FY2021 HUD CoC Program Notice of Funding Availability - Instructions for Letters of Justification

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INTRODUCTION

To help the CoC Ranking Committee make decisions about ranking and prioritization for the Project listing required for the FY2021 HUD CoC Program Funding Competition. Providers are required to submit letters of justification for every new and renewal project submitted for funding consideration.

Letters will be uploaded as an attachment to the Smartsheets cover sheet to outline the program type, match sources, and other information needed for ranking.

Cover sheets and letters of justification must be submitted electronically to TCP by 10/08/2021. Project applications will not be considered complete without this submission.

SECTION A: REQUIREMENTS FOR LETTERS OF JUSTIFICATION

Letters of justification narrative must address all requirements in Section A.

A.1. Service Requirements: Provide a description that addresses each item below for the proposed project.

A.1.a. Consistency with District's Funding Priorities:
    A.   Alignment with Homeward DC or Solid Foundations:
        1.   The District's strategic plan to end homelessness
        2.   Finish the job of ending homelessness among veterans;
        3.   End chronic homelessness among individuals and families; and
        4.   By 2020, any household experiencing housing loss will be rehoused within an average of 60 days or less.
    B.   The strategic plan identifies a series of action items across five key strategies, including:
        1.   Develop a more effective crisis response system;
        2.   Increase the supply of affordable and supportive housing;
        3.   Remove barriers to affordable and supportive housing;
        4.   Increase the economic security of households in our system; and
        5.   Increase prevention efforts to stabilize households before housing loss occurs.

A.1.b. Trauma-Informed Services:
Trauma occurs when an individual is exposed directly or indirectly to an overwhelming event or experience that involves a threat to one's physical, emotional, and/or psychological safety. Homelessness itself is a traumatic event, and individuals experiencing homelessness are particularly vulnerable to injury, accident, trafficking, survival sex, and assault. The experience of trauma, both before and during episodes of homelessness, is extremely common. CoC data including the Point in Time count and Women's Needs Assessment indicate that many homeless individuals have experienced physical and/or sexual assault during their current episode of homelessness. Symptoms of past and present trauma can create barriers and challenges for individuals and the

service providers working with them. Providers are required to describe their expertise and experience delivering trauma-informed services for the program being renewed.

A.1.c. Clinical Services:
Providers must ensure that licensed supervision is provided for all staff providing direct clinical services to clients in their programs and that basic training is provided to all staff. For the purpose of this competition, "clinical services" means mental health services, substance abuse treatment services, and medical services. Certifications for licensed supervision includes Licensed Independent Clinical Social Worker (LICSW), master's level Licensed Professional Counselor (LPC), or registered nurse, licensed psychologist. Providers must describe their clinical approach for the program being renewed.

A.1.c.1: Mental Health Assessment
The CoC has chosen to prioritize programs serving clients who are living with mental illness when those providers can demonstrate an ongoing assessment of client outcomes. Providers who deliver mental health services as part of their service model must indicate how they assess outcomes for clients to receive those services.

A.1.d. Providing Services to LGBTQ and Gender Non-Conforming Clients:
The CoC is committed to ensuring the safety, dignity, and well-being of all persons served by the CoC. Sexuality, gender expression, gender nonconformity, or the fact that a person is transgender shall not be a barrier to service; neither shall a perceived incongruity between a person's physical body and their gender expression be a barrier to service. Providers must demonstrate their plan for ensuring LGBTQ and gender non-conforming clients have equal access to the proposed program(s), and how they will ensure the proposed program(s) are safe and inclusive spaces for LGBTQ and gender non-conforming clients.

A.1.d.1 Bonus Applicants Applying for Permanent Housing Projects with Serving the LGBTQ Population:
The CoC has chosen to consider CoC and DV Bonus applications for programs serving the LGBTQ population. In particular, the CoC has identified the following gaps in services to this population:
   A. Permanent Housing (Joint TH-RRH, RRH, or PSH) for LGBTQ adults, especially with a healthcare focus
   B. DV Permanent Housing (Joint TH-RRH, RRH, or PSH) for the LGTBQ survivors
   C. DV Permanent Housing (Joint TH-RRH, RRH, or PSH) for Transgender Women with a focus on culturally competent services for Transgender Women of Color

Providers submitting project applications proposing to serve these populations must demonstrate experience providing housing, supportive services, survivor services, or mental health services to these populations. They must demonstrate their ability to services in a culturally competent way and how their service model will address the unique needs of this population.

A.1.e. CAHP Participation:
Coordinated Assessment and Housing Placement (CAHP) is the standardized access and assessment for all individuals, through a coordinated referral and housing placement process to ensure that people experiencing homelessness receive appropriate assistance with both immediate and long-term housing and service needs.

A.1.e.1. Participation in the CAHP System means:
   1. Participate in all required training including VI-SPDAT, TAY-VI-SPDAT, and Full SPDAT training.
   2. Conduct the VI-SPDAT, TAY-VI-SPDAT, and full SPDAT assessment tools with clients as appropriate and according to training provided by TCP, as communicated through CAHP meetings, and as outlined in the CAHP policies and procedures manual.
   3. Identify an agency CAHP lead who will be the primary contact for all CAHP inquiries.
   4. Ensure accurate CAHP-specific Homeless Management Information System (HMIS) data entry including but not limited to assignments, unassignments, and move-in dates.
   5. Participate in CAHP matching meetings. Participation in CAHP meetings means designating case management, housing staff, or other staff to attend matching meetings who are knowledgeable of

individual client experiences, service needs, and barriers to stability to make the most appropriate matches.

6. Provide a timely response to all CAHP inquiries.
7. Accept referrals for new clients from CAHP.
8. Assist in locating clients matched to housing resources via CAHP and facilitate contact and communication between housing providers and clients for the purpose of expediting movement to permanent housing.
9. Assist clients to collect all necessary documentation to obtain assistance so as not to delay the process of moving into housing once matched through the CAHP system. Documentation may include, but is not limited to, identification cards, birth certificates, social security cards, income statements, DD-214, and medical records.
10. Operate according to the Housing First model to the maximum extent practicable.

A.1.f. Housing First:
Housing First is an approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment, or service participation requirements. Supportive services are offered to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to permanent housing entry.

A.1.f.1. Core Components of Housing First:
The core features of Housing First in the context of permanent supportive housing models are as follows:

1. Few to no programmatic prerequisites to permanent housing entry – People experiencing homelessness are offered permanent housing with no programmatic preconditions such as demonstration of sobriety, completion of alcohol or drug treatment, or agreeing to comply with a treatment regimen upon entry into the program. People are also not required to first enter a transitional housing program in order to enter permanent housing.

2. Low barrier admission policies – Permanent supportive housing's admissions policies are designed to "screen-in" rather than "screen-out" TAYs with the greatest barriers to housing, such as having no or very low income, poor rental history, past evictions, or criminal histories. Housing programs may have tenant selection policies that prioritize people who have been homeless the longest or who have the highest service needs as evidenced by vulnerability assessments or the high utilization of crisis services.

3. Rapid and streamlined entry into housing – Many people experiencing chronic homelessness may experience anxiety and uncertainty during a lengthy housing application and approval process. To ameliorate this, Housing First permanent supportive housing models make efforts to help people experiencing homelessness move into permanent housing as quickly as possible, streamlining application and approval processes, and reducing wait times.

4. Supportive Services - Services are voluntary, but can and should be used to continually engage tenants to ensure housing stability - Supportive services are proactively offered to help tenants achieve and maintain housing stability, but tenants are not required to participate in services as a condition of tenancy. Techniques such as harm reduction and motivational interviewing may be useful. Harm reduction techniques can confront and mitigate the harms of drug and alcohol use through non-judgmental communication while motivational interviewing may be useful in helping households acquire and use new skills and information.

5. Tenants have full rights, responsibilities, and legal protections – The ultimate goal of the Housing First approach is to help people experiencing homelessness achieve long-term housing stability in permanent housing. Permanent housing is defined as housing where tenants have leases that confer the full rights, responsibilities, and legal protections under Federal, state, and local housing laws. Tenants are educated about their lease terms, given access to legal assistance, and encouraged to exercise their full legal rights

and responsibilities. Landlords and providers in Housing First models abide by their legally defined roles and obligations. For instance, landlords and providers do not enter tenants' apartments without tenants' knowledge and permission except under legally defined emergency circumstances.

6. Practices and policies to prevent lease violations and evictions – Housing First supportive housing programs should incorporate practices and policies that prevent lease violations and evictions among tenants.

A.2. Connecting Clients to Medical Services

The 2021 funding notice prioritizes housing programs that coordinate housing with healthcare systems and services. Our community has also chosen to prioritize programs that connect clients with health care and services, whether those services are delivered by the housing provider or an external partner or system of care. Providers must describe the steps they take to connect clients with medical care after they are placed in the program.

A.2.a. Bonus Applicants Applying for Permanent Housing Projects with a Healthcare Focus:
A. The CoC has chosen to consider CoC and DV Bonus applications for programs that have a healthcare focus. Providers submitting applications for new projects with a healthcare focus must define how their project will focus on healthcare, how their proposed staffing plan will support clients housing and healthcare needs, indicate whether healthcare services will be delivered by the applicant or a partner organization, and indicate whether the proposed healthcare services would be funded by the HUD grant or if other resources and partnerships would be leveraged to fund these services.

A.3. Suspensions, Terminations, and Transfers

While the CoC recognizes there are many legitimate reasons for a provider to take adverse action against clients in their programs, the CoC also wants to ensure these measures are taken as a last step when all other interventions have failed. Providers must provide the number of suspensions, terminations, and transfers from June 2020 to July 2021 and summarize when and why they chose to pursue adverse actions.

A.4. Bonus Applicants Applying to Serve Survivors of Domestic Violence who are Returning Citizens

The CoC has chosen to consider DV Bonus applications for programs serving the survivors of domestic violence who are returning citizens. Providers submitting project applications proposing to serve these populations must demonstrate experience providing housing, supportive services, survivor services, or mental health services to these populations. They must demonstrate their ability to services in a culturally competent way and how their service model will address the unique needs of this population.

A.5. Bonus Applicants Applying to Serve Survivors of Domestic Violence who are Returning Citizens

The CoC has chosen to consider DV Bonus applications for programs serving survivors of domestic violence who are returning citizens. Providers submitting project applications proposing to serve these populations must demonstrate experience providing housing, supportive services, survivor services, or mental health services to these populations. They must demonstrate their ability to services in a culturally competent way and how their service model will address the unique needs of this population.

A.6. Bonus Applicants Applying to Serve Undocumented and Immigrant Populations

The CoC has chosen to consider CoC Bonus applications for programs serving undocumented and immigrant populations. Providers submitting project applications proposing to serve these populations must demonstrate experience providing housing, supportive services, survivor services, or mental health services to these populations. They must demonstrate their ability to services in a culturally competent way and how their service model will address the unique needs of this population.

A.7. Matched and Leveraged Resources

HUD does not intend to be the sole support of any project that it funds. Providers must have other funding streams in place. Therefore, HUD requires that providers match their CoC Program Grants with other non-HUD resources in an amount equal to **25 percent** of their supportive services, operating, rental assistance, and administrative budget – there is no match requirement for leasing assistance.

A.7.a. Sources of Matched Leveraged Resources:
    A. Cash: any funds that come from private or (non-HUD) public sources that support program activities.
    B. In-kind: contribution of time, service, or goods made by a donor to help support the operations or services provided by your organization and real property (land or buildings) owned or leased by the provider that house or support program activities.

SECTION B: INSTRUCTIONS FOR APPLICATION AND FORMAT FOR LETTERS OF JUSTIFICATION

These instructions contain the required content and format for providers to submit letters of justification**.** Providers must adhere to these instructions, including page limitations. All narratives should be formatted as described below within the given page limits.

Providers must submit separate letters of justification for each project application submitted for consideration.

B.1. Coversheet

Providers must complete the electronic coversheet within Smartsheets and attach their narrative letters of justification. Letters of justification that do not include the coversheet are incomplete and will not be considered.

B.2. Narrative Response Formatting Requirements:

Letters of justification must adhere to the following format requirements:
    A. Page Size: 8.5'' x 11''
    B. Margins: one-inch all around
    C. Font: Arial
    D. Font (regular text): 10 point
    E. Font size/style for headings: 12 point, Bold. (subheadings - 11 point, Bold.)
    F. Spacing: Double-spaced
    G. Headers: Left-justified - indicate the rating factor.
    H. Footers: Left-justified - name of applicant. Right-justified - page number out of total pages. (ex. Page 1 of 3)
    I. Letters must be submitted as a Portable Document Format (PDF) file electronically via email attachment.

B.3. Page Limit:

B.3.a. Page Limit:

Letters must respond to all parts of Section A of this document. Providers may provide information on program performance and/or other information to help the Ranking Committee better understand their programs. Letters will be a maximum of six pages and must comply with the following formatting requirements in Section D. The cover sheet is not included in the page limit. **Any responses after page six will not be considered for ranking for this competition.**

B.3.a. Exhibits and Attachments

Exhibits and attachments are not requested and will not be considered.

B.5. Submission

Applications must be sent via email and received by the closing date and time at rfp@community-partnership.org.

SECTION C: REFERENCE DOCUMENTS

- Opening Doors – The Federal Strategic Plan to End Homelessness: https://www.usich.gov/opening-doors
- Homeward DC – The District's Strategic Plan to End Homelessness: http://ich.dc.gov/page/homeward-dc-ich-strategic-plan-2015-2020
- HUD Rapid Rehousing Overview: https://www.hudexchange.info/resources/documents/Rapid-Re-Housing-Brief.pdf
- HUD Rehousing as a Model and a Best Practice: https://www.hudexchange.info/news/snaps-in-focus-rapid-re-housing-as-a-modeland-best-practice/
- HUD Rapid Rehousing for Youth: https://www.hudexchange.info/homelessnessassistance/resources-for-homeless-youth/rrh-models-for-homeless-youth/
- HUD Rapid Rehousing for Survivors of Domestic Violence: http://www.endhomelessness.org/files/2680_file_Home_Free_Best_Practice_Writ e_Up.pdf
- USICH Rapid Rehousing Overview: https://www.usich.gov/solutions/housing/rapid-rehousing
- USICH The Core Principles of Housing First and Rapid Rehousing: https://www.usich.gov/tools-for-action/webinar-core-principles-of-housing-firstand-rapid-re-housing
- USICH Rapid Rehousing Training Tools: https://www.usich.gov/tools-for-action/rapid-rehousing-online-training-parts-1-and-2
- HUD Housing First in Permanent Supportive Housing: https://www.hudexchange.info/resources/documents/Housing-First-PermanentSupportive-Housing-Brief.pdf
- USICH Implementing Housing First in Permanent Supportive Housing: https://www.usich.gov/resources/uploads/asset_library/Implementing_Housing_Fi rst_in_Permanent_Supportive_Housing.pdf
- HUD Coordinated Entry Policy Brief:
- https://www.hudexchange.info/resources/documents/Coordinated-Entry-PolicyBrief.pdf
- HUD Creating a Systemic Response to Homelessness: https://www.hudexchange.info/news/coc-competition-focus-creating-a-systemic-response-to-homelessness/
- HUD Ending Youth Homelessness: https://www.hudexchange.info/news/coc-competition-focus-fy-2016-policy-priority-to-end-youth-homelessness/
- USICH Preventing and Ending Youth Homelessness: A Coordinated Community Response: https://www.usich.gov/resources/uploads/asset_library/Youth_Homelessness_Coordinate d_Response.pdf
- HUD NOFA Page: https://www.hudexchange.info/programs/e-snaps/fy-2018-coc-program-nofa-coc-program-competition/#nofa-and-notices
- TCP's Policy on Serving Transgender and Gender Nonconforming Clients: http://community-partnership.org/_literature_126519/Transgender_Gender_Nonconforming.mp3