

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 2022 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2022 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 2022 CoC Program Competition on behalf of your CoC.
- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

Answering Multi-Part Narrative Questions

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

Attachments

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

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

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

1A. Continuum of Care (CoC) Identification

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1A-1. CoC Name and Number: DC-500 - District of Columbia CoC

1A-2. Collaborative Applicant Name: The Community Partnership for the Prevention of Homelessness

1A-3. CoC Designation: CA

1A-4. HMIS Lead: The Community Partnership for the Prevention of

1B. Coordination and Engagement–Inclusive Structure and Participation

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
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- Frequently Asked Questions

1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.	
	NOFO Sections VII.B.1.a.(1), VII.B.1.e., VII.B.1.p., and VII.B.1.r.	
	In the chart below for the period from May 1, 2021 to April 30, 2022:	
	1. select yes or no in the chart below if the entity listed participates in CoC meetings, voted—including selecting CoC Board members, and participated in your CoC’s coordinated entry system; or	
	2. select Nonexistent if the organization does not exist in your CoC’s geographic area:	

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

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

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

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

(limit 2,500 characters)

1. The DC Interagency Council on Homelessness (ICH) is the CoC board and includes the Mayor’s cabinet, non-profits, advocates, providers, and persons with lived experience who serve 3-year terms. The DC Office of Boards & Commissions oversees the process for filling vacancies as they arise. Openings are posted online and are shared with stakeholder groups including culturally specific organizations and are communicated through CoC listservs. ICH issues a public invitation for new members, reviews applications, and selects candidates for appointment by the Mayor. Beyond voting members, ICH meetings are open to the public with and include time for public comment. Co-chairs for each ICH committee includes one local government representative and one service provider or community stakeholder. A meeting calendar is available at ich.dc.gov. 2. To ensure effective communication with individuals with disabilities, the Office of Disability Rights provides sign language interpretation for participants who are deaf and hard-of-hearing. ICH staff also ensures that written meeting materials are in accessible formats and are distributed electronically and posted at ich.dc.gov. 3. To center the ICH’s work around equity and inclusion it established the Race Equity and Inclusion Work Group (REWG). REWG prioritizes the following objectives from the District’s strategic plan: a) Convene an expert task force to review homeless services system operations through a race equity lens, focusing on issues such as leadership, decision-making, access to services, and quality of care to identify and address systemic inequities; b) Develop and implement a race equity impact assessment tool to promote system- and provider-level examination of how different racial and ethnic groups may be affected by policies and programming; and c) Develop an affordable housing policy statement that quantifies the District’s scope of need for housing assistance and an equitable process for allocating a finite number of resources. The REWG is co-chaired by a representative from the Mayor’s Office on Race Equity in an effort to align the priorities with the DCICH within the context of the District’s broader racial equity plan. To ensure that meetings and associated materials are accessible to persons with no or limited English proficiency, ICH provides interpretation services and translated material. Moreover, the ICH targets organizations serving culturally specific communities when filling vacancies.

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 2,500 characters)

1. The DC Interagency Council on Homelessness (ICH) is the CoC governance board and was established in 2005. As noted in 1B-2., membership includes the Mayor’s cabinet, non-profits, advocates, providers, and persons with lived experience. The ICH consists of five standing committees and numerous subcommittees and workgroups. Each committee has voting members, but all open to the public which ensures that opinions from a broad array of stakeholders and perspectives are included and considered as a part of the ICH’s work. Workgroups include sessions focused on consumer engagement, shelter conditions, race equity, youth, veterans, and families, and topical issues that change over time. Committees are co-chaired by a government representative and community member furthering the diversity of voices in both committee membership and leadership around the table. 2. ICH Committee and Workgroup meetings are virtual (video or phone call) and meeting materials, including discussions and decisions made during the meeting, are sent out electronically and posted online. When soliciting feedback the ICH uses its existing meetings, schedules special sessions, or solicits information through electronic surveys. For instance, during its strategic planning efforts, ICH held over 40 public community meetings to ensure community feedback and input for the plan was as comprehensive as possible. 3. The Committee and Workgroup structure and associated slate of meetings provide forums for noting system improvement needs or to brainstorm on new approaches. The regular nature of these meetings also helps incorporate a feedback loop into the process as co-chairs are tasked with follow up on issues raised until they are resolved or with establishing workgroups to delve deeper into issues that will need to be addressed over time. Most existing subcommittees and workgroups originated this way and have resulted in positive changes such as improved food options at shelter, moving from overnight only to 24-hour shelter services, and interventions like Bridge Housing (which provides a place for individuals to stay once they are matched to a housing resource but are waiting to physically move into the unit space associated with their RRH or PSH placement), all of which originated as feedback made through ICH meetings.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
	NOFO Section VII.B.1.a.(4)	

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

(limit 2,500 characters)

1. The CoC is committed to considering new and innovative approaches, and as such, the CoC considers proposals from entities that have not previously received funding. To ensure that applications are received from a variety of entities, the Collaborative Applicant (CA) announces funding opportunities to currently funded homeless services providers, non-funded providers, newly formed entities, and to stakeholders from the District of Columbia Interagency Council on Homelessness (ICH), which serves as the CoC Board. The CA advertises funding opportunities to ICH & its own listservs, on social media, within the Metropolitan Washington Council of Governments, and the Mid-Atlantic Regional HMIS Group to solicit project applications, including those from entities that are not currently funded by the CoC Program. 2. The CA publicly announced on August 3, 2022, that it was seeking proposals from providers in response to the 2022 COC NOFO Bonus Opportunities. All programs were notified that proposals for renewing and new projects should be submitted to the CA electronically via SmartSheet by August 26, 2022 for review by the ICH's Ranking Committee. The CA & ICH held informational sessions on the NOFO as well as trainings on completing application materials in a recorded, virtual setting to ensure that organizations could review materials at any time. Applications received were given to the ICH's Ranking Committee for review, approval, and ranking. 3. The CoC established a Ranking Committee of non-conflicted proposal reviewers who are not affiliated with any entity applying for funding in the Competition. The Ranking Committee considers proposals' congruency with the solicitation's requirements, HUD's threshold criteria, the project's budget, the provider's expertise and the project's alignment with local & federal priorities when making a selection. Following the FY 2021 CoC NOFO debrief, the CA solicited feedback from the community and CoC about the kinds of programs the CoC should fund using future opportunities for new funding as they arise. The CoC's Family System Work Group, Consumer Engagement Work Group, the DC Collaborative on Human Services & Domestic Violence, and the Youth Action Board all provided feedback as a part of this effort. 4. During these sessions the CA provided American Sign Language interpretation and prepared meeting and follow up materials in accessible formats such as providing documents written in larger fonts.

1C. Coordination and Engagement

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

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1C-1.	Coordination with Federal, State, Local, Private, and Other Organizations.	
	NOFO Section 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 the Planning or Operations of Projects?
1.	Funding Collaboratives	Yes
2.	Head Start Program	Yes
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Yes
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Yes
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving LGBTQ+ persons	Yes
13.	Organizations led by and serving people with disabilities	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. DV Housing Providers, Consumer & Youth Boards, Outreach/Drop in Centers, & Advocates	Yes
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1C-2.	CoC Consultation with ESG Program Recipients. NOFO Section VII.B.1.b.	
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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 2,500 characters)

1. The District of Columbia Department of Human Services (DHS) is the CoC's ESG recipient. DHS is the primary local funder of services for persons experiencing homelessness and is a voting member of the DC Interagency Council on Homelessness (ICH), which is the CoC's Board. ICH is responsible for the coordination of federal homeless assistance resources allocated to the District. DHS consults with the CoC on the ESG allocation including evaluating sub-recipients with support from the CoC's HMIS Lead. ESG funds support local prevention and rapid rehousing activities, an allocation structure based on CoC decisions about the most strategic use of the funds. 2. The CoC's ESG allocation primarily funds family rapid rehousing and the CoC has engaged in system-wide modeling exercises, using data from the CoC's HMIS and HMIS comparable databases (for DV programs), to evaluate grant-funded activities and performance of subrecipients. This evaluation of the grant and its sub-recipients includes quarterly reviews of whether households receiving ESG assistance remained housed after the assistance ended to determine the effectiveness of the grant in targeting households for assistance. ESG subrecipients receive a quarterly report from the HMIS Lead outlining their performance; these reports are also shared with DHS for internal evaluation as well. 3. ESG-funded providers are all required to use the HMIS to capture data about clients served in ESG-funded programs. This data is used to incorporate ESG data in the CoC's PIT count and Housing Inventory Count. This information is shared with the District of Columbia Department of Housing and Community Development (DHCD), the entity which prepares the Consolidated Plan for the CoC. 4. The CoC, the HMIS Lead and DHS also provide program- and system-level performance information and information on the scope of homelessness in the jurisdiction to DHCD to inform updates to the Consolidated Plan and broader system planning. DHCD, in return, has confirmed that CoC NOFO Project Listing is consistent with the CoC's Consolidated Plan.

1C-3.	Ensuring Families are not Separated. NOFO Section VII.B.1.c.	
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Select yes or no in the chart below to indicate how your CoC ensures emergency shelter, transitional housing, and permanent housing (PSH and RRH) do not deny admission or separate family members regardless of each family member's self-reported sexual orientation and gender identity:

1.	Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated.	Yes
2.	Conducted optional training for all CoC- and ESG-funded service providers to ensure families are not separated.	Yes
3.	Worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	Yes
4.	Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance.	Yes
5.	Sought assistance from HUD by submitting AAQs or requesting technical assistance to resolve noncompliance of service providers.	Yes
6.	Other. (limit 150 characters)	
		No

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

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

1.	Youth Education Provider	Yes
2.	State Education Agency (SEA)	Yes
3.	Local Education Agency (LEA)	Yes
4.	School Districts	Yes

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

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

(limit 2,500 characters)

The State Education Agency (SEA) for the CoC, the Office of the State Superintendent of Education (OSSE), is a voting member of the CoC Board and participates in the CoC’s Youth Committee. An MOU between OSSE and the Collaborative Applicant/HMIS Lead allows for bi-directional data sharing between the SEA and the CoC; which, by extension, facilitates coordination with the 60+ LEAs, also known locally as school districts, comprising the District of Columbia Public Schools (DCPS) and each charter school. Collaboration exists at different points throughout both the education system and the CoC. This agreement: 1) assists McKinney-Vento Liaisons at each charter or DCPS school with identifying students whose families are receiving services through CoC programs but are unknown to schools; 2) provides the CoC with data on students experiencing homelessness, resulting in improved estimates on service need; and 3) facilitates ongoing coordination between the school system and the CoC with a goal of improving educational outcomes for students experiencing homelessness. The Department of Human Services (DHS), a voting member of the CoC Board, also has a standing MOU with the SEA which allows them to work closely with DCPS’ Families and Youth in Transition Program which provides coordination and support to all the Homeless Liaisons across the DC Public School System. DHS provides DC LEA’s annual training to inform Liaisons about resources for youth experiencing homelessness including emergency shelter for youth under 18 and a variety of housing programs for youth 18-24. For homeless youth interested in college, DHS partners with the LEA and the DC Tuition Assistance Grant (TAG) to identify college opportunities and to pursue financial assistance. Proof of Homeless letters can be obtained from the Homeless Liaisons to assist youth in identifying funding to support their college education.

1C-4b.	Informing Individuals and Families Experiencing Homelessness about Eligibility for Educational Services.	
	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.
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(limit 2,500 characters)

The Office of the State Superintendent for Education (OSSE) is the State Education Agency (SEA) for the DC and the home of DC’s Homeless Education Program (HEP). The HEP ensures that every child and youth experiencing homelessness receives free, appropriate, public educational opportunities; provides training and support to schools, shelters and the community; and increases awareness about the issues experienced by children, youth and families experiencing homelessness. The DC Dept. of Human Services (DHS) is the primary local funder of homeless services, including services for minors and youth. Both agencies are voting members of the CoC Board and have coordinated on educational policies and procedures for staff at the CoC’s central family intake facility operated by DHS. Case managers at family shelters track students’ attendance through a secure OSSE system and assist families in transportation and other supports, as needed. DHS’s policy is that when households present at central intake, staff must ensure that children are enrolled in school and/or with the McKinney-Vento program and facilitate warm handoffs to OSSE, as necessary. Additionally, OSSE and the Collaborative Applicant/HMIS Lead have a bi-directional MOU which is used to match the CoC’s record of students experiencing homelessness (via HMIS) with OSSE’s list of students who are receiving McKinney-Vento educational services. Through a secured database set up by OSSE that includes monthly updates from the CoC, liaisons at each school within DCPS and the charter system have access to the list of students enrolled in their school and currently residing in a CoC program, assisting them to identify any student eligible, but not yet enrolled, in educational supports. OSSE has trained liaisons on procedures for targeting families who have been identified by the CoC and on coordinating with CoC case managers for additional support. OSSE also operates the DC ReEngagement Center (REC), which is a “single door” through which youth ages 16-24 who are not enrolled in school can reconnect to educational options and other critical services to support their attainment of a high school diploma or GED. The DC REC, through their case management team, creates educational plans for youth that support the reenrollment process (e.g., collecting required documents and connecting to resources that will address reconnection barriers); and provides ongoing support for at least one year once re-enrolled.

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

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

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

7.	Healthy Start	No	No
8.	Public Pre-K	Yes	Yes
9.	Tribal Home Visiting Program	No	No
	Other (limit 150 characters)		
10.	District of Columbia Public Schools & Office of the State Superintendent of Education	Yes	Yes

1C-5.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors—Collaborating with Victim Service Providers.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC regularly collaborates with organizations who help provide housing and services to survivors of domestic violence, dating violence, sexual assault, and stalking to:

- | | |
|----|--|
| 1. | update CoC-wide policies; and |
| 2. | ensure all housing and services provided in the CoC are trauma-informed and can meet the needs of survivors. |

(limit 2,500 characters)

The DC Interagency on Homelessness (ICH) functions as the District’s CoC Board. The District Alliance for Safe Housing (DASH) is a voting member of the ICH. DASH is an innovator in providing access to safe housing and services to survivors of domestic and sexual violence and their families and helps inform the ways in which the broader CoC approaches service delivery to survivors of domestic violence, dating violence, sexual assault, and staking (DV). Additionally, the CoC has worked with DASH, the DC Coalition Against Domestic Violence (DCCADV), the federally recognized state DV coalition, and DV housing and service providers, to make adjustments to the coordinated entry system (CES) so that DV providers can make and receive referrals in a uniform way while adhering to requirements around protecting the personal identifying information of survivors. This process was piloted under the Emergency Housing Voucher (EHV) program and is being expanded to include DV programs funded by the HUD CoC Program and local funding streams. Moreover, the CoC has worked with DCCADV to establish an HMIS comparable database for the DV housing and services system and the Collaborative Applicant has included resources to fund the implementation of the system and to assist DV service and housing providers with the cost of bringing the system online for their programs in its planning grant application. This helps programs comply with HUD requirements such submission of an APR at the end of each grant cycle and has enabled the CoC to incorporate data for DV programs into CoC-wide reporting projects like the Point in Time Count and the local Homeless Youth Census and into the data the CoC used to implement and update its strategic plan to end homelessness. The CoC’s inclusion of and partnership with DV providers and advocates has helped elevate the concept of trauma-informed services across the system. This is reflected in CoC’s shelter redesign work, RFPs for new locally funded programs, and the kinds of projects the CoC seeks to prioritize for funding under bonus opportunities in the CoC NOFO. Finally, DCCADV provides training on trauma informed care to providers system-wide, across all funding streams. This training is mandated by local funders and the DC Department of Human Services, which is the CoC’s ESG recipient, a voting member of the ICH, and the primary local funder of homeless services, has provided the funding to resource this training.

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

(limit 2,500 characters)

The CoC requires that project staff and Coordinated Entry System (CES) staff attend specific training on trauma informed care and working with clients fleeing domestic violence, dating violence, sexual assault, and stalking (DV). This includes a series of three training sessions, delivered by the DC Coalition Against Domestic Violence (DCCADV), DC's Federally-recognized state DV coalition, and the Howard University School of Social Work (HUSSW), a Historically Black University (HBCU) with a deep understanding of the experiences of how trauma impacts communities of color. The training curriculum includes the following sessions: 1.) Trauma Informed Care, a required training offered twice monthly, trains participants to: recognize trauma and explore how trauma may present in the clients that they serve; understand the theory of trauma informed care and learn practical ways to provide trauma informed services to their clients; develop skills for engaging with clients in culturally responsive ways; understand barriers and challenges to providing trauma informed care and learn problem-solving strategies; and learn safety practices for providing services to survivors. 2.) Understanding Domestic Violence, offered quarterly, provides an overview of what DV is, how to identify it, how to support survivors, and how it affects different populations and communities. 3.) Trauma Informed Care: This training was developed and is facilitated by the HUSSW and is offered monthly. This session identifies and defines a variety of evidence-based models of trauma informed care and practice to be applied when working with persons experiencing homelessness. The models used provide the opportunity for staff to deliver trauma informed care and practice approaches to examine, support, and bolster existing organizational policies and procedures. Dr. Tracy Whitaker, the Associate Dean for Academic and Student Advancement at the HUSSW sits on the Board of Directors of The Community Partnership for the Prevention of Homelessness (TCP). TCP is the Collaborative Applicant, HMIS Lead, CES administrator for the CoC, and is a voting member of the ICH. The DC Department of Human Services, which is the CoC's ESG recipient, a voting member of the ICH, and the primary local-funder of homeless services, has provided the funding to resource this training.

1C-5b.	Using De-identified Aggregate Data to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	
	Describe in the field below:	
1.	the de-identified aggregate data source(s) your CoC uses for data on survivors of domestic violence, dating violence, sexual assault, and stalking; and	
2.	how your CoC uses the de-identified aggregate data described in element 1 of this question to evaluate how to best meet the specialized needs related to domestic violence and homelessness.	

(limit 2,500 characters)

The CoC and HMIS Lead worked with DC Coalition Against Domestic Violence (DCCADV) to establish an HMIS-comparable database for the DV housing and services system. DCCADV is DC's federally-recognized state DV coalition. The HMIS-comparable database is VAWA-, VOCA-, and FVPSA-compliant and it tracks de-identified information on households served in DV housing and services programs funded by the CoC Program and local funding streams. The providers send de-identified, aggregate data to the CoC's HMIS Lead so that it can be included in projects such as the community's Point-in-Time Count. Similar data has been provided for other data-driven projects such as the CoC's Homeless Youth Census, Women's Needs Assessment, and "PIT Plus" which focused on reasons for experiencing homelessness including fleeing domestic violence, dating violence, sexual assault, stalking, and/or human trafficking. Relatedly, the tools used for these data projects were informed by the expertise of the DV provider and advocate community who provided insight on questions regarding violence and trauma. The CoC also worked with the DV community in 2020 to create a DV strategic housing plan using aggregate data from both HMIS and the DV comparable database. Moreover, the CoC actively engages the DV provider and advocate community to ensure the needs of individuals and families fleeing DV are part of the greater conversations on homeless services in the jurisdiction. To support continued dialogue, the CoC established the Collaborative on Domestic Violence and Human Services which is a forum for homeless service providers, DV service providers, CoC leadership, and advocates to come together to ensure that the homeless services system is as responsive to the needs of survivors as possible. The Collaborative is convened by the DC Dept. of Human Services which is a voting member of the CoC Board and the CoC's ESG recipient. One of the key focuses of the Collaborative is on tracking outcomes and measuring success, which works to improve the CoC's ability to collect and use information on survivors to better inform work and strategic planning moving forward.

1C-5c.	Communicating Emergency Transfer Plan to Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	
	Describe in the field below how your CoC communicates to all individuals and families seeking or receiving CoC Program assistance:	
1.	the emergency transfer plan policies and procedures; and	
2.	the process for individuals and families to request an emergency transfer.	

(limit 2,500 characters)

Individuals and families who become victims of domestic violence, dating violence, sexual assault, or stalking (DV) may request an immediate transfer for safety. This request may be made to their service provider, The Community Partnership for the Prevention of Homelessness (TCP), which manages the Coordinated Entry System (CES), through the DC Victim Hotline, and/or the Mayor’s Call Center. Transfers are made through the CoC’s CES. The CoC has partnered with the DC Coalition Against Domestic Violence (DCCADV), the federally recognized statewide DV coalition, to retool its CES to ensure it is accessible to DV survivors and that it aligns with confidentiality requirements and uses trauma-informed, victim-centered approaches while maximizing client choice for housing. Additionally, the CoC partners with DV crisis housing partners who provide immediate safe housing placements 24 hours daily and assist the CoC in the development of safety plans for survivors. DV crisis housing partners also conduct a Lethality Assessment (LA) to help inform the transfer process. The LA was developed based on the research of Dr. Jacqueline Campbell of Johns Hopkins University. DV crisis housing partners worked directly with Dr. Campbell and the Maryland Network Against Domestic Violence, as part of DC’s High-Risk Domestic Violence Initiative (HRDVI), to develop a danger assessment tool. This allows the CoC to make an immediate placement for safety with a service provider specializing in the unique needs of victims and survivors of DV while the CES can evaluate households’ situations and circumstances so a transfer that best meets the survivor’s needs can be identified. These processes are anonymized, and persons choose whether to be connected to DV-specific or general housing services depending on their preference. The CoC has implemented a double-blind referral process to ensure confidentiality and protection. When households already receiving CoC services experience DV, the DV provider network can help facilitate transfers so that clients receive appropriate services. Additionally, the CoC is creating a DV-focused CES position to liaise between the DV provider network and non-DV specific services.

1C-5d.	Access to Housing for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC ensures that survivors of domestic violence, dating violence, sexual assault, or stalking have access to all of the housing and services available within the CoC’s geographic area.

(limit 2,500 characters)

The CoC worked with the DC Coalition Against Domestic Violence (DCCADV), DC’s federally-recognized state DV coalition, and DV housing and service providers, to make adjustments to the coordinated entry system (CES) so that DV providers can make and receive referrals in a uniform way. This includes a double-blind referral process to ensure confidentiality and protection. This process was piloted under the Emergency Housing Voucher (EHV) program and is being expanded to include DV programs funded by the HUD CoC Program and local funding streams. The CoC’s work to retool its Coordinated Entry System (CES) has ensured it is accessible to DV survivors and that it aligns with confidentiality requirements and uses trauma-informed, victim-centered approaches while maximizing client choice for housing. This process allows survivors of DV to choose placements within the DV housing system or the general housing system. Additionally, emergency transfers are made through the CoC’s CES. Individuals and families who experience DV after they are placed in housing may request an immediate transfer for safety. Requests may be made to their service provider, The Community Partnership for the Prevention of Homelessness (TCP), which manages the Coordinated Entry System (CES), through the DC Victim Hotline, and/or the Mayor’s Call Center. The CoC partners with DV crisis housing partners who provide immediate safe housing placements 24 hours a day, 7 days a week. DV crisis housing providers conduct a Lethality Assessment (LA) to help inform the transfer process. This allows the CoC to make an immediate placement for safety with a service provider specializing in the unique needs of victims and survivors of DV while the CES can evaluate households’ situations and circumstances so a transfer that best meets the survivor’s needs can be identified. These processes are anonymized, and persons choose whether to be connected to DV-specific or general housing services depending on their preference.

1C-5e.	Including Safety, Planning, and Confidentiality Protocols in Coordinated Entry to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	
	Describe in the field below how your CoC’s coordinated entry includes:	
1.	safety protocols,	
2.	planning protocols, and	
3.	confidentiality protocols.	

(limit 2,500 characters)

The CoC partnered with the DC Coalition Against Domestic Violence (DCADV), the federally recognized statewide DV coalition, to retool its Coordinated Entry System (CES) to ensure it is accessible to DV survivors and that it aligns with confidentiality requirements and uses trauma-informed, victim-centered approaches while maximizing client choice for housing. Households experiencing homelessness present to the CoC via the DC Victim Hotline, the CoC’s Shelter Hotline, the Mayor’s Call Center, and CES. CES for families is centralized at a single location where homeless services and domestic violence/trauma service providers are collocated. When families presenting for services disclose that they are fleeing DV, they are connected to the appropriate providers to address those service needs with victim-centered, trauma informed approaches. For unaccompanied persons who are DV/trauma survivors, the CoC successfully piloted a CES process, wherein a growing group of providers across the system make referrals to programs based on individuals’ service needs. These processes are anonymized, and persons chose whether to be connected to DV-specific or general housing services depending on their preference. The CoC has implemented a double-blind referral process to ensure confidentiality and protection. When households already receiving CoC services experience DV, the DV provider network can help facilitate transfers so that clients receive appropriate services. Additionally, the CoC is creating a DV-focused CES position to liaise between the DV provider network and non-DV specific services. The CoC also partners with DV crisis housing partners who provide immediate safe housing placements 7 days a week. DV crisis housing partners also conduct a Lethality Assessment (LA) to help inform safety planning. The LA was developed based on the research of Dr. Jacqueline Campbell of Johns Hopkins University. DV crisis housing partners worked directly with Dr. Campbell and the Maryland Network Against Domestic Violence, as part of DC’s High-Risk Domestic Violence Initiative (HRDVI), to develop a danger assessment tool. This allows the CoC to make an immediate placement for safety with a service provider specializing in the unique needs of victims and survivors of DV while the CES can evaluate households’ situations and circumstances so a transfer that best meets the survivor’s needs can be identified. These processes are anonymized, and persons choose whether to be connected to

1C-6.	Addressing the Needs of Lesbian, Gay, Bisexual, Transgender and Queer+—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 LGBTQ+ individuals and families receive supportive services, shelter, and housing free from discrimination?	Yes
	2. Did your CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	Yes
	3. Did your CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access in Accordance With an Individual's Gender Identity in Community Planning and Development Programs (Gender Identity Final Rule)?	Yes

1C-6a.	Anti-Discrimination Policy—Updating Policies—Assisting Providers—Evaluating Compliance—Addressing Noncompliance. NOFO Section VII.B.1.f.	
Describe in the field below:		
1.	whether your CoC updates its CoC-wide anti-discrimination policy, as necessary, based on stakeholder feedback;	
2.	how your CoC assisted providers in developing project-level anti-discrimination policies that are consistent with the CoC-wide anti-discrimination policy ensuring that LGBTQ+ individuals and families receive supportive services, shelter, and housing free from discrimination;	
3.	your CoC’s process for evaluating compliance with your CoC’s anti-discrimination policies; and	
4.	your CoC’s process for addressing noncompliance with your CoC’s anti-discrimination policies.	

(limit 2,500 characters)

1. The CoC is committed to the safety, dignity, and well-being of all persons served by the homeless services system and ensuring that sexual orientation, gender expression, gender nonconformity, or the fact that a person is a member of the LGBTQ+ population is not a barrier to service. The CoC tasked The Community Partnership for the Prevention of Homelessness (TCP) in its role of as the District Government's prime contractor for the oversight and management of CoC Operations and Collaborative Applicant, with writing the CoC’s policy members of the LGBTQ population. The policy explicitly articulates the CoC’s stance on the following: access to single-sex facilities and programs, access to family facilities and programs, access to bathrooms, Accommodations for safety and/or privacy, Use of preferred names and gendered-pronouns, documenting clients in Homeless Management Information System (HMIS) and intake and other data collection forms. 2. Prior to implementation the draft policy was reviewed by the CoC Youth Committee, Strategic Planning Committee, and Executive Committee. It was also sent to the Mayor’s Office of LGBTQ Affairs, City Council Staff, and LGBTQ-led and –serving providers and advocates for review and comment. 3. On behalf of the CoC, TCP monitors its providers’ compliance with the policy in the following ways: 1.) Site visits. During a program site visit, TCP interviews staff and program participants to assess knowledge on the policy and to see how the policy has been operationalized in the program monitor compliance with the policy. During the interviews, both staff and clients are questioned about client rights, the process for requesting and granting accommodations, and access to bathrooms and sleeping quarters; 2.) TCP also monitors compliance with this policy during the review and investigation of unusual incident reports and client complaints. Following receipt of a complaint from an LGBTQ client or an unusual incident report involving an LGBTQ client, TCP initiates an investigation in an effort to ensure adherence to the policy on serving this population. 4. If non-compliance with this policy is verified, TCP may take the following actions: Issue a Contract Deficiency Notice and implement a Corrective Action Plan; Conduct an onsite monitoring visit which may be announced or unannounced; or Withhold contract payment until compliance with the policy is observed by TCP.

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

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

Enter information in the chart below for the two largest PHAs highlighted in gray on the FY 2021 CoC-PHA Crosswalk Report or the two PHAs your CoC has a working relationship with--if there is only one PHA in your CoC's geographic area, provide information on the one:

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2021 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?
DC Housing Authority (DCHA)	100%	Yes-Both	Yes
Community Connections	100%	Yes-Both	Yes

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

Describe in the field below:

- 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
- state that your CoC has not worked with the PHAs in its geographic area to adopt a homeless admission preference.

(limit 2,500 characters)

1. The CoC's PHAs' admission policy for households experiencing homelessness is part of the District of Columbia Municipal Regulations. The CoC works with PHAs to implement this policy, by ensuring that households experiencing homelessness receive the highest placement priority on PHA waiting lists for housing resources. This includes households who are able to demonstrate that they are actively experiencing homelessness, have no place to live, or who are at risk of losing their current housing. Households seeking Permanent Supportive Housing are included under this preference if they are referred to the PHAs by the District of Columbia government as an individual or family in need of PSH for chronically homeless individuals and families with histories of homelessness. PHAs have also established a shelter system in-reach strategy, under which the District of Columbia Department of Human Services (DHS), which funds the local shelter system, refers chronically homeless or highly vulnerable households in shelter to the CoC's PHAs for connection to its housing resources.

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 Housing Tax Credit (LIHTC) developments	Yes
4.	Local low-income housing programs	Yes
	Other (limit 150 characters)	
5.	Targeted Affordable Housing (TAH) Appropriated through Local Rent Supplemental Program (LRSP)	Yes

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

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

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

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

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

1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including Emergency Housing Voucher (EHV).	
	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
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1C-7e.1.	List of PHAs with Active MOUs to Administer the Emergency Housing Voucher (EHV) Program.	
	Not Scored—For Information Only	

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

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

Name of PHA: DC Housing Authority (DCHA)

1D. Coordination and Engagement Cont'd

1D-1.	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

1D-2.	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 2022 CoC Program Competition.	45
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 2022 CoC Program Competition that have adopted the Housing First approach.	45
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, SSO non-Coordinated Entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in the FY 2022 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

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

Describe in the field below:

1. how your CoC evaluates every recipient—that checks Housing First on their Project Application—to determine if they are actually using a Housing First approach;
2. the list of factors and performance indicators your CoC uses during its evaluation; and
3. how your CoC regularly evaluates projects outside of the competition to ensure the projects are using a Housing First approach.

(limit 2,500 characters)

1. The CoC has made adherence to Housing First principles a key local policy priority and uses a project’s alignment with Housing First as a scoring criteria that the CoC’s Ranking Committee uses when determining which projects to include in the Project Listing and where it falls in the CoC’s ranking. All applicants seeking new or renewal CoC Program funding are required to provide a written commitment that their programs will operate according to Housing First principles and that they will participate in the CoC’s Coordinated Entry System (CES). These commitments are written into their contracts with the CoC Lead at the time of award. 2. Programs receiving funding through the CoC are disallowed from requiring service participation, setting income requirements for participants, setting "clean time" requirements or similar preconditions for program entry such as disallowing someone to enter a program due to having a criminal record. Moreover, CoC programs may not terminate participants for not making progress on their service plan or losing income. The CoC provides monthly training sessions on Housing First and a host of topics to service providers to ensure that they are aware of their responsibilities as Housing First programs and the criteria the CoC uses to evaluate their standing as such. 3. Use of the Housing First approach is evaluated by the CoC at the program and system levels. The CES and HMIS Administrator analyze the rate at which programs are filling vacancies through the CES, the rate at which potential program participants are rejected for a particular program or if participants are terminated once in the program, as well as the time between CES match and lease up. This data is reported to the CoC so it can assess the extent to which programs are in compliance with Housing First principles. Additionally, the CoC's program monitoring staff look for evidence that the approach is being followed when doing program site visits including reviewing the intake documents and interviewing participants and staff on program policies and procedures related to Housing First.

1D-3.	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 2,500 characters)

1. The CoC’s outreach efforts include street outreach (on foot) provided by neighborhood-based teams, citywide mobile outreach, and numerous drop-in centers and meal programs that offer case management. Their combined outreach efforts include: engaging with persons experiencing unsheltered homelessness, conducting health and safety checks, case management, referrals, and connecting persons with the CoC’s Coordinated Entry System (CES). These providers identify the persons in their care using HMIS for documentation of service needs, service provision and/or for connecting individuals to CES. 2. The CoC’s outreach activities cover 100 percent of the jurisdiction except for federal property located within the District of Columbia boundaries. 3. The CoC’s outreach activities occur on a daily basis. 4. In an effort to connect with the persons least likely to request assistance, the DC Dept. of Human Services’ (DHS) Comprehensive Street Outreach Network (CSON) engage primarily with persons who have declined housing and/or who are otherwise disconnected from services. Where transportation is a barrier to services, mobile outreach is used for transportation to services and shelter, and the CoC provides training on DC language access helpline for use when interpreting services are needed (though most providers have bilingual staff and/or staff trained in communicating through means such as Sign Language). Outreach providers are staffed with persons who have formal training in working with persons who are living with disabling conditions and those who may not seek services on their own. The CoC has invested in drop in and service centers to meet basic needs, with the aim of building a rapport over time and ease the connection to services. To expand on the traditional offerings of case management and meals, the CoC’s day centers also provide medical services, employment services, and sites where persons experiencing homelessness may obtain copies of their vital records (e.g. birth certificates). The CoC also has sites that work with youth experiencing homelessness to engage with the subpopulation in a setting that is designed for them. All sites have trained staff who administer shelter diversion and prevention services through the DHS funded Project Reconnect. Outreach providers and drop in center staff are integrated in the CoC’s CES and serve as liaisons with unsheltered persons as they are connected to housing.

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

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

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

1D-5.	Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC).	
	NOFO Section VII.B.1.l.	

		2021	2022
	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.”	7,892	7,193

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

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

	Resource	CoC Provides Annual Training?
1.	Food Stamps	Yes
2.	SSI–Supplemental Security Income	Yes
3.	TANF–Temporary Assistance for Needy Families	Yes
4.	Substance Abuse Programs	Yes
5.	Employment Assistance Programs	Yes
6.	Other (limit 150 characters)	
	SSI/SSDI Outreach, Access, and Recovery (SOAR)	Yes

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

Describe in the field below how your CoC:

1.	systemically provides up-to-date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within your CoC’s geographic area;
2.	works with project staff to collaborate with healthcare organizations, including substance abuse treatment and mental health treatment, to assist program participants with receiving healthcare services; and
3.	works with projects to promote SSI/SSDI Outreach, Access, and Recovery (SOAR) certification of program staff.

(limit 2,500 characters)

The Dept. of Human Services (DHS) the ESG recipient & its Economic Security Administration (ESA) runs the CoC's employment assistance programs, including SNAP Employment/Training & TANF Employment Program. It manages TANF, Medical Assistance, SNAP, Child Care Subsidy, Burial Assistance, Interim Disability Assistance (IDA), Parent & Adolescent Support Services (PASS) & Refugee Cash Assistance. ESA's Food Stamp Employment & Training Program (FSET) provides employment & training services to adults who receive SNAP. Providers are required to attend a quarterly case management training which includes information on local & federal mainstream benefits programs & the application & recertification process. DHS worked with the Calling All Sectors Initiative (CASI) to coordinate & provide health care services & homeless services for pregnant individuals within the first & second trimester. CASI is a project supported by a grant from the Health Impact Project, a collaboration of the Robert Wood Johnson Foundation & The Pew Charitable Trusts. CASI collaborating partners include the PHA & public health agency. The initiative is coordinating homeless services between shelters & health providers. DHS collaborates with the Dept of Behavioral Health (DBH) to ensure residents being served by the CoC have access to appropriate behavioral health services & substance use treatment as needed. Regular training is provided for staff in CoC programs on how to access DBH services, which is centralized through the Access Helpline, which is a 24-hour telephone line staffed by behavioral health professionals. The Access Helpline can activate immediate help or ensure connection to ongoing care. Additionally, DHS contracted street outreach teams work closely with the DBH outreach teams to ensure unsheltered residents are accessing behavioral health services. DHS teams with DBH & other agencies, such as the child welfare agency, to coordinate services for residents in permanent housing programs. The CoC implemented SOAR Works, an initiative designed to increase access to SSI/SSDI for eligible adults who are experiencing or at risk of homelessness & have a mental illness, medical impairment, and/or a co-occurring substance use disorder. Provider staff attend SOAR training to ensure that clients are connected with these resources. SOAR-trained providers are connected with SOAR TA Center Liaisons & Local SOAR Leads if they need assistance in making connections to SSA & DDS offices.

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

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

(limit 2,500 characters)

The COVID-19 pandemic required the CoC to rethink its approach to emergency shelter. Prior to the pandemic all emergency shelters were large congregate sites serving hundreds of people. At the beginning of the pandemic the CoC had to de-densify shelter to have adequate space for social distancing and new medical services and staff onsite. However, de-densifying shelter was not simply a matter of reducing capacity at existing emergency shelter sites as the CoC also needed to find new ways to add beds to the system in order to ensure clients were not displaced by de-densification. The CoC used a variety of strategies: a.) Pandemic Emergency Program for Vulnerable Populations (PEPV). The CoC established contracts with local hotels to place clients at the greatest risk if they were exposed to COVID-19. These hotel sites are staffed with housing focused case managers and medical staff from Unity Health Care (UHC). The PEPV sites have the dual benefits of reducing demand for emergency shelter and placing medically vulnerable people in a temporary housing location where they have access to onsite medical care. b.) Isolation and Quarantine (ISAQ): ISAQ sites were also established through contracts with local hotels and provide space for clients who have tested positive for COVID-19, are a close contact of a positive case, or who are exhibiting symptoms of COVID-19 can isolate or quarantine away from congregate shelter sites. Like PEPV, ISAQ sites are staffed by medical staff from UHC. Recently, ISAQ protocols have been updated so they can also serve as a space for clients who contract MPX to isolate away from congregate shelter. c.) Apartment-Style Shelter: The CoC provides apartment-style shelter to families, but reductions in family homelessness and local investments in rapid rehousing for families has reduced the demand for family shelter. The CoC began converting unused or under-used family apartment style sites to shelter for single adults. These smaller facilities provide the CoC with the opportunity to provide clients served with more intensive individualized services. These “reclaimed” sites have been used to launch Bridge Housing, which serves clients who are matched to PSH or rapid rehousing and provides intensive and housing search and assistance services so moves to permanent housing are expedited; Workbed programs for persons who are employed; and the first emergency shelter in the DC CoC focused on serving homeless adults who identify as LGBTQ+.

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

(limit 2,500 characters)

The CoC understands people who lack safe, stable housing have poorer health care outcomes. The CoC’s work with its partners in the DC Government to respond to the COVID-19 pandemic and MPX outbreak has highlighted this fact. The pandemic presented many challenges to the CoC and required service providers and system level partners to rethink service delivery models and establish or strengthen relationships in order to meet the changing needs of people experiencing homelessness. However, the pandemic has also provided opportunities to transform the system of care because it has required creative thinking and the development of innovative service delivery solutions. Using cost performance and outcome data, the CoC has improved allocation of resources. This is especially important as the CARES Act and American Rescue Plan have provided significant resources to address homelessness. Federal partners encourage CoCs to maximize the use of mainstream and other community-based resources when serving persons experiencing homelessness and should work closely with public and private healthcare organizations and assist program participants to receive primary care and housing-related services and obtain medical insurance to address healthcare needs. Over the course of the COVID-19 pandemic the CoC developed close partnerships with DC Depts. of Human Services (DHS), Health (DOH), and Behavioral Health (DBH), and Unity Health Care (UHC) to analyze data and design approaches that reduce homelessness, improve the health of people experiencing homelessness, and prevent and address disease outbreaks. These collaborations have modeled and exceeded Federal expectations for this work. Additionally, the CoC is investing in permanent housing opportunities with a focus on improving the health and wellbeing of vulnerable populations. For example, the CoC funds two UHC PSH programs serving chronically homeless individuals, living with severe health care needs that cannot be addressed by traditional housing providers. The program provides intensive medical care, while allowing clients to live as independently as possible. Similarly, the CoC funds Pathways to Housing DC’s (Pathways) Home, Health, and Hope and Streets to Homes PSH programs, which serve chronically homeless individuals living with severe mental illness. Pathways matches the rental assistance with Medicaid funding to provide behavioral health focused case management and supportive services.

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

(limit 2,500 characters)

The CoC’s response to COVID & MPX required partnership among the DC Depts of Health (DOH) & Human Services (DHS), Unity Health Care (UHC), & The Community Partnership for the Prevention of Homelessness (TCP) to maintain system operations. DOH is the public health agency. DHS is the primary local funder of homeless services. UHC is the safety net healthcare provider. TCP is the CA, HMIS Lead, CES Administrator, & the local government’s prime contractor for the management & oversight of CoC operations. DOH, DHS, UHC, & TCP hold weekly informational calls with providers & stakeholders to update them on the CoC’s response to COVID & MPX. TCP implemented a Contact Tracing system where providers report positive COVID & MPX cases, close contacts, & request disinfecting services. TCP manages a daily reporting tool where providers across federal, local, & private funding streams report daily staffing impacts from COVID-19 & MPX. Information is reported to DHS weekly to identify gaps in staffing coverage, monitor increases in positive cases & make decisions about redistributing staff & resources. DOH & UHC hold weekly COVID testing & vaccine events. TCP provides VISA gift cards to incentivize testing & vaccination. DOH has also started MPX vaccination clinics & UHC has started flu vaccine clinics. PEPV & ISAQ: DHS established Pandemic Emergency Program for Vulnerable Populations (PEPV) contracts with hotels to place clients at the greatest risk if they were exposed to COVID. PEPV sites are staffed with housing focused case managers & medical staff from UHC. DHS also established Isolation & Quarantine (ISAQ) contracts with hotels to provide space for clients who have tested positive for COVID or MPX, who are a close contact of a positive case, or who have symptoms of COVID or MPX to isolate or quarantine. ISAQ sites are staffed by medical staff from UHC. TCP provides PPE, hand sanitizer, cleaning supplies, bottled water and food items, & other emergency supplies to providers. TCP established an electronic system for providers to request supplies & TCP’s Operations team make deliveries within 48 hours. TCP enhanced facility cleaning & sanitation services & established new cleaning contracts so cleaning services happen 3 times a day, 7 days a week. Cleaning vendors implemented CDC guidance, including disinfecting walls, floors, bathrooms, cafeteria areas, & high touch areas such as stairway railings, elevators, & door handles.

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

(limit 2,500 characters)

The CoC’s coordinated entry system CES covers 100 percent of the CoC’s geographic area as the boundaries of the District of Columbia and the CoC completely overlap. 2. The CES, known locally as Coordinated Assessment and Housing Placement (CAHP), currently uses the SPDAT suite of tools (along with additional local questions added by the CoC) to inform its standardized assessment process. This includes the VI-SPDAT which is conducted by a case manager and the program participant as well as the “Full SPDAT” which is used by the case manager alone when participants are not able to self report, engage in the assessment process, or when the assessment is not reflective of depth of need. 3. The CoC and its HMIS Lead are engaging in a review of other assessment tools to ensure that the tool in use is reflective of community needs and in line with our policy priorities of equity in both services received as well as distribution of resources. Moreover, the CoC and HMIS lead are working with CoC stakeholders (including both providers and persons with lived experiences of homelessness) to update our prioritization criteria for match to various housing resources to ensure that our process is meeting community needs. The current prioritization for housing vacancies includes the following: chronic homeless status, shelter long stayers, assessment/vulnerability index, presence of disabling conditions. These factors allow for targeting of the highest need populations including those with extreme medical vulnerabilities and severe mental illness. CAHP system employs the use of case conferencing or client focused discussion with guidelines allowing for targeted review of persons where the assessment is not fully reflective, where there is not strong documentation of their homelessness (not regularly engaging with shelter or outreach), or where other housing interventions may have not resulted in housing stability.

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

(limit 2,500 characters)

1. The CoC’s Coordinated Entry System (CES) for unaccompanied persons, veterans, and youth are decentralized with access points throughout the jurisdiction. Persons facing housing crises may be connected to CES through traditional means (outreach providers, day centers, shelters, etc.) but may also be connected through their relationships with organizations that do not specifically provide services to persons experiencing homelessness (places of worship, mental health providers, meal programs, public libraries, etc.). These provider organizations receive the same training on the process for connecting households to CES as the traditional homeless services providers and enables persons to share their information in a setting in which they are most comfortable and with an assessor with whom they have already built a rapport. Though access to the family system is centralized through a single location, the site takes referrals from similar non-traditional partners and may make referrals out to the same if an assessed family needs services other than homeless services specifically. 2. As stated in 1D-9.,the prioritization process involves use of the common assessment tool, provider-informed case conferencing, and agreed-upon criteria such as chronicity, length of stay, and information on other vulnerabilities to ensure that persons most in need of assistance have access to it. 3. For individuals, youth, and veterans, once a match to a permanent housing resource is made every effort is taken to ensure that the housing type and provider align with the participants needs and preferences as well as to help them move into the housing as quickly as possible. To wit, the CoC developed a Bridge Housing program specifically to expedite the move into housing. Bridge Housing offers shelter in an apartment style setting which intensive housing search assistance to aid in the transition from shelter to permanency. All families in shelter are eligible for exit assistance to scattered site housing programs wherein they are assessed for ongoing housing assistance needs and may receive either rapid rehousing, permanent supportive housing, and targeted affordable housing assistance after shelter exit. 4. These efforts are in place to reduce the burden on persons experiencing homelessness and the divergent methods of CES for singles and families were developed with the distinct characteristics of the various household types in mind.

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

1.	Has your CoC conducted a racial disparities assessment in the last 3 years?	Yes
2.	Enter the date your CoC conducted its latest assessment for racial disparities.	12/17/2021

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

Describe in the field below:

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

(limit 2,500 characters)

1. Over the past five years, the CoC has conducted several analyses focused on outcomes and service provisions disaggregated by race to examine common metrics used to track performance from a lens of racial equity. Most recently in late 2021, the CoC conducted an updated audit using the HUD CoC Analysis Tool: Race and Ethnicity, HMIS data, Point-in-Time Count data, and Coordinated Entry data. Key areas for the analysis included the proportionality of race and ethnicity at the population level of DC and that of the individuals and families in CoC programming, and the following metrics disaggregated by race and ethnicity: length of time homeless, first time homeless, exit destinations, returns to homelessness, and CES intervention prioritizations. 2. The proportion of Black individuals in DC is much higher than the national rate (48% in DC versus approximately 12% nationally), and the proportion of white individuals is lower than the national rate (41% in D.C. versus 64% nationally). Despite this, Black households are still disproportionately represented in homelessness in DC, and are 1.9 times more likely to be counted as experiencing homelessness in the PIT count (89%) when compared to the general population (48%). This disproportionality is a direct result of systemic racism, historical housing discrimination, and more recently, gentrification and displacement. While Black and other non-white households make up the greatest share of households in the system, when assessing outcomes using the key metrics listed above, there was little to no difference between race and outcomes across all areas. These findings highlight the need for further and rigorous coordination with the upstream systems, including mainstream affordable housing development, child welfare, juvenile and adult justice, education, healthcare, among others, to address this disproportionality within the homeless services system, while also recognizing other work needed within our system to ensure services are provided in an equitable way, respecting each person's dignity and acknowledging the trauma of racism.

1D-10b.	Strategies to Address Racial Disparities.	
	NOFO Section VII.B.1.q.	

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

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	Yes
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	Yes
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	Yes
4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	Yes
5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	Yes
6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	Yes

7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	Yes
8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	Yes
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	Yes
10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
Other:(limit 500 characters)		
12.	The CoC created a work group to work on issues of racial equity and inclusion and develop policy recommendations and the CoC collaborates regionally to address issues of racial equity with neighboring jurisdictions	Yes

1D-10c.	Actions Taken to Address Known Disparities.	
	NOFO Section VII.B.1.q.	

Describe in the field below the steps your CoC and homeless providers have taken to address disparities identified in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

The CoC’s analyses do not indicate significant differences in the outcomes of households when examined by race, however the disproportionality of race in the homeless services system compared with that of the general population of DC is evidence that action is required within our system – and upstream of it. The CoC’s strategic plan to end homelessness, Homeward DC 2.0, is grounded in the reality of the disproportionate effects of the drivers of homelessness in our community on Black households and thus, focuses several objectives on building a more equitable system. To advance the work outlined in the strategic plan, The CoC created a Racial Equity and Inclusion Work Group (REI WG) which serves to convene an expert task force, including people with lived experience, to review system operations from a lens of racial equity, focusing on issues such as, leadership and decision-making, access to services, and quality of services, to ensure the CoC is aware of and responsible for ways it contributes to issues of racial discrimination and oppression. Co-Chaired by the Chief Equity Officer of DC’s Office of Racial Equity, the REI WG has created a space within the CoC for learning, dialogue, and engagement across the provider community and upstream stakeholders. Additionally, in 2021 the CoC began collaborating with the eight neighboring CoCs in the Metropolitan Washington area to examine our work as a region and develop shared strategies to address racial inequities in our systems and barriers to accessing housing across the region. Working with a nationally-recognized consultant, the region is building a framework for racially equitable systems change, focused on two parallel approaches to examining our regional response to homelessness and improving outcomes: data analysis and tracking, and systems mapping and implementation. The CoC is also an A Way Home America Grand Challenge Community, a National initiative consisting of ten communities in the U.S. whose goal is to end homelessness for black, indigenous, youth of color, and LGBTQ+ youth, setting the path to ending homelessness for all youth. Working as a cohort of the challenge has further pushed the CoC to center justice and equity not just in the youth space, but throughout the system.

1D-10d.	Tracking Progress on Preventing or Eliminating Disparities.	
	NOFO Section VII.B.1.g.	

Describe in the field below the measures your CoC has in place to track progress on preventing or eliminating disparities in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

As described in 1D-10a and 1D-10c, the disproportionality of race in the homeless services system is evidence that action is required not just within our system but also upstream of it. The Racial Equity and Inclusion Workgroup (REI WG) of the CoC is tasked with identifying the areas for improvement and tracking our progress toward building a more equitable system. To wit, the CoC is committed to periodically refreshing the most recent analysis on system metrics and outcomes to track progress over an extended period of time, adding lenses of intersectionality to deepen the understanding of that progress. Additionally, with the recommendations of the REI WG, the CoC will foster coordination with the various systems at the intersection of homelessness by focusing on sustainable partnerships in programming that will help to prevent a household entering the CoC’s homeless services system, using the development of new partnerships or shared programming as a measure of progress.

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

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

(limit 2,500 characters)

The DC Interagency Council on Homelessness (ICH), which is the CoC’s Board, is purposeful in its inclusion of person with lived experience in all aspects of its work. Persons with lived experience serve as voting members of the CoC and have served as Committee co-chairs. ICH’s Committee structure includes a Consumer Engagement Workgroup and Youth Action Board; the membership of these workgroups provide feedback on system processes and special projects undertaken by the CoC. For example, workgroup members helped initiate the process for improving and expanding food options at the CoC’s shelter sites and members have provided feedback annually on the content of the questionnaires used for both the CoC’s Point in Time Count and Youth Census. Members from both the Consumer Engagement Workgroup and the Youth Action Board also regularly participate in project ranking and selection activities and in conversations about setting funding priorities and performance standards. To wit, members from both Consumer Engagement and the Youth Action Board participated in the CoC’s Ranking Committee for the 2022 NOFO and played a direct role in approval, scoring, and ranking of the CoC’s Project Listing. Both the Consumer Engagement Workgroup and the Youth Action Board have open meetings which are announced through the ICH’s social media and persons with lived experience are encouraged to join meetings via direct outreach from current members.

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

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.	25	3
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	25	3
3.	Participate on CoC committees, subcommittees, or workgroups.	25	3
4.	Included in the decisionmaking processes related to addressing homelessness.	25	3
5.	Included in the development or revision of your CoC’s local competition rating factors.	4	1

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

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

(limit 2,500 characters)

The CoC recognizes the importance of connecting persons experiencing homelessness to employment resources, especially in a high cost jurisdiction like the District of Columbia. Whereas the chance of housing retention increases when persons are connected to employment, the CoC and its member organizations work to provide professional development and employment opportunities in the following ways: 1) engaging the District of Columbia Dept. of Employment Services (DOES), a CoC member agency, in its efforts to promote the hiring of persons with lived experience among employers throughout the city, 2) having DOES collocate its services at day centers serving persons experiencing homelessness, 3) CoC stakeholder organizations encourage persons with lived experience to apply for openings at their respective organizations, 4) establishing peer engagement positions for persons currently or formerly experiencing homelessness to perform outreach and other engagement activities in shelters and with unsheltered persons, and 5) the CoC used YHDP Planning funding to create fellowships for youth with lived experience in local government and provider organizations. The CoC plans to bring this project to scale for adults using CoC Planning dollars, if awarded in 2022.

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

Describe in the field below how your CoC:

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

(limit 2,500 characters)

1. The CoC regularly engages with its membership who have lived experience, and particularly those who have received assistance through CoC and ESG program resources, to learn from their experiences to inform system planning and improvement. This has involved focus groups with persons in CoC programs to learn about where they see the need for improvement, one-on-one interviews with shelter and outreach consumers to learn more about what led them to the CoC's services and what could help them on their way to finding permanent housing, and by conducting biannual Client Satisfaction Surveys wherein program participants can provide qualitative and quantitative insights into where improvements can be made at the program level. As noted in 1D-11., the CoC includes in its committee structure workgroups that are specifically for persons experiencing homelessness to provide feedback and the workgroups' participants are active in other CoC work as well. 2. The CoC actively works to address challenges raised in these forums by tasking staff to follow up on a particular issue, establishing a workgroup to check on progress on a particular issue or project, and/or by working with the CoC's CA to directly address a challenge. As an example, in response to COVID-19 the CoC shifted its shelter operating hours from overnight only to 24 hour access and provided pre-packed meals instead of serving food in a buffet style. When these changes were set to expire the CoC heard overwhelming feedback that the changes should be made permanent and the CoC Board, CA, and primary (local) funder worked collaboratively to ensure that these services could continue.

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

(limit 2,500 characters)

The DC Interagency Council on Homelessness (ICH) is the CoC Board and is the principal forum for stakeholder engagement with government. The DC Department of Housing and Community Development (DHCD) is voting ICH member and participates in the Housing Solutions Committee. DHCD administers the DC’s Inclusionary Zoning (IZ) Program, which requires that 8-10% of residential space be set-aside for affordable units in most new residential development projects of 10 or more units and rehab projects creating 10 or more units in an existing building or addition. DHCD also administers the Housing Production Trust Fund (HPTF) which is the major tool used to produce/preserve affordable housing in DC. The HPTF was created by the Housing Production Trust Fund Act of 1988, which requires that each fiscal year: at least 50 percent of HPTF spending serves households with incomes below 30 percent of the area median income (AMI); at least another 40 percent of expenditures serve households with incomes between 30 percent and 50 percent AMI; and the balance of funds can serve households with incomes up to 80 percent AMI. The HPTF is funded with proceeds from deed recordation taxes. The FY22 beginning fund balance for HPTF was approximately \$115 M. The pipeline of units created through the HPTF is available to all stakeholders and is periodically reviewed by ICH Housing Solutions Committee. DHCD also monitors and enforces compliance with Affordable Dwelling Unit (ADU) requirements in DC. ADUs are generally produced in exchange for zoning relief, tax incentives, public financing, and/or the right to purchase or lease DCt-owned land. ADU restrictions are now becoming more standardized and viewed as another option to increase affordable housing. CoC stakeholders are active participants in the ongoing process of amending and updating DC’s Comprehensive Plan, the document that memorializes the policies and actions that set priorities for land use. Zoning and affordable housing are major elements of the Comprehensive Plan. Recent revisions to the Plan approved made housing construction a priority by adding 15% additional capacity for housing development. The amendment process also resulted in the resolution of some long standing zoning cases paving the way for roughly 1,000 new housing units. The Plan supports denser housing types and transit-adjacent development and also explicitly defines “deeply affordable housing” as homes targeting households earning up to 40% of the MFI.

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

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

	Enter the date your CoC published the deadline for project applicants to submit their applications to your CoC’s local competition.	08/02/2022
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1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question and the response in Question 1E-2a along with the required attachments from both questions as a factor when determining your CoC’s eligibility for bonus funds and for other NOFO criteria below.	
	NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	

You must upload the Local Competition Scoring Tool attachment to the 4B. Attachments Screen.
Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:

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

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

You must upload the Scored Forms for One Project attachment to the 4B. Attachments Screen. Complete the chart below to provide details of your CoC's local competition:
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1.	What were the maximum number of points available for the renewal project form(s)?	100
2.	How many renewal projects did your CoC submit?	40
3.	What renewal project type did most applicants use?	PH-PSH

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

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

(limit 2,500 characters)

1. The CoC collected and analyzed data on each project that has successfully housed program participants in permanent housing using the CoC’s HMIS or, in the cases of DV programs, data from an HMIS comparable database. The CoC’s HMIS Lead is also the Collaborative Applicant and provided the CoC’s Ranking Committee HMIS data for the purposes of informing the quantitative aspects of their ranking. 2. The CoC is able to review data on how long it takes to house people in permanent housing through its HMIS. This involves a review of a combination of program entry data from outreach/day programming, shelter, and transitional housing providers, data from permanent housing providers, and coordinated entry system (CES) data (which is also captured in the CoC’s HMIS). This review involves comparing dates of program entry/engagement, date of match to a housing resource, and housing move in date; the difference between these dates is what the CoC uses to analyze the length of time a move to permanent housing takes. 3. The CoC’s Ranking Committee considered participant histories of incarceration, domestic violence or trauma, mental health or substance abuse issues, medical fragility, and whether projects predominantly serve youth or older adults in when making their determination about whether to approve a project for inclusion in the Project Listing, where it ranked, and how working said populations might impact performance criteria. 4. Providers give the Ranking Committee a letter providing qualitative information on their program, including this information, which the Ranking Committee uses to make its decisions. This year, the CoC incorporated this into its scoring and had the Ranking Committee quantify the qualitative information with numeric scores as a part of its objective and threshold criteria.

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

(limit 2,500 characters)

The CoC's Ranking Committee was comprised of non-conflicted members (persons not representing agencies applying for funding through the NOFO) of the CoC and care was taken to assemble a group of persons that was racially and ethnically diverse, that included persons with lived experience of homelessness, that had representation from key demographic groups such as youth and LGBTQ+ persons, and that included a mix of consumer, provider, and advocate voices. More than half of the membership of the Ranking Committee were Black and Indigenous people of color (BIPOC) which was an important consideration for the CoC as BIPOC are over-represented in the local population of persons experiencing homelessness in the District of Columbia. The Ranking Committee determined the rating factors used to review new and renewing project applications and all members contributed to the discussion about the selection of the ranking criteria, the weight of the various metrics, the approval and selection of the projects included in the Project Listing, and where each was positioned in the ranking. The CoC requested that providers give the Ranking Committee information on whether successful outcomes seen in their programs were shared across all demographic groups (and in particular those that are over-represented in the CoC) for their assessment of provider performance for the final ranking.

1E-4.	Reallocation—Reviewing Performance of Existing Projects.	
	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; and	
	4. why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.	

(limit 2,500 characters)

In most years the The CoC's Ranking Committee generally decides to reallocate a program if it falls at or near the bottom of the ranking in consecutive competition ranking, if it is both low ranking and offering a program type or serving a population for which there is little demand, or if it is found to not meet HUD's threshold criteria and/or is not aligned with HUD's policy priorities. 2. That said, in the 2022 Competition, a program voluntarily offered to reallocate a portion of its overall award as it had found other funding sources that it could use to support its program along with the HUD CoC dollars. It is the only program that was reallocated (partially) during this year's competition. 3. No low performing projects (using the criteria described in part 1. of this response were identified by the CoC's Ranking Committee. 4. The CoC's Ranking committee limited its reallocations to the project that volunteered to reallocate a portion of its award because the consensus among the CoC's Ranking Committee to prioritize all renewing programs.

1E-4a.	Reallocation Between FY 2017 and FY 2022.	
	NOFO Section VII.B.2.f.	

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2017 and FY 2022?	Yes
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1E-5.	Projects Rejected/Reduced–Notification Outside of e-snaps.	
	NOFO Section VII.B.2.g.	
	You must upload the Notification of Projects Rejected-Reduced attachment to the 4B. Attachments Screen.	

1.	Did your CoC reject or reduce any project application(s)?	Yes
2.	Did your CoC inform applicants why their projects were rejected or reduced?	Yes
3.	If you selected Yes for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2022, 06/27/2022, and 06/28/2022, then you must enter 06/28/2022.	09/15/2022

1E-5a.	Projects Accepted–Notification Outside of e-snaps.	
	NOFO Section VII.B.2.g.	
	You must upload the Notification of Projects Accepted attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2022, 06/27/2022, and 06/28/2022, then you must enter 06/28/2022.	09/15/2022
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1E-5b.	Local Competition Selection Results–Scores for All Projects.	
	NOFO Section VII.B.2.g.	
	You must upload the Final Project Scores for All Projects attachment to the 4B. Attachments Screen.	

	Does your attachment include: 1. Applicant Names; 2. Project Names; 3. Project Scores; 4. Project Rank–if accepted; 5. Award amounts; and 6. Projects accepted or rejected status.	Yes
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1E-5c.	1E-5c. Web Posting of CoC-Approved Consolidated Application.	
	NOFO Section VII.B.2.g.	
	You must upload the Web Posting–CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC posted the CoC-approved Consolidated Application on the CoC’s website or partner’s website—which included: 1. the CoC Application; and 2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings.	09/28/2022
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1E-5d.	Notification to Community Members and Key Stakeholders that the CoC-Approved Consolidated Application is Posted on Website.	
	NOFO Section VII.B.2.g.	
	You must upload the Notification of CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application has been posted on the CoC’s website or partner’s website.	09/28/2022
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2A. Homeless Management Information System (HMIS) Implementation

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

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

	Select from dropdown menu your CoC’s HMIS coverage area.	Single CoC
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2A-3.	HIC Data Submission in HDX.	
	NOFO Section VII.B.3.a.	

	Enter the date your CoC submitted its 2022 HIC data into HDX.	04/27/2022
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2A-4.	Comparable Database for DV Providers—CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.	
	NOFO Section VII.B.3.b.	

In the field below:

1.	describe actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC collect data in databases that meet HUD’s comparable database requirements; and
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2. state whether your CoC is compliant with the 2022 HMIS Data Standards.

(limit 2,500 characters)

1. The CoC and HMIS Lead worked with the DC Coalition of Domestic Violence (DCCADV), a federally recognized statewide coalition organized to ensure the elimination of domestic violence in the District of Columbia, to establish an HMIS comparable database for the CoC's DV housing and service providers. DCCADV identified Osnium which is compliant with 2022 HMIS Data Standards as well as the requirements for HMIS comparable databases and is currently in use by all HUD CoC and District Government funded DV programs. DCCADV offers user training and help desk support to DV program staff and the end users are able to work directly with the software vendor for technical assistance as well. Moreover, the CoC's HUD Collaborative Applicant has used HUD CoC Planning dollars to help recipients of the HUD CoC DV Bonus establish their implementation of Osnium and to support its continued use over the life of the program. This has helped these providers dedicate more their DV Bonus funding to housing and service activities as opposed to HMIS costs. The CoC's HMIS Lead includes data from Osnium is included in the CoC's federal reporting projects such as Point in Time, the LSA, and System Performance Metrics, and CoC funded projects are able to use Osnium to submit their APRs via SAGE as well. 2. The CoC is fully complaint with the 2022 HMIS Data Standards. Wellsky and Osnium, respective vendors for the CoC's HMIS and HMIS comparable database, update their systems at HUD's direction to ensure compliance with the standards as they change. The CoC Lead incorporates changes to the federal data standards into its workflows for programs funded by both federal and local dollars to ensure that data is collected uniformly across the CoC.

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

Enter 2022 HIC and HMIS data in the chart below by project type:

Project Type	Total Beds 2022 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	4,795	72	4,597	97.33%
2. Safe Haven (SH) beds	20	0	20	100.00%
3. Transitional Housing (TH) beds	1,783	401	1,212	87.70%
4. Rapid Re-Housing (RRH) beds	7,193	61	7,118	99.80%
5. Permanent Supportive Housing	14,467	131	12,743	88.89%
6. Other Permanent Housing (OPH)	6,498	51	5,199	80.64%

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 2,500 characters)

The CoC's OPH capacity expanded between 2021 and 2022 and the newly operating providers were in the process of getting set up in HMIS at the time the Housing Inventory Chart (HIC) was completed. This has since happened and as of this submission, the CoC has an HMIS Bed Coverage Rate of 85% across all project types. The steps taken to ensure that these projects are in HMIS included, offering free of charge access to HMIS, training end users at new providers on appropriate workflows and HUD Data Standards, and doing quarterly reviews of program data, data quality, and program performance to ensure HMIS documentation is as thorough and comprehensive as possible. These steps will continue for all project types to ensure that they all remain above the 85% threshold in the coming year.

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 February 15, 2022, 8 p.m. EST?	Yes
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2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2B-1.	PIT Count Date.	
	NOFO Section VII.B.4.b	

	Enter the date your CoC conducted its 2022 PIT count.	01/26/2022
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2B-2.	PIT Count Data–HDX Submission Date.	
	NOFO Section VII.B.4.b	

	Enter the date your CoC submitted its 2022 PIT count data in HDX.	04/27/2022
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2B-3.	PIT Count–Effectively Counting Youth.	
	NOFO Section VII.B.4.b.	

	Describe in the field below how during the planning process for the 2022 PIT count your CoC:	
1.	engaged stakeholders that serve homeless youth;	
2.	involved homeless youth in the actual count; and	
3.	worked with stakeholders to select locations where homeless youth are most likely to be identified.	

(limit 2,500 characters)

1. The CoC’s work to engage youth and stakeholders serving youth has been integral to both the CoC’s annual Point in Time count and a separate, youth specific census that the CoC conducts each summer. Beginning in October the CoC holds monthly planning meetings for the January PIT count with community stakeholders including youth-serving providers. This planning work includes, but is not limited to: updating/clarifying the language on the PIT survey tool, designating providers to act as leads for teams that will conduct outreach for the unsheltered portion of the count, and determining locations where groups, including youth who are experiencing homelessness, are likely to be identified. 2. Similar work is conducted with youth who are currently or who have formerly experienced homelessness and through engagement with the CoC’s Youth Action Board (YAB). In addition to the work that the youth providers also participate in, the YAB works on efforts for communicating to youth about the upcoming count and developing processes for youth who are experiencing homelessness but may not be engaged with the CoC. 3. The CoC’s Youth Committee (which is composed of funding and implementing agencies, providers, advocates, and youth with lived experience), outreach workers, and the YAB help inform the CoC on locations where youth might be staying to ensure that they are identified through PIT efforts. Moreover, since 2019, the Youth Committee created a subcommittee to focus specifically on data collection and reporting among providers that serve youth to ensure that these efforts are kept up to date throughout the year and not just when PIT or the youth specific count are about to occur.

2B-4.	PIT Count–Methodology Change–CoC Merger Bonus Points.	
	NOFO Section VII.B.5.a and VII.B.7.c.	
	In the field below:	
	1. describe any changes your CoC made to your sheltered PIT count implementation, including methodology or data quality changes between 2021 and 2022, if applicable;	
	2. describe any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2021 and 2022, if applicable; and	
	3. describe how the changes affected your CoC’s PIT count results; or	
	4. state “Not Applicable” if there were no changes or if you did not conduct an unsheltered PIT count in 2022.	

(limit 2,500 characters)

Not applicable.

2C. System Performance

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

	In the field below:
1.	describe how your CoC determined the risk factors to identify persons experiencing homelessness for the first time;
2.	describe your CoC’s strategies to address individuals and families at risk of becoming homeless; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the number of individuals and families experiencing homelessness for the first time

(limit 2,500 characters)

1. The District of Columbia CoC has conducted several analyses to determine the risk factors leading to residents experiencing homelessness for the first time. This work confirmed what had long been assumed – that households newly experiencing homelessness, even those living with multiple factors impacting their housing stability, pointed to a lack of employment opportunities and affordable housing as the primary cause of their homelessness. The CoC also learned through the work of the District of Columbia Office of Planning that over 56,000 District households pay more than 50% of their income for housing. The Collaborative Applicant/HMIS Lead is partnering with The Urban Institute to provide an up-to-date estimate on this figure and other housing instability indicators in Fall 2022 to inform CoC planning. 2. The CoC works to address at-risk households through its continued investment in prevention and diversion programming for unaccompanied youth, single adults, and families with children. The District Dept. of Human Services’ (DHS) prevention and diversion programs, funded by a combination of local and federal funding, assisted 23,000 households facing housing instability in FY21 alone. DHS’s programs provide residents in housing crises with back rent, eviction-related fees, security deposits, and first month’s rent. Prevention/diversion resources targeting persons exiting justice, foster care, and behavioral health systems are also available. Project Reconnect, a newly expanded initiative, provides diversion resources for those at risk of homelessness, those newly presenting to the shelter system, those returning to shelter after extended periods of time, or those who wish to be reconnected with family or friends. The DC Dept. of Housing and Community Development (DHCD) offers tenant-based rental assistance using HOME funds to prevent homelessness and provide housing stability, and DCHD uses local and federal funding to create, preserve, and protect affordable housing through the District’s Housing Production Trust Fund. 3. DHS, DHCD, the District’s Interagency Council on Homelessness (the CoC Board), the Collaborative Applicant/HMIS Lead work collectively to oversee the CoC’s strategy to reduce the number of individuals and families experiencing homelessness for the first time or to end homelessness for these households. Progress on this indicator is monitored through HMIS data and is determined following HUD System Performance Metrics guidelines.

2C-2.	Length of Time Homeless—CoC's Strategy to Reduce.	
	NOFO Section VII.B.5.c.	
	In the field below:	
1.	describe your CoC's strategy to reduce the length of time individuals and persons in families remain homeless;	
2.	describe how your CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the length of time individuals and families remain homeless.	

(limit 2,500 characters)

1. To identify and support unaccompanied youth and adults and families with children experiencing homelessness the longest, and to quickly identify those newly experiencing homelessness, the CoC developed a multi-pronged strategy involving the coordinated entry system, prevention/diversion programs, housing interventions, and the housing authority. In FY22, the CoC's coordinated entry system for unaccompanied individuals put those with the longest length of time experiencing homelessness in the top priority group. The date of client ID was used as a prioritization criterion, and those with more than 3 years of homelessness were matched first. Increasing prevention and diversion resources has expanded the CoC's ability to identify those at-risk and respond. The CoC has also continued its plan to expand its use of Rapid Rehousing (RRH) and DC DHS has engaged technical assistance to strengthen providers' services in line with national best practices. The DC Housing Authority has established a system allowing voucher applicants to "self-certify" for vital documents to fast-track their applications and allow them to lease up sooner. This promises to reduce wait times and administrative burden for providers and applicants. A new shelter for the LGBT community as well as expanded work program beds at a new shelter facility are ensuring the CoC is able to meaningfully engage special populations and stratify responses based on client needs. 2. HMIS is the primary data source for tracking a family's or individual's length of time in the CoC. This is done by aggregating the days of all outreach, supportive service and coordinated entry engagements along with shelter and transitional housing stays. This information identifies which individuals and families have the longest lengths of time homeless and is used to match individuals to the appropriate housing intervention. In FY22, the CoC allowed outreach workers to support clients to attest to their length of time homeless using a variety of documentation sources, including health records, to augment the information recorded in HMIS for those receiving services from non HMIS participating agencies. To track the impact of this strategy, the CoC reviews this metric on the system and program levels quarterly. 3. The DC Dept. of Human Services (DHS), the DC Interagency Council on Homelessness, and the CoC's Collaborative Applicant/HMIS Lead oversee the CoC's strategy for reducing the length of time homeless in the CoC.

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

(limit 2,500 characters)

1. By using the Housing First model through the coordinated entry system, the CoC increases permanent exit for clients in emergency shelter, safe haven, transitional housing, and rapid rehousing. Matching appropriately and respecting client choice promise to improve rates of move in and retention. Prevention/diversion, employment assistance, and PSH and affordable housing supply are also central to the CoC’s strategy. Through the Project Reconnect diversion initiative, unstably housed or homeless DC residents are provided financial support and light case management to resolve their homelessness and retain housing. Additionally, In FY22, the DC budget funded more PSH resources than ever, providing housing for over 1900 individuals. All DC families entering shelter are eligible for rapid rehousing and exit assistance through the Family Rehousing and Stabilization Program (FRSP). This helps families move from shelter to scattered site housing through case management and rental support, with “step ups” to PSH or Targeted Affordable Housing (TAH) available. This allows families to remain housed if FRSP is not enough support.

2. The CoC uses funds to prevent eviction due to non-payment of rent and to alleviate landlord hesitancy as a retention strategy. Emergency rental assistance programs help households stay housed when financially pinched; landlord repair and incentive funds encourage property owners to work with those receiving housing subsidies. Additionally, the CoC has worked to glean insights from people with lived experience about what works best for the community. Members of the Consumer Engagement Workgroup of the DC Interagency Council attend policy and planning meetings across the system to inform program design and monitoring. The CoC has proposed a Deeply Affordable Housing pilot utilizing federal recovery funds for permanent housing. This includes site-based affordable housing dedicated to homeless services where tenants would pay 30% of their income. This pilot, modeled from lessons learned in locally funded TAH, offers the opportunity to test shared housing models, support clients with fixed incomes, and facilitate those pursuing education and building income while living in affordable housing.

3. DC Dept. of Human Services (DHS), DC Interagency Council on Homelessness, and the CoC’s Collaborative Applicant/HMIS Lead oversee the strategy for increasing the rate of exiting and retaining permanent housing.

2C-4.	Returns to Homelessness—CoC’s Strategy to Reduce Rate.	
	NOFO Section VII.B.5.e.	
	In the field below:	
1.	describe your CoC’s strategy to identify individuals and families who return to homelessness;	
2.	describe your CoC’s strategy to reduce the rate of additional returns to homelessness; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the rate individuals and persons in families return to homelessness.	

(limit 2,500 characters)

1. The CoC uses HMIS to monitor to identify individuals and families that have returned to the CoC. Quarterly, the CoC reviews program-level and system-wide data on persons returning to shelter after an exit to permanent housing destinations, and on a monthly basis, it reviews newly entering households' service histories. Additionally, the coordinated entry system creates a monthly by-name-list of all individuals and families engaging in services which is also used to determine who has re-entered the CoC, and allows the coordinated team to better identify the most appropriate intervention when a previous resource match ultimately resulted in a return to the CoC. 2. The CoC works to reduce returns to homelessness by using both population-based approaches and individualized reviews. Through quarterly data reviews, the CoC identifies and assesses housing providers with higher return rates and works with these providers to address internal processes that might cause high rates of return after exit. The CoC also reviews returns among subpopulations targeted for placement in specific housing resources that were ultimately unsuccessful for them. This allows the CoC the opportunity to improve service delivery at the provider-level for specific populations. Additionally, the HMIS Lead has assessed inflow patterns and surveyed participants to more fully understand causal factors for returns to homelessness to continue to inform the CoC's response. Finally, the CoC has invested in diversified affordable housing options and emergency rental assistance programs for those needing additional support after short-term financial support has ended. On an individual household level, the coordinated entry system utilizes case conferences to ensure clients who have returned are matched with a more appropriate resource for their unique needs, rather than applying a one-size-fits-all approach. Taken together, these processes have produced year-to-year reductions in rates of returns to homelessness. 3. The DC Depts. of Human Services and Housing and Community Development, the DC Interagency Council on Homelessness, and the CoC's Collaborative Applicant/HMIS Lead oversee the CoC's strategy for reducing the rate of returns to homelessness.

2C-5.	Increasing Employment Cash Income—CoC's Strategy.	
	NOFO Section VII.B.5.f.	
	In the field below:	
1.	describe your CoC's strategy to access employment cash sources;	
2.	describe how your CoC works with mainstream employment organizations to help individuals and families experiencing homelessness increase their cash income; and	
3.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase income from employment.	

(limit 2,500 characters)

1. The District uses city-wide approaches to increase employment income as part of its Homeward DC 2.0 strategic plan to end homelessness. During the COVID-19 pandemic, this effort has been more important than ever. The CoC uses public-private partnerships to increase employment opportunities and has advanced training for employment services staff to improve their ability to support participants to access and maintain employment. Key activities include: co-location of employment services at shelters and day centers; periodic cross-training between workforce and homeless services staff and partners to ensure they understand available programs, services, and protocols of the other system; expansion of work bed programs at shelters; and providing targeted employment training and placement assistance for households matched to Rapid Rehousing programs (resources are also available to all participants in the CoC). Providers coordinate with clients to ensure they are able to work on housing and employment simultaneously, and services are designed to support those with employment barriers, such as a history of job cycling, a lack of secondary education credentials, documented history of substance abuse, a felony conviction, or basic skills deficiency. 2. Through a partnership between Rapid Rehousing (RRH) providers and the Department of Employment Services (DOES), RRH participants are fast-tracked to training programs and open positions among an array of private employers in DOES’s network. DOES’s Project Empowerment is specifically designed to support individuals experiencing homelessness to find employment and gain skills to increase their income. RRH providers have also added employment specialists on staff to build relationships with employers and effectively match participants with roles that support them to retain their housing upon the end of the RRH subsidy. Additionally, the public library has begun a job seekers drop in program to provide support with resume writing, conducting job searches, and completing applications online. 3. Leading these efforts are the District Depts. of Employment Services (DOES), Human Services (DHS), Behavioral Health (DBH), and Housing and Community Development (DHCD), as well as the District of Columbia Interagency Council on Homelessness, and the Collaborative Applicant/HMIS. Other entities involved include: the DC Public Library System, the University of the District of Columbia and other mainstream employment agencies.

2C-5a.	Increasing Non-employment Cash Income—CoC’s Strategy	
	NOFO Section VII.B.5.f.	
	In the field below:	
	1. describe your CoC’s strategy to access non-employment cash income; and	
	2. provide the organization name or position title that is responsible for overseeing your CoC’s strategy to increase non-employment cash income.	

(limit 2,500 characters)

1. Homeward DC 2.0, the CoC’s strategic plan to end homelessness is clear: regardless of employment status, all participants in the CoC deserve increased economic security. Quarterly, the CoC reviews providers’ performance on increasing non-employment cash income as well as maintenance of that income for participants in PSH programs. The CoC ensures all providers have the requisite information for determining resource eligibility, shortening intake processes, and reinforcing early and consistent access to benefits for participants. 2. The expansion of SOAR teams has been central to expanding access to non-employment income across the District. These specially trained staff help participants navigate the SSI/SSDI application process. Locally funded programs are contractually required to have SOAR specialists integrated into their services ensuring access for all clients across the CoC. Additionally, any family household not connected to TANF resources are assisted at intake to connect with those benefits. The District, led by DHS and DC Dept. of Health Care Finance, are working to launch the Housing Supportive Services (HSS) Medicaid benefit approved to begin in 2022. This will enable DC to use Medicaid monies, instead of local funding, to pay for permanent supportive housing (PSH) services. For families and individuals not eligible for Medicaid, PSH services for non-HUD funded programming will continue to be covered under the local funding. This will enable the District to redirect local savings into additional programming for consumers. The District is exploring additional incentives for families and individuals to increase successful permanent housing exits, case management goals and lease up.

3A. Coordination with Housing and Healthcare

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

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

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	No
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3A-3.	Leveraging Housing/Healthcare Resources–List of Projects.	
	NOFO Sections VII.B.6.a. and VII.B.6.b.	

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

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

3B. New Projects With Rehabilitation/New Construction Costs

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

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

3B-2.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section 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 2,500 characters)

Not applicable.

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

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

3C-1.	Designating SSO/TH/Joint TH and PH-RRH Component Projects to Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section 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
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3C-2.	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section VII.C.	

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

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

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

(limit 2,500 characters)

Not applicable.

4A. DV Bonus Project Applicants

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

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 2022 Priority Listing.

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

You must click "Save" after selecting Yes for element 1 SSO Coordinated Entry to view questions 4A-2, 4A-2a. and 4A-2b.

4A-3.	Assessing Need for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects in Your CoC's Geographic Area.	
	NOFO Section II.B.11.(e)(1)(c)	

1.	Enter the number of survivors that need housing or services:	1,050
2.	Enter the number of survivors your CoC is currently serving:	775
3.	Unmet Need:	275

4A-3a.	<p>How Your CoC Calculated Local Need for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.</p> <p>NOFO Section II.B.11.e.(1)(c)</p> <p>Describe in the field below:</p>	
	<p>1. how your CoC calculated the number of DV survivors needing housing or services in question 4A-3 element 1 and element 2; and</p>	
	<p>2. the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects); or</p>	
	<p>3. if your CoC is unable to meet the needs of all survivors please explain in your response all barriers to meeting those needs.</p>	

(limit 2,500 characters)

The CoC, including representatives from the Collaborative Applicant and HMIS Lead, participated in a strategic planning process with the District of Columbia Office of Victim Services and Justice Grants (OVSJG) which (in part) determined the unmet need for DV survivors who are experiencing homelessness. Using information from HMIS, HMIS comparable databases, and data collected by the District's Crime Victims Compensation Fund and the National Network to End Domestic Violence, it was determined that, on a given day, 1200 persons (in households with and without children) are experiencing homelessness who have histories of domestic violence, roughly half of whom are actively fleeing these situations. The figures used above in 4A-3 have been take the numbers arrived at in the strategic planning process and reduce them by the number of housing placements made since the process was completed. The primary barrier to meeting the needs of all survivors is the lack of housing resources for this population which the proposed project will, in part, address.

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

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

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

Enter information in the chart below on the project applicant applying for one or more New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects included on your CoC's FY 2022 Priority Listing:

1.	Applicant Name	The Community Partnership for the Prevention of Homelessness
2.	Project Name	District Alliance for Safe Housing - Project Empowerment
3.	Project Rank on the Priority Listing	40
4.	Unique Entity Identifier (UEI)	GGPKJCD4GKB7
5.	Amount Requested	\$1,248,209
6.	Rate of Housing Placement of DV Survivors–Percentage	25%
7.	Rate of Housing Retention of DV Survivors–Percentage	85%

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

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

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

(limit 1,500 characters)

The rate of housing placement of DV survivors was calculated using HMIS data and information HMIS comparable databases from the CoC's coordinated entry process data to determine the rate at which DV survivors are placed in the CoC's housing resources. To wit, in roughly 25 percent of households placed, the recipient of the resource has either a history of domestic violence or is actively fleeing. We know from the named data sources which households have histories or who are fleeing and compare that figure to the figure of total households placed. Similarly, HMIS and information from HMIS comparable databases was used to determine the rate of housing retention. The CoC uses data from the named sources to determine, of those placed in permanent supportive housing resources, how many were remained in their housing over time. The CoC also looks at data on those placed in resources like rapid rehousing to determine the rate at which households are remaining in housing when they are no longer receiving the subsidy.

4A-3c.	Applicant Experience in Providing Housing to DV Survivor for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

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

(limit 2,500 characters)

The DC Coalition Against Domestic Violence (DC’s federally-recognized DV coalition) helped the CoC adapt the Coordinated Entry System (CES) to ensure that it is accessible to survivors, that it complies w/ requirements for the protection of survivor data, and is survivor-centered. Applicants are required to participate in the CES & must provide written commitments at the time of application. This requirement is written into their subagreements at the time of award. The CoC understands that permanent housing w/out prerequisites or conditions is key to ending homelessness. Applicants seeking funding from the CoC are required to provide written commitments that their programs will operate according to Housing First principles & this is written into their subagreements at the time of award. The CoC recognizes that clients need access to a broad range of supports. Applicants seeking funding from the CoC must provide written survivor centered service plans that include connecting clients to case management, housing search assistance, mental health services, & medical services. Applicants must describe their staffing plan to ensure the delivery of services. If an applicant proposes to have any part of its service plan delivered by a third-party partner, the applicant is required to provide a written agreement between the applicant & the partner outlining the services to be provided. CoC resources are finite & providers must continually assess clients to tailor service plans as service needs change. When appropriate, they must also work w/clients to plan for a transition out of care so the CoC can maximize resources. Applicants are required to submit a written move-on strategy to the CoC describing their process for determining when clients can be transitioned out of services to full independence. Move-on strategies must include descriptions of the ongoing assessment of clients’ needs, milestones, safety planning, and a survivor-centered approach to a transition out of care.

4A-3d.	Applicant Experience in Ensuring DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

	Describe in the field below examples of how the project applicant ensured the safety and confidentiality of DV survivors experiencing homelessness by:	
1.	taking steps to ensure privacy/confidentiality during the intake and interview process to minimize potential coercion of survivors;	
2.	making determinations and placements into safe housing;	
3.	keeping information and locations confidential;	
4.	training staff on safety and confidentiality policies and practices; and	
5.	taking security measures for units (congregate or scattered site), that support survivors’ physical safety and location confidentiality.	

(limit 2,500 characters)

Applicants are required to complete the 40-hour Domestic Violence Advocate Core Competency Training (DVACT) through the DC Coalition Against Domestic Violence (DC’s federally-recognized DV coalition) and are trained in Seeking Safety, an evidenced based Present-Focused coping skills strategy to help people attain safety from trauma and/or substance abuse, and must provide written commitments at the time of application. This requirement is written into their subagreements at the time of award. DVACT covers modules on the Dynamics of Domestic Violence, Self-Care, Safety Planning, Trauma and Trauma-Informed Care, Crisis Intervention, Risk Assessment and more. The CoC requires that all DV providers have private offices where confidential intakes occur and offer virtual meetings using HIPPA compliant software. When couples present for services, interviews are done separately to ensure that both partners can be as transparent about their circumstances as possible. However, when appropriate and safe, couples may be served as a household unit. For example, if couples request financial coaching or couples counseling together, providers can accommodate this request while offering the option for individual consults. The CoC understands the need for trauma informed case planning and that survivors should be active in determining their service needs and the plan for addressing those needs. Applicants seeking funding from the CoC must provide written survivor centered service plans that include working with clients to select units in scattered site or rental assistance programs, customized safety plans have included taking steps to secure the unit such as purchasing security bars for a client’s windows; speaking with management at apartments to ensure they understand confidentiality practices for client safety; advocating to ensure front desk staff are a part of safety plans regarding stalking; and purchasing flashlights for clients who work late and walk from their car at night. For clients who work non-traditional hours or who have expressed a concern about their safety on public transportation, we offer Uber/Lyft services.

4A-3d.1.	Applicant Experience in Evaluating Their Ability to Ensure DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

Describe in the field below how the project has evaluated its ability to ensure the safety of DV survivors the project served in the project, including any areas identified for improvement during the course of the proposed project.

(limit 2,500 characters)

The CoC evaluates its ability to ensure DV survivor safety in multiple ways. Provider agency leadership has weekly conversations with staff about client safety plans and their status. Disruptions to safety plans require a team approach that includes the client. Service providers are required to record incidents in our HMIS-comparable database and to conduct assessments after incidents to understand better approaches and client follow-up. An example of this was when a client experienced a relapse and mental breakdown after having phone contact with her abuser. The team quickly moved to link the client with additional therapy sessions, interventions for her relapse, offering alternative housing options, and holding discussions with the client to learn of her response preferences. The team planned around her wellbeing, job search, and ensuring her housing would not lapse. The client retained her housing and remained in therapy until her completion of the financial literacy housing program. The team later met to review and discuss our response, with the goal to identify areas of weakness and strengths. If clients must have contact with their abusers, and feel safe enough to do so, the CoC has a partnership with the Metropolitan Police Department to facilitate supervised interactions between both parties. Clients are also provided information about safe exit strategies, healthy boundaries, and supports in the event an incident occurs. Moreover, the providers' quality assurance strategy is reviewed quarterly to identify any gaps. This audit consists of open discussions around where our policies and practices can be improved to meet client needs. Providers conduct SWOT analyses of what needs to be improved and what is going well. Agency financial literacy program managers meet with clients twice a month to discuss not just financials, but also their overall wellbeing, including relapse prevention, safety, and support system.

4A-3e.	Applicant Experience in Trauma-Informed, Victim-Centered Approaches for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

Describe in the field below examples of the project applicant's experience using trauma-informed, victim-centered approaches to meet needs of DV survivors by:

1.	prioritizing placement and stabilization in permanent housing consistent with the program participants' wishes and stated needs;
2.	establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	providing program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;
4.	emphasizing program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans worked towards survivor-defined goals and aspirations;
5.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;
6.	providing a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

The Applicant have implemented a financial literacy program provides ample structure around learning budgeting and fiscal management, all while giving the autonomy to the client to identify what is most important to them. Clients have candid conversations with the financial literacy program manager around their needs and wants, feelings of obligation, and underlying emotions around their spending habits. "Change talk" is led by the client in partnership with the financial literacy program's knowledge and guidance. Clients are offered a multi-week financial literacy boot camp as well as a step-up class on investing and financial planning (a class we brought in upon client requests); these are voluntarily and well-attended. Clients are held accountable to the goals they set and adjustments are made when circumstance change. We use a strengths base approach assessing for strengths in addition to obstacles. We look at protective factors as well as resilience as we develop a safety plan as well as a housing plan. When clients are unable to meet stated goals our approach is collaborative and not punitive since we understand that a trauma informed approach recognizes that the journey is hers and we are her supports. For instance, one client was struggling to show up, and the program manager took this as a sign she may need additional support. Instead of asking, "Where were you?" she asked, "What do you need?" The client had been struggling following a car accident. This trauma informed approach allowed the case manager to make adjustments while making her feel heard. This program also uses Money Habitudes, an online assessment that allows clients to objectively look at their spending habits. Reading through the results of this assessment allows for open, non-judgmental conversation around her spending as well as her personal and cultural values, and how those values impact her views on money. We offer connection to the parenting program as well. Coaching sessions for people with children, even adult children, often center on the client's relationship to their children and how it affect spending. Finally, clients also have access to monthly support groups which allows them to connect with peers and other survivors of trauma and domestic violence.

4A-3f.	Applicant Experience in Meeting Service Needs of DV Survivors for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

Describe in the field below examples of supportive services the project provided to domestic violence survivors while quickly moving them into permanent housing and addressing their safety needs.

(limit 5,000 characters)

The CoC recognizes that housing alone will not address the services needs of survivors. In order to ensure long-term stability, trauma-informed, survivor centered supportive services are critical. Applicants must demonstrate their staff has the experience and expertise to understand the effects of trauma and can provide appropriate support. Applicants must demonstrate to the CoC the array of services offered to address the unique needs of survivors. Applicants selected for inclusion in the 2021 Consolidated Application identified the following core services in their program design: individual and group counseling, domestic violence education, daily life skills support, case management, and referrals to mental health services, employment services, financial literacy, furniture assistance and assistance with benefits/entitlements and advocacy for obtaining community resources. Additionally, Applicants selected for inclusion in the consolidated plan were required to provide a case management plan that described service provision to all household members served including to child survivors. Applicants case management plans include relationship-building, assessments, goal-planning, referrals and linkages to key resources, coordination of services, and assistance in overcoming barriers to services. Service-enriched housing case managers help survivors identify and prioritize their needs and those of their children while supporting their rights and responsibility to make appropriate choices to achieve their desired goals. There is an initial and ongoing emphasis on safety. Case managers help each client identify and address threats to their physical and emotional safety. The response to threats includes both developing the client’s internal resources through counseling, creating a safety plan, and accessing external resources through case management. Financial literacy is critical to addressing financial abuse and supporting survivors in learning the necessary skills to manage, budget and gain control of their financial decisions and destiny. Therefore, applicants were required demonstrate their plan for providing these services internally or through external partnerships. Upon completion of financial literacy training are supported in opening a bank account and accessing debt remediation program funds to clear their negative credit history and support their gaining credit worthiness. Applicants were also required to describe their plan for making external referrals for services not offered at their programs to ensure there were not unnecessary limitations on their ability to meet clients’ needs. This included making referrals for developmentally appropriate daycare; referrals to address medical and mental health needs; employment services and furniture needs.

4A-3g.	Plan for Trauma-Informed, Victim-Centered Approaches for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(e)	

Provide examples in the field below of how the new project will:	
1.	prioritize placement and stabilization in permanent housing consistent with the program participants’ wishes and stated needs;
2.	establish and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;
4.	emphasize program participants’ strengths—for example, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans works towards survivor-defined goals and aspirations;

5.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;
6.	provide a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offer support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

The DC Coalition Against DV (DC’s federally-recognized DV coalition) helped the CoC adapt the coordinated entry system (CES) to ensure it is accessible to survivors, that it complies with requirements for the protection of survivor data and operates in a survivor-centered way. Applicants are required to participate in the CES and must provide written commitments at the time of application. This requirement is written into their subagreements at the time of award. The CoC understands that permanent housing without prerequisites or conditions is key to survivor-centered services. Applicants seeking funding from the CoC are required to provide written commitments that their programs will operate according to Housing First principles and this is written into their subagreements at the time of award. When referrals are made from the CES Applicants are required to make contact with survivors within 48 hours and schedule the intake appointment within one week of contact. The intake process triages clients’ needs and provides referrals to the appropriate program/service provider. This process expands our inter-agency relationships to ensure that there is a trauma-informed “warm handoff” to the housing provider. Housing and safety plans are guided by the client’s experience, as survivors know their situation best. The CoC understands that unbalanced power dynamics can be triggering and retraumatizing for survivors. Applicants are required to describe their plan for delivering strengths-based services that follow clients’ preferences and maximize client choice and focus on establishing a client’s sense of self and accessing resources. Services will remain culturally humble, allowing each individual’s unique experience to shape the flow and timeline of services. These components include: Peer support specialists who will destigmatize accessing care and resources, along with allowing for mentorship in addition to clinical care. Peer support specialists will also provide feedback to the clinical team; Trauma-informed case management addresses the unique needs of survivors by following the client’s own goals and pace to focus first on establishing a sense of self. Housing will tie clinical and programmatic services together. The clinical supervisor will provide trauma-informed, crisis support, as well as advocate for long-term care. By providing two stages of clinical care for the gentle care of those coming most recently from domestic violence and sexual assault experiences, as well as an extended warm handoff in the second stage, this second stage of transitional care will address long-term root causes of trauma and advocate for client needs within the broader mental health system. Case management services are provided to every adult and child survivor. Case management includes relationship-building, assessments, goal-planning, referrals and linkages to key resources, coordination of services, and assistance in overcoming barriers to services. Service-enriched housing case managers help survivors identify and prioritize their needs and those of their children while supporting their rights and responsibility to make appropriate choices to achieve their desired goals.

4A-3h.	Plan for Involving Survivors in Policy and Program Development of New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
NOFO Section II.B.11.e.(1)(f)		

Describe in the field below how the new project(s) will involve survivors with a range of lived expertise in policy and program development throughout the project's operation.

(limit 2,500 characters)

The CoC has selected a project application submitted by the District Alliance for Safe Housing (DASH) as the project it will put forward for funding consideration under the domestic violence housing bonus. DASH is an innovator in providing access to safe housing and services to survivors of domestic and sexual violence and their families as they rebuild their lives on their own terms. DASH has established a Survivor Advisory Board (SAB) to gain feedback from survivors who are currently or formerly homeless. Benefits of the SAB include: Fostering the development of self-determination, leadership skills, and sense of empowerment among survivors; Providing clear lines of communication between leadership, staff, and survivors to resolve issues as they arise and better anticipate future survivor needs; and Creating a working partnership between consumers and providers to inform policy development and improve the quality and types of services provided. SAB members are recruited in a number of ways including nominations from staff or other program participants, or drawn from other programs within DASH. New members are introduced to the purpose and functions of the SAB and provided guidance. Orientation materials should provide an overview of the organization, its basic structures, and a breakdown of programs, employees, volunteers and clients.