managing medications for more than 30, but less than 180, consecutive days
0	**Any** of the following: ☐ No medication prescribed to them ☐ Successfully self-managing medication for 181+ consecutive days

D. Substance Use

PROMPTS	CLIENT SCORE:
• *When was the last time you had a drink or used drugs?* • *Is there anything we should keep in mind related to drugs or alcohol?* • *[If they disclose use of drugs and/or alcohol] How frequently would you say you use [specific substance] in a week?* • *Ever get into fights, fall down and bang your head, or pass out when drinking or using other drugs?* • *Have you ever used alcohol or other drugs in a way that may be considered less than safe?* • *Do you ever end up doing things you later regret after you have gotten really hammered?* • *Do you ever drink mouthwash or cooking wine or hand sanitizer or anything like that?* • *Have you engaged with anyone professionally related to your substance use that we could speak with?*	**NOTES**

Note: Consumption thresholds: 2 drinks per day or 14 total drinks in any one week period for men; 2 drinks per day or 9 total drinks in any one week period for women. "Under legal age" refers to under the age at which it is legal to purchase and consume the substance in question.

SCORING		FOR YOUTH
4	☐ In a life-threatening health situation as a direct result of substance use, **or**, In the past 30 days, **any** of the following are true... ☐ Substance use is almost daily (21+ times) **and** often to the point of complete inebriation ☐ Binge drinking, non-beverage alcohol use, or inhalant use 4+ times ☐ Substance use resulting in passing out 2+ times	☐ First used drugs before age 12 ☐ Scores a 2-3 and is under age 15 ☐ Scores a 3 and is under legal age
3	☐ Experiencing serious health impacts as a direct result of substance use, though not (yet) in a life-threatening position as a result, **or**, In the past 30 days, **any** of the following are true... ☐ Drug use reached the point of complete inebriation 12+ times ☐ Alcohol use usually exceeded the consumption thresholds (at least 5+ times), but usually not to the point of complete inebriation ☐ Binge drinking, non-beverage alcohol use, or inhalant use occurred 1-3 times	☐ First used drugs aged 12-15 ☐ Scores a 1 and is under age 15 ☐ Scores a 2 and is under legal age
2	In the past 30 days, **any** of the following are true... ☐ Drug use reached the point of complete inebriation fewer than 12 times ☐ Alcohol use exceeded the consumption thresholds fewer than 5 times	☐ Scores a 1 and is under legal age
1	☐ In the past 365 days, no alcohol use beyond consumption thresholds, **or**, ☐ If making claims to sobriety, no substance use in the past 30 days	
0	☐ In the past 365 days, no substance use	

E. Experience of Abuse & Trauma

PROMPTS	CLIENT SCORE:
To avoid re-traumatizing the individual, ask selected approved questions as written. Do not probe for details of the trauma/abuse. This section is entirely self-reported. • *"I don't need you to go into any details, but has there been any point in your life where you experienced emotional, physical, sexual or psychological abuse?"* • *"Are you currently or have you ever received professional assistance to address that abuse?"* • *"Does the experience of abuse or trauma impact your day to day living in any way?"* • *"Does the experience of abuse or trauma impact your ability to hold down a job, maintain housing or engage in meaningful relationships with friends or family?"* • *"Have you ever found yourself feeling or acting in a certain way that you think is caused by a history of abuse or trauma?"* • *"Have you ever become homeless as a direct result of experiencing abuse or trauma?"*	**NOTES**

SCORING	
4	☐ A reported experience of abuse or trauma, believed to be a direct cause of their homelessness
3	☐ The experience of abuse or trauma is **not** believed to be a direct cause of homelessness, but abuse or trauma (experienced before, during, or after homelessness) **is** impacting daily functioning and/or ability to get out of homelessness
2	**Any** of the following: ☐ A reported experience of abuse or trauma, but is not believed to impact daily functioning and/or ability to get out of homelessness ☐ Engaged in therapeutic attempts at recovery, but does not consider self to be recovered
1	☐ A reported experience of abuse or trauma, and considers self to be recovered
0	☐ No reported experience of abuse or trauma

F. Risk of Harm to Self or Others

PROMPTS	CLIENT SCORE:
• *Do you have thoughts about hurting yourself or anyone else? Have you ever acted on these thoughts? When was the last time?* • *What was occurring when you had these feelings or took these actions?* • *Have you ever received professional help – including maybe a stay at hospital – as a result of thinking about or attempting to hurt yourself or others? How long ago was that? Does that happen often?* • *Have you recently left a situation you felt was abusive or unsafe? How long ago was that?* • *Have you been in any fights recently - whether you started it or someone else did? How long ago was that? How often do you get into fights?*	**NOTES**

SCORING	
4	**Any** of the following: ☐ In the past 90 days, left an abusive situation ☐ In the past 30 days, attempted, threatened, or actually harmed self or others ☐ In the past 30 days, involved in a physical altercation (instigator or participant)
3	**Any** of the following: ☐ In the past 180 days, left an abusive situation, but no exposure to abuse in the past 90 days ☐ Most recently attempted, threatened, or actually harmed self or others in the past 180 days, but not in the past 30 days ☐ In the past 365 days, involved in a physical altercation (instigator or participant), but not in the past 30 days
2	**Any** of the following: ☐ In the past 365 days, left an abusive situation, but no exposure to abuse in the past 180 days ☐ Most recently attempted, threatened, or actually harmed self or others in the past 365 days, but not in the past 180 days ☐ 366+ days ago, 4+ involvements in physical alterations
1	☐ 366+ days ago, 1-3 involvements in physical alterations
0	☐ Reports no instance of harming self, being harmed, or harming others

G. Involvement in High Risk and/or Exploitive Situations

PROMPTS	CLIENT SCORE:
• *[Observe, don't ask] Any abcesses or track marks from injection substance use?* • *Does anybody force or trick you to do something that you don't want to do?* • *Do you ever do stuff that could be considered dangerous like drinking until you pass out outside, or delivering drugs for someone, having sex without a condom with a casual partner, or anything like that?* • *Do you ever find yourself in situations that may be considered at a high risk for violence?* • *Do you ever sleep outside? How do you dress and prepare for that? Where do you tend to sleep?*	**NOTES**

SCORING		
		YOUTH PREGNANCY
4	**Any** of the following: ☐ In the past 180 days, engaged in 10+ higher risk and/or exploitive events ☐ In the past 90 days, left an abusive situation	☐ Under the age of 24, and has ever become pregnant
3	**Any** of the following: ☐ In the past 180 days, engaged in 4-9 higher risk and/or exploitive events ☐ In the past 180 days, left an abusive situation, but not in the past 90 days	☐ Under the age of 24, and has ever gotten someone else pregnant, and wouldn't otherwise score a 4
2	**Any** of the following: ☐ In the past 180 days, engaged in 1-3 higher risk and/or exploitive events ☐ 181+ days ago, left an abusive situation	
1	☐ In the past 365 days, any involvement in higher risk and/or exploitive events, but not in the past 180 days	
0	☐ In the past 365 days, no involvement in higher risk and/or exploitive events	

H. Interaction with Emergency Services

PROMPTS	CLIENT SCORE:
• *How often do you go to emergency rooms?* • *How many times have you had the police speak to you over the past 180 days?* • *Have you used an ambulance or needed the fire department at any time in the past 180 days?* • *How many times have you called or visited a crisis team or a crisis counselor in the last 180 days?* • *How many times have you been admitted to hospital in the last 180 days? How long did you stay?*	**NOTES**

Note: Emergency service use includes: admittance to emergency room/department; hospitalizations; trips to a hospital in an ambulance; crisis service, distress centers, suicide prevention service, sexual assault crisis service, sex worker crisis service, or similar service; interactions with police for the purpose of law enforcement; interactions with fire service in emergency situations.

SCORING	
4	☐ In the past 180 days, cumulative total of 10+ interactions with emergency services
3	☐ In the past 180 days, cumulative total of 4-9 interactions with emergency services
2	☐ In the past 180 days, cumulative total of 1-3 interactions with emergency services
1	☐ Any interaction with emergency services occurred more than 180 days ago but less than 365 days ago
0	☐ In the past 365 days, no interaction with emergency services

I. Legal

PROMPTS	CLIENT SCORE:
• *Do you have any "legal stuff" going on?* • *Have you had a lawyer assigned to you by a court?* • *Do you have any upcoming court dates? Do you think there's a chance you will do time?* • *Any involvement with family court or child custody matters?* • *Any outstanding fines?* • *Have you paid any fines in the last 12 months for anything?* • *Have you done any community service in the last 12 months?* • *Is anybody expecting you to do community service for anything right now?* • *Did you have any legal stuff in the last year that got dismissed?* • *Is your housing at risk in any way right now because of legal issues?*	**NOTES**

SCORING		
		JUVENILE DELINQUENCY
4	**Any** of the following: ☐ Current outstanding legal issue(s), likely to result in fines of $500+ ☐ Current outstanding legal issue(s), likely to result in incarceration of 3+ months (cumulatively), inclusive of any time held on remand	☐ The youth is under the age of 18 and has current outstanding legal issue(s) that are likely to result in incarceration
3	**Any** of the following: ☐ Current outstanding legal issue(s), likely to result in fines less than $500 ☐ Current outstanding legal issue(s), likely to result in incarceration of less than 90 days (cumulatively), inclusive of any time held on remand	☐ The youth is under the age of 24 and was ever incarcerated while still a minor, and would not otherwise score a 4
2	**Any** of the following: ☐ In the past 365 days, relatively minor legal issue has occurred and was resolved through community service or payment of fine(s) ☐ Currently outstanding relatively minor legal issue that is unlikely to result in incarceration (but may result in community service)	
1	☐ There are no current legal issues, **and** any legal issues that have historically occurred have been resolved without community service, payment of fine, or incarceration	
0	☐ Has not had any legal issues within the past 365 days, **and** currently no conditions of release	

J. Managing Tenancy

PROMPTS	CLIENT SCORE:
• *Are you currently homeless?* • *Have you ever signed a lease? How did that go?* • *[If the person is housed] Do you have an eviction notice?* • *[If the person is housed] Do you think that your housing is at risk?* • *How is your relationship with your neighbors?* • *How do you normally get along with landlords (or your parents/guardian(s))?* • *How have you been doing with taking care of your place?*	**NOTES**

Note: Housing matters include: conflict with landlord and/or neighbors, damages to the unit, payment of rent on time and in full. Payment of rent through a third party is <u>not</u> considered to be a short-coming or deficiency in the ability to pay rent.

SCORING		
		RUNAWAYS
4	**Any** of the following: ☐ Currently homeless ☐ In the next 30 days, will be re-housed or return to homelessness ☐ In the past 365 days, was re-housed 6+ times ☐ In the past 90 days, support worker(s) have been cumulatively involved 10+ times with housing matters	☐ In the past 90 days, ran away from foster home, group home, or parent's home
3	**Any** of the following: ☐ In the next 60 days, will be re-housed or return to homelessness, but not in next 30 days ☐ In the past 365 days, was re-housed 3-5 times ☐ In the past 90 days, support worker(s) have been cumulatively involved 4-9 times with housing matters	☐ In the past 365 days, ran away from foster home, group home, or parent's home, but not in the past 90 days
2	**Any** of the following: ☐ In the past 365 days, was re-housed 2 times ☐ In the past 180 days, was re-housed 1+ times, but not in the past 60 days ☐ For the past 90 days, was continuously housed, but not for more than 180 days ☐ In the past 90 days, support worker(s) have been cumulatively involved 1-3 times with housing matters	☐ Ran away from foster home, group home, or parent's home, but not in the past 365 days
1	**Any** of the following: ☐ In the past 365 days, was re-housed 1 time ☐ For the past 180 days, was continuously housed, with no assistance with housing matters, but not for more than 365 days	
0	☐ For the past 365+ days, was continuously housed in same unit, with no assistance with housing matters	

K. Personal Administration & Money Management

PROMPTS	CLIENT SCORE:
• *How are you with taking care of money?* • *How are you with paying bills on time and taking care of other financial stuff?* • *Do you have any street debts?* • *Do you have any drug or gambling debts?* • *Is there anybody that thinks you owe them money?* • *Do you budget every single month for every single thing you need? Including cigarettes? Booze? Drugs?* • *Do you try to pay your rent before paying for anything else?* • *Are you behind in any payments like child support or student loans or anything like that?*	**NOTES**

SCORING	
4	**Any** of the following: ☐ Cannot create or follow a budget, regardless of supports provided ☐ Does not comprehend financial obligations ☐ Does not have an income (including formal and informal sources) ☐ Not aware of the full amount spent on substances, if they use substances ☐ Substantial real or perceived debts of $1,000+, past due or requiring monthly payments
3	**Any** of the following: ☐ Requires intensive assistance to create and manage a budget (including any legally mandated guardian/trustee that provides assistance or manages access to money) ☐ Only understands their financial obligations with the assistance of a 3rd party ☐ Not budgeting for substance use, if they are a substance user ☐ Real or perceived debts of $999 or less, past due or requiring monthly payments
2	**Any** of the following: ☐ In the past 365 days, source of income has changed 2+ times ☐ Budgeting to the best of ability (including formal and informal sources), but still short of money every month for essential needs ☐ Voluntarily receives assistance creating and managing a budget or restricts access to their own money (e.g. guardian/trusteeship) ☐ Has been self-managing financial resources and taking care of associated administrative tasks for less than 90 days
1	☐ Has been self-managing financial resources and taking care of associated administrative tasks for at least 90 days, but for less than 180 days
0	☐ Has been self-managing financial resources and taking care of associated administrative tasks for at least 180 days

L. Social Relationships & Networks

PROMPTS	CLIENT SCORE:
• *Tell me about your friends, family and other people in your life. How often do you get together or chat?* • *How do you get along with teachers, doctors, police officers, case workers, and other professionals?* • *Are there any people in your life that you feel are just using you?* • *Are there any of your closer friends that you feel are always asking you for money, smokes, drugs, food or anything like that?* • *Have you ever had people crash at your place that you did not want staying there?* • *Have you ever been kicked out of where you were living because of something that friends or family did at your place?* • *Have you ever been concerned about not following your lease agreement because of your friends or family?*	**NOTES**

SCORING	
4	**Any** of the following: ☐ In the past 90 days, left an exploitive, abusive or dependent relationship, **or** left home due to family violence or conflict over religious or moral differences, including sexual orientation ☐ Friends, family or other people are placing security of housing at imminent risk, **or** impacting life, wellness, or safety ☐ No friends or family and demonstrates no ability to follow social norms ☐ Currently homeless and would classify most of friends and family as homeless
3	**Any** of the following: ☐ In the past 90-180 days, left an exploitive, abusive or dependent relationship, **or** left home due to family violence or conflict over religious or moral differences ☐ Friends, family or other people are having some negative consequences on wellness or housing stability ☐ No friends or family but demonstrating ability to follow social norms ☐ Meeting new people with an intention of forming friendships, **or** reconnecting with previous friends or family members, but experiencing difficulty advancing the relationship ☐ Currently homeless, and would classify some of friends and family as being housed, while others are homeless
2	**Any** of the following: ☐ More than 180 days ago, left an exploitive, abusive or dependent relationship, **or** left home due to family violence or conflict over religious or moral differences ☐ Developing relationships with new people but not yet fully trusting them ☐ Currently homeless, and would classify friends and family as being housed
1	☐ Has been housed for less than 180 days, **and** is engaged with friends or family, who are having no negative consequences on the individual's housing stability
0	☐ Has been housed for at least 180 days, **and** is engaged with friends or family, who are having no negative consequences on the individual's housing stability

M. Self Care & Daily Living Skills

PROMPTS	CLIENT SCORE:
• *Do you have any worries about taking care of yourself?* • *Do you have any concerns about cooking, cleaning, laundry or anything like that?* • *Do you ever need reminders to do things like shower or clean up?* • *Describe your last apartment.* • *Do you know how to shop for nutritious food on a budget?* • *Do you know how to make low cost meals that can result in leftovers to freeze or save for another day?* • *Do you tend to keep all of your clothes clean?* • *Have you ever had a problem with mice or other bugs like cockroaches as a result of a dirty apartment?* • *When you have had a place where you have made a meal, do you tend to clean up dishes and the like before they get crusty?*	**NOTES**

	SCORING
4	**Any** of the following: ☐ No insight into how to care for themselves, their apartment or their surroundings ☐ Currently homeless and relies upon others to meet basic needs (e.g. access to shelter, showers, toilet, laundry, food, and/or clothing) on an almost daily basis ☐ Engaged in hoarding or collecting behavior and is not aware that it is an issue in her/his life
3	**Any** of the following: ☐ Has insight into some areas of how to care for themselves, their apartment or their surroundings, but misses other areas because of lack of insight ☐ In the past 180 days, relied upon others to meet basic needs (e.g. access to shelter, showers, toilet, laundry, food, and/or clothing), 14+ days in any 30-day period ☐ Engaged in hoarding or collecting behavior and is aware that it is an issue in her/his life
2	**Any** of the following: ☐ Fully aware and has insight in all that is required to take care of themselves, their apartment and their surroundings, but has not yet mastered the skills or time management to fully execute this on a regular basis ☐ In the past 180 days, relied upon others to meet basic needs (e.g. access to shelter, showers, toilet, laundry, food, and/or clothing), fewer than 14 days in every 30-day period
1	☐ In the past 365 days, accessed community resources 4 or fewer times, **and** is fully taking care of all their daily needs
0	☐ For the past 365+ days, fully taking care of all their daily needs independently

N. Meaningful Daily Activity

PROMPTS	CLIENT SCORE:
• *How do you spend your day?* • *How do you spend your free time?* • *Does that make you feel happy/fulfilled?* • *How many days a week would you say you have things to do that make you feel happy/fulfilled?* • *How much time in a week would you say you are totally bored?* • *When you wake up in the morning, do you tend to have an idea of what you plan to do that day?* • *How much time in a week would you say you spend doing stuff to fill up the time rather than doing things that you love?* • *Are there any things that get in the way of you doing the sorts of activities you would like to be doing?*	**NOTES**

SCORING		
		SCHOOL-AGED YOUTH
4	☐ No planned, legal activities described as providing fulfillment or happiness	☐ Not enrolled in school **and** with no planned, legal activities described as providing fulfillment or happiness
3	☐ Discussing, exploring, signing up for and/or preparing for new activities or to re-engage with planned, legal activities that used to provide fulfillment or happiness	☐ Enrolled in school, but attending class fewer than 3 days per week
2	☐ Attempting new or re-engaging with planned, legal activities that used to provide fulfillment or happiness, but uncertain that activities selected are currently providing fulfillment or happiness, **or** the individual is not fully committed to continuing the activities.	☐ Enrolled in school, and attending class 3 days per week
1	☐ 1-3 days per week, has planned, legal activities described as providing fulfillment or happiness	☐ Enrolled in school and attending class 4 days per week
0	☐ 4+ days per week, has planned, legal activities described as providing fulfillment or happiness	☐ Enrolled in school and maintaining regular attendance

O. History of Homelessness & Housing

PROMPTS	CLIENT SCORE:
• *How long have they been homeless?* • *How many times have they been homeless in their life other than this most recent time?* • *Have they spent any time sleeping on a friend's couch or floor? And if so, during those times did they consider that to be their permanent address?* • *Have they ever spent time sleeping in a car or alleyway or garage or barn or bus shelter or anything like that?* • *Have they ever spent time sleeping in an abandoned building?* • *Were they ever in hospital or jail for a period of time when they didn't have a permanent address to go to when they got out?*	**NOTES**

SCORING	
4	☐ Over the past 10 years, cumulative total of 5+ years of homelessness
3	☐ Over the past 10 years, cumulative total of 2+ years but fewer than 5 years of homelessness
2	☐ Over the past 4 years, cumulative total of 30+ days but fewer than 2 years of homelessness
1	☐ Over the past 4 years, cumulative total of 7+ days but fewer than 30 days of homelessness
0	☐ Over the past 4 years, cumulative total of 7 or fewer days of homelessness

Client:	Worker:	Version:	Date:

COMPONENT	SCORE	COMMENTS
MENTAL HEALTH & WELLNESS AND COGNITIVE FUNCTIONING		
PHYSICAL HEALTH & WELLNESS		
MEDICATION		
SUBSTANCE USE		
EXPERIENCE OF ABUSE AND/ OR TRAUMA		
RISK OF HARM TO SELF OR OTHERS		
INVOLVEMENT IN HIGH RISK AND/OR EXPLOITIVE SITUATIONS		
INTERACTION WITH EMERGENCY SERVICES		

Client:	Worker:	Version:	Date:

COMPONENT	SCORE	COMMENTS
LEGAL INVOLVEMENT		
MANAGING TENANCY		
PERSONAL ADMINISTRATION & MONEY MANAGEMENT		
SOCIAL RELATIONSHIPS & NETWORKS		
SELF-CARE & DAILY LIVING SKILLS		
MEANINGFUL DAILY ACTIVITIES		
HISTORY OF HOUSING & HOMELESSNESS		
TOTAL		**Score: Recommendation:** 0-19: No housing intervention 20-34: Rapid Re-Housing 35-60: Permanent Supportive Housing/Housing First

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

Appendix A: About the SPDAT

OrgCode Consulting, Inc. is pleased to announce the release of Version 4 of the Service Prioritization Decision Assistance Tool (SPDAT). Since its release in 2010, the SPDAT has been used with over 10,000 unique individuals in over 100 communities across North America and in select locations around the world.

Originally designed as a tool to help prioritize housing services for homeless individuals based upon their acuity, the SPDAT has been successfully adapted to other fields of practice, including: discharge planning from hospitals, work with youth, survivors of domestic violence, health research, planning supports for consumer survivors of psychiatric care systems, and in work supporting people with fetal alcohol spectrum disorders. We are encouraged that so many service providers and communities are expanding the use of this tool, and OrgCode will continue to support the innovative use of the SPDAT to meet local needs.

SPDAT Design

The SPDAT is designed to:

- Help prioritize which clients should receive what type of housing assistance intervention, and assist in determining the intensity of case management services
- Prioritize the sequence of clients receiving those services
- Help prioritize the time and resources of Frontline Workers
- Allow Team Leaders and program supervisors to better match client needs to the strengths of specific Frontline Workers on their team
- Assist Team Leaders and program supervisors to support Frontline Workers and establish service priorities across their team
- Provide assistance with case planning and encourage reflection on the prioritization of different elements within a case plan
- Track the depth of need and service responses to clients over time

The SPDAT is NOT designed to:

- Provide a diagnosis
- Assess current risk or be a predictive index for future risk
- Take the place of other valid and reliable instruments used in clinical research and care

The SPDAT is only used with those clients who meet program eligibility criteria. For example, if there is an eligibility criterion that requires prospective clients to be homeless at time of intake to be eligible for Housing First, then the pre-condition must be met before pursuing the application of the SPDAT. For that reason, we have also created the VI-SPDAT as an initial screening tool.

The SPDAT is not intended to replace clinical expertise or clinical assessment tools. The tool complements existing clinical approaches by incorporating a wide array of components that provide both a global and detailed picture of a client's acuity. Certain components of the SPDAT relate to clinical concerns, and it is expected that intake professionals and clinicians will work together to ensure the accurate assessment of these issues. In fact, many organizations and communities have found the SPDAT to be a useful method for bridging the gap between housing, social services and clinical services.

Version 4

The SPDAT has been influenced by the experience of practitioners in its use, persons with lived experience that have had the SPDAT implemented with them, as well as a number of other excellent tools such as (but not limited to) the Outcome Star, Health of the Nation Outcome Scale, Denver Acuity Scale, Camberwell Assessment of Needs, Vulnerability Index, and Transition Aged Youth Triage Tool.

In preparing SPDAT v4, we have adopted a comprehensive and collaborative approach to changing and improving the SPDAT. Communities that have used the tool for three months or more have provided us with their feedback. OrgCode staff have observed the tool in operation to better understand its implementation in the field. An independent committee composed of service practitioners and academics review enhancements to the SPDAT. Furthermore, we continue to test the validity of SPDAT results through the use of control groups. Overall, we consistently see that groups assessed with the SPDAT have better long-term housing and life stability outcomes than those assessed with other tools, or no tools at all.

OrgCode intends to continue working with communities and persons with lived experience to make future versions of the SPDAT even better. We hope all those communities and agencies that choose to use this tool will remain committed to collaborating with us to make those improvements over time.

Version 4 builds upon the success of Version 3 of the SPDAT with some refinements. Starting in August 2014, a survey was launched of existing 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.

The major differences from Version 3 to Version 4 include:

- The structure of the tools is the same: four domains (five for families) with components aligned to specific domains. The names of the domains and the components remain unchanged.
- The scoring of the tools is the same: 60 points for singles, and 80 points for families.
- The scoring tables used to run from 0 through to 4. They are now reversed with each table starting at 4 and working their way down to 0. This increases the speed of assessment.
- The order of the tools has changed, grouped together by domain.
- Language has been simplified.
- Days are used rather than months to provide greater clarification and alignment to how most databases capture periods of time in service.
- Greater specificity has been provided in some components such as amount of debts.

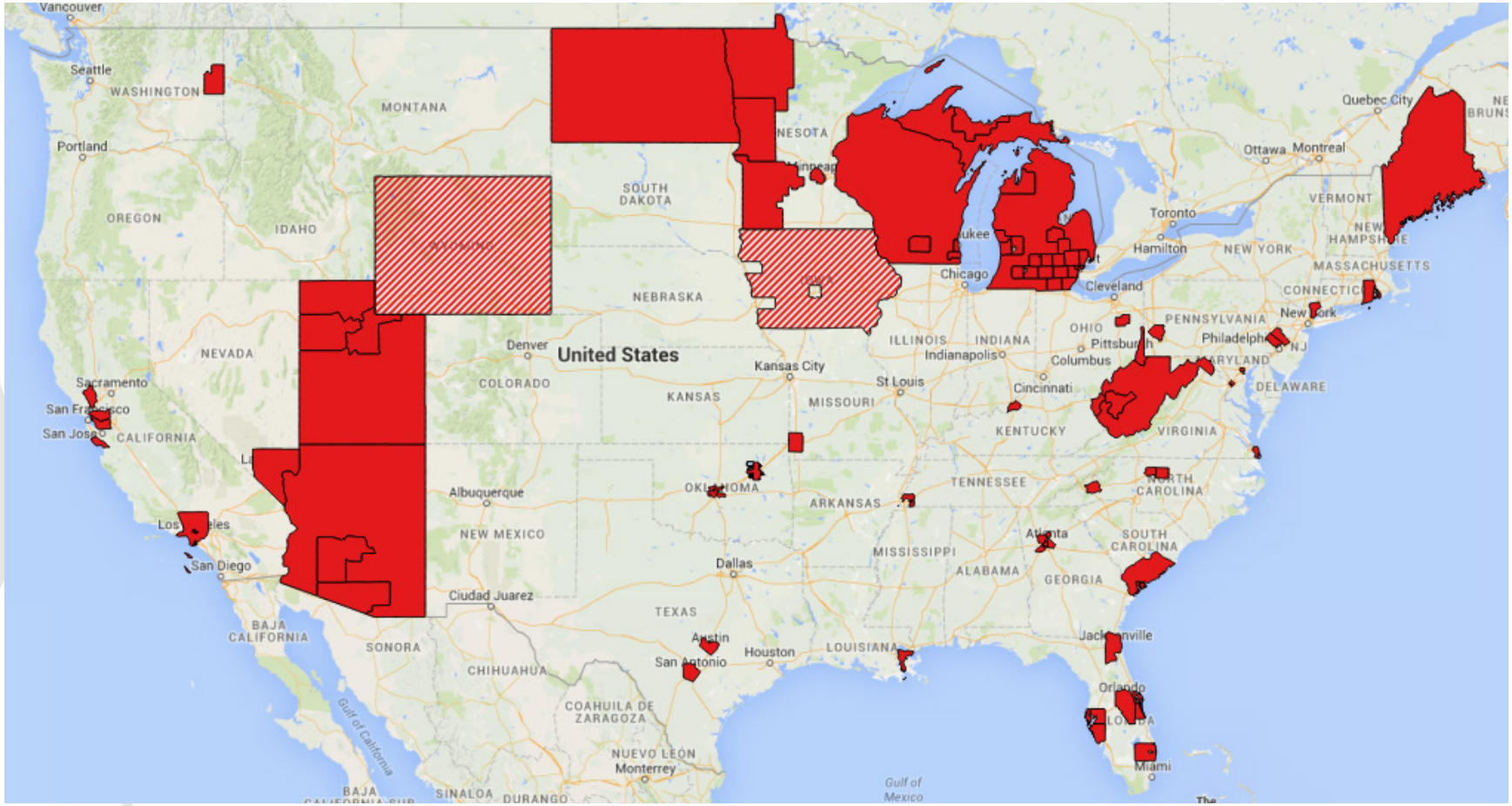
Youth SPDAT

To complement the launch of the Next Step Tool, OrgCode has also created a modified version of the Service Prioritization Decision Assistance Tool (SPDAT) for use specifically with youth.

The Youth SPDAT was developed based on feedback from many communities using the SPDAT who identified the need for a complete assessment tool that emphasized the unique issues faced by homeless youth.

Appendix B: Where the SPDAT is being used (as of May 2015)

United States of America



Arizona
- Statewide

California
- Oakland/Alameda County CoC
- Richmond/Contra Costa County CoC
- Watsonville/Santa Cruz City & County CoC
- Napa City & County CoC
- Los Angeles City & County CoC
- Pasadena CoC
- Glendale CoC

District of Columbia
- District of Columbia CoC

Florida
- Sarasota/Bradenton/Manatee, Sarasota Counties CoC
- Tampa/Hillsborough County CoC
- St. Petersburg/Clearwater/Largo/Pinellas County CoC
- Orlando/Orange, Osceola, Seminole Counties CoC
- Jacksonville-Duval, Clay Counties CoC
- Palm Bay/Melbourne/Brevard County CoC
- West Palm Beach/Palm Beach County CoC

Georgia
- Atlanta County CoC
- Fulton County CoC
- Marietta/Cobb County CoC
- DeKalb County CoC

Iowa
- Parts of Iowa Balance of State CoC

Kentucky
- Louisville/Jefferson County CoC

Louisiana
- New Orleans/Jefferson Parish CoC

Maryland
- Baltimore City CoC

Maine
- Statewide

Michigan
- Statewide

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

Missouri
- Joplin/Jasper, Newton Counties CoC

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

North Dakota
- Statewide

Nevada
- Las Vegas/Clark County CoC

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

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

Oklahoma
- Tulsa City & County/Broken Arrow CoC
- Oklahoma City CoC

Pennsylvania
- Lower Marion/Norristown/Abington/Montgomery County CoC
- Bristol/Bensalem/Bucks County CoC
- Pittsburgh/McKeesport/Penn Hills/Allegheny County CoC

Rhode Island
- Statewide

South Carolina
- Charleston/Low Country CoC

Tennessee
- Memphis/Shelby County CoC

Texas
- San Antonio/Bexar County CoC
- Austin/Travis County CoC

Utah
- Salt Lake City & County CoC
- Utah Balance of State CoC
- Provo/Mountainland CoC

Virginia
- Virginia Beach CoC
- Arlington County CoC

Washington
- Spokane City & County CoC

Wisconsin
- Statewide

West Virginia
- Statewide

Wyoming
- Wyoming is in the process of implementing statewide

Canada

Alberta
- Province-wide

Manitoba
- City of Winnipeg

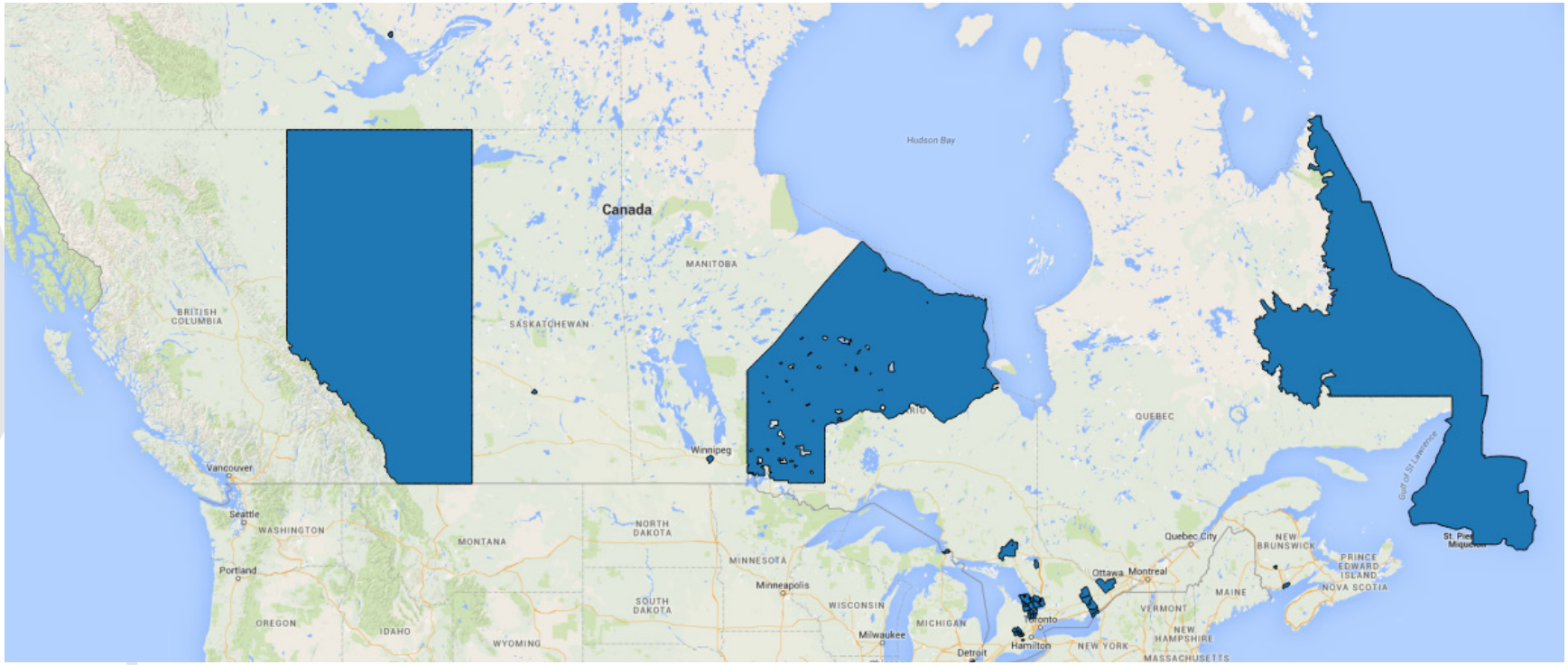
New Brunswick
- City of Fredericton
- City of Saint John

Newfoundland and Labrador
- Province-wide

Northwest Territories
- City of Yellowknife

Ontario
- City of Barrie/Simcoe County
- City of Brantford/Brant County
- City of Greater Sudbury
- City of Kingston/Frontenac County
- City of Ottawa
- City of Windsor
- District of Kenora
- District of Parry Sound
- District of Sault Ste Marie
- Regional Municipality of Waterloo
- Regional Municipality of York

Saskatchewan
- Saskatoon



Australia

Queensland
- Brisbane

4-III.C. SELECTION METHOD

PHAs must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that the PHA will use [24 CFR 982.202(d)].

Local Preferences [24 CFR 982.207; HCV p. 4-16]

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

PHA Policy

The PHA will use the following local preferences:

- Working Family (10 Points) An eligible family where the head of household must be working at the same job for at least the last 90 days at a minimum of 25 hours a week within a 30-mile radius of the PHA's jurisdiction.
- Disabled Family (10 Points) An eligible family that includes a disabled family member.
- Elderly Family (10 Points) An eligible family that includes a head of household, co head or spouse that is 62 years of age or older.
- Non-Elderly Disabled (10 Points) Those eligible families that include a non-elderly disabled family member between the ages of 18-61. A person with a disability is a person with any condition or characteristic that renders a person an individual with a disability as defined by HUD. Board Resolution 20.01.03 1/13/20
- Homeless (3 points) Specifically for eligible families who are referred by a partnering homeless service organization or consortia of organizations (for example, an organization that refers people transitioning out of a shelter, transitional housing program, or rapid rehousing program). The PHA may not limit the source of referrals to an agency, organization, or consortia that denies its services to members of any federally protected class under fair housing laws, i.e., race, color, religion, national origin, sex, disability, or familial status. This preference will also include individuals and families transitioning, or "moving up" from Permanent supportive housing (PSH) units. These are persons that were previously homeless prior to entry into the PSH program but who no longer need that level of supportive services. Board Resolution 20.01.03 1/13/20

From: Lindsey Rodea
Bcc: "tatteberry@epicbh.org"; "favery@careersourceNEFL.com"; "Francine.Avinger@gmail.com"; "jlbeal@ycc.org"; "Keath.Biggers@uss.salvationarmy.org"; "troy@walkingmc.com"; "Mary.boutte@flhealth.gov"; "gboothe@epicbh.org"; "bethbrdng@gmail.com"; "Kimberly.Mottola@uss.salvationarmy.org"; "jim.bush@fpl.com"; "lcancel@changinghomelessness.org"; "laurenc@bettygriffincenter.org"; "Jcarroll@changinghomelessness.org"; "bconey@sjcfl.us"; Brittany Coronado; "acowling@sjcfl.us"; "lisadavis@aomh.org"; "coastalpointerealty@live.com"; "Teresa.Della.Monica@uss.salvationarmy.org"; "judith.dembowski@stfrancisshelter.org"; "tdillon@sjcfl.us"; "walkonministry@gmail.com"; "kyle.dresback@stjohns.k12.fl.us"; John Eaton; "nancy.eisele@lsfnet.org"; "terwin@sjso.org"; "evener21@hotmail.com"; "director@habitatstjohns.org"; "kfermani@ccbstaug.org"; "bfox@citystaug.com"; "lisa@aomh.org"; "mgarcia@sjcfl.us"; "dgibson@ycc.org"; "judy.gilstrap@uss.salvationarmy.org"; "sheri.goodwin@lsfnet.org"; "pgreenough@epicbh.org"; "kguy-johanessen@ycc.org"; "hht2day@gmail.com"; "karen.hensel@stfrancisshelter.org"; "mary@aomh.org"; "michael.israel@stjohns.k12.fl.us"; "jjohnson@abilityhousing.org"; "Vincent.Kuchinsky@ngc.com"; "blazar@sjhp.org"; "MarkLeMaire@jaxcf.org"; "jlobo@SVDPSAFL.ORG"; Victoria Long; "coffeehousecounsel@gmail.com"; "director@bettygriffinhouse.org"; "elisa.malo@lsfnet.org"; "lisa@clearviewcoaching.org"; "president@stjohnscares.org"; "lovelunches@yahoo.com"; "carolyn@easysociability.com"; "president@stjohnscares.org"; "tneidig@sjcfl.us"; "melissa.nelson@unitedway-sjc.org"; "snovak@sjcfl.us"; "pjoconnell@bellsouth.net"; "vbpepper@earthlink.net"; "tprovini@ccbstaug.org"; "homelesscoalition@comcast.net"; "shorty.robbins@myfloridahouse.gov"; Lindsey Rodea; "jonathan.rosado@lsfnet.org"; "hmruhsam@aol.com"; "eslier@nefhsc.org"; "sterrance53@hotmail.com"; "jack@naplesandspencelaw.com"; "ssprenger@epicbh.org"; "cyndi.stevenson@myfloridahouse.gov"; "ktanner@sjcfl.us"; "john@johnvaldes.com"; "stcypriansted@aol.com"; "ellenwalden@live.com"; "melissa.walker@myflfamilies.com"; "megan.wall@jaxlegalaid.org"; "kazlauskastonyj1@gmail.com"; "andre@claysafetynet.org"; "bridget@aomh.org"; "coastalpointerealty@live.com"; "dcgilbert@bellsouth.net"; "director@ncfalliance.org"; "marylawrence@bellsouth.net"; "legalshielddirector@gmail.com"; "bferguson@careersourcenefl.com"; "JValdes@CityStAug.com"; "joycem@bettygriffincenter.org"; "hht2day@gmail.com"
Subject: FY21 Continuum of Care Program - Local Competition
Date: Friday, September 17, 2021 4:59:42 PM
Attachments: image001.png

The Notice of Funding Opportunity (NOFO) for the Fiscal Year (FY) 2021 Continuum of Care (CoC) Program Competition (NOFO) was released by HUD on August 18, 2021. Today we will begin our local competition.

E-snaps Submission Deadline: Friday, October 15th at 5:00pm

Available Funds

Annual Renewal Demand (ARD)	Tier 1	CoC Bonus	DV Bonus	CoC Planning
$118,641	$118,641	$15,773	$50,000	$9,464

Available Projects

- Permanent housing-permanent supportive housing (PH-PSH) projects.
- Permanent housing-rapid rehousing (PH-RRH) projects.
- Joint TH and PH-RRH component projects.
- Dedicated HMIS project for the costs at 24 CFR 578.37(a)(4) that can only be carried out by the HMIS Lead.
- Supportive services only coordinated entry (SSO-CE) project to develop or operate a centralized or coordinated assessment system.

Important Dates

- September 17 – Local application release date. Materials posted on the CoC website.
- October 15 – Local deadline. All project applications are due in e-snaps.

- If you are not familiar with e-snaps, please review instructions here.

- October 19 – October 26 – Scoring and Review Committee will review applications. They will meet on the 26th to rank project applications and finalize the Priority Listing.
- Wednesday, October 27 – CoC Board will vote on Priority Listing.
- Friday, October 29 – Project Applicants will be notified of application rankings, rejections, and reductions. The Priority Listing will be posted on the CoC website.
- Friday, November 12 – Local deadline for CoC Consolidated Application in e-snaps.
- Tuesday, November 16 – HUD Deadline for CoC Consolidated Application in e-snaps.

Additional Guidance

The following additional guidance can be posted on the CoC Program Competition page of HUD's website:

- FY 2021 CoC Estimated ARD Reports
- Detailed Instructions
- Navigational Guides

All materials related to the local competition can be found on our website including:

- Q&A Document
- Timeline
- Scoring Tools
- Presentations
- Scoring Rating & Review Policy
- Instructions for submitting project applications

Thanks,

Lindsey Rodea
Community Impact Coordinator
904.819.4329 + flaglerhospital.org

Flagler Health+

(1) St. Johns County Continuum

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Apps | ServicePoint | Kronos Workforce... | Care Connect Refer... | Squarespace — Acc... | Log In ‹ Care Conne... | Physician Fee Sche... | Secure Systems Ext... | CBISA Login | Sfax : Login | Homeless Hub COV...

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Lindsey

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St. Johns County Continuum of Care

Business Suite

- Inbox
  - 2 new comments
- Planner
- Publishing Tools
- News Feed
- Business Apps

- Home
- News Feed
  - 8 new
- Podcasts
- Events
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- Notifications

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1

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St. Johns County Continuum of Care is responsible for this Page.

Page manager location: United States

St. Johns County Continuum of Care
Published by Carolyn Mudgette · September 17 ·

The Notice of Funding Opportunity (NOFO) for the Fiscal Year (FY) 2021 Continuum of Care (CoC) Program Competition (NOFO) was released by HUD on August 18, 2021.

Today we will begin our local competition. E-snaps Submission Deadline: Friday, October 15th at 5:00 p.m.

All materials related to the local competition can be found on our website at www.stjohnscountycoc.org/cocnofa

78	8	–	Boost post
People reached	Engagements	Distribution score	

4

FY 21 NOFA

Link to: FY21 New Project Scorecard - SSO
Link to: FY21 New Project Scorecard - Joint TH & RRH
Link to: FY21 New Project Scorecard - PSH and RRH
Link to: FY21 Renewal Project Scorecard - HMIS
Link to: FY21 Renewal Project Scorecard - SSO
Link to: FY21 New Project Supplemental Questions
Link to: FY21 Renewal Project Supplemental Questions
Link to: Announcement for Local Competition
Link to: Powerpoint Presentation - Announcement & Analysis
Link to: Scoring, Rating and Review Procedures
Link to: Instructions for Submission of Project Applications
Link to: Q&A
Link to: Eligibility Requirements for Applicants of HUD's Grants Programs
Link to: FY 21 Timeline

FY 19 NOFA

2021 Score Card

New Project – Joint TH and PH-RRH

Organization Name: _____
Program Name: _____
Date: _____
Applicant Name: _____
Applicant Email: _____

HUD Eligibility Requirements

MUST answer "Yes" for application to move forward
Screens 1A-1L

Does the applicant meet minimal guidelines to proceed? If applicant has any infractions, please provide back-up as to why applicant should be considered. Eligibility Requirements for Applicants of HUD's Grants Programs	☐Yes ☐No

CoC Local Thresholds

Local thresholds are objective and the reviewer MUST answer "Yes" to all for the application to move forward in the rank process. Points will be addressed throughout the tool. Screens 3B, 6A, 6I

Will the project participate in coordinated entry?	☐Yes ☐No
Does the project address how they intend to implement a housing first and/or low barrier to entry?	☐Yes ☐No
Does the project applicant provide documented, secured minimum match?	☐Yes ☐No
Is the project financially feasible?	☐Yes ☐No
Is the applicant an active CoC participant? (attends at minimum, 75% of CoC meetings – Lead Agency will provide info)	☐Yes ☐No
Is the application complete and data consistent?	☐Yes ☐No
If utilizing local CCIN database, is data quality at or above 90%? (provided by HMIS Lead)	☐Yes ☐No ☐N/A

Policy Priorities

Policy priorities to be addressed by project applicant. Check "yes" to all that apply. Applicant MUST address at minimum 1 priority need. In order to receive full points, the applicant must show the need within project description on how they intend to impact the priorities selected. As a reminder, the CoC conducted an annual gaps analysis which can be used as additional support.

Ending homelessness for all persons	☐Yes
Use a housing first approach *CoC Local Priority	☐Yes
Reducing unsheltered homelessness *CoC Local Priority	☐Yes
Improving system performance *CoC Local Priority	☐Yes
Partnering with housing, health, and service agencies	☐Yes
Racial equity *CoC Local Priority	☐Yes
Persons with lived experience	☐Yes
Total (yes):	
Bonus 10 Point Racial Equity:	
Bonus 10 Points Partnering with Housing, Health, and Service Agencies:	
Total Points (add total yes and bonus):	

Experience *Questions will be scored on a 0 to max value range based on the interpretation of the reviewer.* *Screens 2B, 3B*	Points Awarded	Max Value
Applicant describes the experience working with the proposed population and providing housing similar to that proposed in the application.	*Out of*	15
Applicant describes the utilization of housing first including 1) Eligibility Criteria 2) Process for accepting new clients 3) process and criteria for exiting clients. *Must demonstrate there are no preconditions to entry, allowing entry regardless of current or past substance abuse, income, criminal records (with exceptions of restrictions imposed by federal, state, or local), marital, family status, familial*	*Out of*	10
Applicant describes experience in effectively utilizing federal funds including HUD grants and other public funding, including satisfactory drawdowns and performance for existing grants as evidence by timely reimbursement of sub recipients (if applicable), regular drawdowns, timely resolution of monitoring findings, and timely submission of required reporting on existing grants.	*Out of*	10
Total Awarded:	*Out of*	**35**

Project Threshold Requirements *Questions will be scored on a 0 to max value range based on the interpretation of the reviewer. There is a 4 question threshold, if the applicant doesn't fully address 4 out of 6 questions the project will be rejected.* *Screens 3B, 4A, 4B, 6A-6F*	Points Awarded	*Out of*	Max Value
The type of housing proposed, including the number and configuration of units, will fit the needs of the program participants (e.g., two or more bedrooms for families.)		*Out of*	10
The proposed project will provide enough rapid rehousing assistance to ensure that at any given time a program participant may move from transitional housing to permanent housing. This may be demonstrated by identifying a budget that has twice as many resources for the rapid rehousing portion of the project than the TH portion, by having twice as many PH-RRH units at a point in time as TH units, or by demonstrating that the budget and units are appropriate for the population being served by the project.		*Out of*	10
The type of supportive services that will be offered to program participants will ensure successful retention or help to obtain permanent housing, including all supportive services regardless of funding source.		*Out of*	10
The proposed project has a specific plan for ensuring program participants will be individually assisted to obtain the benefits of mainstream health, social, and employment programs for which they are eligible to apply and which meets the needs of program participants (e.g., Medicare, Medicaid, SSI, Food Stamps, local Workforce office, early childhood education).		*Out of*	10
Program participants are assisted to obtain and remain in permanent housing in a manner that fits their needs (e.g., provides the participant with some type of transportation to access needed services, safety planning, case management, additional assistance to ensure retention of permanent housing).		*Out of*	10
The project adheres to a housing first model as defined in Section III.B.2.o of this NOFO.		*Out of*	10
Total Awarded:		*Out of*	**60**

Timeliness *Questions will be scored on a 0 to max value range based on the interpretation of the reviewer.*	Points Awarded	Max Value
Applicant describes a plan for rapid implementation of the program, documenting how the project will be ready to begin housing the first program participant.	*Out of*	10
Total Awarded:	*Out of*	**10**

Project Financial Information *Questions are answered with a "Yes" or "No" response. Full points awarded for "Yes" response.* *Review Screen [x]: CoC Funding Requested, Amount of other public funding (federal, state, county, city), Amount of private funding* *Screen 6J*	Points Awarded	Max Value
The CoC Program required rule is PH-RRH units must be twice the amount of those provided through the TH. Does the project meet this requirement?	*Out of*	5
Recent audit identified agency as 'low risk'	*Out of*	5
Recent audit indicates no findings	*Out of*	5
Documented match amount meets HUD requirements	*Out of*	5
Budgeted costs are reasonable, allocable, and allowable	*Out of*	20
Total Awarded:	*Out of*	**40**

Program Participant Outcomes (Equity) *Questions are answered with a "Yes" or "No" response. Full points awarded for "Yes" response.* *Addressed within supplemental face sheet*	Points Awarded	Max Value
New project describes their plan for reviewing program participant outcomes with an equity lens, including the disaggregation of data by race, ethnicity, gender identity, and/or age. If already implementing a plan, describe findings from outcomes review.	*Out of*	**10**
New project describes plan to review whether programmatic changes are needed to make program participant outcomes more equitable and developed a plan to make those changes. If already implementing plan, describe findings from review.	*Out of*	10
New project describes plan to work with HMIS lead to develop a schedule for reviewing HMIS data with disaggregation by race, ethnicity, gender identity, and/or age. If already implementing plan, describe findings from review.	*Out of*	10
Total Awarded:	*Out of*	**30**

Equity Factors - Agency Leadership, Governance, and Policies *Questions are answered with a "Yes" or "No" response. Full points awarded for "Yes" response.* *Addressed within supplemental face sheet Provide attachment*	Points Awarded	Max Value
New project has under-represented individuals (BIPOC, LGBTQ+, etc) in managerial and leadership positions.	*Out of*	10
New project's organizational board of directors includes representation from more than one person with lived experience (per 578.75g)).	*Out of*	10
New project has relational process for receiving and incorporating feedback from persons with lived experience or a plan to create one.	*Out of*	10
New project has reviewed internal policies and procedures with an equity lens and has a plan for developing and implementing equitable policies that do not impose undue barriers that exacerbate disparities and outcomes.	*Out of*	10
Total Awarded:	*Out of*	**40**

Project Effectiveness & System Performance *Questions will be scored on a 0 to max value range based on the interpretation of the reviewer.* *Review project thresholds and experience screens listed above*	Points Awarded	Max Value
MEASURE 1 LENGTH OF TIME HOMELESS: Does project describe a method of moving participants into permanent housing quickly?	*Out of*	20
MEASURE 2 RETURNS TO HOMELESSNESS: Does project describe a method of how participants will remain in permanent housing?	*Out of*	25
MEASURE 4 INCOME AND NON-CASH: Does project describe a method of how participants will increase or gain both earned income and non-employment income?	*Out of*	15
MEASURE 7 SUCCESSFUL PLACEMENT: Does project describe a method of how participants will exit to permanent housing if they don't remain within PSH project? Or upon closure of RRH program?	*Out of*	20
HIGH NEED POPULATIONS: Does project describe a method on prioritizing chronically homeless and/or the unsheltered population?	*Out of*	20
Total Awarded	*Out of*	**100**

Total Application Points: _____ **/315**

Total Bonus Points: _____ **/27**

2021 Score Card

New Project - Permanent Supportive Housing (PSH) or Rapid Rehousing (RRH)

Organization Name: _____
Program Name: _____
Date: _____
Applicant Name: _____
Applicant Email: _____

HUD Eligibility Requirements

MUST answer "Yes" for application to move forward
Screens 1A-1L

Does the applicant meet minimal guidelines to proceed? If applicant has any infractions, please provide back-up as to why applicant should be considered. (see attached Eligibility Requirements for Applicants of HUD's Grants Programs)	☐Yes ☐No

CoC Local Thresholds

Local thresholds are objective and the reviewer MUST answer "Yes" to all for the application to move forward in the rank process. Points will be addressed throughout the tool.
Screens 3B, 6A, 6I

Will the project participate in coordinated entry? (HMIS projects excluded, 1 point for HMIS)	☐Yes ☐No
Does the project address how they intend to implement a housing first and/or low barrier to entry?	☐Yes ☐No
Does the project applicant provide documented, secured minimum match?	☐Yes ☐No
Is the project financially feasible?	☐Yes ☐No
Is the applicant an active CoC participant? (attends at minimum, 75% of CoC meetings – Lead Agency will provide info)	☐Yes ☐No
Is the application complete and data consistent?	☐Yes ☐No
If utilizing local CCIN database, is data quality at or above 90%? (provided by HMIS Lead)	☐Yes ☐No ☐N/A

Policy Priorities

Policy priorities to be addressed by project applicant. Check "yes" to all that apply. Applicant MUST address at minimum 1 priority need. In order to receive full points, the applicant must show the need within project description on how they intend to impact the priorities selected. As a reminder, the CoC conducted an annual gaps analysis which can be used as additional support.

Ending homelessness for all persons	☐Yes
Use a housing first approach *CoC Local Priority	☐Yes
Reducing unsheltered homelessness *CoC Local Priority	☐Yes
Improving system performance *CoC Local Priority	☐Yes
Partnering with housing, health, and service agencies (BONUS)	☐Yes
Racial equity (BONUS) *CoC Local Priority	☐Yes
Persons with lived experience	☐Yes
Total (yes):	
Bonus 10 Points Racial Equity:	
Bonus 10 Points Partnering with Housing, Health, and Service Agencies:	
Total Points (add total yes and bonus):	

Experience *Questions will be scored on a 0 to max value range based on the interpretation of the reviewer.* *Screens 2B, 3B*	Points Awarded	Max Value
Applicant describes the experience working with the proposed population and providing housing similar to that proposed in the application.	*Out of*	15
Applicant describes the utilization of housing first including 1) Eligibility Criteria 2) Process for accepting new clients 3) process and criteria for exiting clients. *Must demonstrate there are no preconditions to entry, allowing entry regardless of current or past substance abuse, income, criminal records (with exceptions of restrictions imposed by federal, state, or local), marital, family status, familial*	*Out of*	10
Applicant describes experience in effectively utilizing federal funds including HUD grants and other public funding, including satisfactory drawdowns and performance for existing grants as evidence by timely reimbursement of sub recipients (if applicable), regular drawdowns, timely resolution of monitoring findings, and timely submission of required reporting on existing grants.	*Out of*	10
Total Awarded:	*Out of*	**35**

Project Threshold Requirements *Questions will be scored on a 0 to max value range based on the interpretation of the reviewer. There is a 3 question threshold, if the applicant doesn't fully address 3 out of 4 questions the project will be rejected.* *Screens 3B, 4A, 4B, 6A-6F*	Points Awarded	Max Value
Project describes type of housing, including the number and configuration of units, and how the project fits the needs of the program participants (e.g., two or more bedrooms for families)?	*Out of*	15
Project describes the type of supportive services being offered to program participants ensure successful retention in or help to obtain permanent housing, including all supportive services regardless of funding sources?	*Out of*	15
Project describes a specific plan for ensuring program participants will be individually assisted to obtain the benefits of mainstream health, social, and employment programs for which they are eligible to apply meeting the needs of program participants (e.g., Medicare, Medicaid, SSI, Food Stamps, local Workforce office, early childhood education)?	*Out of*	15
Project describes how program participants assisted obtain and remain in permanent housing in a manner that fits their needs (e.g., provides the participant with some type of transportation to access needed services, safety planning, case management, additional assistance to ensure retention of permanent housing)?	*Out of*	15
Total Awarded:	*Out of*	**60**

Timelines *Questions will be scored on a 0 to max value range based on the interpretation of the reviewer.* *Screen 3B*	Points Awarded	Max Value
Applicant describes a plan for rapid implementation of the program, documenting how the project will be ready to begin housing the first program participant.	*Out of*	10
Total Awarded:	*Out of*	**10**

Project Financial Information *Questions are answered with a "Yes" or "No" response. Full points awarded for "Yes" response.* *Review Screen [x]: CoC Funding Requested, Amount of other public funding (federal, state, county, city), Amount of private funding* *Screen 6J*	Points Awarded	Max Value
Recent audit identified agency as 'low risk'	*Out of*	5
Recent audit indicates no findings	*Out of*	5
Documented match amount meets HUD requirements	*Out of*	5
Budgeted costs are reasonable, allocable, and allowable	*Out of*	20
Total Awarded:	*Out of*	**35**

Program Participant Outcomes (Equity) *Questions are answered with a "Yes" or "No" response. Full points awarded for "Yes" response.* *Addressed within supplemental face sheet*	Points Awarded	Max Value
New project describes their plan for reviewing program participant outcomes with an equity lens, including the disaggregation of data by race, ethnicity, gender identity, and/or age. If already implementing a plan, describe findings from outcomes review.	*Out of*	10
New project describes plan to review whether programmatic changes are needed to make program participant outcomes more equitable and developed a plan to make those changes. If already implementing plan, describe findings from review.	*Out of*	10
New project describes plan to work with HMIS lead to develop a schedule for reviewing HMIS data with disaggregation by race, ethnicity, gender identity, and/or age. If already implementing plan, describe findings from review.	*Out of*	10
Total Awarded:	*Out of*	**30**

Equity Factors - Agency Leadership, Governance, and Policies *Questions are answered with a "Yes" or "No" response. Full points awarded for "Yes" response.* *Addressed within supplemental face sheet*	Points Awarded	Max Value
New project has under-represented individuals (BIPOC, LGBTQ+, etc) in managerial and leadership positions.	*Out of*	10
New project's organizational board of directors includes representation from more than one person with lived experience (per 578.75g)).	*Out of*	10
New project has relational process for receiving and incorporating feedback from persons with lived experience or a plan to create one.	*Out of*	10
New project has reviewed internal policies and procedures with an equity lens and has a plan for developing and implementing equitable policies that do not impose undue barriers that exacerbate disparities and outcomes.	*Out of*	10
Total Awarded:	*Out of*	**40**

Project Effectiveness & System Performance *Questions will be scored on a 0 to max value range based on the interpretation of the reviewer.* *Review project thresholds and experience screens listed above*	Points Awarded	Max Value
MEASURE 1 LENGTH OF TIME HOMELESS: Does project describe a method of moving participants into permanent housing quickly?	*Out of*	20
MEASURE 2 RETURNS TO HOMELESSNESS: Does project describe a method of how participants will remain in permanent housing?	*Out of*	25
MEASURE 4 INCOME AND NON-CASH: Does project describe a method of how participants will increase or gain both earned income and non-employment income?	*Out of*	15
MEASURE 7 SUCCESSFUL PLACEMENT: Does project describe a method of how participants will exit to permanent housing if they don't remain within PSH project? Or upon closure of RRH program?	*Out of*	20
HIGH NEED POPULATIONS: Does project describe a method on prioritizing chronically homeless and/or the unsheltered population?	*Out of*	20
Total Awarded:	*Out of*	**100**

Total Application Points: _____ **/310**

Total Bonus Points: _____ **/27**

2021 Score Card

New Project – Supportive Services Only- Coordinated Entry (SSO-CE) Projects

Organization Name: _____
Program Name: _____
Date: _____
Applicant Name: _____
Applicant Email: _____

HUD Eligibility Requirements

MUST answer "Yes" for application to move forward
Screens 1A-1L

Does the applicant meet minimal guidelines to proceed? If applicant has any infractions, please provide back-up as to why applicant should be considered. (see attached Eligibility Requirements for Applicants of HUD's Grants Programs)	☐Yes ☐No

CoC Local Thresholds

Local thresholds are objective and the reviewer MUST answer "Yes" to all for the application to move forward in the rank process. Points will be addressed throughout the tool. Screens 3B, 6A, 6I

Will the project participate in coordinated entry?	☐Yes ☐No
Does the project address how they intend to implement a housing first and/or low barrier to entry?	☐Yes ☐No
Does the project applicant provide documented, secured minimum match?	☐Yes ☐No
Is the project financially feasible?	☐Yes ☐No
Is the applicant an active CoC participant? (attends at minimum, 75% of CoC meetings – Lead Agency will provide info)	☐Yes ☐No
Is the application complete and data consistent?	☐Yes ☐No
If utilizing local CCIN database, is data quality at or above 90%? (provided by HMIS Lead)	☐Yes ☐No ☐N/A

Policy Priorities

Policy priorities to be addressed by project applicant. Check "yes" to all that apply. Applicant MUST address at minimum 1 priority need. In order to receive full points, the applicant must show the need within project description on how they intend to impact the priorities selected. As a reminder, the CoC conducted an annual gaps analysis which can be used as additional support.

Ending homelessness for all persons	☐Yes
Use a housing first approach *CoC Local Priority	☐Yes
Reducing unsheltered homelessness *CoC Local Priority	☐Yes
Improving system performance *CoC Local Priority	☐Yes
Partnering with housing, health, and service agencies	☐Yes
Racial equity *CoC Local Priority	☐Yes
Persons with lived experience	☐Yes
Total (yes):	
Bonus 10 Point Racial Equity:	
Bonus 10 Points Partnering with Housing, Health, and Service Agencies:	
Total Points (add total yes and bonus):	

Experience *Questions will be scored on a 0 to max value range based on the interpretation of the reviewer.* *Screens 2B, 3B*	Points Awarded	Max Value
Applicant describes the experience working with the proposed population and providing housing similar to that proposed in the application.	*Out of*	15
Applicant describes the utilization of housing first including 1) Eligibility Criteria 2) Process for accepting new clients 3) process and criteria for exiting clients. *Must demonstrate there are no preconditions to entry, allowing entry regardless of current or past substance abuse, income, criminal records (with exceptions of restrictions imposed by federal, state, or local), marital, family status, familial*	*Out of*	10
Applicant describes experience in effectively utilizing federal funds including HUD grants and other public funding, including satisfactory drawdowns and performance for existing grants as evidence by timely reimbursement of sub recipients (if applicable), regular drawdowns, timely resolution of monitoring findings, and timely submission of required reporting on existing grants.	*Out of*	10
Total Awarded:	*Out of*	**35**

Project Threshold Requirements *Questions will be scored on a 0 to max value range based on the interpretation of the reviewer. There is a 2 question threshold, if the applicant doesn't fully address 2 out of 4 questions the project will be rejected.* *Screens 3B, 4A-4G, 6A-6F*	Points Awarded	Max Value
The centralized or coordinated assessment system is easily available/reachable for all persons within the CoC's geographic area who are seeking homelessness assistance. The system must also be accessible for persons with disabilities within the CoC's geographic area.	*Out of*	15
There is a strategy for advertising that is designed specifically to reach homeless persons with the highest barriers within the CoC's geographic area.	*Out of*	15
There is a standardized assessment process.	*Out of*	15
Ensures program participants are directed to appropriate housing and services that fit their needs.	*Out of*	15
Total Awarded:	*Out of*	**60**

Timeliness *Questions will be scored on a 0 to max value range based on the interpretation of the reviewer.*	Points Awarded	Max Value
Applicant describes a plan for rapid implementation of the program.	*Out of*	10
Total Awarded:	*Out of*	**10**

Project Financial Information *Questions are answered with a "Yes" or "No" response. Full points awarded for "Yes" response.* *Review Screen [x]: CoC Funding Requested, Amount of other public funding (federal, state, county, city), Amount of private funding* *Screen 6J*	Points Awarded	Max Value
Recent audit identified agency as 'low risk'	*Out of*	5
Recent audit indicates no findings	*Out of*	5
Documented match amount meets HUD requirements	*Out of*	5
Budgeted costs are reasonable, allocable, and allowable	*Out of*	20
Total Awarded:	*Out of*	**35**

Program Participant Outcomes (Equity) *Questions are answered with a "Yes" or "No" response. Full points awarded for "Yes" response.* *Addressed within supplemental face sheet*	Points Awarded	Max Value
New project describes their plan for reviewing program participant outcomes with an equity lens, including the disaggregation of data by race, ethnicity, gender identity, and/or age. If already implementing a plan, describe findings from outcomes review.	*Out of*	**10**
New project describes plan to review whether programmatic changes are needed to make program participant outcomes more equitable and developed a plan to make those changes. If already implementing plan, describe findings from review.	*Out of*	10
New project describes plan to work with HMIS lead to develop a schedule for reviewing HMIS data with disaggregation by race, ethnicity, gender identity, and/or age. If already implementing plan, describe findings from review.	*Out of*	10
Total Awarded:	*Out of*	**30**

Equity Factors - Agency Leadership, Governance, and Policies *Questions are answered with a "Yes" or "No" response. Full points awarded for "Yes" response.* *Addressed within supplemental face sheet Provide attachment*	Points Awarded	Max Value
New project has under-represented individuals (BIPOC, LGBTQ+, etc) in managerial and leadership positions.	*Out of*	10
New project's organizational board of directors includes representation from more than one person with lived experience (per 578.75g)).	*Out of*	10
New project has relational process for receiving and incorporating feedback from persons with lived experience or a plan to create one.	*Out of*	10
New project has reviewed internal policies and procedures with an equity lens and has a plan for developing and implementing equitable policies that do not impose undue barriers that exacerbate disparities and outcomes.	*Out of*	10
Total Awarded:	*Out of*	**40**

Project Effectiveness & System Performance *Questions will be scored on a 0 to max value range based on the interpretation of the reviewer.* *Review project thresholds and experience screens listed above*	Points Awarded	Max Value
MEASURE 1 LENGTH OF TIME HOMELESS: Does project describe a method of moving participants into permanent housing quickly?	*Out of*	35
HIGH NEED POPULATIONS: Does project describe a method on prioritizing chronically homeless and/or the unsheltered population?	*Out of*	35
Total Awarded	*Out of*	**70**

Total Application Points: _____ **/275**

Total Bonus Points: _____ **/27**

2021 Score Card

Renewal Project - HMIS

Organization Name: _____
Program Name: _____
Date: _____
Applicant Name: _____
Applicant Email: _____

HUD Eligibility Requirements

Must answer "yes" to all in order to move on, points will be addressed throughout the tool. (See Section 1)

Does the applicant meet minimal guidelines to proceed? If applicant has any infractions, please provide back-up as to why applicant should be considered. (see attached Eligibility Requirements for Applicants of HUD's Grants Programs)	☐Yes ☐No

CoC Local Thresholds

Local thresholds are objective and the reviewer MUST answer "yes" to all for the application to move forward in the rank process. Points will be addressed throughout the tool.

See Screen 6D, 6E, and attachments in 7A

Will the project participate in coordinated entry?	☒N/A
Does the project address how they intend to implement a housing first and/or low barrier to entry?	☒N/A
Does the project applicant provide documented, secured minimum match?	☐Yes ☐No
Is the project financially feasible?	☐Yes ☐No
Is the applicant an active CoC participant? (attends at minimum, 75% of CoC meetings – Lead Agency will provide info)	☐Yes ☐No
Is the application complete and data consistent?	☐Yes ☐No
If utilizing local CCIN database, is data quality at or above 90%?	☒N/A

Policy Priorities

Policy priorities to be addressed by project applicant. Check "yes" to all that apply. Applicant MUST address at minimum 1 priority need. In order to receive full points, the applicant must show the need and provide back-up on how they intend to impact the priorities selected. As a reminder, the CoC conducted an annual gaps analysis which can be used as additional support. (See section 3B – Project Description)

Ending homelessness for all persons	☐Yes
Use a housing first approach *CoC Local Priority	☐Yes
Reducing unsheltered homelessness *CoC Local Priority	☐Yes
Improving system performance *CoC Local Priority	☐Yes
Partnering with housing, health, and service agencies	☐Yes
Racial equity *CoC Local Priority	☐Yes
Persons with lived experience	☐Yes
Total (yes):	
Bonus 10 Point Racial Equity:	
Bonus 10 Points Partnering with Housing, Health, and Service Agencies:	
Total Points (add total yes and bonus):	

Project Threshold Requirements *Questions will be scored on a 0 to max value range based on the interpretation of the reviewer. There is a 4 question threshold, if the applicant doesn't fully address 4 out of 4 questions the project will be rejected.* *Review FY19 submission and Recipient Performance Pg 22, 4A Standards*	Points Awarded	*Out of*	Max Value
Whether the project applicant's performance met the plans and goals established in the initial application, as amended.		*Out of*	15
Whether the project applicant demonstrated all timeliness standards for grants being renewed, including those standards for the expenditure of grant funds that have been met.		*Out of*	15
The project applicant's performance in assisting program participants to achieve and maintain independent living and records of success, except dedicated HMIS projects that are not required to meet this standard. *Auto points awarded N/A for HMIS*		*Out of*	15
Whether there is evidence that a project applicant has been unwilling to accept technical assistance, has a history of inadequate financial accounting practices, has indications of project mismanagement, has a drastic reduction in the population served, has made program changes without prior HUD approval, or has lost a project site. *If the answer is no, award points.*		*Out of*	15
Total Awarded:		*Out of*	**60**

Timeliness *Questions will be scored on a 0 to max value range based on the interpretation of the reviewer.* *See Recipient Performance Pg22*	Points Awarded		Max Value
Did the project applicant submit the previous year's Annual Performance Report (APR) on time?		*Out of*	10
Total Awarded:		*Out of*	**10**

Project Financial Information *Questions are answered with a "Yes" or "No" response. Full points awarded for "Yes" response.* *Review Screen [x]: CoC Funding Requested, Amount of other public funding (federal, state, county, city), Amount of private funding* *See Budget Screens – Screens 6A-E, Recipient Performance (Pg 22), and 7A attachments.*	Points Awarded		Max Value
Drawdowns occurred at least quarterly (agency will provide documentation) – if yes, award full 6 points, if partially met award 3 points, if not met award 0 points)		*Out of*	5
Recent audit identified agency as 'low risk'		*Out of*	5
Recent audit indicates no findings		*Out of*	5
Documented match amount meets HUD requirements		*Out of*	5
Budgeted costs are reasonable, allocable, and allowable		*Out of*	20
Total Awarded:		*Out of*	**40**

Renewal Project Supplemental Questions

Performance & Outcome *Questions will be scored on a 0 to max value range based on the interpretation of the reviewer.* If yes, award points – see supplemental questions	Points Awarded	Max Value
Has the project had successful outcomes?	*Out of*	25
Did the applicant adequately explain why the renewal is needed?	*Out of*	25
Does the project address CoC/HUD priorities?	*Out of*	25
Has the project impacted priority needs thus far?	*Out of*	25
Total Awarded	*Out of*	**100**

Program Participant Outcomes (Equity) *Questions are answered with a "Yes" or "No" response. Full points awarded for "Yes" response.* *Addressed within supplemental face sheet*	Points Awarded	Max Value
Project describes their plan for reviewing program participant outcomes with an equity lens, including the disaggregation of data by race, ethnicity, gender identity, and/or age. If already implementing a plan, describe findings from outcomes review.	*Out of*	**10**
Project describes plan to review whether programmatic changes are needed to make program participant outcomes more equitable and developed a plan to make those changes. If already implementing plan, describe findings from review.	*Out of*	10
Project describes plan to work with HMIS lead to develop a schedule for reviewing HMIS data with disaggregation by race, ethnicity, gender identity, and/or age. If already implementing plan, describe findings from review.	*Out of*	10
Total Awarded:	*Out of*	**30**

Equity Factors - Agency Leadership, Governance, and Policies *Questions are answered with a "Yes" or "No" response. Full points awarded for "Yes" response.* *Addressed within supplemental face sheet Provide attachment*	Points Awarded	Max Value
Project has under-represented individuals (BIPOC, LGBTQ+, etc) in managerial and leadership positions.	*Out of*	10
Project's organizational board of directors includes representation from more than one person with lived experience (per 578.75g)).	*Out of*	10
Project has relational process for receiving and incorporating feedback from persons with lived experience or a plan to create one.	*Out of*	10
Project has reviewed internal policies and procedures with an equity lens and has a plan for developing and implementing equitable policies that do not impose undue barriers that exacerbate disparities and outcomes.	*Out of*	10
Total Awarded:	*Out of*	**40**

Total Application Points _____ **/280**

Total Bonus Points _____ **/27**

2021 Score Card

Renewal Project - SSO

Organization Name: _____

Program Name: _____

Date: _____

Applicant Name: _____

Applicant Email: _____

HUD Eligibility Requirements

Must answer "yes" to all in order to move on, points will be addressed throughout the tool. (See Section 1)

Does the applicant meet minimal guidelines to proceed? If applicant has any infractions, please provide back-up as to why applicant should be considered. (see attached Eligibility Requirements for Applicants of HUD's Grants Programs)	☐Yes ☐No

CoC Local Thresholds

Local thresholds are objective and the reviewer MUST answer "yes" to all for the application to move forward in the rank process. Points will be addressed throughout the tool.

See Screen 6D, 6E, and attachments in 7A

Will the project participate in coordinated entry?	☒N/A
Does the project address how they intend to implement a housing first and/or low barrier to entry?	☒N/A
Does the project applicant provide documented, secured minimum match?	☐Yes ☐No
Is the project financially feasible?	☐Yes ☐No
Is the applicant an active CoC participant? (attends at minimum, 75% of CoC meetings – Lead Agency will provide info)	☐Yes ☐No
Is the application complete and data consistent?	☐Yes ☐No
If utilizing local CCIN database, is data quality at or above 90%?	☒N/A

Policy Priorities

Policy priorities to be addressed by project applicant. Check "yes" to all that apply. Applicant MUST address at minimum 1 priority need. In order to receive full points, the applicant must show the need and provide back-up on how they intend to impact the priorities selected. As a reminder, the CoC conducted an annual gaps analysis which can be used as additional support. (See section 3B – Project Description)

Ending homelessness for all persons	☐Yes
Use a housing first approach *CoC Local Priority	☐Yes
Reducing unsheltered homelessness *CoC Local Priority	☐Yes
Improving system performance *CoC Local Priority	☐Yes
Partnering with housing, health, and service agencies	☐Yes
Racial equity *CoC Local Priority	☐Yes
Persons with lived experience	☐Yes
Total (yes):	
Bonus 10 Point Racial Equity:	
Bonus 10 Points Partnering with Housing, Health, and Service Agencies:	
Total Points (add total yes and bonus):	

Project Threshold Requirements *Questions will be scored on a 0 to max value range based on the interpretation of the reviewer. There is a 2 question threshold, if the applicant doesn't fully address 2 out of 4 questions the project will be rejected.* *Review FY19 submission and Recipient Performance Pg 22, 4A Standards*	Points Awarded	*Out of*	Max Value
Whether the project applicant's performance met the plans and goals established in the initial application, as amended.		*Out of*	15
Whether the project applicant demonstrated all timeliness standards for grants being renewed, including those standards for the expenditure of grant funds that have been met.		*Out of*	15
The project applicant's performance in assisting program participants to achieve and maintain independent living and records of success, except dedicated HMIS projects that are not required to meet this standard.		*Out of*	15
Whether there is evidence that a project applicant has been unwilling to accept technical assistance, has a history of inadequate financial accounting practices, has indications of project mismanagement, has a drastic reduction in the population served, has made program changes without prior HUD approval, or has lost a project site.		*Out of*	15
Total Awarded:		*Out of*	**60**

Timeliness *Questions will be scored on a 0 to max value range based on the interpretation of the reviewer.* *See Recipient Performance Pg22*	Points Awarded		Max Value
Did the project applicant submit the previous year's Annual Performance Report (APR) on time?		*Out of*	10
Total Awarded:		*Out of*	**10**

Project Financial Information *Questions are answered with a "Yes" or "No" response. Full points awarded for "Yes" response.* *Review Screen [x]: CoC Funding Requested, Amount of other public funding (federal, state, county, city), Amount of private funding* *See Budget Screens – Screens 6A-E, Recipient Performance (Pg 22), and 7A attachments.*	Points Awarded		Max Value
Drawdowns occurred at least quarterly (agency will provide documentation) – if yes, award full 6 points, if partially met award 3 points, if not met award 0 points)		*Out of*	5
Recent audit identified agency as 'low risk'		*Out of*	5
Recent audit indicates no findings		*Out of*	5
Documented match amount meets HUD requirements		*Out of*	5
Budgeted costs are reasonable, allocable, and allowable		*Out of*	20
Total Awarded:		*Out of*	**40**

Renewal Project Supplemental Questions

Performance & Outcome *Questions will be scored on a 0 to max value range based on the interpretation of the reviewer.* If yes, award points – see supplemental questions	Points Awarded	Max Value
Has the project had successful outcomes?	*Out of*	25
Did the applicant adequately explain why the renewal is needed?	*Out of*	25
Does the project address CoC/HUD priorities?	*Out of*	25
Has the project impacted priority needs thus far?	*Out of*	25
Total Awarded	*Out of*	**100**

Program Participant Outcomes (Equity) *Questions are answered with a "Yes" or "No" response. Full points awarded for "Yes" response.* *Addressed within supplemental face sheet*	Points Awarded	Max Value
Project describes their plan for reviewing program participant outcomes with an equity lens, including the disaggregation of data by race, ethnicity, gender identity, and/or age. If already implementing a plan, describe findings from outcomes review.	*Out of*	**10**
Project describes plan to review whether programmatic changes are needed to make program participant outcomes more equitable and developed a plan to make those changes. If already implementing plan, describe findings from review.	*Out of*	10
Project describes plan to work with HMIS lead to develop a schedule for reviewing HMIS data with disaggregation by race, ethnicity, gender identity, and/or age. If already implementing plan, describe findings from review.	*Out of*	10
Total Awarded:	*Out of*	**30**

Equity Factors - Agency Leadership, Governance, and Policies *Questions are answered with a "Yes" or "No" response. Full points awarded for "Yes" response.* *Addressed within supplemental face sheet Provide attachment*	Points Awarded	Max Value
Project has under-represented individuals (BIPOC, LGBTQ+, etc) in managerial and leadership positions.	*Out of*	10
Project's organizational board of directors includes representation from more than one person with lived experience (per 578.75g)).	*Out of*	10
Project has relational process for receiving and incorporating feedback from persons with lived experience or a plan to create one.	*Out of*	10
Project has reviewed internal policies and procedures with an equity lens and has a plan for developing and implementing equitable policies that do not impose undue barriers that exacerbate disparities and outcomes.	*Out of*	10
Total Awarded:	*Out of*	**40**

Total Application Points _____ **/280**

Total Bonus Points _____ **/27**

2021 Score Card

New Project – Joint TH and PH-RRH

Organization Name: _____
Program Name: _____
Date: _____
Applicant Name: _____
Applicant Email: _____

HUD Eligibility Requirements

MUST answer "Yes" for application to move forward
Screens 1A-1L

Does the applicant meet minimal guidelines to proceed? If applicant has any infractions, please provide back-up as to why applicant should be considered. Eligibility Requirements for Applicants of HUD's Grants Programs	☐Yes ☐No

CoC Local Thresholds

Local thresholds are objective and the reviewer MUST answer "Yes" to all for the application to move forward in the rank process. Points will be addressed throughout the tool. Screens 3B, 6A, 6I

Will the project participate in coordinated entry?	☐Yes ☐No
Does the project address how they intend to implement a housing first and/or low barrier to entry?	☐Yes ☐No
Does the project applicant provide documented, secured minimum match?	☐Yes ☐No
Is the project financially feasible?	☐Yes ☐No
Is the applicant an active CoC participant? (attends at minimum, 75% of CoC meetings – Lead Agency will provide info)	☐Yes ☐No
Is the application complete and data consistent?	☐Yes ☐No
If utilizing local CCIN database, is data quality at or above 90%? (provided by HMIS Lead)	☐Yes ☐No ☐N/A

Policy Priorities

Policy priorities to be addressed by project applicant. Check "yes" to all that apply. Applicant MUST address at minimum 1 priority need. In order to receive full points, the applicant must show the need within project description on how they intend to impact the priorities selected. As a reminder, the CoC conducted an annual gaps analysis which can be used as additional support.

Ending homelessness for all persons	☐Yes
Use a housing first approach *CoC Local Priority	☐Yes
Reducing unsheltered homelessness *CoC Local Priority	☐Yes
Improving system performance *CoC Local Priority	☐Yes
Partnering with housing, health, and service agencies	☐Yes
Racial equity *CoC Local Priority	☐Yes
Persons with lived experience	☐Yes
Total (yes):	
Bonus 10 Point Racial Equity:	
Bonus 10 Points Partnering with Housing, Health, and Service Agencies:	
Total Points (add total yes and bonus):	

Experience *Questions will be scored on a 0 to max value range based on the interpretation of the reviewer.* *Screens 2B, 3B*	Points Awarded	Max Value
Applicant describes the experience working with the proposed population and providing housing similar to that proposed in the application.	*Out of*	15
Applicant describes the utilization of housing first including 1) Eligibility Criteria 2) Process for accepting new clients 3) process and criteria for exiting clients. *Must demonstrate there are no preconditions to entry, allowing entry regardless of current or past substance abuse, income, criminal records (with exceptions of restrictions imposed by federal, state, or local), marital, family status, familial*	*Out of*	10
Applicant describes experience in effectively utilizing federal funds including HUD grants and other public funding, including satisfactory drawdowns and performance for existing grants as evidence by timely reimbursement of sub recipients (if applicable), regular drawdowns, timely resolution of monitoring findings, and timely submission of required reporting on existing grants.	*Out of*	10
Total Awarded:	*Out of*	**35**

Project Threshold Requirements *Questions will be scored on a 0 to max value range based on the interpretation of the reviewer. There is a 4 question threshold, if the applicant doesn't fully address 4 out of 6 questions the project will be rejected.* *Screens 3B, 4A, 4B, 6A-6F*	Points Awarded	*Out of*	Max Value
The type of housing proposed, including the number and configuration of units, will fit the needs of the program participants (e.g., two or more bedrooms for families.)		*Out of*	10
The proposed project will provide enough rapid rehousing assistance to ensure that at any given time a program participant may move from transitional housing to permanent housing. This may be demonstrated by identifying a budget that has twice as many resources for the rapid rehousing portion of the project than the TH portion, by having twice as many PH-RRH units at a point in time as TH units, or by demonstrating that the budget and units are appropriate for the population being served by the project.		*Out of*	10
The type of supportive services that will be offered to program participants will ensure successful retention or help to obtain permanent housing, including all supportive services regardless of funding source.		*Out of*	10
The proposed project has a specific plan for ensuring program participants will be individually assisted to obtain the benefits of mainstream health, social, and employment programs for which they are eligible to apply and which meets the needs of program participants (e.g., Medicare, Medicaid, SSI, Food Stamps, local Workforce office, early childhood education).		*Out of*	10
Program participants are assisted to obtain and remain in permanent housing in a manner that fits their needs (e.g., provides the participant with some type of transportation to access needed services, safety planning, case management, additional assistance to ensure retention of permanent housing).		*Out of*	10
The project adheres to a housing first model as defined in Section III.B.2.o of this NOFO.		*Out of*	10
Total Awarded:		*Out of*	**60**

Timeliness *Questions will be scored on a 0 to max value range based on the interpretation of the reviewer.*	Points Awarded	Max Value
Applicant describes a plan for rapid implementation of the program, documenting how the project will be ready to begin housing the first program participant.	*Out of*	10
Total Awarded:	*Out of*	**10**

Project Financial Information *Questions are answered with a "Yes" or "No" response. Full points awarded for "Yes" response.* *Review Screen [x]: CoC Funding Requested, Amount of other public funding (federal, state, county, city), Amount of private funding* *Screen 6J*	Points Awarded	Max Value
The CoC Program required rule is PH-RRH units must be twice the amount of those provided through the TH. Does the project meet this requirement?	*Out of*	5
Recent audit identified agency as 'low risk'	*Out of*	5
Recent audit indicates no findings	*Out of*	5
Documented match amount meets HUD requirements	*Out of*	5
Budgeted costs are reasonable, allocable, and allowable	*Out of*	20
Total Awarded:	*Out of*	**40**

Program Participant Outcomes (Equity) *Questions are answered with a "Yes" or "No" response. Full points awarded for "Yes" response.* *Addressed within supplemental face sheet*	Points Awarded	Max Value
New project describes their plan for reviewing program participant outcomes with an equity lens, including the disaggregation of data by race, ethnicity, gender identity, and/or age. If already implementing a plan, describe findings from outcomes review.	*Out of*	**10**
New project describes plan to review whether programmatic changes are needed to make program participant outcomes more equitable and developed a plan to make those changes. If already implementing plan, describe findings from review.	*Out of*	10
New project describes plan to work with HMIS lead to develop a schedule for reviewing HMIS data with disaggregation by race, ethnicity, gender identity, and/or age. If already implementing plan, describe findings from review.	*Out of*	10
Total Awarded:	*Out of*	**30**

Equity Factors - Agency Leadership, Governance, and Policies *Questions are answered with a "Yes" or "No" response. Full points awarded for "Yes" response.* *Addressed within supplemental face sheet Provide attachment*	Points Awarded	Max Value
New project has under-represented individuals (BIPOC, LGBTQ+, etc) in managerial and leadership positions.	*Out of*	10
New project's organizational board of directors includes representation from more than one person with lived experience (per 578.75g)).	*Out of*	10
New project has relational process for receiving and incorporating feedback from persons with lived experience or a plan to create one.	*Out of*	10
New project has reviewed internal policies and procedures with an equity lens and has a plan for developing and implementing equitable policies that do not impose undue barriers that exacerbate disparities and outcomes.	*Out of*	10
Total Awarded:	*Out of*	**40**

Project Effectiveness & System Performance *Questions will be scored on a 0 to max value range based on the interpretation of the reviewer.* *Review project thresholds and experience screens listed above*	Points Awarded	Max Value
MEASURE 1 LENGTH OF TIME HOMELESS: Does project describe a method of moving participants into permanent housing quickly?	*Out of*	20
MEASURE 2 RETURNS TO HOMELESSNESS: Does project describe a method of how participants will remain in permanent housing?	*Out of*	25
MEASURE 4 INCOME AND NON-CASH: Does project describe a method of how participants will increase or gain both earned income and non-employment income?	*Out of*	15
MEASURE 7 SUCCESSFUL PLACEMENT: Does project describe a method of how participants will exit to permanent housing if they don't remain within PSH project? Or upon closure of RRH program?	*Out of*	20
HIGH NEED POPULATIONS: Does project describe a method on prioritizing chronically homeless and/or the unsheltered population?	*Out of*	20
Total Awarded	*Out of*	**100**

Total Application Points: _____ **/315**

Total Bonus Points: _____ **/27**

2021 Score Card

New Project - Permanent Supportive Housing (PSH) or Rapid Rehousing (RRH)

Organization Name: _____
Program Name: _____
Date: _____
Applicant Name: _____
Applicant Email: _____

HUD Eligibility Requirements

MUST answer "Yes" for application to move forward
Screens 1A-1L

Does the applicant meet minimal guidelines to proceed? If applicant has any infractions, please provide back-up as to why applicant should be considered. (see attached Eligibility Requirements for Applicants of HUD's Grants Programs)	☐Yes ☐No

CoC Local Thresholds

Local thresholds are objective and the reviewer MUST answer "Yes" to all for the application to move forward in the rank process. Points will be addressed throughout the tool.
Screens 3B, 6A, 6I

Will the project participate in coordinated entry? (HMIS projects excluded, 1 point for HMIS)	☐Yes ☐No
Does the project address how they intend to implement a housing first and/or low barrier to entry?	☐Yes ☐No
Does the project applicant provide documented, secured minimum match?	☐Yes ☐No
Is the project financially feasible?	☐Yes ☐No
Is the applicant an active CoC participant? (attends at minimum, 75% of CoC meetings – Lead Agency will provide info)	☐Yes ☐No
Is the application complete and data consistent?	☐Yes ☐No
If utilizing local CCIN database, is data quality at or above 90%? (provided by HMIS Lead)	☐Yes ☐No ☐N/A

Policy Priorities

Policy priorities to be addressed by project applicant. Check "yes" to all that apply. Applicant MUST address at minimum 1 priority need. In order to receive full points, the applicant must show the need within project description on how they intend to impact the priorities selected. As a reminder, the CoC conducted an annual gaps analysis which can be used as additional support.

Ending homelessness for all persons	☐Yes
Use a housing first approach *CoC Local Priority	☐Yes
Reducing unsheltered homelessness *CoC Local Priority	☐Yes
Improving system performance *CoC Local Priority	☐Yes
Partnering with housing, health, and service agencies (BONUS)	☐Yes
Racial equity (BONUS) *CoC Local Priority	☐Yes
Persons with lived experience	☐Yes
Total (yes):	
Bonus 10 Points Racial Equity:	
Bonus 10 Points Partnering with Housing, Health, and Service Agencies:	
Total Points (add total yes and bonus):	

Experience *Questions will be scored on a 0 to max value range based on the interpretation of the reviewer.* *Screens 2B, 3B*	Points Awarded	Max Value
Applicant describes the experience working with the proposed population and providing housing similar to that proposed in the application.	*Out of*	15
Applicant describes the utilization of housing first including 1) Eligibility Criteria 2) Process for accepting new clients 3) process and criteria for exiting clients. *Must demonstrate there are no preconditions to entry, allowing entry regardless of current or past substance abuse, income, criminal records (with exceptions of restrictions imposed by federal, state, or local), marital, family status, familial*	*Out of*	10
Applicant describes experience in effectively utilizing federal funds including HUD grants and other public funding, including satisfactory drawdowns and performance for existing grants as evidence by timely reimbursement of sub recipients (if applicable), regular drawdowns, timely resolution of monitoring findings, and timely submission of required reporting on existing grants.	*Out of*	10
Total Awarded:	*Out of*	**35**

Project Threshold Requirements *Questions will be scored on a 0 to max value range based on the interpretation of the reviewer. There is a 3 question threshold, if the applicant doesn't fully address 3 out of 4 questions the project will be rejected.* *Screens 3B, 4A, 4B, 6A-6F*	Points Awarded	Max Value
Project describes type of housing, including the number and configuration of units, and how the project fits the needs of the program participants (e.g., two or more bedrooms for families)?	*Out of*	15
Project describes the type of supportive services being offered to program participants ensure successful retention in or help to obtain permanent housing, including all supportive services regardless of funding sources?	*Out of*	15
Project describes a specific plan for ensuring program participants will be individually assisted to obtain the benefits of mainstream health, social, and employment programs for which they are eligible to apply meeting the needs of program participants (e.g., Medicare, Medicaid, SSI, Food Stamps, local Workforce office, early childhood education)?	*Out of*	15
Project describes how program participants assisted obtain and remain in permanent housing in a manner that fits their needs (e.g., provides the participant with some type of transportation to access needed services, safety planning, case management, additional assistance to ensure retention of permanent housing)?	*Out of*	15
Total Awarded:	*Out of*	**60**

Timelines *Questions will be scored on a 0 to max value range based on the interpretation of the reviewer.* *Screen 3B*	Points Awarded	Max Value
Applicant describes a plan for rapid implementation of the program, documenting how the project will be ready to begin housing the first program participant.	*Out of*	10
Total Awarded:	*Out of*	**10**

Project Financial Information *Questions are answered with a "Yes" or "No" response. Full points awarded for "Yes" response.* *Review Screen [x]: CoC Funding Requested, Amount of other public funding (federal, state, county, city), Amount of private funding* *Screen 6J*	Points Awarded	Max Value
Recent audit identified agency as 'low risk'	*Out of*	5
Recent audit indicates no findings	*Out of*	5
Documented match amount meets HUD requirements	*Out of*	5
Budgeted costs are reasonable, allocable, and allowable	*Out of*	20
Total Awarded:	*Out of*	**35**

Program Participant Outcomes (Equity) *Questions are answered with a "Yes" or "No" response. Full points awarded for "Yes" response.* *Addressed within supplemental face sheet*	Points Awarded	Max Value
New project describes their plan for reviewing program participant outcomes with an equity lens, including the disaggregation of data by race, ethnicity, gender identity, and/or age. If already implementing a plan, describe findings from outcomes review.	*Out of*	10
New project describes plan to review whether programmatic changes are needed to make program participant outcomes more equitable and developed a plan to make those changes. If already implementing plan, describe findings from review.	*Out of*	10
New project describes plan to work with HMIS lead to develop a schedule for reviewing HMIS data with disaggregation by race, ethnicity, gender identity, and/or age. If already implementing plan, describe findings from review.	*Out of*	10
Total Awarded:	*Out of*	**30**

Equity Factors - Agency Leadership, Governance, and Policies *Questions are answered with a "Yes" or "No" response. Full points awarded for "Yes" response.* *Addressed within supplemental face sheet*	Points Awarded	Max Value
New project has under-represented individuals (BIPOC, LGBTQ+, etc) in managerial and leadership positions.	*Out of*	10
New project's organizational board of directors includes representation from more than one person with lived experience (per 578.75g)).	*Out of*	10
New project has relational process for receiving and incorporating feedback from persons with lived experience or a plan to create one.	*Out of*	10
New project has reviewed internal policies and procedures with an equity lens and has a plan for developing and implementing equitable policies that do not impose undue barriers that exacerbate disparities and outcomes.	*Out of*	10
Total Awarded:	*Out of*	**40**

Project Effectiveness & System Performance *Questions will be scored on a 0 to max value range based on the interpretation of the reviewer.* *Review project thresholds and experience screens listed above*	Points Awarded	Max Value
MEASURE 1 LENGTH OF TIME HOMELESS: Does project describe a method of moving participants into permanent housing quickly?	*Out of*	20
MEASURE 2 RETURNS TO HOMELESSNESS: Does project describe a method of how participants will remain in permanent housing?	*Out of*	25
MEASURE 4 INCOME AND NON-CASH: Does project describe a method of how participants will increase or gain both earned income and non-employment income?	*Out of*	15
MEASURE 7 SUCCESSFUL PLACEMENT: Does project describe a method of how participants will exit to permanent housing if they don't remain within PSH project? Or upon closure of RRH program?	*Out of*	20
HIGH NEED POPULATIONS: Does project describe a method on prioritizing chronically homeless and/or the unsheltered population?	*Out of*	20
Total Awarded:	*Out of*	**100**

Total Application Points: _____ **/310**

Total Bonus Points: _____ **/27**

2021 Score Card

New Project – Supportive Services Only- Coordinated Entry (SSO-CE) Projects

Organization Name: _____
Program Name: _____
Date: _____
Applicant Name: _____
Applicant Email: _____

HUD Eligibility Requirements

MUST answer "Yes" for application to move forward
Screens 1A-1L

Does the applicant meet minimal guidelines to proceed? If applicant has any infractions, please provide back-up as to why applicant should be considered. (see attached Eligibility Requirements for Applicants of HUD's Grants Programs)	☐Yes ☐No

CoC Local Thresholds

Local thresholds are objective and the reviewer MUST answer "Yes" to all for the application to move forward in the rank process. Points will be addressed throughout the tool. Screens 3B, 6A, 6I

Will the project participate in coordinated entry?	☐Yes ☐No
Does the project address how they intend to implement a housing first and/or low barrier to entry?	☐Yes ☐No
Does the project applicant provide documented, secured minimum match?	☐Yes ☐No
Is the project financially feasible?	☐Yes ☐No
Is the applicant an active CoC participant? (attends at minimum, 75% of CoC meetings – Lead Agency will provide info)	☐Yes ☐No
Is the application complete and data consistent?	☐Yes ☐No
If utilizing local CCIN database, is data quality at or above 90%? (provided by HMIS Lead)	☐Yes ☐No ☐N/A

Policy Priorities

Policy priorities to be addressed by project applicant. Check "yes" to all that apply. Applicant MUST address at minimum 1 priority need. In order to receive full points, the applicant must show the need within project description on how they intend to impact the priorities selected. As a reminder, the CoC conducted an annual gaps analysis which can be used as additional support.

Ending homelessness for all persons	☐Yes
Use a housing first approach *CoC Local Priority	☐Yes
Reducing unsheltered homelessness *CoC Local Priority	☐Yes
Improving system performance *CoC Local Priority	☐Yes
Partnering with housing, health, and service agencies	☐Yes
Racial equity *CoC Local Priority	☐Yes
Persons with lived experience	☐Yes
Total (yes):	
Bonus 10 Point Racial Equity:	
Bonus 10 Points Partnering with Housing, Health, and Service Agencies:	
Total Points (add total yes and bonus):	

Experience *Questions will be scored on a 0 to max value range based on the interpretation of the reviewer.* *Screens 2B, 3B*	Points Awarded	Max Value
Applicant describes the experience working with the proposed population and providing housing similar to that proposed in the application.	*Out of*	15
Applicant describes the utilization of housing first including 1) Eligibility Criteria 2) Process for accepting new clients 3) process and criteria for exiting clients. *Must demonstrate there are no preconditions to entry, allowing entry regardless of current or past substance abuse, income, criminal records (with exceptions of restrictions imposed by federal, state, or local), marital, family status, familial*	*Out of*	10
Applicant describes experience in effectively utilizing federal funds including HUD grants and other public funding, including satisfactory drawdowns and performance for existing grants as evidence by timely reimbursement of sub recipients (if applicable), regular drawdowns, timely resolution of monitoring findings, and timely submission of required reporting on existing grants.	*Out of*	10
Total Awarded:	*Out of*	**35**

Project Threshold Requirements *Questions will be scored on a 0 to max value range based on the interpretation of the reviewer. There is a 2 question threshold, if the applicant doesn't fully address 2 out of 4 questions the project will be rejected.* *Screens 3B, 4A-4G, 6A-6F*	Points Awarded	Max Value
The centralized or coordinated assessment system is easily available/reachable for all persons within the CoC's geographic area who are seeking homelessness assistance. The system must also be accessible for persons with disabilities within the CoC's geographic area.	*Out of*	15
There is a strategy for advertising that is designed specifically to reach homeless persons with the highest barriers within the CoC's geographic area.	*Out of*	15
There is a standardized assessment process.	*Out of*	15
Ensures program participants are directed to appropriate housing and services that fit their needs.	*Out of*	15
Total Awarded:	*Out of*	**60**

Timeliness *Questions will be scored on a 0 to max value range based on the interpretation of the reviewer.*	Points Awarded	Max Value
Applicant describes a plan for rapid implementation of the program.	*Out of*	10
Total Awarded:	*Out of*	**10**

Project Financial Information *Questions are answered with a "Yes" or "No" response. Full points awarded for "Yes" response.* *Review Screen [x]: CoC Funding Requested, Amount of other public funding (federal, state, county, city), Amount of private funding* *Screen 6J*	Points Awarded	Max Value
Recent audit identified agency as 'low risk'	*Out of*	5
Recent audit indicates no findings	*Out of*	5
Documented match amount meets HUD requirements	*Out of*	5
Budgeted costs are reasonable, allocable, and allowable	*Out of*	20
Total Awarded:	*Out of*	**35**

Program Participant Outcomes (Equity) *Questions are answered with a "Yes" or "No" response. Full points awarded for "Yes" response.* *Addressed within supplemental face sheet*	Points Awarded	Max Value
New project describes their plan for reviewing program participant outcomes with an equity lens, including the disaggregation of data by race, ethnicity, gender identity, and/or age. If already implementing a plan, describe findings from outcomes review.	*Out of*	**10**
New project describes plan to review whether programmatic changes are needed to make program participant outcomes more equitable and developed a plan to make those changes. If already implementing plan, describe findings from review.	*Out of*	10
New project describes plan to work with HMIS lead to develop a schedule for reviewing HMIS data with disaggregation by race, ethnicity, gender identity, and/or age. If already implementing plan, describe findings from review.	*Out of*	10
Total Awarded:	*Out of*	**30**

Equity Factors - Agency Leadership, Governance, and Policies *Questions are answered with a "Yes" or "No" response. Full points awarded for "Yes" response.* *Addressed within supplemental face sheet Provide attachment*	Points Awarded	Max Value
New project has under-represented individuals (BIPOC, LGBTQ+, etc) in managerial and leadership positions.	*Out of*	10
New project's organizational board of directors includes representation from more than one person with lived experience (per 578.75g)).	*Out of*	10
New project has relational process for receiving and incorporating feedback from persons with lived experience or a plan to create one.	*Out of*	10
New project has reviewed internal policies and procedures with an equity lens and has a plan for developing and implementing equitable policies that do not impose undue barriers that exacerbate disparities and outcomes.	*Out of*	10
Total Awarded:	*Out of*	**40**

Project Effectiveness & System Performance *Questions will be scored on a 0 to max value range based on the interpretation of the reviewer.* *Review project thresholds and experience screens listed above*	Points Awarded	Max Value
MEASURE 1 LENGTH OF TIME HOMELESS: Does project describe a method of moving participants into permanent housing quickly?	*Out of*	35
HIGH NEED POPULATIONS: Does project describe a method on prioritizing chronically homeless and/or the unsheltered population?	*Out of*	35
Total Awarded	*Out of*	**70**

Total Application Points: _____ **/275**

Total Bonus Points: _____ **/27**

2021 Score Card

Renewal Project - HMIS

Organization Name: _____
Program Name: _____
Date: _____
Applicant Name: _____
Applicant Email: _____

HUD Eligibility Requirements

Must answer "yes" to all in order to move on, points will be addressed throughout the tool. (See Section 1)

Does the applicant meet minimal guidelines to proceed? If applicant has any infractions, please provide back-up as to why applicant should be considered. (see attached Eligibility Requirements for Applicants of HUD's Grants Programs)	☐Yes ☐No

CoC Local Thresholds

Local thresholds are objective and the reviewer MUST answer "yes" to all for the application to move forward in the rank process. Points will be addressed throughout the tool.

See Screen 6D, 6E, and attachments in 7A

Will the project participate in coordinated entry?	☒N/A
Does the project address how they intend to implement a housing first and/or low barrier to entry?	☒N/A
Does the project applicant provide documented, secured minimum match?	☐Yes ☐No
Is the project financially feasible?	☐Yes ☐No
Is the applicant an active CoC participant? (attends at minimum, 75% of CoC meetings – Lead Agency will provide info)	☐Yes ☐No
Is the application complete and data consistent?	☐Yes ☐No
If utilizing local CCIN database, is data quality at or above 90%?	☒N/A

Policy Priorities

Policy priorities to be addressed by project applicant. Check "yes" to all that apply. Applicant MUST address at minimum 1 priority need. In order to receive full points, the applicant must show the need and provide back-up on how they intend to impact the priorities selected. As a reminder, the CoC conducted an annual gaps analysis which can be used as additional support. (See section 3B – Project Description)

Ending homelessness for all persons	☐Yes
Use a housing first approach *CoC Local Priority	☐Yes
Reducing unsheltered homelessness *CoC Local Priority	☐Yes
Improving system performance *CoC Local Priority	☐Yes
Partnering with housing, health, and service agencies	☐Yes
Racial equity *CoC Local Priority	☐Yes
Persons with lived experience	☐Yes
Total (yes):	
Bonus 10 Point Racial Equity:	
Bonus 10 Points Partnering with Housing, Health, and Service Agencies:	
Total Points (add total yes and bonus):	

Project Threshold Requirements *Questions will be scored on a 0 to max value range based on the interpretation of the reviewer. There is a 4 question threshold, if the applicant doesn't fully address 4 out of 4 questions the project will be rejected.* *Review FY19 submission and Recipient Performance Pg 22, 4A Standards*	Points Awarded	*Out of*	Max Value
Whether the project applicant's performance met the plans and goals established in the initial application, as amended.		*Out of*	15
Whether the project applicant demonstrated all timeliness standards for grants being renewed, including those standards for the expenditure of grant funds that have been met.		*Out of*	15
The project applicant's performance in assisting program participants to achieve and maintain independent living and records of success, except dedicated HMIS projects that are not required to meet this standard. *Auto points awarded N/A for HMIS*		*Out of*	15
Whether there is evidence that a project applicant has been unwilling to accept technical assistance, has a history of inadequate financial accounting practices, has indications of project mismanagement, has a drastic reduction in the population served, has made program changes without prior HUD approval, or has lost a project site. *If the answer is no, award points.*		*Out of*	15
Total Awarded:		*Out of*	**60**

Timeliness *Questions will be scored on a 0 to max value range based on the interpretation of the reviewer.* *See Recipient Performance Pg22*	Points Awarded		Max Value
Did the project applicant submit the previous year's Annual Performance Report (APR) on time?		*Out of*	10
Total Awarded:		*Out of*	**10**

Project Financial Information *Questions are answered with a "Yes" or "No" response. Full points awarded for "Yes" response.* *Review Screen [x]: CoC Funding Requested, Amount of other public funding (federal, state, county, city), Amount of private funding* *See Budget Screens – Screens 6A-E, Recipient Performance (Pg 22), and 7A attachments.*	Points Awarded		Max Value
Drawdowns occurred at least quarterly (agency will provide documentation) – if yes, award full 6 points, if partially met award 3 points, if not met award 0 points)		*Out of*	5
Recent audit identified agency as 'low risk'		*Out of*	5
Recent audit indicates no findings		*Out of*	5
Documented match amount meets HUD requirements		*Out of*	5
Budgeted costs are reasonable, allocable, and allowable		*Out of*	20
Total Awarded:		*Out of*	**40**

Renewal Project Supplemental Questions

Performance & Outcome *Questions will be scored on a 0 to max value range based on the interpretation of the reviewer.* If yes, award points – see supplemental questions	Points Awarded	Max Value
Has the project had successful outcomes?	*Out of*	25
Did the applicant adequately explain why the renewal is needed?	*Out of*	25
Does the project address CoC/HUD priorities?	*Out of*	25
Has the project impacted priority needs thus far?	*Out of*	25
Total Awarded	*Out of*	**100**

Program Participant Outcomes (Equity) *Questions are answered with a "Yes" or "No" response. Full points awarded for "Yes" response.* *Addressed within supplemental face sheet*	Points Awarded	Max Value
Project describes their plan for reviewing program participant outcomes with an equity lens, including the disaggregation of data by race, ethnicity, gender identity, and/or age. If already implementing a plan, describe findings from outcomes review.	*Out of*	**10**
Project describes plan to review whether programmatic changes are needed to make program participant outcomes more equitable and developed a plan to make those changes. If already implementing plan, describe findings from review.	*Out of*	10
Project describes plan to work with HMIS lead to develop a schedule for reviewing HMIS data with disaggregation by race, ethnicity, gender identity, and/or age. If already implementing plan, describe findings from review.	*Out of*	10
Total Awarded:	*Out of*	**30**

Equity Factors - Agency Leadership, Governance, and Policies *Questions are answered with a "Yes" or "No" response. Full points awarded for "Yes" response.* *Addressed within supplemental face sheet Provide attachment*	Points Awarded	Max Value
Project has under-represented individuals (BIPOC, LGBTQ+, etc) in managerial and leadership positions.	*Out of*	10
Project's organizational board of directors includes representation from more than one person with lived experience (per 578.75g)).	*Out of*	10
Project has relational process for receiving and incorporating feedback from persons with lived experience or a plan to create one.	*Out of*	10
Project has reviewed internal policies and procedures with an equity lens and has a plan for developing and implementing equitable policies that do not impose undue barriers that exacerbate disparities and outcomes.	*Out of*	10
Total Awarded:	*Out of*	**40**

Total Application Points _____ **/280**

Total Bonus Points _____ **/27**

2021 Score Card

Renewal Project - SSO

Organization Name: _____

Program Name: _____

Date: _____

Applicant Name: _____

Applicant Email: _____

HUD Eligibility Requirements

Must answer "yes" to all in order to move on, points will be addressed throughout the tool. (See Section 1)

Does the applicant meet minimal guidelines to proceed? If applicant has any infractions, please provide back-up as to why applicant should be considered. (see attached Eligibility Requirements for Applicants of HUD's Grants Programs)	☐Yes ☐No

CoC Local Thresholds

Local thresholds are objective and the reviewer MUST answer "yes" to all for the application to move forward in the rank process. Points will be addressed throughout the tool.

See Screen 6D, 6E, and attachments in 7A

Will the project participate in coordinated entry?	☒N/A
Does the project address how they intend to implement a housing first and/or low barrier to entry?	☒N/A
Does the project applicant provide documented, secured minimum match?	☐Yes ☐No
Is the project financially feasible?	☐Yes ☐No
Is the applicant an active CoC participant? (attends at minimum, 75% of CoC meetings – Lead Agency will provide info)	☐Yes ☐No
Is the application complete and data consistent?	☐Yes ☐No
If utilizing local CCIN database, is data quality at or above 90%?	☒N/A

Policy Priorities

Policy priorities to be addressed by project applicant. Check "yes" to all that apply. Applicant MUST address at minimum 1 priority need. In order to receive full points, the applicant must show the need and provide back-up on how they intend to impact the priorities selected. As a reminder, the CoC conducted an annual gaps analysis which can be used as additional support. (See section 3B – Project Description)

Ending homelessness for all persons	☐Yes
Use a housing first approach *CoC Local Priority	☐Yes
Reducing unsheltered homelessness *CoC Local Priority	☐Yes
Improving system performance *CoC Local Priority	☐Yes
Partnering with housing, health, and service agencies	☐Yes
Racial equity *CoC Local Priority	☐Yes
Persons with lived experience	☐Yes
Total (yes):	
Bonus 10 Point Racial Equity:	
Bonus 10 Points Partnering with Housing, Health, and Service Agencies:	
Total Points (add total yes and bonus):	

Project Threshold Requirements *Questions will be scored on a 0 to max value range based on the interpretation of the reviewer. There is a 2 question threshold, if the applicant doesn't fully address 2 out of 4 questions the project will be rejected.* *Review FY19 submission and Recipient Performance Pg 22, 4A Standards*	Points Awarded	*Out of*	Max Value
Whether the project applicant's performance met the plans and goals established in the initial application, as amended.		*Out of*	15
Whether the project applicant demonstrated all timeliness standards for grants being renewed, including those standards for the expenditure of grant funds that have been met.		*Out of*	15
The project applicant's performance in assisting program participants to achieve and maintain independent living and records of success, except dedicated HMIS projects that are not required to meet this standard.		*Out of*	15
Whether there is evidence that a project applicant has been unwilling to accept technical assistance, has a history of inadequate financial accounting practices, has indications of project mismanagement, has a drastic reduction in the population served, has made program changes without prior HUD approval, or has lost a project site.		*Out of*	15
Total Awarded:		*Out of*	**60**

Timeliness *Questions will be scored on a 0 to max value range based on the interpretation of the reviewer.* *See Recipient Performance Pg22*	Points Awarded		Max Value
Did the project applicant submit the previous year's Annual Performance Report (APR) on time?		*Out of*	10
Total Awarded:		*Out of*	**10**

Project Financial Information *Questions are answered with a "Yes" or "No" response. Full points awarded for "Yes" response.* *Review Screen [x]: CoC Funding Requested, Amount of other public funding (federal, state, county, city), Amount of private funding* *See Budget Screens – Screens 6A-E, Recipient Performance (Pg 22), and 7A attachments.*	Points Awarded		Max Value
Drawdowns occurred at least quarterly (agency will provide documentation) – if yes, award full 6 points, if partially met award 3 points, if not met award 0 points)		*Out of*	5
Recent audit identified agency as 'low risk'		*Out of*	5
Recent audit indicates no findings		*Out of*	5
Documented match amount meets HUD requirements		*Out of*	5
Budgeted costs are reasonable, allocable, and allowable		*Out of*	20
Total Awarded:		*Out of*	**40**

Renewal Project Supplemental Questions

Performance & Outcome *Questions will be scored on a 0 to max value range based on the interpretation of the reviewer.* If yes, award points – see supplemental questions	Points Awarded	Max Value
Has the project had successful outcomes?	*Out of*	25
Did the applicant adequately explain why the renewal is needed?	*Out of*	25
Does the project address CoC/HUD priorities?	*Out of*	25
Has the project impacted priority needs thus far?	*Out of*	25
Total Awarded	*Out of*	**100**

Program Participant Outcomes (Equity) *Questions are answered with a "Yes" or "No" response. Full points awarded for "Yes" response.* *Addressed within supplemental face sheet*	Points Awarded	Max Value
Project describes their plan for reviewing program participant outcomes with an equity lens, including the disaggregation of data by race, ethnicity, gender identity, and/or age. If already implementing a plan, describe findings from outcomes review.	*Out of*	**10**
Project describes plan to review whether programmatic changes are needed to make program participant outcomes more equitable and developed a plan to make those changes. If already implementing plan, describe findings from review.	*Out of*	10
Project describes plan to work with HMIS lead to develop a schedule for reviewing HMIS data with disaggregation by race, ethnicity, gender identity, and/or age. If already implementing plan, describe findings from review.	*Out of*	10
Total Awarded:	*Out of*	**30**

Equity Factors - Agency Leadership, Governance, and Policies *Questions are answered with a "Yes" or "No" response. Full points awarded for "Yes" response.* *Addressed within supplemental face sheet Provide attachment*	Points Awarded	Max Value
Project has under-represented individuals (BIPOC, LGBTQ+, etc) in managerial and leadership positions.	*Out of*	10
Project's organizational board of directors includes representation from more than one person with lived experience (per 578.75g)).	*Out of*	10
Project has relational process for receiving and incorporating feedback from persons with lived experience or a plan to create one.	*Out of*	10
Project has reviewed internal policies and procedures with an equity lens and has a plan for developing and implementing equitable policies that do not impose undue barriers that exacerbate disparities and outcomes.	*Out of*	10
Total Awarded:	*Out of*	**40**

Total Application Points _____ **/280**

Total Bonus Points _____ **/27**

2021 Score Card

Renewal Project - SSO

Organization Name:	Click or tap here to enter text. Eleanor Hospital
Program Name:	Click or tap here to enter text. Housing Navigation
Date:	Click or tap here to enter text. 10/26/2021
Applicant Name:	Click or tap here to enter text. Eleanor Hospital
Applicant Email:	Click or tap here to enter text. Lindsay.Rodea@eleanorhospital.org

HUD Eligibility Requirements

Must answer "yes" to all in order to move on, points will be addressed throughout the tool. *(See Section 1)*

Does the applicant meet minimal guidelines to proceed? If applicant has any infractions, please provide back-up as to why applicant should be considered. (see attached Eligibility Requirements for Applicants of HUD's Grants Programs)	☑Yes ☐No

CoC Local Thresholds

Local thresholds are objective and the reviewer MUST answer "yes" to all for the application to move forward in the rank process. Points will be addressed throughout the tool.

See Screen 6D, 6E, and attachments in 7A

Will the project participate in coordinated entry?	☒N/A
Does the project address how they intend to implement a housing first and/or low barrier to entry?	☒N/A
Does the project applicant provide documented, secured minimum match?	☑Yes ☐No
Is the project financially feasible?	☑Yes ☐No
Is the applicant an active CoC participant? (attends at minimum, 75% of CoC meetings – Lead Agency will provide info)	☑Yes ☐No
Is the application complete and data consistent?	☑Yes ☐No
If utilizing local CCIN database, is data quality at or above 90%?	☒N/A

Policy Priorities

Policy priorities to be addressed by project applicant. Check "yes" to all that apply. Applicant MUST address at minimum 1 priority need. In order to receive full points, the applicant must show the need and provide back-up on how they intend to impact the priorities selected. As a reminder, the CoC conducted an annual gaps analysis which can be used as additional support. *(See section 3B – Project Description)*

Ending homelessness for all persons	☑Yes
Use a housing first approach *CoC Local Priority	☑Yes
Reducing unsheltered homelessness *CoC Local Priority	☑Yes
Improving system performance *CoC Local Priority	☑Yes
Partnering with housing, health, and service agencies	☑Yes
Racial equity *CoC Local Priority	☑Yes
Persons with lived experience	☑Yes
Total (yes):	27
Bonus 10 Point Racial Equity:	10
Bonus 10 Points Partnering with Housing, Health, and Service Agencies:	10
Total Points (add total yes and bonus):	27

Project Threshold Requirements *Questions will be scored on a 0 to max value range based on the interpretation of the reviewer. There is a 2 question threshold, if the applicant doesn't fully address 2 out of 4 questions the project will be rejected.* *Review FY19 submission and Recipient Performance Pg 22, 4A Standards*	Points Awarded	*Out of*	Max Value
Whether the project applicant's performance met the plans and goals established in the initial application, as amended.	10	*Out of*	15
Whether the project applicant demonstrated all timeliness standards for grants being renewed, including those standards for the expenditure of grant funds that have been met.	10	*Out of*	15
The project applicant's performance in assisting program participants to achieve and maintain independent living and records of success, except dedicated HMIS projects that are not required to meet this standard.	10	*Out of*	15
Whether there is evidence that a project applicant has been unwilling to accept technical assistance, has a history of inadequate financial accounting practices, has indications of project mismanagement, has a drastic reduction in the population served, has made program changes without prior HUD approval, or has lost a project site.	15	*Out of*	15
Total Awarded:	45	*Out of*	**60**

Timeliness *Questions will be scored on a 0 to max value range based on the interpretation of the reviewer.* *See Recipient Performance Pg22*	Points Awarded		Max Value
Did the project applicant submit the previous year's Annual Performance Report (APR) on time?	10	*Out of*	10
Total Awarded:	10	*Out of*	**10**

Project Financial Information *Questions are answered with a "Yes" or "No" response. Full points awarded for "Yes" response.* *Review Screen [x]: CoC Funding Requested, Amount of other public funding (federal, state, county, city), Amount of private funding* *See Budget Screens – Screens 6A-E, Recipient Performance (Pg 22), and 7A attachments.*	Points Awarded		Max Value
Drawdowns occurred at least quarterly (agency will provide documentation) – if yes, award full 6 points, if partially met award 3 points, if not met award 0 points)	5	*Out of*	5
Recent audit identified agency as 'low risk'	5	*Out of*	5
Recent audit indicates no findings	5	*Out of*	5
Documented match amount meets HUD requirements	5	*Out of*	5
Budgeted costs are reasonable, allocable, and allowable	20	*Out of*	20
Total Awarded:	40	*Out of*	**40**

Renewal Project Supplemental Questions

Performance & Outcome *Questions will be scored on a 0 to max value range based on the interpretation of the reviewer.* If yes, award points – see supplemental questions	Points Awarded	Max Value
Has the project had successful outcomes?	15 *Out of*	25
Did the applicant adequately explain why the renewal is needed?	25 *Out of*	25
Does the project address CoC/HUD priorities?	25 *Out of*	25
Has the project impacted priority needs thus far?	25 *Out of*	25
Total Awarded	~~100~~ 90 *Out of*	**100**

Program Participant Outcomes (Equity) *Questions are answered with a "Yes" or "No" response. Full points awarded for "Yes" response.* *Addressed within supplemental face sheet*	Points Awarded	Max Value
Project describes their plan for reviewing program participant outcomes with an equity lens, including the disaggregation of data by race, ethnicity, gender identity, and/or age. If already implementing a plan, describe findings from outcomes review.	10 *Out of*	**10**
Project describes plan to review whether programmatic changes are needed to make program participant outcomes more equitable and developed a plan to make those changes. If already implementing plan, describe findings from review.	10 *Out of*	10
Project describes plan to work with HMIS lead to develop a schedule for reviewing HMIS data with disaggregation by race, ethnicity, gender identity, and/or age. If already implementing plan, describe findings from review.	10 *Out of*	10
Total Awarded:	30 *Out of*	**30**

Equity Factors - Agency Leadership, Governance, and Policies *Questions are answered with a "Yes" or "No" response. Full points awarded for "Yes" response.* *Addressed within supplemental face sheet Provide attachment*	Points Awarded	Max Value
Project has under-represented individuals (BIPOC, LGBTQ+, etc) in managerial and leadership positions.	10 *Out of*	10
Project's organizational board of directors includes representation from more than one person with lived experience (per 578.75g)).	10 *Out of*	10
Project has relational process for receiving and incorporating feedback from persons with lived experience or a plan to create one.	10 *Out of*	10
Project has reviewed internal policies and procedures with an equity lens and has a plan for developing and implementing equitable policies that do not impose undue barriers that exacerbate disparities and outcomes.	10 *Out of*	10
Total Awarded:	~~40~~ 40 *Out of*	**40**

Total Application Points 255 **/280**

Total Bonus Points 27 **/27**

Total 282

Flagler Hospital – Housing Navigator Renewal

Renewal Project Supplemental Questions

Performance & Outcome
Based on the FY19/20 project description and awarded budget, please explain in detail outcomes this project has successfully implemented. (attach 3B project description 1-4 SSO-CE, 1-2 HMIS)
During the previous funding year, the housing navigator has worked with the coordinated entry system and housing providers to assist in working with most vulnerable clients to link with resources available as well as identify housing opportunities that meet their needs. The housing navigator worked with approximately one hundred of the most vulnerable clients over the past funding year. The housing navigator has conducted services with identified vulnerable clients from housing providers or through prioritization methods of coordinated entry, creating housing case plans as well as providing linkage and case management services. The housing navigator also has conducted housing searches and landlord engagement on a regular basis to discuss programming and services provided across the continuum to assist in housing identification and retention for clients served, and with provider coordination has established a pool of landlords as well as a regular sent out rental inventory. The navigator also assisted in a landlord engagement series of meetings with providers and landlords and property managers. The navigator also has built relationships with providers in surrounding counties to refer clients to as needed or for services not available in geographic area.
Based on above description, please explain why the renewal of this project is needed and should not be reallocated for newer high performing projects?
Across the nation, housing programs are continuing to see a decrease in housing stock, as well as an increase in rental prices. This has profound impact on those facing homelessness, as many of our clients are vulnerable, with low income and higher barriers for housing. St. Johns County continues to need assistance with housing navigation and locating to ensure that the continuum's rapid rehousing programs are able to locate and secure housing for clients and housing placements do not decrease. Having a staff member devoted to this work to build landlord relationships and focus on housing placements intensely ensures those that are most vulnerable are permanently housed, as evident by the data above.

Equity
Describe the project's plan for reviewing program participant outcomes with an equity lens, including the disaggregation of data by race, ethnicity, gender identity, and/or age. If already implementing a plan, describe findings from outcomes review.
The project continues to analyze data on a regular basis to monitor populations served by programming in comparison to the coordinated entry population. Data was analyzed at the ending of last fiscal year, and currently shows equity in regards to race, ethnicity, and gender; however the committee has identified concerns in age and familial status for housing placement and plans to utilize this information in coordinated entry updates, and continue to analyze data on an annual basis to identify discrepancies or gaps in services.
Describe the project's plan to review whether programmatic changes are needed to make program participant outcomes more equitable and developed a plan to make those changes. If already implementing plan, describe findings from review.
This project plans to continue collaboration with the continuum's coordinated entry committee, regarding updated prioritization and assessment for projects, including housing navigation. The continuum's coordinated entry has currently identified a plan to create a new assessment tool that ensures equity in the areas of race, ethnicity, gender, and age, to ensure more equitable prioritization and match to programs as well as housing placements.
Describe the project's plan to develop a schedule for reviewing HMIS data with disaggregation by race, ethnicity, gender identity, and/or age. If already implementing plan, describe findings from review.
The project is currently analyzing and comparing data on an annual basis, and will review with data committee if this needs to occur on a more regular basis.

Does the project have under-represented individuals (BIPOC, LGBTQ+, etc) in managerial and leadership positions?	**X**	**yes**		**no**
Does the project's organizational board of directors include representation from more than one person with lived experience (per 578.75g))?		**yes**	**X**	**no**

2021 HUD NOFO Funding Recommendations
Breakdown by Points Awarded by Score Collectively by Committee

Agency	Project	Amount Requested	Possible Points	Points Awarded	% Score
Flagler Hospital	HMIS Renewal	$85,362	307	285.5	93%
Flagler Hospital	Housing Navigator Renewal	$33,279	307	278	91%
Flagler Hospital	CoC Bonus – Coordinated Entry	$15,773	307	291	95%
Flagler Hospital	DV Bonus – Coordinated Entry	$50,000	307	294.3	96%

Annual Renewal Demand (ARD)	CoC Bonus	DV Bonus	CoC Planning
$118,641	$15,773	$50,000	$9,464

Tier 1	Tier 2
$118,641	$65,773

Tier 1 and Tier 2

Higher ranked projects will be assigned to Tier 1 and lower ranked projects will be assigned to Tier 2. The purpose of this two-tiered approach is for CoCs to notify HUD which projects are prioritized for funding based on local needs and gaps.

Because HMIS is required for the CoC and must be funded, HMIS grants will receive the maximum score and be ranked as number one. (see CoC Scoring, Rating and Review Procedures)

Tier 1

- Tier 1 is equal to 100 percent of the CoC's Annual Renewal Demand (ARD).
- Project applications in Tier 1 will be conditionally selected from the highest scoring CoC to the lowest scoring CoC, provided the project applications pass both project eligibility and project quality threshold review, and if applicable, project renewal threshold.
- Any type of new or renewal project application can be placed in Tier 1, except YHDP renewal or YHDP replacement, CoC planning, and if applicable, UFA Costs projects as these projects are not ranked.
- If a DV Bonus project ranked in Tier 1 is selected with DV Bonus funds, the project will be removed from this tier and the projects below it will move up one rank position. However, if a new DV Bonus project is not selected with DV Bonus funds, the project will retain its ranked position.
- In the event insufficient funding is available to award all Tier 1 projects, Tier 1 will be reduced proportionately, which could result in some Tier 1 projects falling into Tier 2. Therefore, CoCs should carefully determine the priority and ranking for all project applications in Tier 1 as well as Tier 2.

Tier 2

- HUD will conditionally select new project applications created through reallocation and the CoC Bonus and renewal project applications, including renewals of previously funded DV Bonus projects that pass project eligibility, project quality, and if applicable, project renewal threshold review in Tier 2 using the criteria in Section II.B.11.b of the NOFO.

- HUD will select projects in order of point value until there are no more funds available. In the case of a tie, HUD will fund the projects in the order of CoC application score. In case there is still a tie, HUD will select the project from the CoC that has the highest score on the rating factors described in Section II.B.11.b of this NOFO.
- If a DV Bonus project ranked in Tier 2 is selected with DV Bonus funds, the project will be removed from this tier and the projects below it will move up one rank position. However, if a new DV Bonus project is not selected with DV Bonus funds, the project will retain its ranked position

Straddling Tier 1 and Tier 2

- If a project application straddles the Tier 1 and Tier 2 funding line, HUD will conditionally select the project application up to the amount of funding that falls within Tier 1. Using the CoC score and other factors described in Section II.B.11 of this NOFO, HUD may then fund the Tier 2 portion of the project. If HUD does not fund the Tier 2 portion of the project, HUD may award the project at the reduced amount, provided the project is still feasible with the reduced funding (e.g., is able to continue serving homeless program participants effectively).

Tier 1 Funding – $118,641		
Project	**Amount**	**% of Funding Request**
HMIS Renewal	$85,362.00	100%
Housing Navigator Renewal	$33279.00	100%
Total Tier 1 Request	$118,641.00	

Tier 2 Funding – $65,773		
Project	**Amount**	**% of Funding Request**
DV Bonus – CE	$50,000.00	100%
COC Bonus – CE (SSO/CE)	$15,773.00	100%
Total Tier 2 Request	$65,773.00	

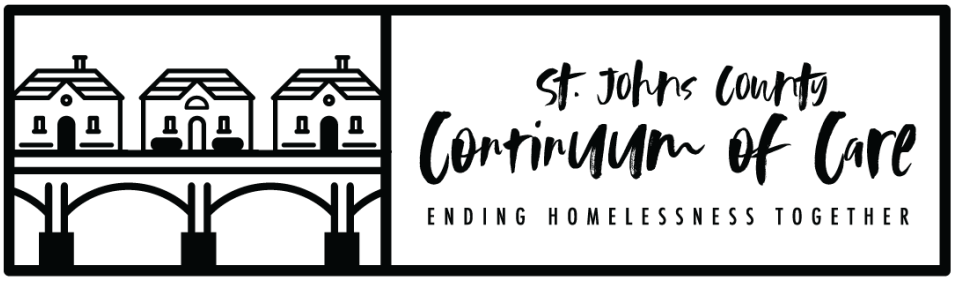
Total Funding Request: $184,414.00

Flagler Hospital HMIS and Housing Navigator Renewals would be funded under Tier 1 for a total of $118,641.00 which is the dollar amount of the Annual Renewal Demand (ARD). The projects were prioritized for funding based on our CoC's local needs, gaps and priorities.

CoC Planning funds are allocated to the CoC Lead Agency at the available $9,464.00.

These are the recommendations of the Scoring and Review Committee for the Boards decision.

Submitted by: Ellen S Walden on 10/26/21.



The FL-512 St. Johns County CoC did not reject or reduce any project applications in the 2021 HUD CoC Competition.

FY 21 NOFO

Link to: FY21 New Project Scorecard – SSO
Link to: FY21 New Project Scorecard – Joint TH & RRH
Link to: FY21 New Project Scorecard – PSH and RRH
Link to: FY21 Renewal Project Scorecard – HMIS
Link to: FY21 Renewal Project Scorecard – SSO
Link to: FY21 New Project Supplemental Questions
Link to: FY21 Renewal Project Supplemental Questions
Link to: Announcement for Local Competition
Link to: Powerpoint Presentation – Announcement & Analysis
Link to: Scoring, Rating and Review Procedures
Link to: Instructions for Submission of Project Applications
Link to: Q&A – Updated 9.20.21
Link to: Eligibility Requirements for Applicants of HUD's Grants Programs
Link to: FY 21 Timeline
Link to: FY21 Scoring and Review Committee Recommendation
Link to: FY21 Priority Listing

Reply Reply All Forward IM

Fri 10/29/2021 10:18 AM

Lindsey Rodea

FY21 CoC NOFO Competition

To John Eaton

2021 HUD NOFO Fund...
21 KB

Good morning,
Thank you for submitting the following applications for the FY21 HUD CoC NOFO Competition:

- FY21 Bonus Coordinated Entry
- FY 21 DV Coordinated Entry
- FY21 HMIS
- FY21 Housing Navigator

Each project has been accepted at the full request amount and ranked in the following order:

View	View Submission	Amend	Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Rank	PSH/RRH	Comp Type	Consolidation Type	Expansion Type
			FY21 HMIS	2021-10-14 12:30:...	1 Year	Flagler Hospital,...	$85,362	1		HMIS		
			FY21 Housing Navi...	2021-10-15 16:26:...	1 Year	Flagler Hospital,...	$33,279	2		SSO		

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View	View Submission	Amend	Project Name	Date Submitted	Comp Type	Applicant Name	Budget Amount	Grant Term	Rank	PH/Realloc	PSH/RRH	Expansion
			FY21 Bonus Coordi...	2021-10-15 14:44:...	SSO	Flagler Hospital,...	$15,773	1 Year	4	PH Bonus		
			FY21 DV Coordinat...	2021-10-15 16:04:...	SSO	Flagler Hospital,...	$50,000	1 Year	D3	DV Bonus		

1

Thank you for your submissions.

Lindsey Rodea
Grant Management & Continuum of Care Lead
904.819.4329 + flaglerhospital.org

Flagler Health+

FY 21 NOFO

Link to: FY21 New Project Scorecard – SSO
Link to: FY21 New Project Scorecard – Joint TH & RRH
Link to: FY21 New Project Scorecard – PSH and RRH
Link to: FY21 Renewal Project Scorecard – HMIS
Link to: FY21 Renewal Project Scorecard – SSO
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Link to: FY21 Priority Listing

FY 21 NOFO

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Link to: FY21 New Project Scorecard – Joint TH & RRH
Link to: FY21 New Project Scorecard – PSH and RRH
Link to: FY21 Renewal Project Scorecard – HMIS
Link to: FY21 Renewal Project Scorecard – SSO
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Link to: FY21 Priority Listing
Link to: FY21 CoC Consolidated Application
