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: UT-504 - Provo/Mountainland CoC

1A-2. Collaborative Applicant Name: United Way of Utah County

1A-3. CoC Designation: CA

1A-4. HMIS Lead: DWS

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

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

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

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

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

(limit 2,000 characters)

1. The Mountainland CoC regularly recruits new membership through our member agencies, stakeholders, community partnerships, and service providers in our geographic region. Often invitations to attend CoC meetings come through agency contacts and sometimes these invitations come directly through the CoC lead when organizations are identified who are filling needs in our community and should be involved in conversations about making homelessness brief and non-recurring. Potential members are solicited primarily through their contact with CoC members and staff or through contact through our website, social media, or e-newsletters. 2. All invitation, orientation, agendas, minutes, and other CoC documents are available electronically. All CoC meetings and subcommittee meetings are currently via zoom or google meet and recordings are posted online. Additionally, we accommodate any disability by request. 3. We include Peer Specialists (formerly homeless individuals) recommended by Outreach from Wasatch Behavioral Health in our meetings and subcommittees. 4. Mountainland is committed to a diverse

representation in our membership and specifically issues invitations for membership and consultation by organizations that work with underrepresented subpopulations within homelessness. We additionally reach out to these organizations for continued education with regards to equity.

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

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

(limit 2,000 characters)

1. The Mountainland CoC is comprised of representation from each of our three counties in our jurisdiction. Member agencies continuously solicit opinions and participation from other organizations that they work with in our geographical region. Additionally, the CoC partners with local city and county elected officials to promote and sponsor open public forums to discuss topics surrounding homelessness and affordable housing in each community. We also maintain a robust presence on social media, inviting all public comment. 2. Our membership participates in our public meetings currently via zoom or google meet. All of our meeting minutes and agendas are sent out electronically through our mailing list, of which any interested party can sign up for, and are posted publicly on our website. Agendas are sent out the week prior to our public meetings and opinions and feedback are explicitly invited. 3. The public relations subcommittee of our CoC consists of member organizations alongside city and county representatives. In the last two years, we have hosted three public forums to discuss issues surrounding homelessness and housing and are planning a fourth for 2022. The public relations subcommittee presents public feedback and opportunities of engaging the public at each CoC meeting to the full membership. They have a standing agenda item at each meeting. Additionally, at every CoC meeting, we leave time for an open forum discussion for each participating agency or entity to discuss opinions, concerns, successes, and failures. These discussions have led to out-of-the-box solutions for preventing and ending homelessness by creating new partnerships, collaborating on master-leasing hotels and motels for PSH, filling service gaps in our community through creation of new employment position, and discussions on how to use our limited funding strategically.

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

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

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

(limit 2,000 characters)

1. Mountainlands posted a public RFP on their website and social media accounts on August 20th and sent a mass email to the entire CoC membership the same day. The RFP was also posted on a nonprofit association newsletter on August 23rd. The announcement also included a timeline with dates, deadlines, requirements, the rank and review process, and an invitation for all interested homeless service providers to attend a new project orientation on September 2, 2021. 2. Two new agencies attended the New Project Orientation and once chose to submit a project. Additionally, personal invitations were made by the collaborative applicant to agencies which expressed interest in a new project in previous years but did not apply. 3.The process of accepting new project applications in the 2021 local competition was displayed publicly and sent to all member agencies in the CoC. Additionally, this was discussed in detail in the New Project Orientation and the September and October CoC meetings. 4. The Mountainland CoC publicly posted instructions for application, allowable projects, and the rank and review material and hosted a mandatory orientation for new applicants. This also included a transparent pass/fail criteria to make sure that the project would be an allowable activity for the funding source. The Rank and Review criteria were discussed at length in the Sept CoC meeting, particularly how it applied to DV organizations. At that time, the CoC voted to change language to be more inclusive of the vulnerability of DV survivors. 5. The CoC effectively communicates with individuals with disabilities by ensuring that our website and social media accounts are universally accessible, publishing all printed materials and requests as pdfs, and ensuring at all meetings regarding funding activities are accessible by phone or through other requested accommodations.

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)**	No
10.	**Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)**	No
11.	**Organizations led by and serving Black, Brown, Indigenous and other People of Color**	Yes
12.	**Organizations led by and serving LGBT persons**	Yes
13.	**Organizations led by and serving people with disabilities**	Yes
14.	**Private Foundations**	Yes
15.	**Public Housing Authorities**	Yes
16.	**Runaway and Homeless Youth (RHY)**	Yes
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)

1. The Mountainland CoC lead participated in ESG and ESG-CV allocation and rank and review processes. When the application process opened, the CoC Collaborative Applicant met with all COC agencies who planned to apply. A roundtable open discussion ensued about the needs of our community and which projects would be prioritized locally as a CoC. We decided to take a collaborative approach to ESG funding rather than a competitive one. CoC agencies discussed unmet need in your community, specifically around PSH, ES, and COVID relief. 2. CoC leadership offered technical support for any agencies applying to ensure that the CoC priorities were adequately and strategically represented. CoC staff work with all agencies receiving funding to ensure that they are in compliance with all of the policies and procedures of the CoC and that they are meeting the terms of their funding. The CoC lead works in partnership with ESG to ensure all recipients are prepared for monitoring visits. 3.PIT and HIC information was used in our discussion of our service gaps. We used PIT and HIC data on a state level to help determine unmet need during the application review process. 4. Representatives from agencies in all three of our geographic counties were present during discussion of our service needs. The Collaborative Applicant specifically worked with representatives in our rural counties-Summit and Wasatch Counties-to ensure that their needs were represented to the same extent as our urban county-Utah County. We determined that there was a significant need for a regional data manager in the two rural counties, and worked together to fund this position. This new position will coordinate homelessness data for smaller agencies who lack capacity to enter into our HMIS system. We anticipate this regional data manager position to capture and enter data for up to a dozen agencies working with rural homelessness who have not previously entered data due to capacity issues.

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.**	No
6.	**Other. (limit 150 characters)**	

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

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

(limit 2,000 characters)

1. The Mountainland CoC staffs an Education Subcommittee, including education providers, LGBTQ resource center, Community Action, DCFS, youth shelter, DV shelter, SEA and LEA, foster care representatives, McKinney-Vento coordinators, and CoC staff. This subcommittee meets monthly to share resources, referrals, and to strategically plan for our CoC. Member agencies have formal MOUs to coordinate services. Additionally, local school districts have a formal policy in place to post McKinney-Vento Homeless Assistance Act information on websites and front offices at each school. Registration forms for local school districts also ask questions specifically relating to housing status. 2. Part of the Education Subcommittee includes formal partnerships with school liaisons who provide education regarding the McKinney-Vento Act. Our LEA is also involved with supporting our Education Subcommittee. Local school district liaisons collaborate with the CoC to ensure that housing referral cards and brochures are readily available. 3. In process of reorganizing our education committee, we relied on our partnerships with both our local SEA and LEA organizations to inform the direction of this committee. We engaged in coordination of services and education about resources within our school districts, working with foster care age-outs, and addressing the needs of unaccompanied youth. 4. We have formal partnerships in place with our local SEA and LEA and rely on their expertise to increase the accessibility of information for families experiencing homelessness or at risk for homelessness. We also consult with them, creating a youth-specific PIT plan for 2022. 5. We have a robust partnership with our McKinney-Vento representatives in our region. We meet monthly or ad hoc to case staff and discuss resource availability. 6. This partnership is formalized by participation in the CoC and participation in the youth/education subcommittees.

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 Mountainland CoC policies and procedures for informing homeless clients about eligibility for education services include: the utilization of 2-1-1 as a general informational directory; assistance from case managers at CoC partner agencies to apply for educational services; one-on-one consultation with outreach workers for special subpopulations, such as veterans; and information posted on the Mountainland Continuum of Care website and partnership with the McKinney-Vento educational coordinators in each school district in our geographic area. In the last year, we have relied on our McKinney-Vento coordinator to help inform families with children about the resources available for staying in their educational institution, transportation to the enrolled school, and additional education services. Additionally, annually, the Mountainland CoC holds informational trainings on mainstream benefits and educational resources in the area, so that case managers and intake workers across the continuum are informed and able to quickly connect individuals and families with educational services. New educational services, classes, and opportunities are also frequently sent out by email to all of our CoC agencies or presented in our CoC meetings. The CoC also coordinates with DWS to provide an employment counselor who is specifically trained to work with homeless individuals and families, and provides support for our CoC-funded agencies. This counselor works with families receiving TANF RRH, and veterans. DWS also provides assistance for persons on an employment plan, intensive employment preparation, job seek skills, and job search. DWS provides employer financial incentives for companies who employ persons with a wide variety of barriers, including homelessness. DWS also provides support with GED programs, adult high school, short-term training, and apprenticeships. DWS is actively involved with the CoC and subcommittees.

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	No
2.	**Child Care and Development Fund**	Yes	No
3.	**Early Childhood Providers**	Yes	No
4.	**Early Head Start**	Yes	No

5.	**Federal Home Visiting Program–(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)**	No	No
6.	**Head Start**	Yes	No
7.	**Healthy Start**	Yes	No
8.	**Public Pre-K**	No	No
9.	**Tribal Home Visiting Program**	No	No
	Other (limit 150 characters)		
10.			

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

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

(limit 2,000 characters)

1. The CoC provides annual training for all case managers and front line staff regarding best practices and trauma-informed, victim-centered language and protocols to ensure safety. Additionally, we partner with the Refuge (formerly Center for Women and Children in Crisis) to provide trauma-informed, victim-centered training prior to PIT. 2. Our coordinated entry subcommittee includes staff from domestic violence service providers who help provide guidance, as needed, in our by name list committee meeting twice a month. Additionally, they provide formal training for this committee at least annually.

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)

Both of the domestic violence service providers in our geographic area use Apricot in lieu of entering into the HMIS Clienttrack system. Additionally, Dahlia's Hope, a new organization to our CoC, is in process of acquiring Apricot for survivors of sex trafficking. Our domestic violence service providers utilize the VISPDAT and SPDAT and enter into our HMIS system data with an internal number, rather than identifying information for these vulnerable populations. Our domestic violence service providers and sex trafficking supportive agency attend our by-name list committee meetings, and provide de-identified information for the purposes of housing placements. This allows for placement into housing projects without compromising personally identifying data.

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

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

(limit 2,000 characters)

1. The Mountainland Continuum of Care prioritizes the safe placement of anyone fleeing domestic violence. By utilizing the expertise of our providers in our Coordinated entry process, we adhere to best practices to maximize safety while ensuring client choice. 2. With the adoption of our Emergency Transfer plan, as policy we utilize trauma-informed, victim-centered services to prioritize a client's safety and maximize client choice. The Housing Authority of Utah County and Provo City Housing both give top priority to survivors of domestic violence for their Section 8 housing. Peace House and the Center for Women and Children in Crisis have worked for several years with Community Action Services and Food Bank to develop and disseminate a grant for housing support for survivors of dating and domestic violence, sexual assault, and stalking. Additionally, we were able to maximize our ESG funding by creating new recipient/subrecipient projects with the Christian Center of Park City and Peace House (the domestic violence shelter in Summit County.) This new funding partnership helps to support the new shelter beds opened by Peace House in order to better meet the needs of this population. 3.Both domestic violence shelters play a critical role in our CoC and by-name list subcommittees to help identity and address the safety and confidentiality of domestic violence survivors who come into our coordinated entry system. Protocols have been set in place to ensure that survivors of domestic violence can be considered for eligible housing opportunities without compromising their protected personal information.

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?
Provo Housing Authority	70%	Yes-Both	Yes
Housing Authority of Utah County	64%	Yes-Both	Yes

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 Mountainland CoC partners closely with the Provo City Housing Authority and Housing Authority of Utah County to adopt a homeless admission preference to housing. Both housing authorities are active in our by-name list and coordinated entry
discussions and work closely with outreach programs and other CoC agencies to make sure that the most vulnerable homeless individuals are given preference into housing programs that they qualify for. Our CoC has adopted the use of the SPDAT assessment tool to ensure that those who are most vulnerable are first served. We have written MOUs with both Housing Authority agencies to ensure that homeless individuals identified on our by-name list with high vulnerability are given 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	Yes
2.	PHA	Yes
3.	Low Income Tax Credit (LIHTC) developments	Yes

4.	**Local low-income housing programs**		Yes
	Other (limit 150 characters)		
5.			

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

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

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

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

(limit 2,000 characters)

1. The Mountainland CoC has a subcommittee focusing on coordinated entry and by-name prioritization. Both of our Public Housing Authorities participate in these twice monthly meetings, where we prioritize all available units, upcoming units, and discuss which tenants are in danger of losing their PHA-funded unit. Our coordinated entry process focuses on helping keep homelessness rare, brief, and non-recurring, so discussion of available PHA-funded units is paramount to our delivery system. 2. These practices are formalized by MOUs with all participating agencies, including the two housing authority agencies.

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)

NA

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

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

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

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

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

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

Name of PHA: Provo City Housing Authority

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

Name of PHA: Housing Authority of Utah County

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.	10
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.	10
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects the CoC has ranked in its CoC Priority Listing in the FY 2021 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

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

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

(limit 2,000 characters)

The CoC regularly monitors projects that commit to Housing First approaches. These monitoring visits consist of one-on-one meetings with the project manager and the collaborative applicant, quarterly data pulls from HMIS looking at criteria upon entry, quarterly data pulls looking at outcome reports, and in-

depth discussions on placement during our twice-a-month coordinated entry/by-name list committee meetings. These robust discussions include by-name discussions about those who are both engaged in services and not yet engaged in services. Placements for housing first projects prioritize individuals and families who score the highest on the VISPDAT, SPDAT, and FSPDAT. Both Housing Authority agencies participate in the by-name list and monthly give updates about types of housing coming available, waiting list status, and individuals who are struggling to retain their housing.

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

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

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

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

(limit 2,000 characters)

1. Our street outreach consists of dedicated persons from Wasatch Mental Health in partnership with local law enforcement and CoC membership agencies. Although we do not have street outreach covering 100 percent of our geographic region, our street outreach teams work closely with local law enforcement and service agencies to act whenever there is a report of someone living in a place not meant for habitation. During our annual PIT, volunteers provide street outreach contact cards to local late night or 24/7 businesses with instructions to call if they encounter someone who is homeless during the year. With our network of service providers, law enforcement agencies, and concerned citizens reaching out to our street outreach team, we have been able to adequately reach individuals in all areas of our region, even if these areas are not regularly covered during street outreach.
2. Our street outreach team regularly covers about 75% of our geographic region.
3. Street outreach is conducted 5 days a week and is led by mental health professionals trained in trauma-informed care. Street outreach teams also include at least one formerly homeless individual.
4. Our street outreach teams frequent areas of high traffic for unsheltered individuals and provide "in-reach" services by meeting with individuals at drop-in soup kitchens and homeless resource centers five days a week. They also participate with law enforcement to connect with people identified on weekends. This "in-reach" process helps connect outreach teams with individuals who are not as conspicuously homeless, allowing for better access to service for those

who are less likely to request help or call attention to themselves through panhandling or camping. Additionally, we have found that veterans are less likely to request assistance from outreach workers, so we coordinate services with the local veteran council and a case manager through the VA who can directly address the specific needs of veterans.

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."	32	23

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)

1. The CoC partners with the Department of Workforce services to provide an annual training for all CoC agencies on mainstream benefits available, how to apply for mainstream benefits, and any new changes or developments with mainstream benefits. Additionally, DWS is involved on a CoC and subcommittee level to inform the CoC executive committee and member agencies of any upcoming changes to benefits. 2. The CoC coordinates annual trainings with DWS about mainstream benefits for all members and agencies, highlighting new or changing resources. Additionally, the CoC sends out a monthly electronic newsletter to all CoC agencies with up-to-date information and programmatic changes. 3. Agencies in the CoC have specifically-trained staff members to help clients apply for health insurance that they are eligible for or other health resources that are available. Additionally, the CoC staff provides training in our monthly CoC meetings from healthcare organizations to consistently train CoC agencies on the availability of
health insurance and health care in our community for program participants. 4. With our recent
Medicaid expansion in the state of Utah, CoC organizations have been diligent in quickly identifying participants who may qualify for Medicaid and other benefits. Member agencies have employed and trained staff specific to navigating the Medicaid application process. Wasatch Behavioral Health, a CoC partner agency, holds weekly walk-in sessions for individuals who are interested in applying for Medicaid or receiving information about the new expanded Medicaid. We additionally partner with an organization called Community Health Connect, which has a Medicaid navigator on staff who helps walk individuals through the application process.

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

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

(limit 2,000 characters)

1. The CoC uses a coordinated entry system across all three counties of our geographic area. The CoC uses the VI-SPDAT and SPDAT in alignment with the other CoCs in the state. Every point of entry into the homeless system uses the same coordinated entry assessments, from street outreach workers, to DV services providers, to PSH programs in all three counties. 2. Due to our widespread coverage at all points of entry, the coordinated entry process reaches both individuals who are less likely to engage in services as well as individuals who are frequent service consumers. The CoC strongly supports prioritizing services for the most vulnerable in our community and agencies within the CoC are continually exploring new ways to reach those who are less likely to engage in services. Our Coordinated Support Services committee (by-name list committee) meets at least twice a month to staff and discuss the needs of individuals on our prioritized list, as well as individuals identified by law enforcement, community members, or outreach workers who have not yet engaged with service agencies but have been recognized as homeless in our community. 3. Our CSS committee regularly meets to discuss individuals by name who have been assessed at a higher vulnerability. The committee prioritizes individuals scoring a 40+ on the SPDAT, a 12+ on the VISPDAT, or are identified as veterans, chronically homeless, or homeless youth. This ensures that those most vulnerable receive priority assistance. This also allows COC agencies to provide wraparound services for the most vulnerable as we coordinate around an individual's unique needs. 4. Our CoC is in alignment with the state strategic plan of making homelessness rare, brief, and non-recurring. As part of our commitment, our CSS committee pulls a list of individuals who have entered the homeless system within the last 60 days to discuss their needs, vulnerabilities, and how we can best connect them quickly with applicable resources.

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.**	No

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

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

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

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	Yes
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	Yes
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	Yes
4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	Yes
5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	Yes
6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	Yes
7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	Yes
8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	Yes
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	Yes
10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
	Other:(limit 500 characters)	
12.		

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)

The Mountainland CoC recognizes that there is a significant racial disparity nationwide with how many racial minorities experience homelessness, how many have ready access to services, and how many of these individuals and families have successful housing outcomes. We express a commitment, backed by action, to improving homeless prevention, access to services, and housing placement for racial minorities in our community. These actions include mandatory training each year for all CoC agencies regarding equity, requirements for all funded projects to analyze the data around their project's

demographics and set measurable benchmark goals to improve outcomes for racial minorities, monitoring of funded and non-funded CoC agencies' policies, procedures, and language regarding inclusion and equity, and proactive conversations about how to identify and address racial disparaties. We recognize that many individuals and agencies nationwide do not yet recognize or understand that simply "not being racist" is not enough. We commit to having the difficult conversations with our community and our providers about being "anti-racist" and looking critically at the systems in place in our community that need to be addressed or dismantled to ensure racial equity.

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.	2	2
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	2	2
3.	Participate on CoC committees, subcommittees, or workgroups.	12	12
4.	Included in the decisionmaking processes related to addressing homelessness.	2	2
5.	Included in the development or revision of your CoC's local competition rating factors.	1	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.	Yes
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)

1.Our CoC began discussions and actions regarding immediate safety needs in April 2020 including enhanced education, social distancing, isolation and quarantine, and updated hygiene practices. Our Coordinated Entry/By-name subcommittee began meeting weekly and serving as an immediate response group. We had a by-name discussion regarding individuals who were unsheltered and especially vulnerable to COVID-19 due to age or other conditions. We coordinated with agencies that had shelter funding or relief funding and created a plan of action for long-term motel stays for unsheltered individuals identified as high-risk. Additionally, we provided street outreach teams with PPE and written instructions in English and Spanish for unsheltered homeless. Between April 2020 and August 2020, we distributed over 1500 disposable or cloth masks to unsheltered individuals, over 150 N95 or K95 masks, and countless gloves, sanitizing wipes, other hygiene needs. We also coordinated with our local county health department to implement best practice protocol for quarantine and isolation for unsheltered individuals with COVID or who were waiting for COVID testing results. We also began coordinating weekly statewide on best practices. 2. The only congregate emergency shelters in our community are for domestic violence. We immediately provided adequate PPE for individuals and families staying in shelters, as well as frontline staff, covering our entire geographic area. We also coordinated with our shelters to ensure that they received adequate support in implementing state COVID guidelines for capacity. 3. We worked closely with our transitional housing programs to provide adequate PPE and training guidelines to help ensure the safety of their clients. Additionally, we provided educational materials for staff and clients on appropriate COVID safety protocols.

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)

COVID-19 enabled our CoC to evaluate the areas in which we were prepared and had strong partnerships for a health emergency, and in what ways we were lacking support. We found that we had a very strong and very quick triage mobilization within our funded and non-funded agencies. We were able to quickly connect with private and non-profit health care organizations to help implement best practices and quickly acquire and distribute PPE. We also found that our methods of communication and coordination within our three county geographic region were very strong. We were able to quickly share information, identify and meet needs, and coordinate services. We found that we were lacking by way of coordination with our health departments, coordination with the other two CoCs in the state to discuss best practices, and communication with our state decision-makers who determined the vaccine rollout priorities. In order to improve our readiness for future public health emergencies, we addressed the deficits in the following ways: 1) we established personal relationships with our health department and asked for a specific point of contact who could quickly relay information, help us acquire difficult PPE, and relay our advocacy to prioritize homeless individuals in the city, county, and statewide vaccine rollout. 2) We helped establish the Utah Homeless Network, which met weekly for more than a year to discuss best practices, COVID-related concerns, and resources that we could connect with for support. This Network continues strong today and has been source of powerful collaboration. 3) We met weekly with the governor-appointed COVID respond coordinator homelessness to advocate for our clients. She was able to directly relay our needs to the governor and state COVID response teams.

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

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

(limit 2,000 characters)

1)The CoC coordinated with ESG-CV recipients early and frequently. Our primary focus initially was safety measures for our sheltered and unsheltered homelessness. In collaboration with the by-name list committee, we identified unsheltered homeless individuals who were at higher risk and partnered with ESG-CV recipients to provide extended motel stays with wraparound basic

services, such as meal delivery, case management, and assistance with health resources. 2) From mid 2020 through mid 2021, we met weekly as a state COVID response team and reported on how we could maximize our impact using ESG-CV funds on a local and state level. Our by-name list committee also met weekly as an ad hoc triage team to discuss how to use these funds for housing assistance. 3) In conjunction with the eviction moratorium, we discussed ways to help prevent evictions that fell outside of the mandate. We found that our community struggled with landlords refusing to renew contracts for individuals and families who were behind on rent, thus circumventing the moratorium. We were able to significantly increase the amount of families we served through ESG-CV funding and provide back rent and rental guarantees for landlords who were uncertain about renewing contracts. 4) We were fortunate to find community partners who provided many of our healthcare supplies, but we utilized ESG-CV for some of the tangible precautions, such as installing plexiglass barriers, upgrading online and phone systems for no-contact, and purchasing some of the more specialized supplies that we could not get from the health department. 5) We were additionally fortunate to get many of our sanitary supplies donated, but we were able to use ESG-CV and other leveraged funds to hire additional janitorial and custodial staff to meet CDC guidelines for sanitation. Similarly, we were able to purchase hard to acquire supplies as needed.

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

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

(limit 2,000 characters)

1)The CoC coordinated with mainstream health benefits by attending weekly county meetings and weekly state meetings of COVID-19 response task forces. During these meetings, we discussed best practices for decreasing the spread of COVID-19, specifically through homeless and underserved populations, as well as available resources, gaps in resources, and needed advocacy to prioritize vaccines for individuals experiencing homelessness. Additionally, our mainstream health agencies helped us host testing and later vaccine events, and establish protocols for isolation and quarantine of homeless individuals who had been exposed to or diagnosed with COVID. The CoC was instrumental in creating the Q&I protocols for individuals experiencing homelessness, substance misuse, and mental health difficulties. 2) Our mainstream health agencies helped inform our protocols regarding social distancing, hand washing, sanitizing, and masks. They were invaluable in helping us develop protocols for congregate areas such as soup kitchens and food banks, and help us create policies for congregate domestic violence shelters. Additionally, they provided us with disposable masks and K95 masks for individuals experiencing homelessness, and staff that serve them.

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

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

(limit 2,000 characters)

1)CoC staff met weekly with county and state health departments to discuss best practices for safety measures. Additionally we met weekly with the other two CoCs in the state to discuss COVID response, resources, and best practices. These resources and safety protocols were communicated weekly via email to all CoC agencies, along with a weekly meeting with our coordinated entry subcommittee with a COVID response focus. Additionally, we communicated testing information, requests for PPE, and resources for agencies weekly through emails and social media. We sent out a weekly google form for agencies to sign up for needed PPE or hygiene products which were matched with donors by CoC staff. 2) As local restrictions changed, we continually posted on our social media and compiled these changes into weekly emails. Additionally, we communicated in our coordinated entry subcommittee weekly how these changes affected each agency and the clients they serve. 3) We communicated all vaccine clinics and opportunities for vaccine clinics to CoC membership via email and social media, and we produced flyers for all of our housing projects, soup kitchens, transitional housing, and food pantries informing hard-to-reach clients of the opportunity to be vaccinated. Additionally, the collaborative applicant had a text message chain with street outreach workers to communicate up-to-the-minute availability of vaccine clinic wait times, in order to quickly bring in clients with significant barriers who may not have been able to commit to a planned-for appointment for vaccination.

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)

In the Mountainland CoC, we found that the most effective way to break down vaccine hesitancy among people experiencing homelessness has been through rapport. Utilizing the trust of case managers, street outreach workers, and other frontline homeless service providers, we issued personal invitations to individuals experiencing homelessness for our repeated vaccine clinics. Additionally, we hosted the vaccine clinics at the local soup kitchen, which acts as a service hub for those experiencing homelessness. Our CoC representatives participated in twice weekly calls with local, county, and state health officials and advocated for early vaccination criteria to include those experiencing homelessness and frontline staff serving homeless populations. Our coordinated entry subcommittee met weekly, rather than twice a month to serve as an ad hoc triage team and as early as May 2020, we began to identify individuals who would be especially vulnerable to COVID. We provided

extended motel stays, rigorous PPE and training on hygiene, and a short list of individuals who should be eligible for the first rounds of vaccines. In these cases, these individuals were contacted and transported by case managers and outreach workers to the sponsored vaccinations clinics.

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)

From the beginning of COVID-19 lockdown, the CoC communicated frequently with the domestic violence service agencies in our geographic region. We discussed implementation of safety protocols which limited the beds available, as well as how to find funding and space for potential overflow DV shelter if needed. We communicated regularly with DV providers about the resources available for rental assistance, past due rent, deposits for utilities, and other mainstream resources to help with unemployment and financial difficulties. We also communicated closely with our 211 team to help provide these resources as they saw a potential increase in DV calls. Throughout 2020 and 2021, the collaborative applicant kept in close contact with DV providers about how to address their capacity needs, PPE and safety needs, funding needs, and staffing needs.

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

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

(limit 2,000 characters)

The two biggest changes in our coordinated entry system were the rollout of the coordinated entry assessment via phone, and the safety protocol changes that each intake worker had to implement in order to do face-to-face coordinated entry. We obtained permission by org.code to conduct the VISPDAT over the phone to decrease the risk of COVID-19 spread without limiting entry into our system. The collaborative applicant offered training for all agencies in our coordinated entry system and hosted these trainings via zoom. Additionally, agencies with frontline staff who conduct coordinated entry assessments changed these assessments to adhere to social distancing protocols. All of these intakes were masked by both participants, and many of them took place outside of the building in open air. Our coordinated entry lead attended weekly meetings with local health departments, state health departments, and the other two CoCs in the area to stay abreast of the changes needed in our coordinated entry system due to the fluctuating COVID response needs.

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

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

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

1.	Enter the date your CoC published the 30-day submission deadline for project applications for your CoC's local competition.	08/20/2021
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.	08/30/2021

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

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

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

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

	NOFO Section VII.B.2.d.

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

(limit 2,000 characters)

1..The Rank and Review Committee prioritized projects that served vulnerable subpopulations, including the chronically homeless, domestic violence victims, veterans, youth, and homeless families with children. Projects were also prioritized that showed successful outcomes, actively used SPDAT scores to serve individuals, and demonstrated a capacity to operate with low barriers. 2. During the selection process, the committee reviewed the applications for demonstrated commitment to housing first or low-barrier criteria for our vulnerable subpopulations. Capacity was assessed by program model, demonstrated wrap-around service partnerships, participation in coordinated entry and assessment, eligibility verification, and subpopulation priority. PSH projects serving the chronically homeless were given priority, as well as projects serving clients primarily with disabilities, survivors of domestic violence, zero income, or high SPDAT scores. Projects that demonstrated in increase in bed count from the previous years were also given priority because of the difficulty in our community of finding affordable housing units.

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

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

(limit 2,000 characters)

1. The CoC obtained input and included persons of different races in our discussions of the rank and review criteria. These discussions led to changes in the language of the rank and review criteria to be more inclusive of underserved populations and the inclusion of questions regarding data on racial equity in project applicants. 2. We had individuals on our rank and review committee from races that are over-represented in the homeless population. These individuals participated in the review, discussion, scoring, and ranking of projects. 3. Each project was required to meet with the HMIS lead to look at project data related to racial equity, racial minorities served, and outcomes for underserved populations. They were required to have internal discussions about setting benchmarks for improving outcomes related to racial minorities and to describe their commitment to racial equity in their supplemental applications.

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

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

(limit 2,000 characters)

"1. The Mountainland written process for reallocation is as follows:
The Rank and Review committee may review funds from renewal projects for reallocation if renewal projects have:
• Low utilization rates
• A history of returning high percentages of project funds (more than 10%) to HUD
• A history of serving ineligible clients
• Underperformed on APR goals without reasonable cause (indicated in monitoring reports)
• Continue to manage project models that are low priority for the CoC and/or HUD

Renewal project applicants who have a portion of their proposed budget decreased or rejected by the CoC will receive notification by letter from the CoC. Rejected projects will be notified at least 15 days before the final submission of the Consolidated Application.
2. In discussion with Community Action Services and Food Bank, the CoC chose to reallocate funding from one of their projects, due to difficulty in implementing the project in prior years. 3. The rank and review committee reviewed the performance, relevance, and priority of all submitted projects and made one recommendation for reallocation. 4. While none of our projects were deemed low-performing, the rank and review committee did determine that some of the RRH projects did not drawdown, due to the increased rental funding coming in from COVID relief. These projects were given notification that next year spending down would be scrutinized more definitively. All projects with funding that was reallocated were notified by email and then with a follow-up call by the collaborative applicant. 5. All applicants were given a copy of our rank and review process, which details the reallocation process. It was also posted on our website and covered during our project orientation.

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.	10/13/2021

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

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

2A. Homeless Management Information System (HMIS) Implementation

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

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

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

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.	05/07/2021

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

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

(limit 2,000 characters)

1.The Mountainland CoC and HMIS lead have worked with domestic violence service providers to ensure that their comparable database has the mandatory data elements required by HUD. This included advocating for one-time funding to purchase a system (Apricot) and train DV staff, helping to facilitate technical support on required data elements, and regularly updating DV agencies with new data standards and elements coming on-line and required by HUD. This allows the DV providers to work with Apricot in a timely manner to ensure that there is no gap in data capture. 2. Each project received by the CoC included de-identified aggregated data. One-on-one technical support was provided by the CoC lead and HMIS lead to ensure that the data received was complete and supported the project applications.

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	66	26	40	100.00%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	61	29	32	100.00%
4. Rapid Re-Housing (RRH) beds	23	7	16	100.00%
5. Permanent Supportive Housing	194	0	194	100.00%
6. Other Permanent Housing (OPH)	3	0	3	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)

NA

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)

NA

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
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 - 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
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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)

1. The Mountainland CoC engages with local assistance programs and 211 to reach precariously housed individuals and families, and to identify trends in characteristics leading to first-time homeless experiences. These risk factors are addressed by CoC planners and providers and include victimization, rental history, landlord relationships, habitability of housing, language/cultural barriers, lease violations, inability to pay rent, illegal evictions, discrimination, substance abuse, mental illness, institutional history, lack of support network, aging out of foster care, and jail or hospital discharge. 2. The CoC is committed to expanding our use of diversion to assist in keeping people from experiencing first-time homeless. Front-door contact agency staff from CoC agencies, such as 211 and intake workers are being utilized in a strategic CoC plan to coordinate our diversion efforts. Ongoing training has commenced regarding diversion strategy best-practices nationwide. The Mountainland CoC staff has implemented diversion training through the front-line workers at United Way's 211 program to help mitigate first-time homelessness at first contact. CoC also offers services and education to help mitigate risk factors such as landlord engagement and mediation, landlord outreach and services education, tenant rights and responsibilities classes, homeless prevention rental assistance, and outreach through social services, churches, hospitals, schools, and employers. Additionally, the CoC in partnership with Provo City created a Housing First Fund to be utilized for diversion, rental assistance, deposit assistance, and other incidental expenses related to gaining and maintaining housing. This fund has frequently been utilized to prevent families and individuals from experiencing first-time homelessness. 3. United Way employs staff and interns to facilitate strategic planning with regard to mitigating first-time homelessness in our community.

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

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

(limit 2,000 characters)

1. The Mountainland CoC has been committed to a "no wrong door" approach to CEA for years, which was fully implemented in all HMIS-participating agencies November 1st, 2017. Our commitment is to help make homelessness brief, rare, and non-recurring. We continue to use and develop strategies for effective diversion in our community utilizing front-door agencies, including the adoption of United Way's 211 team as trained front-line diversion workers. The Mountainland CoC CEA process includes both CoC and non-CoC funded agencies in our community that meet together twice a month to case conference the most difficult to house clients in our community. The Coordinated Support Services committee also functions as our by-name committee. Additionally, through the use of United Way of Utah County's 211 front-line workers and CoC funded and non-funded agencies front-line workers, we can quickly identify first-time homeless individuals and families who present for services at any point of entry. Our street outreach team, led by Wasatch Behavioral Health, also quickly identifies newly homeless individuals or families in our community and quickly makes a warm hand-off to the appropriate service agency to meet their needs. 2. Our by-name list is sorted based on the highest SPDAT scores, chronic status, veteran status, and homeless youth status. We prioritize through coordinated assessment families and individuals in our community who have the longest period of homelessness. Clients typically receive vouchers for PSH within seven days of assessment. 3. United Way of Utah County's CoC Program Coordinator oversees the committee that determines the CoC's strategy to reduce the length of time individuals and families remain homeless.

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

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

(limit 2,000 characters)

1. The CoC is committed to increasing the percentage of individuals and families who exit to permanent housing and retain their housing. The CoC is making great strides to overcome some of our geographical obstacles, such as a low vacancy rate, high college student population, and a housing market in

which affordable housing is not prioritized. Our housing authorities have worked with local developers and business leaders to renovate and master-lease additional PSH units, creating over 100 new units in the last two years. Our by-name list committee works in tandem with PSH providers to identify individuals in shelters, TH, and rapid rehousing programs and help them exit to permanent housing. As we increase our inventory of PSH, specifically projects that follow a Housing First model, our rate of successful exits into permanent housing destinations has also increased. 2. Our high permanent housing retention rates are largely due to the wrap-around services provided by our CoC member agencies. Services provided include regular home visits, psychotherapy, medication management, psychiatric services, healthcare services, case management, employment counseling, and life-skills. The CoC has learned through experience that individuals in PSH can succeed in retaining their housing with appropriate support, and we continually expand our CoC membership to agencies who can provide those supports. We monitor our returns to homelessness at 12 months and 2 years and consistently have retention above the state average. We are committed to early intervention to identify individuals who are at-risk of losing their PSH and provide additional support.

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

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

(limit 2,000 characters)

1. The Mountainland CoC utilizes HMIS data, Coordinated Support Services meetings twice a month, and VI-SPDAT and SPDAT scores to identify individuals and persons in families who return to homelessness. 2. The CoC's strategy to reduce the rate of additional returns to homelessness includes case conferencing for individuals who are in danger of losing their housing, coordination on such persons through our Coordinated Support Services meetings, partnerships facilitating open communication between the service agencies providing wrap-around services for clients in PSH programs and PSH providers, a private Housing First Fund (flex fund) that can be used to mitigate financial reasons for pending eviction, and a consistent effort to incentivize tenant education and responsibility. Due to the CoC's commitment to a Housing First approach, tenants who are struggling to maintain their housing in PSH programs are quickly identified and given additional support in the form of wrap-around services and advocacy. Additionally, in the last two years, front line workers at United Way of Utah County's 2-1-1 referral call center were trained on Diversion protocols with the intention of helping to reduce returns to homelessness and first-time homelessness. 3. Wasatch Behavioral Health provides many of the wrap-around services available to clients in PSH programs. Provo City Housing Authority and Housing Authority of Utah County spearhead identifying individuals in PSH programs who are struggling to maintain housing. United Way of Utah County manages the Housing First Fund and 2-1-1 referrals for individuals who reach out who are precariously housed,

as well as diversion training and strategy, and Community Action Services and Food Bank leads tenant education.

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

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

(limit 2,000 characters)

1. The Mountainland CoC partners with many local programs and agencies, such as Utah Defendant/Offender Workplace Development Program, Job Corps, People Helping People, VA Employment and the Department of Workforce Services to help clients access opportunities for employment. Additionally, we partner with Deseret Industries to help provide job coaching and job skills trainings that help our clients to increase their employment income by increasing their job skills. 2. Many of our CoC program-funded agencies have SOAR trained case managers which helps to facilitate clients' access to mainstream employment agencies. The CoC also facilitates trainings on employment opportunities, access to job fairs, and updated information on programs that can help clients increase income or access employment opportunities. Many of our clients are employed at Deseret Industries, which provides part-time job opportunities for individuals who are homeless, precariously housed, disabled, or exiting an institution. During their employment, they have access to job skills workshops, job fairs, and other resources that are specifically designed to help connect them with mainstream employment agencies. Many of our agencies also partner with Vocational Rehabilitation to help get individuals who disabled placed with agencies or companies that can support them. 3.United Way of Utah County staff provide advertisement of new employment opportunities and training for case managers on access to mainstream employment organizations. Community Action provides Bridges out of Poverty training, and DWS provides mainstream employment services.

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

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

(limit 2,000 characters)

1. The Mountainland CoC partners with many local programs and agencies, such as Utah Defendant/Offender Workplace Development Program, Job

Corps, People Helping People, VA Employment and the Department of Workforce Services to help increase opportunities for employment specifically for homeless individuals in our community. Additionally, we partner with Deseret Industries to help facilitate job coaching and job skills trainings that help our clients qualify for employment positions by increasing their job skills. Many of our CoC program-funded agencies have SOAR trained case managers which helps to facilitate clients' access to private employment agencies. The CoC also facilitates trainings on employment opportunities, access to job fairs, and updated information on programs that can help clients increase access to employment opportunities. 2. The CoC has a formal partnership in place with DWS to help increase access across the state to employment opportunities and give homeless individuals or formerly homeless individuals priority in placement for training and support that they need to secure and keep employment. The CoC also coordinates with DWS to provide an employment counselor who is specifically trained to work with homeless individuals and families, and provides support for our CoC-funded agencies. This counselor works with families receiving TANF RRH, individuals placed in PSH, and veterans. Additionally, DWS provides assistance for persons on an employment plan, intensive employment preparation, job seek skills, and job search. DWS provides employer financial incentives for companies who employ persons with a wide variety of barriers, including homelessness. DWS also provides support with GED programs, adult high school, short-term training, and apprenticeships. DWS is actively involved with the CoC and subcommittees.

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

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

(limit 2,000 characters)

1. CoC-funded projects are required to provide case management assistance to help clients connect with non-employment cash income that they are entitled to and maintain their benefits, once awarded. In the past two years, the CoC has taken special interest in outcome measures reporting clients enrolled in programs who increase their non-employment cash benefits by agencies seeking ESG, State, or CoC funding. Grants that are currently funded and will be up for renewal in the next year will be tied very closely to meeting outcome goals around increased non-employment cash benefits by these funded agencies. 2. The CoC coordinates annual trainings for case managers and frontline service employees with DWS about mainstream benefits and other non-employment cash benefits for all members and agencies, highlighting new or changing resources. Additionally, some CoC member agencies have navigator positions onsite to help walk clients through the process of eligibility for non-employment cash benefits. 3. United Way of Utah County and Community Action Services and Food Bank organize these trainings, while the Collaborative Applicant attends city, county, state and federal trainings about new non-employment cash income sources and is responsible for presenting this information to the CoC and subcommittees.

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
 - FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC
Application score by giving specific guidance on how to respond to many questions and
providing specific information about attachments you must upload
 - 24 CFR part 578

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

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

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

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

(limit 2,000 characters)

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

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

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

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

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

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

(limit 2,000 characters)

4A. DV Bonus Application

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

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

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

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

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

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

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

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

1.	**Enter the number of survivors that need housing or services:**	3,013
2.	**Enter the number of survivors your CoC is currently serving:**	1,961
3.	**Unmet Need:**	1,052

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

Describe in the field below:	

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

(limit 2,000 characters)

1)The CoC calculated the number of DV survivors needing housing or services by adding the number of people who were turned away from our domestic violence shelters in the last year and the number of people who were served in the last year. 2) The data source is the comparative database. Our DV providers track services by family and individual and also track numbers of turnaways. 3) We are unable to meet the needs of all survivors of domestic violence in our region. We simply do not have the beds to meet the growing needs. Our DV Bonus project submissions would help us to address these growing needs with agencies who have proven track records in providing services to survivors and creating successful outcomes for these vulnerable populations.

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

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

Applicant Name
The Refuge
Dahlia's Hope

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

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

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

1.	Applicant Name	The Refuge
2.	Rate of Housing Placement of DV Survivors–Percentage	60.00%
3.	Rate of Housing Retention of DV Survivors–Percentage	100.00%

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

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

(limit 1,000 characters)

1) The rate of housing placement and retention was calculated by The Refuge (formerly Center for Women and Children in Crisis.) Although this is a new project request, the Refuge has many years of experience in CoC funded projects. They track who exit from their programs into permanent housing or transitional housing, and they track rates of retention at 1 year and 2 years. 2) This is tracked through their comparable database.

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

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

(limit 2,000 characters)

1.The Refuge has many years of experience in helping place DV survivors

quickly into safe affordable housing. Currently, there is about a 25 day average to placement into permanent housing for their clients. They provide wraparound services, such as housing navigators, case management, and employment specialists to help survivors reach safety and independence. 2) The Refuge participates in our Coordinated Entry system and our by-name list case conferencing. They also participate in our CoC's emergency transfer plan. Additionally, with the new emergency vouchers, they have lately referred 60 individuals into permanent housing through our coordinated entry system. 3) Not only does The Refuge provide supportive services in house, but they partner with many CoC and non-CoC agencies to provide supportive services. These include Wasatch Behavioral Health for mental health and substance use treatment, Ability First, People Helping People, and other agencies. 4) The Refuge provides robust after care services, including financial support for survivors of domestic violence. This is evidenced by their 100 percent retention rate for clients placed in permanent housing.

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

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

(limit 5,000 characters)

1.The Refuge has a track record of providing their staff, as well as CoC frontline staff with best practices with regard to safety. Their staff have decades of experience in working with survivors of domestic violence and implementing safety protocol. Both staff and volunteers undergo a rigorous training before working with survivors of violence. 2) Due to their extensive experience, despite the challenges of social distancing during COVID, The Refuge was able to provide secure and separate space to provide for safety and privacy, including utilizing empty or secure spaces not previously used as intake areas. 3) The Refuge has policies in place to conduct interviews with each member of the family or couple and protect the integrity of disclosure within those conversations. 4) Part of the intake and services for survivors of domestic violence involve in-depth discussions about their safety needs, emergency transfer plans, and locations for permanent housing that will create a feeling of safety and security for the client. The Refuge staff work diligently to ensure that no one leaves their program into a place where they feel unsafe or insecure. 5) The Refuge maintains their facilities in a way that promotes safety and security for their clients, including well-lit spaces, security cameras, buzz-in front door entrances, security personnel, and other security features. 6.) The location of the shelter is a confidential address in Utah County.   Dedicated units are similarly protected and monitored to ensure the safety of their participants.

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

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

(limit 2,000 characters)

The Refuge evaluated their ability to ensure the safety of DV survivors due to their exemplary track record of operation over the last 37 years. Their staff have decades of experience in responding to the changing needs and best practices with regard to ensuring safety. Utilizing internal monitoring, CoC monitoring, state monitoring, and HUD monitoring, the Refuge consistently meets or exceeds benchmark requirements for safety standards and outcomes for domestic violence service providers. They have a commitment to adjusting to the ongoing needs of their survivors, as evidenced by the work that they do in staying abreast of trauma-informed standards and best practices while also conducting robust training of their staff and CoC frontline staff.

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

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

(limit 5,000 characters)

1.The Refuge emphasizes victim-centered choice by its program participants, both in project placements and permanent placements. Their housing coordinator utilizing trauma-informed practices and works one-on-one with survivors to explore housing options that will best suit their needs and their safety concerns. They provide additional support for survivors from the time that they enter the program until the time that they have stabilized. 2) The Refuge has been serving survivors of domestic violence for 37 years, and their projects have frequently been a service model emulated by other agencies. Additionally they have a demonstrated commitment to the dignity of all persons served in their program, a clear and transparent process for client grievances,

and action plans in place to minimize power differentials through staff education. 3) Staff are regularly trained on trauma-informed practices and victim-centered service models, language, and responses, and participants in the program are educated and counseled on the effects of trauma and different ways to work through trauma. The Refuge has licensed case management staff who can effectively help survivors work through their experiences of trauma. 4) The Refuge uses the standardized assessment SPDAT as a strength-based case management tool. This helps to provide measurable ways in which a client can recognize areas that are strengths and areas that have room to set achievable goals. All case managers and front line staff have been trained on using the SPDAT. The SPDAT utilizes trauma-informed language as part of the assessment process. 5) The Refuge hosts mandatory annual trainings on racial equity and inclusive language and policies. Additionally, they attend the annual CoC trainings about equity and disparity. In past years, they have provided education and support for the CoC in drafting more inclusive language and policies. 6) The Refuge creates opportunities for group learning and support within their programs and through partnership with numerous agencies in the community. In this way, they connect survivors of domestic violence with opportunities for volunteerism, shared interest activities, religious or spiritual communion, programs to support individuals exiting poverty, and one-on-one mentorship opportunities. 7) The Refuge offers child care, parenting classes and support, and opportunities for family or group therapy. Additionally, they partner with several agencies in the community providing support for low-income or at-risk families with children.

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

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

(limit 5,000 characters)

1)The Refuge provides the following supportive services for survivors of domestic and dating violence: a 24-hour emergency hotline for victims; emergency protective sheltering for survivors and their children; a treatment program which includes safety planning, social work case management, advocacy with other community agencies, short term individual and group therapy; independent living classes; and assistance for children which includes group therapy, recreational therapy, and educational assistance programs. Additionally, they are involved in our coordinated entry system to help prioritize survivors of domestic violence for quick placement into housing, while addressing their needs for confidentiality and safety. 2) One of the most prominent examples of how the Refuge has provided supportive services is through their housing coordinator. They have an exceptional rate of 100% housing retention, due to the supportive services provided during and after a survivor's stay in their program.

4A-4f.	Trauma-Informed, Victim-Centered Approaches–New Project Implementation.	

	NOFO Section II.B.11.

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

(limit 5,000 characters)

While this is a new project request by the Refuge, in many ways it is a continuation of services that they are already providing. This project will help to provide additional beds and supportive services for clients who have been turned away due to lack of bed availability.
1.The Refuge emphasizes victim-centered choice by its program participants, both in project placements and permanent placements. Their housing coordinator utilizing trauma-informed practices and works one-on-one with survivors to explore housing options that will best suit their needs and their safety concerns. They provide additional support for survivors from the time that they enter the program until the time that they have stabilized. This project includes supportive funding for assessment of service needs, safety and self-sufficiency planning, case management, employment assistance, life skills training, and mentoring. All of these additional supportive services help to promote stabilization of survivors of domestic violence. 2) The Refuge has been serving survivors of domestic violence for 37 years, and their projects have frequently been a service model emulated by other agencies. Additionally they have a demonstrated commitment to the dignity of all persons served in their program, a clear and transparent process for client grievances, and action plans in place to minimize power differentials through staff education. 3) This project would provide additional funding for individual and group therapy. Additionally, staff are regularly trained on trauma-informed practices and victim-centered service models, language, and responses, and participants in the program are educated and counseled on the effects of trauma and different ways to work through trauma. 4) The Refuge's funding request includes support for intake staff and case management staff, who use the standardized assessment SPDAT as a strength-based case management tool. This helps to provide measurable ways in which a client can recognize areas that are strengths and areas that have room to set achievable goals. All case managers and front line staff have been trained (or will be trained as new staff) on using the SPDAT. The SPDAT utilizes trauma-informed language as part of the assessment process. 5) The Refuge hosts mandatory annual trainings on racial equity and inclusive language and policies. In this funding request, there is additional support for staff training. 6) This request allows for transportation costs to help connect survivors with outside opportunities for connection. Through this request, they are better able to connect survivors of domestic violence with

opportunities in the community for volunteerism, shared interest activities, religious or spiritual communion, programs to support individuals exiting poverty, and one-on-one mentorship opportunities. 7) This funding request includes additional financial support for child care, parenting classes and support, and family and group therapy.

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

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

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

1.	Applicant Name	Dahlia's Hope
2.	Rate of Housing Placement of DV Survivors–Percentage	0.00%
3.	Rate of Housing Retention of DV Survivors–Percentage	0.00%

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

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

(limit 1,000 characters)

1)Dahlia's Hope is a new agency serving survivors of sex trafficking. They formed as a non-profit in 2019 and have joined the CoC as of summer 2021. They are in process of connecting with HMIS and acquiring a comparable database, but as of now, have only anecdotal evidence. They have identified a comparable database and will be fully transitioned over in 2022.   Due to the newness of their organization, they do not currently have data on housing placement or housing retention, but will have the capacity to track this grant, should they be funded. 2) The data source that will be used will be a comparable database.

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

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

(limit 2,000 characters)

Since January of 2021, Dahlia's
Hope has been actively cultivating collaborative relationships with state-wide victim service providers,
housing authorities, and governmental organizations that serve victims of domestic and sexual violence,
including sex trafficking. Dahlia's Hope is a new member of the Mountainland Continuum of Care, and
regardless of funding in this grant program, will be working to solidify working agreements with
members of the CoC, specifically the Provo and Utah County Housing Authorities, Utah County
Community Action and the Refuge Utah Domestic Violence Program.

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

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

(limit 5,000 characters)

1)Dahlia's Hope has a commitment to providing their staff, as well as CoC frontline staff with best practices with regard to safety. As recipients of VOCA and VAWA, they have implemented best practices requisite to those funding sources in providing training. Both staff and volunteers undergo a rigorous training before working with survivors of sex trafficking. 2) Dahlia's Hope provides secure and separate space to provide for safety and privacy, including utilizing empty or secure spaces not previously used as intake areas. 3) Dahlia's Hope has policies in place to conduct interviews with each member of the family or couple and protect the integrity of disclosure within those conversations. 4) Part of the intake and services for survivors of domestic violence involve in-depth discussions about their safety needs, emergency transfer plans, and locations for permanent housing that will create a feeling of safety and security for the client. 5) Dahlia's Hope maintains their facilities in a

way that promotes safety and security for their clients, including well-lit spaces, security cameras, buzz-in front door entrances, security personnel, and other security features. 6.) Dedicated units are protected locations and monitored to ensure the safety of their participants.

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

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

(limit 2,000 characters)

1)Dahlia's Hope, as a new agency recently receiving federal funding by way of VOCA and VAWA is currently building their internal systems and creating protocols for upcoming monitoring by those funding sources. They have an expressed commitment to the CoC, as well as VOCA and VAWA to ensure that they build their systems in way that supports the requirements of these funding sources. As they are evaluating their ability to ensure the safety of their clients, it is with a commitment to the standards required by these funding sources, but most importantly by the commitment that they give to their clients: a promise to provide a safe and secure program to help them overcome the trauma of sexual trafficking.

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

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

(limit 5,000 characters)

1.Dahlia's Hope emphasizes victim-centered choice by its program participants. Their housing coordinator utilizing trauma-informed practices and works one-on-one with survivors to explore housing options that will best suit their needs and their safety concerns. 2) Dahlia's Hope is a new agency, but has a demonstrated commitment to the dignity of all persons served in their program,

a clear and transparent process for client grievances, and action plans in place to minimize power differentials through staff education. 3) Staff are regularly trained on trauma-informed practices and victim-centered service models, language, and responses, and participants in the program are educated and counseled on the effects of trauma and different ways to work through trauma. Dahlia's Hope has licensed case management staff onsite who can effectively help survivors work through their experiences of trauma. 4) Dahlia's Hope is currently using a proprietary assessment but expresses a commitment to utilizing the SPDAT as they participate more fully in our coordinated entry process. 5) Dahlia's Hope hosts mandatory annual trainings on racial equity and inclusive language and policies. Additionally, they commit to attend the annual CoC trainings about equity and disparity. They recognize that the majority of their clients are women in a racial minority and commit to creating systems that promote racial equity. 6) Dahlia's Hope offers equine therapy onsite and creates opportunities for group learning and support within their programs and through partnership with numerous agencies in the community. In this way, they connect survivors of domestic violence with opportunities for volunteerism, shared interest activities, religious or spiritual communion, programs to support individuals exiting poverty, and one-on-one mentorship opportunities. 7) Dahlia's Hope offers parenting classes and support and opportunities for family or group therapy. Additionally, they partner with several agencies in the community providing support for low-income or at-risk families with children.

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

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

(limit 5,000 characters)

1)Dahlia's Hope provides supportive services for survivors of sex trafficking including, a treatment program which includes safety planning, social work case management, advocacy with other community agencies, individual and group therapy; independent living classes, and assistance for individuals with children which includes group therapy, recreational therapy, and educational assistance programs. Additionally, they are involved in our coordinated entry system to help prioritize survivors of sex trafficking for quick placement into housing, while addressing their needs for confidentiality and safety. 2) As a new agency to the CoC, Dahlia's Hope has shown a strong commitment to forming partnerships with other agencies to maximize the supportive services available to their clients. They provide equine and recreational therapy to their clients, along with reunification for families, individual and group therapy, and other supportive services designed to help foster self-reliance.

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

	Provide examples in the field below of how the new project will:	

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

(limit 5,000 characters)

1.With this application and their new partnership with the Continuum of Care, Dahlia's Hope expects to enrich the services that they currently offer. Dahlia's Hope emphasizes victim-centered choice by its program participants. Their housing coordinator utilizing trauma-informed practices and works one-on-one with survivors to explore housing options that will best suit their needs and their safety concerns. This new funding will provide support for additional staff, including licensed, trauma-informed trained professionals. 2) Dahlia's Hope is a new agency, but has a demonstrated commitment to the dignity of all persons served in their program, a clear and transparent process for client grievances, and action plans in place to minimize power differentials through staff education. 3) This new funding request will help support additional qualified staff. Currently staff are regularly trained on trauma-informed practices and victim-centered service models, language, and responses, and participants in the program are educated and counseled on the effects of trauma and different ways to work through trauma. Dahlia's Hope has licensed case management staff onsite who can effectively help survivors work through their experiences of trauma and would utilize this funding to bring on board additional licensed staff. 4) Dahlia's Hope is currently using a proprietary assessment but expresses a commitment to utilizing the SPDAT as they participate more fully in our coordinated entry process. 5) Dahlia's Hope hosts mandatory annual trainings on racial equity and inclusive language and policies. Additionally, they commit to attend the annual CoC trainings about equity and disparity. They recognize that the majority of their clients are women in a racial minority and commit to creating systems that promote racial equity. 6) This funding would help to enrich Dahlia's Hope equine therapy programs onsite and would help create additional opportunities for group learning and support within their programs and through partnership with numerous agencies in the community. 7) Dahlia's Hope offers parenting classes and support and opportunities for family or group therapy and this funding request would specifically help to expand these services.

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	coordinated entry...	11/15/2021
1C-7. PHA Homeless Preference	No	New Admissions–Ge...	11/16/2021
1C-7. PHA Moving On Preference	No	move on strategy	11/16/2021
1E-1. Local Competition Announcement	Yes	public posting nofo	11/15/2021
1E-2. Project Review and Selection Process	Yes	rank and review c...	11/15/2021
1E-5. Public Posting–Projects Rejected-Reduced	Yes	projects rejected...	11/15/2021
1E-5a. Public Posting–Projects Accepted	Yes	projects accepted	11/15/2021
1E-6. Web Posting–CoC-Approved Consolidated Application	Yes	application for p...	11/15/2021
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: coordinated entry tool

Attachment Details

Document Description: New Admissions–General/Limited Preference

Attachment Details

Document Description: move on strategy

Attachment Details

Document Description: public posting nofo

Attachment Details

Document Description: rank and review criteria

Attachment Details

Document Description: projects rejected or reduced

Attachment Details

Document Description: projects accepted

Attachment Details

Document Description: application for public comment

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

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

|	
3C. Serving Homeless Under Other Federal Statutes	11/08/2021
4A. DV Bonus Application	11/16/2021
4B. Attachments Screen	11/16/2021
Submission Summary	No Input Required

Vulnerability Index -

Service Prioritization Decision Assistance Tool

(VI-SPDAT)

Prescreen Triage Tool for Single Adults
Modified With Additional CT HMIS Questions
Updated: 3-10-16

AMERICAN VERSION 2.0

COMMUNITY
SOLUTIONS

ORG CODE
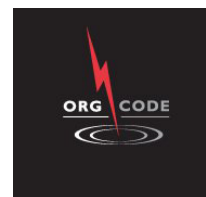
Administration

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:

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

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ___ : ____ or 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

ADDITIONAL CT HMIS QUESTIONS

1. Number of adults in the household: _____

2. Number of children under the age of 18 in the household: _____

3. HIV / AIDS: ☐ Y   ☐ N   ☐ Refused

4. Has physical violence, threat of physical violence, or stalking by a spouse or intimate partner caused or contributed to your current homelessness? ☐ Y   ☐ N   ☐ Refused

5. Domestic violence victim/survivor? ☐ Y   ☐ N   ☐ Refused

   If Yes, when the experience occurred: ☐ Within the past three months   ☐ 3–6 months
   ☐ 6 months to one year   ☐ One year or more   ☐ Doesn't Know   ☐ Refused

6. Are you currently working with a case worker from DCF? ☐ Y   ☐ N   ☐ Refused

7. Have you slept on the streets/place not meant for human habitation or in a shelter in a state other than CT in the past 3 years? ☐ Y   ☐ N   ☐ Refused

8. Additional Intake / CAN Specific Notes (optional):

_____

_____

_____

_____

New Admissions–General/Limited Preference

PHAs may establish a system of local preferences for selection of families admitted to the program. PHA selection preferences must be described in the PHA administrative plan.

The PHA system of local preferences must be based on local housing needs and priorities, as determined by the PHA. In determining such needs and priorities, the PHA shall use generally accepted data sources.

Mountainland CoC Housing Authority preferences:

Preference for single persons who are elderly, displaced, homeless, or persons with disabilities.

Preference for victims of domestic violence, dating violence, sexual assault, or stalking.

Move on Strategy

Through the Mountainland CoC Move on Strategy, Housing Authorities throughout Mountainland will provide Housing Choice Vouchers (HCV) to eligible individuals and families to transition from Continuum of Care (CoC) – funded Permanent Supportive Housing (PSH) programs to the HCV program. Eligible persons will be referred to Housing Authorities by authorized Mountainland Continuum of Care PSH grant recipients and sub-recipients. Designated PSH programs will use a common housing readiness assessment to identify individuals and families who have achieved housing stability and no longer require the intensive case management and supportive services provided by the PSH program in order to maintain housing. To ensure PSH resources are prioritized for persons with the highest needs, the referring program will be required to fill its housing bed/unit made available after the transition of its participant to the HCV program with a chronically homeless individual or family in accordance with CPD Notice 16-11. The issuance of a HCV is contingent on the availability at the time preference is assigned. The Mountainland CoC Move on Strategy will allow formerly homeless families and individuals still in need of housing subsidies to maintain housing stability with the provision of the HCV affordable housing resource while having the critically important added benefit of freeing up scarce PSH beds/units and supportive services for chronically homeless persons in emergency shelters, living outside, or other places not meant for human habitation.