

Before Starting the CoC Application

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

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

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

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

Your CoC Must Approve the Consolidated Application before You Submit It
- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2021 CoC Program Competition on behalf of your CoC.

- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

Answering Multi-Part Narrative Questions

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

Attachments

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

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

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

1A. Continuum of Care (CoC) Identification

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

1A-1. CoC Name and Number: GA-500 - Atlanta CoC

1A-2. Collaborative Applicant Name: Partners for HOME, Inc.

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Georgia Department of Community Affairs

1B. Coordination and Engagement–Inclusive Structure and Participation

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

In the chart below for the period from May 1, 2020 to April 30, 2021:

1.	select yes or no in the chart below if the entity listed participates in CoC meetings, voted—including selecting CoC Board members, and participated in your CoC's coordinated entry system; or
2.	select Nonexistent if the organization does not exist in your CoC's geographic area:

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

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

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

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

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

(limit 2,000 characters)

1. The Atlanta CoC communicates its process to become a member by having a dedicated page/application on its website for prospective members to complete as they are visiting the site; by inviting attendees at the bimonthly CoC meetings to complete the membership application online to become a member; by inviting our 700+ email subscribers to become a member in our monthly newsletter; and by inviting prospective members to join the CoC at non-CoC events such as City Council meetings, neighborhood association meetings and general community awareness forums.

2. The Atlanta CoC has an online application for individuals with mobility disabilities to complete with the use of computer technology from the comfort of their home/office. The application can be converted to a PDF application which allows for a read-aloud capability. Finally, we have a dedicated CoC liaison that can complete applications for individuals who lack computer technology and need hands-on assistance in completing the application.

3. The Atlanta CoC partners with member agencies to conduct outreach and recruit new CoC members from their respective clients having lived experience with homelessness. Agencies are provided content to include in their print and digital communications and staff are available to speak on CoC membership at agency meetings. Additionally, the Atlanta CoC works strategically with its Client Advisory Committee and Youth Action Board to recruit new CoC members through their personal network of persons with lived experience.

4. Through its Supporting Partnerships for Anti-Racist Communities (SPARC) committee, the Atlanta CoC works to identify and encourage organizations serving BIPOC and persons with disabilities to join the CoC. Recommendations for new members made from the committee are extended a personal invitation to join the CoC in addition to our CoC meetings being open to all stakeholders in the homeless space.

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

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

(limit 2,000 characters)

1. The Atlanta CoC works with a diverse group of agencies and individuals to solicit feedback on strategies to prevent and end homelessness. Over 175 agency members are represented in the CoC and include, but are not limited to, members from social service agencies, housing providers, government agencies, faith partners, community groups, foundations and businesses. At bimonthly CoC meetings, agenda time is allocated for open discussion on homeless strategies and invitations to provide individual and agency voice in areas that will impact homelessness in the City of Atlanta. One recent example of soliciting and considering opinions from a broad array of organizations included an invitation to participate in a two-day strategic plan update session. Over 50 individuals and agency representatives joined together to review the CoC's current strategic plan and provide feedback on new goals and strategies that can guide strategies, tasks and alignment over the next five years.

2. Work groups and special meetings are convened when there is a need to solicit input on targeted topics such as youth homelessness, housing development or strategic planning. To accommodate those who do not attend meetings, Partners for HOME will send a follow up email to the CoC subscriber list and solicit input and inclusion digitally on topics related to preventing and ending homelessness. These methods expand the individual and agency audiences to gather feedback from and inform the direction of the CoC. Using the strategic planning example referenced above, an invitation was made to CoC meeting attendees to participate in a two-day planning session to review and update the Atlanta CoC Strategic Plan.

3. During the two-day strategic planning session, the Atlanta CoC hired a consultant to walk attendees through targeted questions that focused on SMART goals, strategies and tactics needed to end homelessness for youth, veterans, families and persons identified as chronically homeless.

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

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

(limit 2,000 characters)

1. On September 8, 2021, the Atlanta CoC announced its local competition was open and accepting new and renewal project applications via Partners for HOME. This information was shared with over 700 email subscribers, placed on the Partners for HOME website via a pop up and dedicated page, and posted on the Partners for HOME social media platforms. The communications included a direct link for applicants to access forms and sign up for a distribution list that would be used to provide targeted information to prospects.

2. On September 2, 2021 an email was sent to CoC subscribers that announced HUD had opened its NOFO process. In the email, new applicants were requested to email the vp of development to be added to a distribution list for HUD communications. The message for new and renewing applicants was also included in the September 8, 2021 email to the CoC listserv and on social media.

3. In addition to posting local competition materials and instructions on the web, Partners for HOME also hosted a mandatory HUD NOFO overview for all interested applicants. The initial communication about the webinar was sent in a September 2, 2021 email to CoC subscribers. On September 7, Partners for HOME hosted the webinar for all interested applicants that reviewed the application process for both new and renewing applicants. The presentation was then uploaded to the Partners for HOME access for all renewing and new applicants to download at their convenience.

4. Partners for HOME has implemented a local competition policy that outlines the rules and regulations of how we select applicants for new and renewing projects. The policy was posted on the Partners for HOME website for all applicants to download and review as part of their application process.

5. The Atlanta CoC's local competition application was made available via a SurveyMonkey application. A PDF of the SurveyMonkey applications is also uploaded on the website for read aloud technology.

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

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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1C-1.	Coordination with Federal, State, Local, Private, and Other Organizations.	
	NOFO Section VII.B.1.b.	
	In the chart below:	
1.	select yes or no for entities listed that are included in your CoC’s coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or	
2.	select Nonexistent if the organization does not exist within your CoC’s geographic area.	

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with Planning or Operations of Projects
1.	Funding Collaboratives	Yes
2.	Head Start Program	Yes
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Yes
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Yes
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving LGBT persons	Yes
13.	Organizations led by and serving people with disabilities	Yes
14.	Private Foundations	Yes
15.	Public Housing Authorities	Yes
16.	Runaway and Homeless Youth (RHY)	Yes
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	
18.	Atlanta Downtown Improvement District	Yes

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

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

(limit 2,000 characters)

1. The Atlanta CoC held fall planning meetings with current and prospective ESG recipients to solicit input on program structure, identify ways to systemize rapid rehousing and develop a housing surge strategy. Partners were recruited to execute the housing surge through specialized roles in case management, financial assistance administration and unit acquisition roles. During meetings, discussion was also held on intertwining Coronavirus Relief Funds with the ESG funds, and processes for allocation of funds toward efforts that improved community health and safety; assisted with housing and eviction needs; and provided supplies for vulnerable neighbors.

2. The Atlanta CoC received funding to support the evaluation and performance of ESG recipients and subrecipients. Partners for HOME, as the lead agency for the CoC, administered a housing surge funded in part through the City of Atlanta's ESG-CV2 award. This permitted the agency to host weekly case conferencing and unit acquisition meetings to monitor the performance of ESG recipients and evaluate progress made on goals.

3. Point-in-Time (PIT) count and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions is presented at Atlanta CoC Governing Council and membership meetings, with the lead agency's email distribution list and website used to disseminate information to stakeholders not in attendance at meetings.

4. Partners for HOME directly shares data to Consolidated Plan Jurisdictions through weekly standing meetings with City of Atlanta's Mayor's Office. There, the CEO updates City leadership and Cabinet members on current issues related to homelessness and any modifications to the Consolidated Plan needed as a result. Additionally weekly housing meetings were led by Partners for HOME's Chief Operating Officer during the housing surge. This provided City leadership and technical team members real-time updates related to homelessness so it could be addressed in Consolidated Plan update.

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

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

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

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

Describe in the field below:

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

(limit 2,000 characters)

1. The CoC collaborates with education providers to provide access to and resources for both children and youth impacted by homelessness. This includes, but is not limited to, coordination for disability resources for children and youth with special needs; learning specialists for children and youth in need of enhanced tutoring and training; and GED and vocational education training for youth pursuing employment.
2. Currently, CoC providers have partnerships with local public-school systems, including Atlanta Public Schools, DeKalb County Schools and Fulton County Schools, as well as the Georgia Department of Education. As an example, CHIS180 offers school-based mental health services for children in elementary, middle and high school throughout Fulton and DeKalb Counties.
3. The CoC collaborates with SEAs and LEAs to strategize on, adopt and implement educational policies as it relates to children and youth impacted by homelessness.
4. In addition to partnering with school districts to provide access to and resources for students impacted by homelessness, school district representatives participate in CoC meetings and provide insight on trends in local education; participate in family and youth workgroups to provide strategies on detection of child and youth homelessness; and are invited to serve in leadership capacities on the Atlanta CoC Governing Council and formal Committees. Some outcomes of school district involvement with the CoC includes the Atlanta Public School Homeless Education Program that coordinates education services for students; a Headstart direct referral link to prioritize children of families impacted by homelessness; and care navigators placed in targeted schools that have high rates of transient students due to homelessness.
5. The CoC is in the process of renewing its MOU with the Atlanta Public School district and exploring partnerships with Fulton and DeKalb County schools.

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

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

(limit 2,000 characters)

The Atlanta CoC adopted written standards that inform individuals and families who become homeless of their eligibility for educational services. Providers working with these subpopulations should implement an intake process that include questions about the educational status of all children in the household. Agencies then provide families with information about their educational rights and protections for youth upon intake and when they enter the program. Agencies that serve families are expected to identify a lead staff person responsible for ensuring children are enrolled in school and connected to the appropriate educational services within the community. Parents and guardians have the right to authorize the school education provider to help coordinate these services. Finally, it is the CoC policy that agencies establish policies and practices that are consistent with, and do not restrict the exercise of rights provided by the education subtitle of the McKinney-Vento Act, and other laws related to the provision of educations and related services to individuals and families experiencing homelessness.

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

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

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	No	Yes
2.	Child Care and Development Fund	No	No
3.	Early Childhood Providers	Yes	Yes
4.	Early Head Start	Yes	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	No	Yes
9.	Tribal Home Visiting Program	No	No
	Other (limit 150 characters)		
10.	Department of Family and Children Services	Yes	No

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

Describe in the field below how your CoC coordinates to provide training for:

	1. Project staff that addresses safety and best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually); and
	2. Coordinated Entry staff that addresses safety and best practices (e.g., trauma informed care) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually).

(limit 2,000 characters)

1. The CoC collaborates with the Partnership for Domestic Violence (PADV) to train project staff from over 40 agencies, including staff from our central access point for coordinated entry and street outreach teams who also conduct coordinated entry assessments. The annual training informs attendees on trauma-informed and victim-centered approaches when working with survivors of domestic and provides as space to review the Atlanta CoC’s Emergency Transfer Plan.

In addition to an annual training in partnership with PADV, the Atlanta CoC has provided safety and best practices trainings for working with LGBTQ+ survivors of domestic violence; self-care and motivational interviewing; trauma-informed care training; and fair housing and tenant leadership trainings that are applicable to survivors of domestic violence. All ancillary trainings, in addition to the annual training, are for CoC project staff and Coordinated Entry staff.

2. All trainings discussed above are for coordinated entry staff as well as CoC area project staff.

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

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

(limit 2,000 characters)

To assess individuals and families experiencing domestic violence, Partnership Against Domestic Violence (PADV), the CoC’s victim services provider, provides data and statistics regarding people served and unmet need. They provide unidentified data from their HMIS comparable system to Partners for HOME through a protected identify spreadsheet. This unidentified data is then used to connect clients to resources and services that match their needs. PADV also meets with Partners for HOME staff to discuss data and the unmet needs. Unidentified data from the PIT Counts, the housing queue and state coalition is reviewed to address scope of needs for people who entered the homeless service system outside the victim services provider.

In 2021, PADV created a new coordinated entry project that will better inform the CoC of the needs of those experiencing domestic violence in our geographic area through de-identified aggregate data collected in their comparable database.

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

Describe in the field below how your CoC’s coordinated entry system protocols incorporate trauma-informed, victim-centered approaches while maximizing client choice for housing and services that:

1.	prioritize safety;	
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2.	use emergency transfer plan; and
3.	ensure confidentiality.

(limit 2,000 characters)

1. The CoC’s coordinated entry system prioritizes the safety of clients impacted by domestic violence by equipping coordinated access points (CAP) staff with resources for DV survivors can access; incorporating client choice in next steps; providing equal access to housing options and services regardless a decision to not utilize DV-specific services; and partnering with a local victim services agency to address the unique needs of populations impacted by DV. The local victim services provider adds an enhanced level of safety and security for DV survivors and conducts weekly outreach to identify individuals in the community who are fleeing DV but are unable to use the hotline.

2. The CoC’s emergency transfer plan is reviewed annually with CoC agencies and CE providers. This plan discusses ways agencies should meet the needs of individuals fleeing violence to prioritize their safety and minimize trauma. The CoC’s CE committee reviews and updates all policies related to coordinated entry. The CoC’s lead victim-services provider guides committee work with individuals impacted by DV using a trauma-informed and victim-centered lens.

3. Processes are outlined for the CES that ensure safety and confidentiality of survivors of DV. The CoC coordinates with the state DV coalition and hotline to provide information and referrals to anyone experiencing violence. If an individual or family’s safety is at-risk when presenting at a Coordinated Access Point (CAP) or service agency, referrals are made to the local family violence agency or to the DV coalition. Anyone fleeing violence can complete a phone assessment via the DV hotline. Information is shared with respective providers via a protected document that includes a client ID number and no identifying information. Client referrals are matched with services. DV providers use an HMIS-comparable system to protect the confidentiality of their clients, as well as a unique identifier for each household as added protection.

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

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

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

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

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2020 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Atlanta Housing	27%	Yes-Both	Yes

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

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

(limit 2,000 characters)

1. The Atlanta CoC has collaborated with Atlanta Housing (AH) to implement special admissions criteria to meet the needs of homeless admission preferences. As the only PHA in the Atlanta CoC’s geographic region, Atlanta Housing is a Moving to Work (MTW) agency that has broad authority with HUD to establish special admissions criteria and preferences in order to address homelessness. Atlanta Housing has representation on the Atlanta CoC Governing Council and actively partners with the CoC on youth, outreach and coordinated entry initiatives. The working relationship allows special admissions criteria and preferences to be easily established and implemented within CoC practices and policies. Atlanta Housing uses the coordinated entry system for HUD Mainstream Vouchers and MTW vouchers. Additionally, Atlanta Housing has committed 15 years of PBRA for the CoC’s permanent supportive housing pipeline, providing rental subsidies for 550 units developed. In this initiative, Atlanta Housing has agreed to reduce administrative barriers by partnering to create a joint application for funds, streamlining access to revenue streams to attract new developer interest in PSH development. Atlanta Housing commits 325 Move-On vouchers every three years to increase the attrition of the CoC’s PSH portfolio and provided an additional 100 vouchers for a PSH initiative resulting from the closure of the City’s largest emergency shelter.

2. This question is N/A.

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

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

1.	Multifamily assisted housing owners	Yes
2.	PHA	Yes
3.	Low Income Tax Credit (LIHTC) developments	Yes
4.	Local low-income housing programs	Yes
	Other (limit 150 characters)	
5.	Shared Living	Yes

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

Does your CoC include PHA-funded units in the CoC's coordinated entry process?	Yes
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1C-7c.1.	Method for Including PHA-Funded Units in Your CoC's Coordinated Entry System.	
	NOFO Section VII.B.1.g.	

If you selected yes in question 1C-7c., describe in the field below:

1.	how your CoC includes the units in its Coordinated Entry process; and
2.	whether your CoC's practices are formalized in written agreements with the PHA, e.g., MOUs.

(limit 2,000 characters)

1. Participating PHA projects have vacancies added in HMIS and are filled through Coordinated Entry. The PHA and local service providers utilize Coordinated Entry to fill vacancies for several of the PHA's Moving to Work programs as well as Mainstream Voucher projects. All new and reallocated Housing Choice Voucher resources for special populations are added as vacancies in HMIS and filled through Coordinated Entry.

2. The CoC has an MOU with the PHA for Mainstream Voucher projects and entered into an MOU with the PHA when Emergency Housing Vouchers were issued as part of the American Rescue Plan.

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

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

1C-7d.1.	CoC and PHA Joint Application—Experience—Benefits.	
	NOFO Section VII.B.1.g.	
	If you selected yes to question 1C-7d, describe in the field below:	
1.	the type of joint project applied for;	
2.	whether the application was approved; and	
3.	how your CoC and families experiencing homelessness benefited from the coordination.	

(limit 2,000 characters)

1. Permanent Supportive Housing
2. The application was approved.
3. Through coordination with the local PHA, the Atlanta CoC has funded two projects that leverage tenant-based vouchers. Households impacted by homelessness benefited from the coordination through a streamlined access to tenant-based Choice vouchers, that easily connected and housed those in need of a permanent voucher. The Choice voucher provides added flexibility for families to live anywhere there are landlords accepting the voucher, giving them more freedom and choice over where they will live now and in the future.

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

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

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

Did your CoC enter into a Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	Yes
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If you select yes, you must use the list feature below to enter the name of every PHA your CoC has entered into a MOU with to administer the Emergency Housing Voucher Program.	
PHA	
Atlanta Housing	

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

Name of PHA: Atlanta Housing

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

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

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

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

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

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition.	28
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition that have adopted the Housing First approach.	28
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects the CoC has ranked in its CoC Priority Listing in the FY 2021 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

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

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

(limit 2,000 characters)

Partners for HOME, as the lead agency for the Atlanta CoC, has developed standard program models and policies for all project types currently participating in the coordinated entry system. This practice establishes uniformity in service delivery and outcomes to better meet the needs of individuals impacted by homelessness in the City of Atlanta. Coordinated entry policies outline Housing First requirements that funded agencies must adhere to. Partners for HOME’s coordinated entry project management team reviews and approves all rejections by providers to ensure adherence to Housing First. The CoC also partners with an external evaluator to implement and evaluate a survey to project agencies to provide an unbiased review of practices. Feedback from these evaluations show the Atlanta CoC and its projects are aligned with Housing First principles and the coordinated entry system has been successful in identifying unsheltered individuals.

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

Does your CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach?	Yes
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1C-10.	Street Outreach–Scope.	
	NOFO Section VII.B.1.j.	

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

(limit 2,000 characters)

1. To identify and engage all unsheltered homeless population, the CoC partners with a street outreach team that conducts direct counts of people in places not meant for habitation (i.e. cars); counts through non-shelter service providers that unsheltered population use (i.e. food pantries and warming centers); and counts from public spaces (i.e. parks, street and encampments). Outreach teams build rapport, conduct short interviews and complete onsite assessments for clients who agree to accept services. For those who do not accept services, ongoing visits are made to address their daily concerns while navigating unsheltered homelessness.

2. The CoC’s street outreach covers 100% of the Atlanta CoC’s geographic area.

3. Street outreach is conducted Monday through Sunday, including evening hours during the week and weekend hours to address those who are unavailable during standard business hours.

4. Within the Atlanta CoC, unsheltered populations who are least likely to request assistance are those who work during standard business hours; those with language barriers; and those with severe and persistent mental illness/active addiction. To adapt to their needs, we’ve adjusted our street outreach hours to include after 5 p.m. and weekend shifts to target those who are unavailable during standard business hours; added bilingual team members and resources to meet the needs of those with language barriers; and implemented weekly scheduled visits to people with SPMI/active addictions to build rapport and a sense of consistency that may eventually lead to acceptance of services. Clinical personnel were also added to street outreach teams to work with special needs populations. Finally, the CoC coordinated with 311 to deploy street outreach team members in real-time to support people in need

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

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

1.	Engaged/educated local policymakers	Yes
2.	Engaged/educated law enforcement	Yes
3.	Engaged/educated local business leaders	Yes
4.	Implemented communitywide plans	Yes
5.	Other:(limit 500 characters)	
	Policing Alternatives & Diversion Initiative, City of Atlanta Public Defender, Atlanta Downtown Improvement District	Yes

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

	2020	2021
Enter the total number of RRH beds available to serve all populations as reported in the HIC—only enter bed data for projects that have an inventory type of “Current.”	681	956

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

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

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

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

Describe in the field below how your CoC provides information and training to CoC Program-funded projects by:

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

(limit 2,000 characters)

1. The CoC works with the Georgia Department of Family and Children Services, which administers TANF and the Food Stamp program, to ensure that CoC program funded agencies are regularly updated on resources available and eligibility changes or updates. The Georgia Dept of Behavioral Health and Developmental Disabilities provides SOAR training for CoC agencies, which assist them in having up-to-date resources regarding access to SSI. CoC meetings, held at least six times a year, also offer opportunities for partners, such as substance abuse programs, to share information about their work.

2. The CoC utilizes its monthly newsletter and bi-monthly CoC meetings to communicate information about available mainstream resources and other assistance. The CoC also contracts with an employment and benefit agency to staff navigators at coordinated entry sites and connect individuals to mainstream resources.

3. The CoC partners with Mercy Care (City of Atlanta’s federally qualified health center for the homeless) and Grady Health System (City of Atlanta’s public hospital system) to ensure eligible individuals from projects are identified and enrolled in health insurance. Mercy Care has 13 clinics across the City with many imbedded within provider organizations. The CoC has partnered with Grady to train project staff to identify program participants who are in need of health insurance and how to connect them to services.

4. The CoC contracts with an employment and benefit agency to staff navigators at coordinated entry sites and connect individuals to mainstream resources. Navigators provide assistance with the effective use of Medicaid and other benefits.

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

Describe in the field below how your CoC’s coordinated entry system:

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

(limit 2,000 characters)

1. The coordinated entry system covers the entire geography of the CoC, which includes the City of Atlanta comprised of 242 neighborhoods in Fulton and DeKalb Counties.

2. Partners for HOME, in partnership with the City of Atlanta, operated a warming center during the COVID-19 pandemic that provided an opportunity to reach people least likely to apply for homelessness assistance in the absence of special outreach. Team members were placed at the center to provide onsite assessments for coordinated entry and connect individuals to resources. Additionally, Partners for HOME reached people through its food distribution and soup kitchen work with Georgia Works and Church of the Common Ground to target individuals least likely to apply for homeless assistance.

3. The CoC maintains a Non-Assessed Priority List (NAPL) to prioritize individuals with severe mental illness who may be unable or unwilling to complete an assessment. This list captures people who are the most resistant and least likely to access assistance. Individuals may be added to the NAPL through an external referral process and the individual will be prioritized for housing inventory in the coordinated entry system. The CoC also utilizes length of time in homelessness as a factor to prioritize people most in need of assistance.

4. The CoC uses several VI-SPDAT tools to award additional points to people who are outside and least likely to access housing. The CoC also implements case conferencing to address situations where someone's vulnerability is not clearly reflected in the prioritization tool and to make necessary adjustments to individual scores. The tool also allows the CoC to assess someone who is highly vulnerable and implement a quick referral to housing without addition to the housing waiting list.

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

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

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

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

1.	People of different races or ethnicities are more likely to receive homeless assistance.	No
2.	People of different races or ethnicities are less likely to receive homeless assistance.	Yes
3.	People of different races or ethnicities are more likely to receive a positive outcome from homeless assistance.	No
4.	People of different races or ethnicities are less likely to receive a positive outcome from homeless assistance.	Yes

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

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

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

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	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.	No
7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	Yes
8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	Yes
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	Yes
10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	No
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	No
	Other:(limit 500 characters)	
12.		

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

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

(limit 2,000 characters)

To improve racial equity in the provision and outcomes of assistance beyond just those areas identified in the racial disparity assessment, the Atlanta CoC has expanded on a collaboration with C4Innovates as part of their Supporting Partnerships for Anti-Racist Communities (SPARC) initiative. The Atlanta CoC formed a local racial equity committee inclusive of representatives with lived expertise, direct service providers and community volunteers. The committee meets monthly to measure progress on structural change objectives developed from the collaboration with C4Innovates and to analyze ongoing quantitative data from HMIS and qualitative data collected from people with lived experience.

Since the initial assessment, Partners for HOME, as the lead agency for the Atlanta CoC, has invested in 550 new units of permanent supportive housing and secured policy recommendations for prioritization of affordable housing at or below 30% of AMI in HouseATL affordable housing recommendations submitted to the Mayor. To reduce the number and impact of evictions among families of color, Partners for HOME has invested in a shallow subsidy prevention initiative in partnership with a legal defense nonprofit for Black families at risk of eviction in marginalized neighborhoods across Atlanta.

Partners for HOME has implemented training to funders and health care systems to influence improvement in culturally competent care for people of color. This includes a recent series to educate funders on racial equity and homelessness and providing them with tangible ways to impact racial disparities through funding. PFH is now launching a training series with CSH that will target health care providers, specifically on these issues.

Finally to increase health care coverage to BIPOC, advocacy work related to a 1115 waiver has begun.

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

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

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included and provide input that is incorporated in the local planning process.	8	4
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	8	4
3.	Participate on CoC committees, subcommittees, or workgroups.	8	4
4.	Included in the decisionmaking processes related to addressing homelessness.	8	4
5.	Included in the development or revision of your CoC's local competition rating factors.	8	4

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

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

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

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

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

1D-1.	Safety Protocols Implemented to Address Immediate Needs of People Experiencing Unsheltered, Congregate Emergency Shelter, Transitional Housing Homelessness.	
	NOFO Section VII.B.1.q.	
	Describe in the field below protocols your CoC implemented during the COVID-19 pandemic to address immediate safety needs for individuals and families living in:	
1.	unsheltered situations;	
2.	congregate emergency shelters; and	
3.	transitional housing.	

(limit 2,000 characters)

1. The Atlanta CoC developed protocols for street outreach that included screening, education and supplies for unsheltered populations navigating the pandemic. Street outreach and the statewide HMIS administrator adopted and implemented a COVID-19 screening tool published by HUD. Housing providers were instructed to conduct daily screenings and enter data into HMIS to identify potential positive cases. Positive cases were connected to isolation opportunities to safely shelter in place and reduce infection rates. Educational materials were developed to ensure accurate information regarding the coronavirus was distributed with steps on how to protect oneself and prevent the spread. Outreach teams across the City posted these materials in encampments and handed them out to unsheltered populations. Partners for HOME partnered with a local distillery to repurpose their operations and make hand sanitizer to disseminate to unsheltered populations. Partners for HOME also initiated a partnership with MedShare to acquire and distribute masks to unsheltered populations through street outreach. Finally, Partners for HOME partnered with the Atlanta Community Food Bank to meals to unsheltered populations.

2. The Atlanta CoC replicated the aforementioned screening, education and supply protocols for individuals residing in congregate emergency shelters. Additionally, training was provided to emergency shelter providers on proper cleaning and safety protocols authorized by the CDC. Two hotels were opened to provide a safe space for COVID+ individuals to isolate and to add additional capacity for non-congregate shelter purposes. The CoC partnered with a local healthcare provider, FQHCs and the CDC deployment teams to conduct COVID-19 testing in congregate shelters, identify positive cases and transfer those patients to the isolation hotel.

3. The Atlanta CoC replicated the aforementioned congregate emergency shelter procedures for those residing in transitional housing.

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

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

(limit 2,000 characters)

To improve readiness for future public health emergencies, Partners for HOME collaborated with key stakeholders during the pandemic including the Centers for Disease Control; County and State Departments of Public Health; Grady Health System; and Mercy Care, a local healthcare for people impacted by homelessness. These relationships allowed for a comprehensive and coordinated response to suppress the coronavirus' spread. Partners for HOME established comprehensive protocols for communication to the CoC through weekly calls and enhanced digital presence on the web and social media. Partners for HOME leveraged volunteer organizations through Open Hand Atlanta and other key partners to crowdsource for needed donations, in partnered with City leadership to leverage stimulus funds through CRF, ESG and HOME to support the rapid exit of people experiencing homelessness safely into housing. Finally, Partners for HOME demonstrated its ability to rapidly pivot in an emergency by standing up two hotels, hiring staffing for both operations, deploying food across the city to unsheltered households and creating an innovative hold fee program which secured over 640 units to support the housing surge.

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

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

(limit 2,000 characters)

1. Partners for HOME trained all ESG-CV recipients on proper social distancing, PPE donning and doffing and sanitation protocols using CDC and public health partners and experts. Partners for HOME provided safety gear donated from medical partners including masks, gloves and hand sanitizer to all CoC providers in need.
2. Partners for HOME collaborated with the City of Atlanta, ESG-CV recipient to align all CV-II funds to support a housing surge for 800 households. To date, 688 households have been placed into housing using ESG-CV II funds in addition to City Coronavirus Relief Funds and \$5.1 million in philanthropic funds raised by PFH to match and leverage CRF and ESG funding.
3. Partners for HOME collaborated with the City of Atlanta, ESG-CV recipient to create a coordinated rental relief program administered by the local United Way and accessed through 211. All referrals went through 211 in order to improve access to funds.
4. Partners for HOME provided all ESG-CV recipients with healthcare supplies donated from medical partners including thermometers, masks, gloves and hand sanitizer.
5. Partners for HOME provided all ESG-CV recipients with healthcare supplies donated from medical partners including thermometers, masks, gloves and hand sanitizer.

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

Describe in the field below how your CoC coordinated with mainstream health (e.g., local and state health agencies, hospitals) during the COVID-19 pandemic to:

1.	decrease the spread of COVID-19; and
2.	ensure safety measures were implemented (e.g., social distancing, hand washing/sanitizing, masks).

(limit 2,000 characters)

1. Since the onset of the pandemic, Partners for HOME has coordinated with the CDC, local department of public health, Grady Health System, and Mercy Care to deploy comprehensive COVID testing sites across the homeless system, beginning with large congregate shelters and transitional housing, and moving to other service sites including housing programs and unsheltered locations. The CDC deployed a team locally to assist with testing which aided our community in ensuring a lower than 3% positivity rate across our homelessness population. Partners for HOME contracted with Grady Health System to provide all transportation of any individual testing positive for COVID to a hotel for safe isolation. Partners for HOME also partnered with the local department of public health for training and consultation, while contracting with the state department of public health to secure isolation hotel rooms for people experiencing homelessness who tested positive for COVID-19.

2. Partners for HOME collaborated with the CDC and local public health department since the beginning of the pandemic to provide ongoing training and technical assistance to CoC providers, hotel staff and teams on the importance of safety measures such as social distancing, wearing masks and hand sanitizing. Through a partnership with Grady Health System, people experiencing homelessness were also safely transported to necessary isolation beds.

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

Describe in the field below how your CoC communicated information to homeless service providers during the COVID-19 pandemic on:

1.	safety measures;
2.	changing local restrictions; and
3.	vaccine implementation.

(limit 2,000 characters)

1. Partners for HOME, as the lead agency for the Atlanta CoC, hosted weekly calls and online meetings with homeless providers during the first 6 months of COVID-19 pandemic to discuss and share information related to safety measures for staff and populations served. This information was also placed on the website and delivered via email for digital access.

2. During previously mentioned weekly calls and online meetings, Partners for HOME, as the lead agency for the CoC, provided updates to changing local restrictions for homeless providers to adopt and implement for their staff and populations served. This information was also placed on the website and delivered via email for digital access.

3. During previously mentioned weekly calls and online meetings, Partners for HOME, as the lead agency for the CoC, provided updates on COVID-19 testing and vaccine implementation for homeless providers to share with staff and populations served. This information was also placed on the website and delivered via email for digital access.

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

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

(limit 2,000 characters)

The Atlanta CoC partnered with its local homeless health care provider, Mercy Care, and shelter providers to host multiple, regularly scheduled, multiple testing and vaccine events throughout the City. Incentives were provided (i.e. food and supplies) to encourage higher attendance rates. The CoC also utilized street outreach team members to visit unsheltered hotspots, encampments, day service providers and soup/food kitchens to identify eligible individuals and families experiencing homelessness for the COVID-19 vaccine. Finally, mobile vaccination units were strategically placed in areas in need to provide a central access point for households in need.

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

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

(limit 2,000 characters)

The CoC utilized DV Bonus funds from HUD to contract with Partnership Against Domestic Violence (PADV) to launch a coordinated entry for those fleeing domestic violence. PADV dedicated staff to address increases in domestic violence calls during the COVID-19 pandemic and coordinated connections to its shelter resources and housing in real time through DV coordinated entry in a private comparable database. PADV also expanded a hotel/motel voucher program to accommodate simultaneous increased demand with decreased shelter capacity due to need for social distancing. PADV also expanded rental assistance (homeless diversion) to stabilize survivors who are fleeing violence, have already fled violence, and/or are living in a household prone to violence. New technologies were adopted that also allowed the organization to adapt, improve and expand our current programs. This included transitioning to a virtual call center model for our hotline; purchasing a license for doxy.me telemedicine software; purchasing scanners and signature tablets for digital intake documents; upgrading the internet capacity of shelters to accommodate virtual learners; and migrating administrative files and documents to a cloud-based server. Finally, supportive services were expanded, particularly mental health services, to align with needs seen during the pandemic and/or anticipated based on previous research on the impact of natural disasters and public health emergencies.

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

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

(limit 2,000 characters)

The CoC partnered with its downtown Coordinated Access Point (CAP) to implement telephonic assessments in response to the COVID-19 pandemic. The CoC launched a pilot program in collaboration with the City of Atlanta's 311 services to train its team members to conduct assessments via phone. In partnership with street outreach teams, encampments were targeted to meet vulnerable where they were at and conduct onsite assessments to ensure individuals impacted by homelessness were added to the coordinated entry system. Finally, addendums to existing policies were implemented to allow for prioritization of those most vulnerable to COVID-19.

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

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

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

1.	Enter the date your CoC published the 30-day submission deadline for project applications for your CoC's local competition.	09/07/2021
2.	Enter the date your CoC publicly posted its local scoring and rating criteria, including point values, in advance of the local review and ranking process.	09/07/2021

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

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

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

1E-2a.	Project Review and Ranking Process—Addressing Severity of Needs and Vulnerabilities.	
	NOFO Section VII.B.2.d.	

Describe in the field below how your CoC reviewed, scored, and selected projects based on:

1.	the specific severity of needs and vulnerabilities your CoC considered when ranking and selecting projects; and
2.	considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area.

(limit 2,000 characters)

1. When reviewing, scoring and selecting projects, the Atlanta CoC considered the following needs and vulnerabilities experiences by clients: chronic homelessness; mental health issues; alcohol abuse; drug abuse; both alcohol and drug abuse; chronic health conditions; HIV/AIDS; developmental disabilities; physical disabilities; immediately fleeing domestic violence; zero cash income at entry; and the number of vulnerabilities presented. Projects were awarded points for serving higher percentages of people with the above vulnerabilities. While all new referrals into projects come from coordinated entry, thereby reducing the input agencies have on who they serve, these vulnerabilities are still important to measure and are taken into consideration when reviewing other measures, such as housing stability and income increase. Agencies that have clients with these higher vulnerabilities may see a dip in those other measures.

2. Projects were evaluated on which, if any, of the following requirements individuals needed to move into projects: employment or other income; state issued identification; sobriety; compliance with medication; and/or order of protection if fleeing violence. These factors are all considered (negatively) during the ranking process and they are worked into the scoring tool. The Rank and Review Committee evaluated the uniqueness of projects when ranking, identifying those the CoC needs in its geographic area. Projects serving specific subpopulations (i.e. youth or veterans) was discussed and evaluated based on what it would add to the system. This specifically came up regarding a new application supporting couples. The Committee included the projects in its Tier 2 applicants to address a gap in the system as it relates to couples.

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

Describe in the field below how your CoC:

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

(limit 2,000 characters)

1. The Rank and Review Committee is responsible for determining rating factors. It was comprised of 5 committee members who identified as Black (2); White (1); and Hispanic (2).
2. The Rank and Review Committee is responsible for reviewing, selecting and ranking projects. It was comprised of 5 committee members who identified as Black (2); White (1); and Hispanic (2).
3. The Atlanta CoC introduced a supplemental question in its scoring to gain insight on barriers experienced by people of color and the agencies plan to address those barriers in their work.

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

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

(limit 2,000 characters)

1. The Atlanta CoC implemented a reduction and reallocation policy that indicated projects scoring below 40 points would need to create a performance improvement plan that outlined steps it would take to increase its performance. Should the project score low after two years, it would be at-risk for reduction and/or reallocation to attract higher performing projects that addressed the CoC’s priorities of PSH, RRH and DV projects.
2. All renewal projects submitted exceeded the reallocation threshold this year. Two projects did not submit a renewal application.
3. We did not reallocate any low performing or less needed projects during the local competition. We did reallocate funds from the two projects that failed to submit a renewal application.
4. The only projects reallocated were the two that did not submit an application.
5. The Atlanta CoC developed a Competition Policy that outlined the reallocation process. This policy was made available on the Partners for HOME website, with communications delivered via email about documents that related to the competition being available on the website.

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

Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2016 and FY 2021?	No
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1E-5.	Projects Rejected/Reduced–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen if You Select Yes.	
	NOFO Section VII.B.2.g.	

1.	Did your CoC reject or reduce any project application(s)?	Yes
2.	If you selected yes, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	10/22/2021

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

Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	10/28/2021
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1E-6.	Web Posting of CoC-Approved Consolidated Application. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.g.	

Enter the date your CoC's Consolidated Application was posted on the CoC's website or affiliate's website—which included: 1. the CoC Application; 2. Priority Listings; and 3. all projects accepted, ranked where required, or rejected.	11/12/2021
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2A. Homeless Management Information System (HMIS) Implementation

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

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

Enter the name of the HMIS Vendor your CoC is currently using.	Eccovia - ClientTrack
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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.	Statewide
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2A-3.	HIC Data Submission in HDX.	
	NOFO Section VII.B.3.a.	

Enter the date your CoC submitted its 2021 HIC data into HDX.	05/14/2021
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2A-4.	HMIS Implementation—Comparable Database for DV.	
	NOFO Section VII.B.3.b.	

Describe in the field below actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC:

- | | |
|----|---|
| 1. | have a comparable database that collects the same data elements required in the HUD-published 2020 HMIS Data Standards; and |
| 2. | submit de-identified aggregated system performance measures data for each project in the comparable database to your CoC and HMIS lead. |

(limit 2,000 characters)

1. Partners for HOME, works with the local DV services provider to review data elements and performance metrics required by the HUD HMIS Data Standards. Their comparable database syncs to keep data elements in line with HUD Data Standards. C

2. DV services providers download de-identified systems performance measure reports from the DV system and submit as a PDF file to the CoC and HMIS lead as needed.

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

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

Project Type	Total Beds 2021 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	1,734	36	1,583	93.23%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	1,022	0	859	84.05%
4. Rapid Re-Housing (RRH) beds	956	39	897	97.82%
5. Permanent Supportive Housing	2,106	0	2,106	100.00%
6. Other Permanent Housing (OPH)	103	0	103	100.00%

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

For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:

1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,000 characters)

1. Rates above that scored under 84.99% were either not applicable to our CoC or not applicable to the specific population referenced for the project.

2. This question is not applicable.

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

Enter the percentage of beds covered in comparable databases in your CoC's geographic area.	100.00%
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2A-5b.1.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Question 2A-5b. NOFO Section VII.B.3.c.	
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If the bed coverage rate entered in question 2A-5b. is 84.99 percent or less, describe in the field below:

- | | |
|----|--|
| 1. | steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent; and |
| 2. | how your CoC will implement the steps described to increase bed coverage to at least 85 percent. |

(limit 2,000 characters)

1. This question is not applicable.
2. This question is not applicable.

2A-6.	Longitudinal System Analysis (LSA) Submission in HDX 2.0. NOFO Section VII.B.3.d.	
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Did your CoC submit LSA data to HUD in HDX 2.0 by January 15, 2021, 8 p.m. EST?	Yes
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2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

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

Does your CoC commit to conducting a sheltered and unsheltered PIT count in Calendar Year 2022?	Yes
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2B-2.	Unsheltered Youth PIT Count—Commitment for Calendar Year 2022.	
	NOFO Section VII.B.4.b.	

Does your CoC commit to implementing an unsheltered youth PIT count in Calendar Year 2022 that includes consultation and participation from youth serving organizations and youth with lived experience?	Yes
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2C. System Performance

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

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- 24 CFR part 578

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

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

(limit 2,000 characters)

1. During coordinated entry assessments, specific questions are asked to determine if a household is experiencing homelessness for the first time. The information collected during the assessment aids the CoC with identifying risk factors associated with households that become homeless for the first time. The CoC also expanded its performance reports to provide data on households experiencing homelessness for the first time. Finally, the CoC partnered with the Atlanta Volunteer Lawyers Foundation (AVLF) and Atlanta Public Schools to identify high transient families as a factor that can signal a family is at risk for homelessness.

2. The CoC leverages public and private dollars to implement prevention and diversion intervention strategies for individuals and families at risk of becoming homeless within the CoC's geographic area. Prevention and diversion interventions target households in adult, youth, and family emergency shelters and at all coordinated access points. Prevention and diversion teams are also embedded in Atlanta Public Schools and at locations frequented by families to ensure those families can access services to prevent homelessness. This includes pro-bono legal services that focus on housing and eviction. Finally, CoC leadership advocates for and serves on affordable housing initiatives to help reduce the cost of housing so individuals and families are less likely to enter homelessness.

3. Partners for HOME is responsible for overseeing the Atlanta CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time or to end homelessness for individuals and families.

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

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

(limit 2,000 characters)

1. The CoC's strategy to reduce the length of time one remains homeless is rooted in its coordinated entry system. The SPDAT tool, the standard assessment used by the CoC, prioritizes individuals and families who are most vulnerable; who are most likely to remain homeless; and who have long lengths of time homeless. Coordinated entry has expanded to large shelter facilities across the CoC to ensure those experiencing longer terms in shelter are being captured for permanent housing solutions. All permanent supportive housing is prioritized for chronically homeless individuals and families, which is part of the CoC's strategy for housing those with the longest time homeless. The CoC has expanded rapid rehousing through partnerships with the Department of Family and Children's services to be able to refer more families to rapid rehousing and reduce their length of time in the homeless response system. Finally, the CoC is implementing a diversion program to rapidly exit individuals and families from the homeless queue and prevent extended times of homelessness.

2. The CoC's coordinated entry efforts incorporate use of a SPDAT tool that identifies the time individuals and families have been homeless. Once entered onto the housing queue, individuals and families can be tracked based on their length of time homeless and allow the CoC to customize a strategy to exit these clients from the homelessness queue.

3. Partners for HOME is responsible for overseeing the Atlanta CoC's strategy to reduce the length of time individuals and families remain homeless.

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

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

(limit 2,000 characters)

1. To increase the rate at which people in emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations, the CoC will strengthen and expand its coordinated entry system to ensure everyone experiencing homelessness has access to and is assessed through coordinated entry. The CoC will partner with the local PHA to expand the PH portfolio and those vacancies with people directly from coordinated entry. The CoC will also continue training emergency shelter providers on low-barrier practices and exiting to PH. The CoC will use performance measures from ES providers to track the number of residents leaving the shelter to PH. In instances of resident terminations, ES providers will participate in case conferencing to receive guidance on how to mitigate terminations and approval from the CoC to ensure that the maximum number of people are able to exit to permanent housing.

2. To increase the rate at which people in PH projects retain their PH, the CoC will work closely with these programs and case conference all terminations to either avoid termination or facilitate a program transfer with the goal of reducing returns to homelessness. The CoC will coordinate ongoing trainings to explore new ways to handle complex situations using the Housing First model in order to increase client retention and lower terminations and evictions. The CoC will also strengthen their Move On program with the local PHA to ensure that once individuals are stable, they continue to remain in affordable permanent housing with tenancy supports.

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

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

(limit 2,000 characters)

1. The CoC has built expanded program level performance reports from Client Track that include performance measures that track returns to homelessness. Program performance is analyzed quarterly and published on the CoC website. Once performance is analyzed and published, the CoC works with agencies to address common factors that result in returns to homelessness. Additionally, the CoC provides mandatory training for permanent supportive housing programs to ensure all programs practices adhere with Housing First
2. The CoC case conferences all potential terminations with RRH and PSH programs and has final approval on whether a program can terminate a household from their program. During case conferencing, the CoC works closely with ES, RRH, and PSH programs to provide support for complex situations that would traditionally lead to program termination. If termination cannot be prevented the CoC offers the option to transfer clients to another program of the same type. Working with programs, strengthening adherence to Housing First, allowing client transfers, and case conferencing with programs works to reduce or eliminate project terminations leading to fewer returns to homelessness
3. Partners for HOME is responsible for overseeing the CoC's strategy to reduce the rate individuals and persons in families return to homelessness.

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

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

(limit 2,000 characters)

1. The Atlanta CoC partners with a dedicated employment agency focused on serving individuals experiencing homelessness, to increase access to employment and employment income with the support of employment navigators. Housing Navigators are located at Coordinated Access Points to assist households with accessing training/education/employment opportunities, supported employment, and benefits.
2. The CoC leverages community resources and encourages inter-organizational collaboration. Partnerships are developed with organizations such as Atlanta Workforce Development, the state TANF agency, SOAR providers, supportive services providers, Metro Atlanta Exchange leadership, and representatives from employment/job training organizations such as First Step Staffing and West Side Works, which operate robust jobs programs including connections to culinary, CDA, construction, CAN, and other training and placement opportunities. The resources are communicated to CoC providers to ways on how clients can increase their cash income.
3. Partners for HOME is responsible for overseeing the CoC's strategy to increase income from employment.

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

Describe in the field below how your CoC:

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

(limit 2,000 characters)

1. The Atlanta CoC leverages community resources and encourages inter-organizational collaboration at meetings comprised of employment organizations such as Atlanta Workforce Development, the state TANF agency, SOAR providers, supportive services providers, and Metro Atlanta Exchange leadership (MAX). Participation by representatives of employment and job training organizations such as First Step Staffing and West Side Works are key in accessing direct hire opportunities from staffing agencies and same day access to regular employment and transportation. The CoC is consistently working to develop relationships with private employers. Collaboration between the CoC and Atlanta Workforce Development has been effective in creating opportunities to access Workforce Innovation and Opportunity Act (WIOA) resources such as paid Work Experience (WEx) opportunities and Individual Training Accounts (ITAs).

2. The CoC and Atlanta Workforce Development have partnered with organizations that provide education, training, professional development and access to employment opportunities upon program completion. Housing Navigators work closely with people to assist with linkage to employment opportunities that further their recovery and well-being. The CoC, in partnership with workforce development organizations, engages in outreach to employers that are aware of the barriers to employment for many people experiencing homelessness, and recently homeless, and who desire to be an active part of the effort to increase employment. The CoC plans to maintain engagement with private employers by assisting them in prescreening and preparing jobseekers identified through coordinated entry by employment navigators. Hiring fairs that lead to direct hire opportunities will also be used to provide meaningful education and training for program participants.

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

Describe in the field below:

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

(limit 2,000 characters)

1. Housing Navigators are trained in assisting individuals to apply for SSI and SSDI. The CoC has a referral agreement with partner agencies dedicated to assisting people who are homeless with disability claims and to receive clients for ongoing disability application support. The CoC partner agencies work with the Georgia Department of Behavioral Health and Developmental Disabilities to regularly receive SOAR training to ensure that staff are aware of current trends and updates in assisting people in need of SSI or SSDI. Additionally, all Housing Navigators are trained to assess for and assist clients with applying for noncash benefits as well as for screening for clients who may need support with a disability application. They are referred to the SOAR navigator and/or to employment agencies for ongoing support.

2. In addition to the collaborations mentioned above, the CoC Governing Council passed an Employment and Income Workflow that outlines the plan to increase income, including non-employment cash income. This includes additional SOAR Navigators who work with people who were referred as a part of the CoC coordinated entry process. The CoC and VA are also working on strengthening their partnership and doing so will expedite the opportunities for veterans to access VA benefits

3. Partners for HOME is responsible for overseeing the CoC's strategy to increase non-employment cash income.

3A. Coordination with Housing and Healthcare Bonus Points

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

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

Is your CoC applying for a new PSH or RRH project(s) that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	Yes
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3A-1a.	New PH-PSH/PH-RRH Project—Leveraging Housing Commitment. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.6.a.	

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

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

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

Is your CoC applying for a new PSH or RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	Yes
--	-----

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

1.	Did your CoC obtain a formal written agreement that includes: (a) the project name; (b) value of the commitment; and (c) specific dates that healthcare resources will be provided (e.g., 1-year, term of grant, etc.)?	Yes
2.	Is project eligibility for program participants in the new PH-PSH or PH-RRH project based on CoC Program fair housing requirements and not restricted by the health care service provider?	Yes

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

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

Project Name	Project Type	Rank Number	Leverage Type
OH Family Housing...	RRH	28	Healthcare
Atlanta CoC PSH 2021	PSH	15	Housing

3A-3. List of Projects.

1. What is the name of the new project? OH Family Housing Preservation Project

2. Select the new project type: RRH

3. Enter the rank number of the project on your CoC's Priority Listing: 28

4. Select the type of leverage: Healthcare

3A-3. List of Projects.

1. What is the name of the new project? Atlanta CoC PSH 2021

2. Select the new project type: PSH

3. Enter the rank number of the project on your CoC's Priority Listing: 15

4. Select the type of leverage: Housing

3B. New Projects With Rehabilitation/New Construction Costs

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

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

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

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

If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:

1.	Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and
2.	HUD’s implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons.

(limit 2,000 characters)

1. This question is not applicable.
2. This question is not applicable.

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

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

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

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

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

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

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

(limit 2,000 characters)

1. This question is not applicable.
2. This question is not applicable.

4A. DV Bonus Application

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

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

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

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

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

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

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

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

1.	Enter the number of survivors that need housing or services:	422
2.	Enter the number of survivors your CoC is currently serving:	86
3.	Unmet Need:	336

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

Describe in the field below:

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

(limit 2,000 characters)

1. The CoC reviewed October 2020 through September 2021 data from the local victim services agency's comparable HMIS database to determine the number of survivors needing housing or service. The numbers were calculated by adding the number of (unduplicated) PADV hotline callers identifying housing or shelter as a need and the number of PADV clients for which a housing or shelter referral was made (this could be via the hotline, outreach, or other PADV program). After creating both of these lists, they were reconciled, with any duplicates eliminated. Due to the local victim services agency covering multiple CoC geographic areas, the CoC then estimated its percentage of the combined areas based on population. This resulted in estimating 24% of the agency-wide population is attributed to the Atlanta CoC's geographic area.

2. Data was collected from DV-ClientTrack (via Department of Community Affairs) and CaseWorthy (via Criminal Justice Coordinating Council).

3. The greatest barrier to meeting the needs of survivors is a client's willingness to share they are a victim of domestic violence.

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

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

Applicant Name
Our House
Partners for HOME

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

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

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

1.	Applicant Name	Our House
2.	Rate of Housing Placement of DV Survivors–Percentage	95.00%
3.	Rate of Housing Retention of DV Survivors–Percentage	84.00%

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

Describe in the field below:

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

(limit 1,000 characters)

1. To calculate the rate of housing placement and housing retention, the local victim services agency rapid rehousing APR was reviewed.

2. Data was pulled from DV-ClientTrack (via DCA) and CaseWorthy (via CJCC) for the periods of January 1, 2020 through December 31, 2020 and January 1, 2021 through October 31, 2021.

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

Describe in the field below how the project applicant:

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

(limit 2,000 characters)

1. Our House ensures that Rapid Re-Housing (RRH) clients, including domestic violence survivors, are assisted to quickly move into safe and affordable housing by using existing relationships with property managers, landlords, and housing providers to identify housing that meets the needs of each family, in addition to providing financial assistance for deposits, utilities, and more that ensures participants can quickly and successfully move into safe and affordable housing.

2. Our House will use coordinated entry to prioritize survivors.

3. Once participants have moved into housing, Our House continues to provide case management that includes connecting participants to supportive services including assistance in getting and keeping a job and referrals to mental health and legal services. This is accomplished through relationships with over 20 community partners including Partnership Against Domestic Violence, Adaptive Learning Center, Self-Discovery PPP/NAMI, and more; in FY21 (July 1, 2020 – June 30, 2021), Our House’s Family Advocates served 357 individuals with case management.

4. By offering participants quick transitions to safe and affordable housing as well as supportive services, Our House enabled 118 families to either improve or maintain their housing stability in FY21. Of all the families served by Our House in FY21, 50 were domestic violence survivors. While we do not currently track the housing placement and retention of domestic violence survivors specifically, we have the systems in place to begin tracking these components once the project is launched.

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

Describe in the field below examples of how the project applicant ensured the safety of DV survivors experiencing homelessness by:

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

(limit 5,000 characters)

1. Our House staff frequently participate in training on case management best practices, including safety planning for domestic violence victims.
2. Each of the Our House’s Family Advocates that provide case management to clients has their own private office as well as several other spaces within our facility that can be used for private interviews.
3. While initial intake is conducted with both members of a couple, Advocates then meet separately with each individual member of a couple/family to develop goal plans that capture everyone's needs.
4. When working to identify housing, Our House clients have a high level of autonomy in choosing where they want to live, and Family Advocates work closely with clients to ensure their needs are met.
5. In Our House’s Atlanta shelter site, we maintain safety by maintaining a locked facility where visitors must be admitted by a staff member, and an on-site maintenance staff member monitors facility needs, such as lighting fixtures, to ensure the safety of residents.
6. When working with landlords, property managers, and housing providers, Our House communicates the importance of confidentiality, practices informed consent when sharing personally identifying information, and keeps safeguards against discovery in mind when identifying housing for clients.

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

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

(limit 2,000 characters)

During our most recently completed fiscal year (July 1, 2020 – June 30, 2021), Our House successfully served 50 families that included survivors of domestic violence. Our House has secure facilities, with multiple layers of auto-locked doors between entrances and family spaces; cameras; and on-site staff at all hours to ensure there are multiple barriers of entry to unauthorized individuals. We also do not give out client names or information without explicit permission from the client, and enact other standard safety protocols to ensure our clients’ privacy and security. Our trauma-informed approach to serving clients and the strict policies we enforce to ensure all client safety and confidentiality is why Our House has been able and can continue to ensure the safe recovery of the domestic violence survivors we serve.

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

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

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

(limit 5,000 characters)

1. Over the years, many former clients have joined Our House’s staff, particularly through the Child Development Associate job training program, and Family Advocates provide personalized case management for families in each of our core programs that keeps our staff informed on the specific needs of each family. Due in part to this closeness in experience, we approach our clients with respect and compassion, and Our House’s staff provides case management that is designed to reinforce positive interactions and appropriate conflict resolution. This includes working closely with clients during the housing identification process to ensure that their preferences are reflected in their housing arrangements.

2. Our House understands the importance of understanding trauma and its impact for both staff and clients. Through a partnership with CHRIS 180, Our House staff completes trauma-informed training to improve outcomes for families through service interactions that avoid their triggers, working around their barriers to overcoming homelessness.

3. Continuing training on trauma-informed care is also accessed through Georgia State’s CMTA program. Both parents and children have access to resources through partners such as the Partnership Against Domestic Violence, Adaptive Learning Center, and Self-Discovery PPP/NAMI that provide group work, counseling specific to each individual's needs, and more. Through these services, Our House avoids triggering symptoms associated with domestic violence that may hinder a family’s ability to move back into stable housing, while also addressing the long-term effects of related trauma.

4. Our House works to emphasize program participants’ strengths through case managers that use a progressive engagement model. After establishing a goal plan that considers each individual’s goals and aspirations, Our House staff give clients access to the supportive services needed to meet each goal while continuing to meet with families on a bi-weekly basis to gauge progress towards accomplishing their goals and determine if additional resources are needed.

5. The training programs referenced above ensure that staff are culturally competent and inclusive in their relationships with clients.

6. Our House clients are given multiple opportunities to connect with fellow program participants. Through our Alumni Program, a service that provides up to one year of case management to families who have overcome homelessness, Our House is working to cultivate spaces where families can engage with each other and share resources, successes, and build supportive relationships and community.

7. As Our House was founded to serve families with young children experiencing homelessness, we provide parenting support through access to childcare, including our nationally accredited, Quality Rated Early Childhood Education program serving children ages 6 weeks to 5 years old, and parenting classes as a part of our monthly life skills training classes.

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

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

(limit 5,000 characters)

1. Of the 150 families Our House served in FY21, 50 included domestic violence survivors. All families served by Our House are assisted in building a network of support and resources. Parents have access to free, reliable, high-quality childcare provided through Our House’s Early Childhood Education (ECE) program when age-appropriate slots are available, and if not, staff work to identify other free quality childcare options.

2. To reduce the health disparities that exist between families experiencing homelessness and their housed peers, Our House provides access to healthcare services for parents and children. Referrals are provided to free, on-site health and mental health service providers, including Community Advanced Practice Nurses (CAPN), which provides health check-ups, basic care, and immunizations for children; Adaptive Learning Center, which provides mental health services to ECE students; and CHRIS 180, which provides therapy sessions and other counseling services that address behavioral or emotional concerns that may result from the trauma of homelessness.

To address the specific challenges to regaining housing faced by survivors of domestic violence, Our House provided supportive services that addressed their specific needs. Previously served survivors have been provided with referrals to mental health services crucial to addressing the high levels of traumatic stress caused by experiences of domestic violence and homelessness provided by partners such as Partnership Against Domestic Violence. Survivors have also been referred to legal services from partner organizations as well.

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

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

(limit 5,000 characters)

1. Our House’s Family Housing Preservation Project will continue our commitment to providing services that approach clients with respect and compassion. The Rapid Re-Housing services provided to domestic violence survivors through this program will not only rapidly place them in housing but remain responsive to each family member’s needs and preferences.
2. Case management will be trauma-informed, culturally competent, and based on equality, provided by staff trained through community partners CHRIS 180 and Georgia State’s CMTA program.
3. Participants will also have access to supportive services that address and provide information on their own trauma through referrals to partners that provide group work, counseling specific to each individual’s needs, and more.
4. As Our House staff work with participants to develop a goal plan, case managers will work with each family member independently to create a goal plan based on each participant’s strengths and aspirations, and ongoing bi-weekly case management sessions will track progress towards each goal.
5. Once participants are no longer served by this project, they will have access to Our House’s Alumni Program, through which they can connect with Our House’s former clients to share resources, successes, and build supportive relationships.
6. Case management will be trauma-informed, culturally competent, and based on equality, provided by staff trained through community partners CHRIS 180 and Georgia State’s CMTA program.
7. Parents will receive access to childcare, including Our House’s nationally accredited and Quality Rated Early Childhood Education program serving children ages 6 weeks to 5 years old, as well as parenting classes through monthly life skills training classes.

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

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

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

1. Applicant Name	Partners for HOME
2. Rate of Housing Placement of DV Survivors–Percentage	95.00%
3. Rate of Housing Retention of DV Survivors–Percentage	84.00%

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

Describe in the field below:

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

(limit 1,000 characters)

1. To calculate the rate of housing placement and housing retention, the local victim services agency rapid rehousing APR was reviewed.

2. Data was pulled from DV-ClientTrack (via DCA) and CaseWorthy (via CJCC) for the periods of January 1, 2020 through December 31, 2020 and January 1, 2021 through October 31, 2021.

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

Describe in the field below how the project applicant:

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

(limit 2,000 characters)

1. Partners for HOME has contracted with Partnership Against Domestic Violence (PADV) to implement coordinated entry services specifically for individuals and families impacted by domestic violence. Additionally, as a HUD-funded agency within the CoC, PADV provides rapid rehousing to survivors of domestic violence. Partners for HOME manages PADV's performance and compliance with HUD standards.
2. In partnership with PADV, Partners for HOME has prioritized survivors through coordinated entry, utilizing specific questions that will allow intake specialists to refer clients to PADV for more specialized services related to DV populations. The CoC also has an emergency transfer in place that is reviewed annually to ensure DV survivors are prioritized and needs are met safely.
3. Through its partnership with PADV, clients impacted by domestic violence receive a variety of support services including ongoing support, crisis management, connection with mental health services, counseling, and assistance with food, legal advocacy, childcare, personal care items and transportation as needed.
4. In partnership with PADV, the CoC's local victim services provider, survivors are able to move from assisted housing to housing they could sustain through a rapid rehousing program offered to clients through PADV. The rapid rehousing program includes additional support services to help clients maintain their stability after subsidies have expired.

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

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

(limit 5,000 characters)

1. Partners for HOME partners with PADV to provide training to staff on safety planning. This training is offered annually, to CoC member agencies, with opportunities for more individualized sessions to agencies interacting with clients impacted by domestic violence.
2. In partnership with PADV, intake services can be conducted via phone by calling the DV hotline or at a private location agreed upon between the case manager and client.
3. In partnership with PADV, intake services can be conducted via phone or at a private location agreed upon between the case manager and client. During intake case managers have the opportunity to speak with individual members of a couple or family.
4. In partnership with PADV, intake services and ongoing case management offer clients the opportunity to address safety concerns and rental assistance needs. This provides clients the space to identify what is safe for them as it relates to scattered site units and rental assistance.
5. In partnership with PADV, case management offers clients the opportunity to address safety and operational concerns related to congregate spaces operated by PADV. PADV operates two emergency safe houses in Fulton and Gwinnett Counties.
6. PADV operates two private, emergency shelters that are solely for the use of survivors. During case management, dedicated supportive housing units are identified that help households transition to self-sufficiency, while receiving ongoing support.

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

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

(limit 2,000 characters)

Partners for HOME intends to issue an RFP for rapid rehousing services for DV survivors if awarded a grant. Partners for HOME has a strong relationship with its local domestic violence service provider that includes ongoing consultation about best practices and needs for survivors within the Atlanta CoC’s geographic service area. We utilized the direct service experience of this provider to measure the CoC’s ability to expand rapid rehousing services for the City of Atlanta while ensuring the safety of DV survivors.

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

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

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

(limit 5,000 characters)

1. Partners for HOME partners with PADV to provide annual trauma-informed training and victim services approaches as it relates to DV survivors. As part of this training and implementation, client choice is prioritized during case management to offer clients more control over their housing and safety.

2. Partners for HOME adheres to the Housing First principle and has a local Rank and Review process for HUD-funded agencies to review written policies and procedures implemented for clients and ensure they promote an environment of agency and mutual respect.

3. Partners for HOME administers annual trainings for CoC agencies, both funded on non-funded, that cover topics such as being trauma-informed. The trainings review resources available to clients of CoC programs and steps for clients to access these resources and are done in conjunction with our local victim services provider when focusing on DV clients.

4. Partners for HOME administers annual trainings for CoC agencies, both funded on non-funded, that cover topics such as strengths-based coaching and assessments that work toward a participant's goals and aspirations. The trainings review assessments and tools providers can implement when working with clients impacted by domestic violence, and are done in conjunction with our local victim services provider when focusing on DV clients.

5. Partners for HOME's implements trainings to CoC providers on cultural responsiveness and inclusivity through its racial equity committee.

6. Partners for HOME will coordinate support groups, mentorships, peer-to-peer and spiritual needs in conjunction with its local victim-services agency. The local victim services provider offers support opportunities for those enrolled in its shelter program, as well as those who are not part of the shelter program but in need of support groups to navigate their safety.

7. Partners for Home connects with CoC organizations to connect parents to parenting classes, childcare, etc. through its network of providers within the CoC, including childcare partners like Our House and Atlanta Children's Shelter.

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

Describe in the field below:

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

(limit 5,000 characters)

1. Partners for HOME has contracted with its local victim services agency, PADV, to provide supportive services to domestic violence survivors. This includes ongoing support, crisis management, connection with mental health services, counseling, and assistance with food, legal advocacy, childcare, personal care items and transportation as needed.

2. Through its partnership with a local victim services agency, Partners for HOME has been able to provide DV survivors with legal advocacy and support to help families prepare and obtain Temporary Protective Orders. Additionally parenting classes and connections to education services are provided to households with school-aged children who need access to school and resources to thrive academically. A third example of the services provided include access to peer support groups that provide a safe space for survivors to talk and navigate ways to live more safely.

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

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

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

(limit 5,000 characters)

1. The new project will utilize program participant choice in choosing resources for individuals and families impacted by DV. This will be managed by the direct service provider's case management team and ensure participant preference leads the decision-making process for steps to stable housing. Assessment and feedback tools will be used to document client choice and measure a clients' progress on their choices.
2. The new project will establish and follow written documentation that adheres to the Housing First principle and promotes an environment of agency and mutual respect. These documents can include intake assessments and forms and client handbooks/policies. Assessment and feedback tools will be used to ensure program participant staff interactions are based on equality and minimize power differentials.
3. The new project will build on Partners for HOME's trainings for CoC agencies, both funded on non-funded, that cover topics such as being trauma-informed. The trainings review resources available to clients of CoC programs and steps for clients to access these resources and are done in conjunction with our local victim services provider when focusing on DV clients. Partners for HOME will review assessments completed by clients to ensure clients access these resources.
4. The new project will build on Partners for HOME's trainings for CoC agencies, both funded on non-funded, that cover topics such as strengths-based coaching and assessments that work toward a participant's goals and aspirations. The trainings review assessments and tools providers can implement when working with clients impacted by domestic violence, and are done in conjunction with our local victim services provider when focusing on DV clients.
5. The new project will center on cultural responsiveness and inclusivity by providing training to CoC providers on cultural responsiveness and inclusivity through its local victim services agency, and its racial equity committee.
6. The new project will coordinate support groups, mentorships, peer-to-peer and spiritual needs in conjunction with its local victim-services agency. The local victim services provider offers support opportunities for those enrolled in its shelter program, as well as those who are not part of the shelter program but in need of support groups to navigate their safety.
7. The new project will connect parents to parenting classes, childcare, etc. through its network of providers within the CoC, including childcare partners like Our House and Atlanta Children's Shelter.

4B. Attachments Screen For All Application Questions

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

Attachments must match the questions they are associated with.

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

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

Document Type	Required?	Document Description	Date Attached
1C-14. CE Assessment Tool	Yes	CE Assessment Tool	11/01/2021
1C-7. PHA Homeless Preference	No	PHA Homeless Pref...	11/12/2021
1C-7. PHA Moving On Preference	No	PHA Moving On Pre...	11/12/2021
1E-1. Local Competition Announcement	Yes	Local Competition...	10/30/2021
1E-2. Project Review and Selection Process	Yes	Project Review an...	10/30/2021
1E-5. Public Posting—Projects Rejected-Reduced	Yes	Public Posting—Pr...	10/30/2021
1E-5a. Public Posting—Projects Accepted	Yes	t Public Posting—...	10/30/2021
1E-6. Web Posting—CoC-Approved Consolidated Application	Yes	Web Posting—CoC-A...	11/12/2021
3A-1a. Housing Leveraging Commitments	No	Housing Leveragin...	11/08/2021
3A-2a. Healthcare Formal Agreements	No	Healthcare Formal...	11/10/2021
3C-2. Project List for Other Federal Statutes	No		

Attachment Details

Document Description: CE Assessment Tool

Attachment Details

Document Description: PHA Homeless Preference

Attachment Details

Document Description: PHA Moving On Preference

Attachment Details

Document Description: Local Competition Announcement

Attachment Details

Document Description: Project Review and Selection Process

Attachment Details

Document Description: Public Posting–Projects Rejected-Reduced

Attachment Details

Document Description: t Public Posting–Projects Accepted

Attachment Details

Document Description: Web Posting–CoC-Approved Consolidated Application

Attachment Details

Document Description: Housing Leveraging Commitments

Attachment Details

Document Description: Healthcare Formal Agreements

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	11/10/2021
1B. Inclusive Structure	10/30/2021
1C. Coordination	11/08/2021
1C. Coordination continued	11/09/2021
1D. Addressing COVID-19	11/09/2021
1E. Project Review/Ranking	11/12/2021
2A. HMIS Implementation	11/09/2021
2B. Point-in-Time (PIT) Count	10/30/2021
2C. System Performance	11/09/2021
3A. Housing/Healthcare Bonus Points	11/08/2021
3B. Rehabilitation/New Construction Costs	10/30/2021

FY2021 CoC Application	Page 72	07/01/2023
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3C. Serving Homeless Under Other Federal Statutes	11/03/2021
4A. DV Bonus Application	11/12/2021
4B. Attachments Screen	11/12/2021
Submission Summary	No Input Required

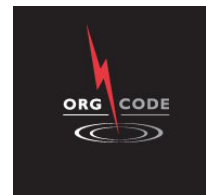
**Vulnerability Index -
Service Prioritization Decision Assistance Tool
(VI-SPDAT)**

Prescreen Triage Tool for Single Adults

AMERICAN VERSION 2.01

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**COMMUNITY
SOLUTIONS**



Welcome to the SPDAT Line of Products

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

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

VI-SPDAT Series

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

Current versions available:

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

All versions are available online at

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

SPDAT Series

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

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

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

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

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

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

Administration

Interviewer's Name _____	Agency _____	<input type="checkbox"/> Team <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer
Survey Date DD/MM/YYYY ___/___/____	Survey Time ___:___	Survey Location _____

Opening Script

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

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

Basic Information

First Name _____	Nickname _____	Last Name _____
In what language do you feel best able to express yourself? _____		
Date of Birth DD/MM/YYYY ___/___/____	Age _____	Social Security Number _____
		Consent to participate <input type="checkbox"/> Yes <input type="checkbox"/> No

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

SCORE:

A. History of Housing and Homelessness

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

- Shelters
- Transitional Housing
- Safe Haven
- Outdoors**
- Other (specify):**

- Refused**

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

SCORE:

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

Refused

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

Refused

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

SCORE:

B. Risks

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

- a) Received health care at an emergency department/room? _____ Refused
- b) Taken an ambulance to the hospital? _____ Refused
- c) Been hospitalized as an inpatient? _____ Refused
- d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? _____ Refused
- e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along? _____ Refused
- f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? _____ Refused

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

SCORE:

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

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

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

SCORE:

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

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

SCORE:

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

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

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

SCORE:

C. Socialization & Daily Functioning

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

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

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

SCORE:

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

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

SCORE:

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

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

SCORE:

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

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

SCORE:

D. Wellness

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

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

SCORE:

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

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

SCORE:

23. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:
- a) A mental health issue or concern? Y N Refused
- b) A past head injury? Y N Refused
- c) A learning disability, developmental disability, or other impairment? Y N Refused
24. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help? Y N Refused

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

SCORE:

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

SCORE:

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

SINGLE ADULTS

AMERICAN VERSION 2.01

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

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

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

SCORE:

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

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

SCORE:

Scoring Summary

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

Follow-Up Questions

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

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

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

Appendix A: About the VI-SPDAT

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

The VI-SPDAT

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

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

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

Version 2

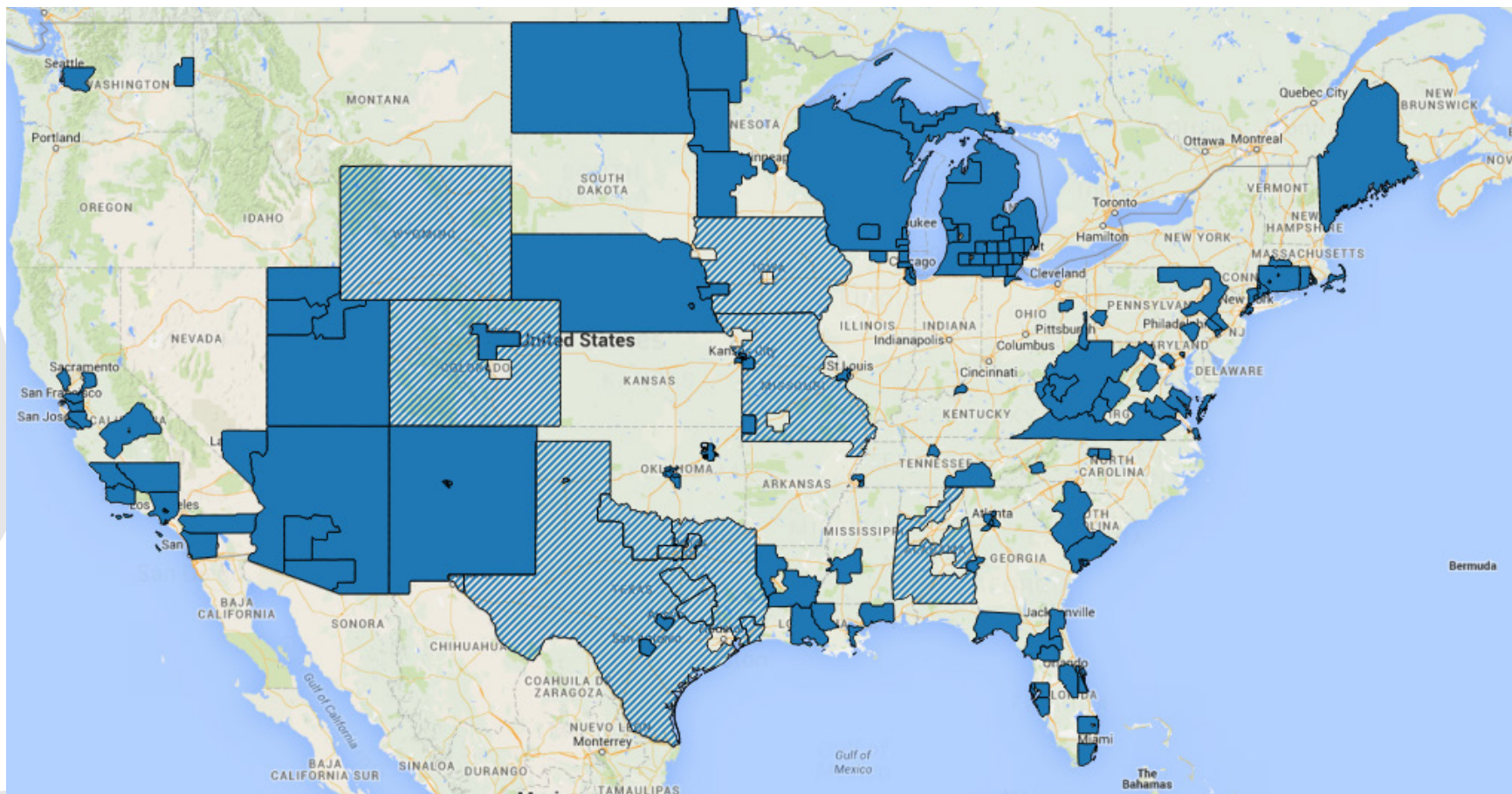
Version 2 builds upon the success of Version 1 of the VI-SPDAT with some refinements. Starting in August 2014, a survey was launched of existing VI-SPDAT users to get their input on what should be amended, improved, or maintained in the tool. Analysis was completed across all of these responses. Further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

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

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

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

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



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

Alabama

- Parts of Alabama Balance of State

Arizona

- Statewide

California

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

Colorado

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

Connecticut

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

District of Columbia

- District of Columbia

Florida

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

Georgia

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

Hawaii

- Honolulu

Illinois

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

Iowa

- Parts of Iowa Balance of State

Kansas

- Kansas City/Wyandotte County

Kentucky

- Louisville/Jefferson County

Louisiana

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

Massachusetts

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

Maryland

- Baltimore City
- Montgomery County

Maine

- Statewide

Michigan

- Statewide

Minnesota

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

Missouri

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

Mississippi

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

North Carolina

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

North Dakota

- Statewide

Nebraska

- Statewide

New Mexico

- Statewide

Nevada

- Las Vegas/Clark County

New York

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

Ohio

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

Oklahoma

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

Pennsylvania

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

Rhode Island

- Statewide

South Carolina

- Charleston/Low Country
- Columbia/Midlands

Tennessee

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

Texas

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

Utah

- Statewide

Virginia

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

Washington

- Seattle/King County
- Spokane City & County

Wisconsin

- Statewide

West Virginia

- Statewide

Wyoming

- Wyoming Statewide is in the process of implementing

**Transition Age Youth -
Vulnerability Index -
Service Prioritization Decision Assistance Tool
(TAY-VI-SPDAT)**

“Next Step Tool for Homeless Youth”

AMERICAN VERSION 1.0

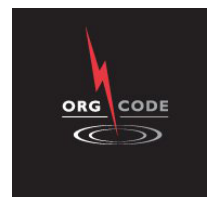
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SOLUTIONS**



Eric Rice, PhD

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SOCIAL WORK



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Current versions available:

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

All versions are available online at

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

SPDAT Series

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

Current versions available:

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

Information about all versions is available online at

www.orgcode.com/products/spdat/

SPDAT Training Series

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

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

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- Level 3 SPDAT Training: SPDAT for Trainers

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

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The TAY-VI-SPDAT – The Next Step Tool for Homeless Youth

OrgCode Consulting, Inc. and Community Solutions joined forces with the Corporation for Supportive Housing (CSH) to combine the best parts of products and expertise to create one streamlined triage tool designed specifically for youth aged 24 or younger.

Administration

Interviewer's Name _____	Agency _____	<input type="checkbox"/> Team <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer
Survey Date DD/MM/YYYY ___/___/____	Survey Time ___ : ___	Survey Location _____

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- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
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- where the information is going to be stored
- that if the participant does not understand a question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

First Name _____	Nickname _____	Last Name _____
In what language do you feel best able to express yourself? _____		
Date of Birth DD/MM/YYYY ___/___/____	Age _____	Social Security Number _____
		Consent to participate <input type="checkbox"/> Yes <input type="checkbox"/> No

IF THE PERSON IS 17 YEARS OF AGE OR LESS, THEN SCORE 1.

SCORE:

A. History of Housing and Homelessness

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

- Shelters **Couch surfing** **Other (specify):**
 Transitional Housing **Outdoors**
 Safe Haven **Refused** _____

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

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

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

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

B. Risks

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

- a) Received health care at an emergency department/room? _____ Refused
 b) Taken an ambulance to the hospital? _____ Refused
 c) Been hospitalized as an inpatient? _____ Refused
 d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? _____ Refused
 e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along? _____ Refused
 f) Stayed one or more nights in a holding cell, jail, prison or juvenile detention, whether it was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? _____ Refused

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

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

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

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

7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live? **Y** N Refused
8. Were you ever incarcerated when younger than age 18? **Y** N Refused

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

9. Does anybody force or trick you to do things that you do not want to do? **Y** N Refused
10. Do you ever do things that may be considered to be risky like exchange sex for money, food, drugs, or a place to stay, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that? **Y** N Refused

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

C. Socialization & Daily Functioning

11. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money? **Y** N Refused
12. Do you get any money from the government, an inheritance, an allowance, working under the table, a regular job, or anything like that? Y **N** Refused

IF "YES" TO QUESTION 11 OR "NO" TO QUESTION 12, THEN SCORE 1 FOR MONEY MANAGEMENT. **SCORE:**

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

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

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

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

15. Is your current lack of stable housing...

- a) Because you ran away from your family home, a group home or a foster home? **Y** N Refused
- b) Because of a difference in religious or cultural beliefs from your parents, guardians or caregivers? **Y** N Refused
- c) Because your family or friends caused you to become homeless? **Y** N Refused
- d) Because of conflicts around gender identity or sexual orientation? **Y** N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SOCIAL RELATIONSHIPS**.

SCORE:

- e) Because of violence at home between family members? **Y** N Refused
- f) Because of an unhealthy or abusive relationship, either at home or elsewhere? **Y** N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **ABUSE/TRAUMA**.

SCORE:

D. Wellness

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

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

SCORE:

NEXT STEP TOOL FOR HOMELESS YOUTH

SINGLE YOUTH

AMERICAN VERSION 1.0

22. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? **Y** N Refused
23. Will drinking or drug use make it difficult for you to stay housed or afford your housing? **Y** N Refused
24. If you've ever used marijuana, did you ever try it at age 12 or younger? **Y** N Refused

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

SCORE:

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

- a) A mental health issue or concern? **Y** N Refused
- b) A past head injury? **Y** N Refused
- c) A learning disability, developmental disability, or other impairment? **Y** N Refused

26. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help? **Y** N Refused

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

SCORE:

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

SCORE:

27. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? **Y** N Refused
28. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication? **Y** N Refused

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

SCORE:

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/1	Score: Recommendation: 0-3: no moderate or high intensity services be provided at this time 4-7: assessment for time-limited supports with moderate intensity 8+: assessment for long-term housing with high service intensity
A. HISTORY OF HOUSING & HOMELESSNESS	/2	
B. RISKS	/4	
C. SOCIALIZATION & DAILY FUNCTIONS	/5	
D. WELLNESS	/5	
GRAND TOTAL:	/17	

Follow-Up Questions

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

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

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

Appendix A: About the TAY-VI-SPDAT

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

The VI-SPDAT

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

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

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

The Youth – Transition Age Youth Tool from CSH

Released in May 2013, the Corporation for Supportive Housing (CSH) partnered with Dr. Eric Rice, Assistant Professor at the University of Southern California (USC) School of Social Work, to develop a triage tool that targets homeless Transition Age Youth (TAY) for permanent supportive housing. It consists of six items associated with long-term homelessness (five or more years) among transition-aged youth (age 18-24).

Version 2 of the VI-SPDAT

Version 2 builds upon the success of Version 1 of the VI-SPDAT with some refinements. Starting in August 2014, a survey was launched of existing VI-SPDAT users to get their input on what should be amended, improved, or maintained in the tool.

Analysis was completed across all of these responses. Further research was conducted. Questions were tested and refined over several months, again including the direct voice of persons with lived experience and frontline practitioners. Input was also gathered from senior government officials that create policy and programs to help ensure alignment with guidelines and funding requirements.

The TAY-VI-SPDAT – The Next Step Tool for Homeless Youth

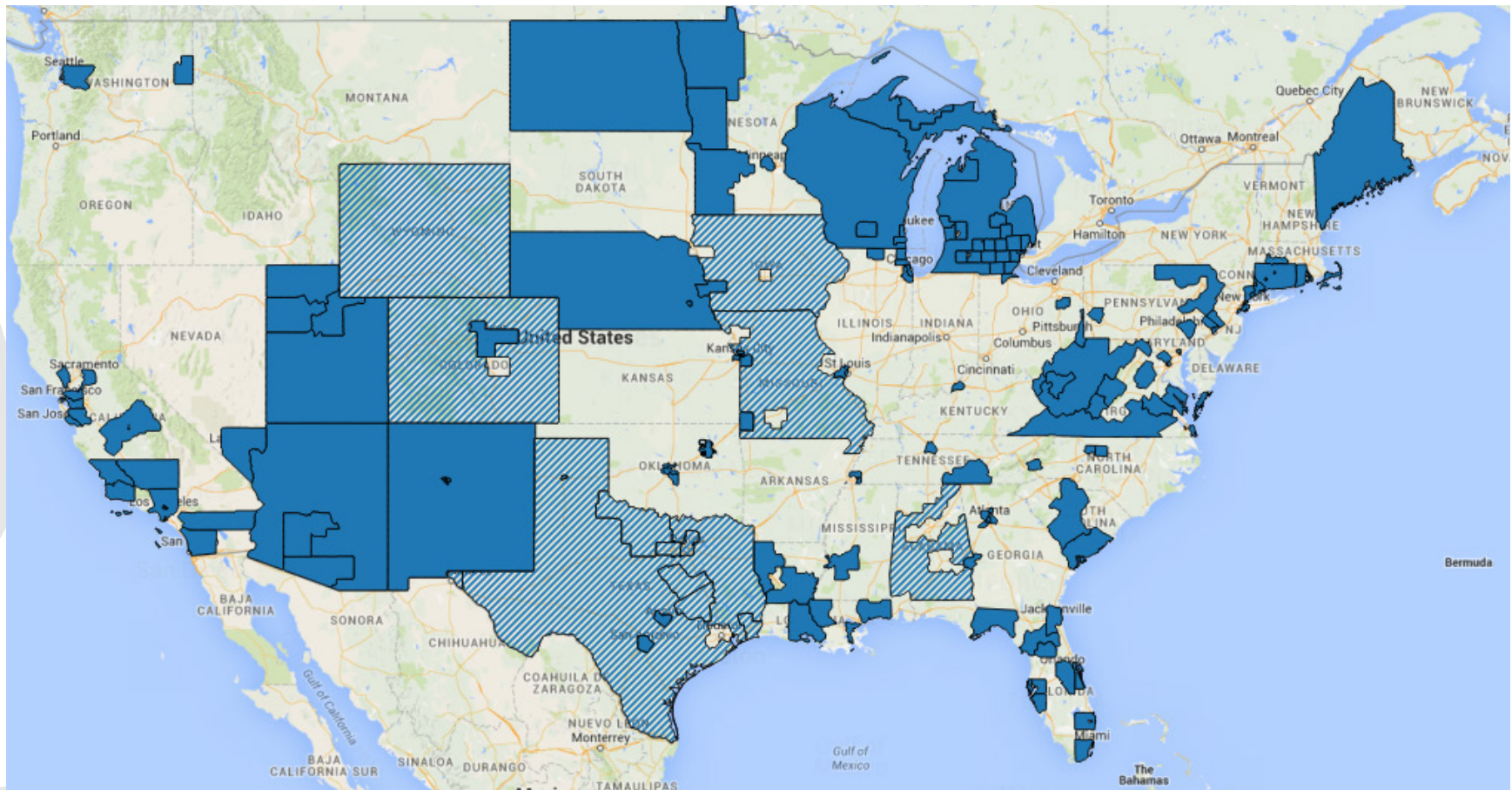
One piece of feedback was the growing concern that youth tended to score lower on the VI-SPDAT, since the Vulnerability Index assesses risk of mortality which is less prevalent among younger populations. So, in version 2 of the VI-SPDAT, OrgCode Consulting, Inc. and Community Solutions joined forces with CSH to combine the best parts of the TAY, the VI, and the SPDAT to create one streamlined triage tool designed specifically for youth aged 24 or younger.

If you are familiar with the VI-SPDAT, you will notice some differences in the TAY-VI-SPDAT compared to VI-SPDAT version 1. Namely:

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

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

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



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

Alabama

- Parts of Alabama Balance of State

Arizona

- Statewide

California

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

Colorado

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

Connecticut

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

District of Columbia

- District of Columbia

Florida

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

Georgia

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

Hawaii

- Honolulu

Illinois

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

Iowa

- Parts of Iowa Balance of State

Kansas

- Kansas City/Wyandotte County

Kentucky

- Louisville/Jefferson County

Louisiana

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

Massachusetts

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

Maryland

- Baltimore City
- Montgomery County

Maine

- Statewide

Michigan

- Statewide

Minnesota

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

Missouri

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

Mississippi

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

North Carolina

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

North Dakota

- Statewide

Nebraska

- Statewide

New Mexico

- Statewide

Nevada

- Las Vegas/Clark County

New York

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

Ohio

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

Oklahoma

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

Pennsylvania

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

Rhode Island

- Statewide

South Carolina

- Charleston/Low Country
- Columbia/Midlands

Tennessee

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

Texas

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

Utah

- Statewide

Virginia

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

Washington

- Seattle/King County
- Spokane City & County

Wisconsin

- Statewide

West Virginia

- Statewide

Wyoming

- Wyoming Statewide is in the process of implementing

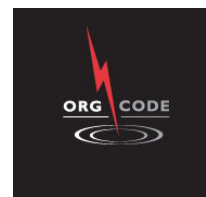
**Vulnerability Index -
Service Prioritization Decision Assistance Tool
(VI-SPDAT)**

Prescreen Triage Tool for Families

AMERICAN VERSION 2.0

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

**COMMUNITY
SOLUTIONS**



Welcome to the SPDAT Line of Products

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

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

VI-SPDAT Series

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

Current versions available:

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

All versions are available online at

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

SPDAT Series

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

Current versions available:

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

Information about all versions is available online at

www.orgcode.com/products/spdat/

SPDAT Training Series

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

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

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

Current SPDAT training available:

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

Other related training available:

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

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

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

Administration

Interviewer's Name _____	Agency _____	<input type="checkbox"/> Team <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer
Survey Date DD/MM/YYYY ___/___/____	Survey Time ___:___	Survey Location _____

Opening Script

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

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

Basic Information

PARENT 1	First Name _____	Nickname _____	Last Name _____
	In what language do you feel best able to express yourself? _____		
	Date of Birth DD/MM/YYYY ___/___/____	Age _____	Social Security Number _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
PARENT 2	<input type="checkbox"/> No second parent currently part of the household		
	First Name _____	Nickname _____	Last Name _____
	In what language do you feel best able to express yourself? _____		
	Date of Birth DD/MM/YYYY ___/___/____	Age _____	Social Security Number _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
IF EITHER HEAD OF HOUSEHOLD IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.			SCORE: <div style="border: 1px solid white; width: 40px; height: 20px; margin: 0 auto;"></div>

Children

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

First Name	Last Name	Age	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

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

A. History of Housing and Homelessness

5. Where do you and your family sleep most frequently? (check one)
 - Shelters
 - Transitional Housing
 - Safe Haven
 - Outdoors**
 - Other (specify):** _____
 - Refused**

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

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

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

B. Risks

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

- a) Received health care at an emergency department/room? Refused
- b) Taken an ambulance to the hospital? Refused
- c) Been hospitalized as an inpatient? Refused
- d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? Refused
- e) Talked to police because they witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told them that they must move along? Refused
- f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? Refused

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

SCORE:

- 9. Have you or anyone in your family been attacked or beaten up since they've become homeless? Y N Refused
- 10. Have you or anyone in your family threatened to or tried to harm themselves or anyone else in the last year? Y N Refused

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

SCORE:

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

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

SCORE:

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

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

SCORE:

C. Socialization & Daily Functioning

14. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you or anyone in your family owe them money? Y N Refused

15. Do you or anyone in your family get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? Y N Refused

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

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

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

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

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

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

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

D. Wellness

19. Has your family ever had to leave an apartment, shelter program, or other place you were staying because of the physical health of you or anyone in your family? Y N Refused

20. Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs or heart? Y N Refused

21. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you or anyone in your family? Y N Refused

22. Does anyone in your family have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? Y N Refused

23. When someone in your family is sick or not feeling well, does your family avoid getting medical help? Y N Refused

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

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

FAMILIES

AMERICAN VERSION 2.0

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

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

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

SCORE:

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

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

b) A past head injury? Y N Refused

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

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

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

SCORE:

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

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

SCORE:

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

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

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

SCORE:

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

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

SCORE:

E. Family Unit

32. Are there any children that have been removed from the family by a child protection service within the last 180 days? **Y** N Refused

33. Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your housing? **Y** N Refused

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

SCORE:

34. In the last 180 days have any children lived with family or friends because of your homelessness or housing situation? **Y** N Refused

35. Has any child in the family experienced abuse or trauma in the last 180 days? **Y** N Refused

36. **IF THERE ARE SCHOOL-AGED CHILDREN:** Do your children attend school more often than not each week? Y **N** N/A or Refused

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

SCORE:

37. Have the members of your family changed in the last 180 days, due to things like divorce, your kids coming back to live with you, someone leaving for military service or incarceration, a relative moving in, or anything like that? **Y** N Refused

38. Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed? **Y** N Refused

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

SCORE:

39. Do you have two or more planned activities each week as a family such as outings to the park, going to the library, visiting other family, watching a family movie, or anything like that? Y **N** Refused

40. After school, or on weekends or days when there isn't school, is the total time children spend each day where there is no interaction with you or another responsible adult...

a) 3 or more hours per day for children aged 13 or older? **Y** N Refused

b) 2 or more hours per day for children aged 12 or younger? **Y** N Refused

41. **IF THERE ARE CHILDREN BOTH 12 AND UNDER & 13 AND OVER:** Do your older kids spend 2 or more hours on a typical day helping their younger sibling(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that? **Y** N N/A or Refused

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

SCORE:

Scoring Summary

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

Follow-Up Questions

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

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

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

Appendix A: About the VI-SPDAT

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

The VI-SPDAT

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

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

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

Version 2

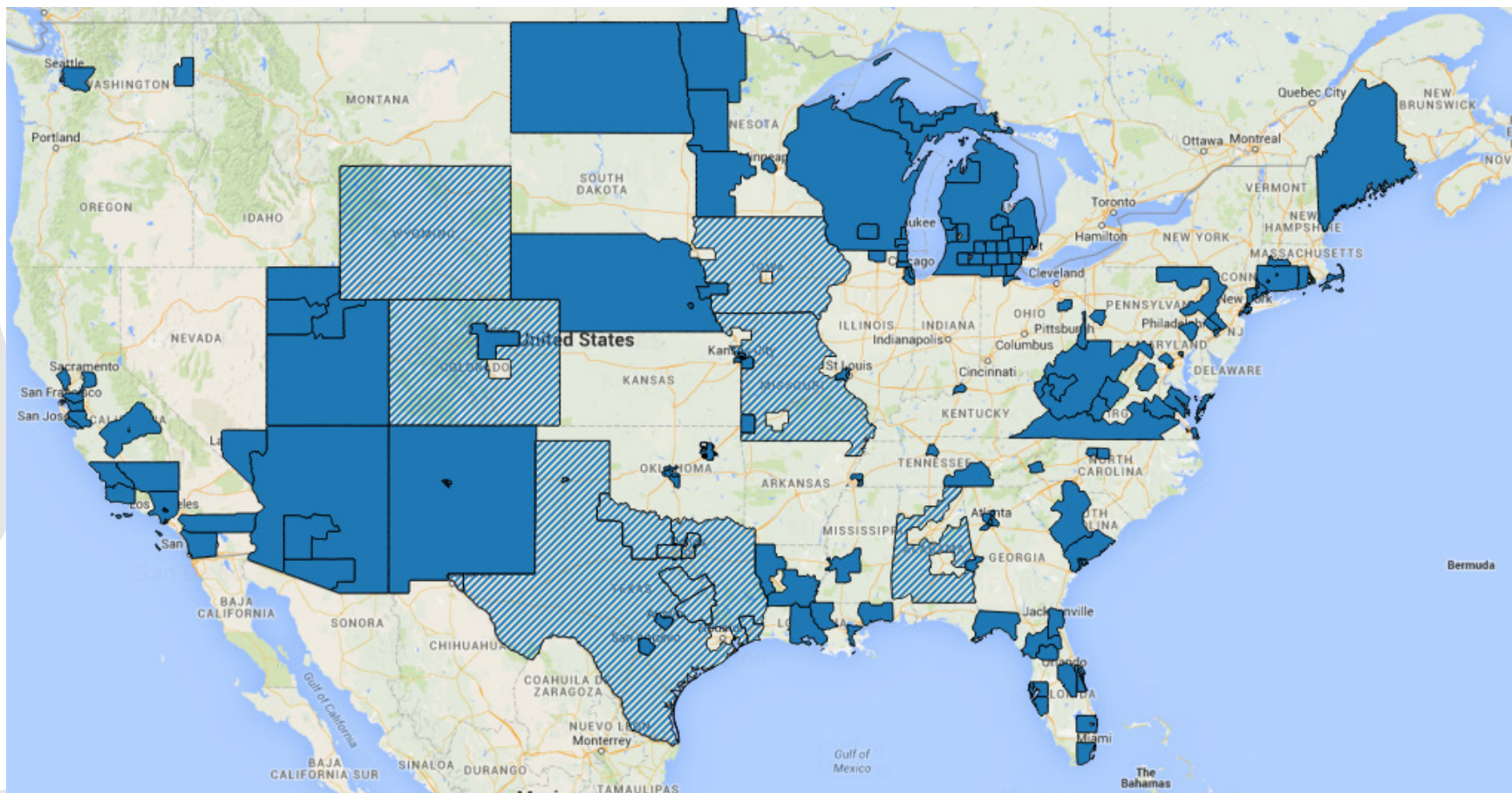
Version 2 builds upon the success of Version 1 of the VI-SPDAT with some refinements. Starting in August 2014, a survey was launched of existing VI-SPDAT users to get their input on what should be amended, improved, or maintained in the tool. Analysis was completed across all of these responses. Further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

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

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

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

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



VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

FAMILIES

AMERICAN VERSION 2.0

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

Alabama

- Parts of Alabama Balance of State

Arizona

- Statewide

California

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

Colorado

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

Connecticut

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

District of Columbia

- District of Columbia

Florida

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

Georgia

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

Hawaii

- Honolulu

Illinois

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

Iowa

- Parts of Iowa Balance of State

Kansas

- Kansas City/Wyandotte County

Kentucky

- Louisville/Jefferson County

Louisiana

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

Massachusetts

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

Maryland

- Baltimore City
- Montgomery County

Maine

- Statewide

Michigan

- Statewide

Minnesota

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

Missouri

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

Mississippi

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

North Carolina

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

North Dakota

- Statewide

Nebraska

- Statewide

New Mexico

- Statewide

Nevada

- Las Vegas/Clark County

New York

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

Ohio

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

Oklahoma

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

Pennsylvania

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

Rhode Island

- Statewide

South Carolina

- Charleston/Low Country
- Columbia/Midlands

Tennessee

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

Texas

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

Utah

- Statewide

Virginia

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

Washington

- Seattle/King County
- Spokane City & County

Wisconsin

- Statewide

West Virginia

- Statewide

Wyoming

- Wyoming Statewide is in the process of implementing



Amended and Restated Statement of Corporate Policies

Adopted by the Board of Commissioners

March 24, 2021

6. Disputing Decisions of Manager	38
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**AMENDED AND RESTATED STATEMENT OF CORPORATE POLICIES
TABLE OF CONTENTS**

CHAPTER 2 – AH-ASSISTED UNIT POLICIES (Continued)

<u>Part/Article</u>	<u>Page</u>
Part IV – Miscellaneous	40
1. Availability of Official Leasing Documents	40
2. Approval of Management Practices	40

CHAPTER 3 – HOUSING CHOICE TENANT-BASED PROGRAM POLICIES

<u>Part/Article</u>	<u>Page</u>
Part I – Introduction	41
1. General Policy Requirements	41
2. Program Management and Operating Procedures	41
Part II – Admission to the Program	41
1. Waiting List Notification	41
2. Waiting List Application Process	41
3. Organization and Maintenance of the Waiting List	41
4. Special Admissions	42
5. Eligibility Determinations	43
Part III – Program Participation	43
1. Family Briefings	43
2. Voucher Issuance	43
3. Voucher Size	43
4. Transfer of Assistance	44
5. Suitability	44
6. Participant Obligations and Responsibilities	44
7. Program Move	45
8. Portability	45
Part IV – AH Submarket Payment Standards and Contract Rent Determination	46
1. MTW Authorization	46
2. AH Submarket Payment Standards	46
3. Setting Reasonable Contract Rents	46
4. AH Submarket Payment Standards Limitations on Contract Rents	47
Part V – Inspections	47
1. Quality Units	47
2. Frequency of Inspections	48
3. Program Marketing and Outreach	48
Part VI – Housing Choice Rental Assistance Agreement	49
1. Business Relationships between AH and Owners/Landlords	49
2. Lease Addendum	49
3. Lease and HCRA Agreement Termination	49
4. Enhancements to HCRA Agreement and Lease Addendum	49
5. Business Relationship Program Procedures	49

Assisted Households with respect to such requirements are set forth in various written communications and guidelines in accordance with the Operating Procedures.

ARTICLE
THIRTEEN.

SPECIAL PROGRAMS, POLICIES AND STRATEGIC INITIATIVES

Atlanta Housing, in its discretion, may establish special programs, special admissions policies, operational protocols and/or strategies designed to address economic, human development or self-sufficiency programs, relocation activities, displacement related to real estate development initiatives, MTW initiatives, pilot programs, safe and secure community enhancements, the use of bona fide law enforcement agencies or personnel, and homeownership opportunities. Written procedures and processes developed for any special program, policy and/or strategy must be approved by AH and/or authorized by the President and Chief Executive Officer for implementation and/or inclusion in the MTW Annual Plan.

ARTICLE
FOURTEEN.

ECONOMIC SELF-SUFFICIENCY

1. Atlanta Housing, in its discretion, may explore strategies that recognize the progression of AH-Assisted Households toward economic self-sufficiency which may lead to their graduation from a Rental Assistance Program.
2. HUD established the Community Service and Self-Sufficiency Requirement (CSSR) which would require unemployed AH-Assisted Household members (ages 18 – 61 who are not receiving TANF benefits, exempt from work requirements, engaged in work activities or unable to comply because of a disability) to contribute the HUD-specified number of hours each month to community service or an economic self-sufficiency program. AH's Work Requirement, as set forth above in Article Ten, applies to its Rental Assistance Programs instead of HUD's CSSR.
3. Each AH-Assisted Household is responsible for ensuring that any school age member who is under 18 years of age attends school on a regular basis in accordance with local school board policies and state law. Upon the request of Atlanta Housing, an Owner Entity or Management Agent, the AH-Assisted Household must provide such information, releases and authority to verify compliance and the attendance status of any such school age member of the AH-Assisted Household.
4. If it is determined that any school age member of the AH-Assisted Household who is under 18 years of age is not attending school on a regular basis or who has not completed her/his secondary education, such school age member will be required to attend school on a regular basis or enroll or reenroll, as applicable in and attend an accredited public or private secondary academic or technical school. The AH-Assisted Household must provide to Atlanta Housing, the Owner Entity or the Management Agent such information, releases and authority to verify compliance and the attendance status of any such school age member of the AH-Assisted Household.
5. An AH-Assisted Household, in which one or more of its members who are subject to but not in compliance with the Work Requirement, may be determined to be a household that is non-compliant toward self-sufficiency, provided such non-compliant members of the AH-Assisted Household are engaged in work, school, training or any combination thereof for at least 15 hours per week ("Non-Compliant Household"). Non-Compliant

1. The equitable methods of processing Applicants on the Waiting List and the processes for organizing, updating and maintaining Applicant records are set forth in the Operating Procedures. AH, in its discretion, may establish reasonable procedures related to the Waiting List, including but not limited to procedures for reevaluating the reliability of waiting list information provided by Applicants, exploring alternative strategies for the selection of Applicants (including the implementation of residency and other local preferences) and setting the requirement that Applicants on the Waiting List must notify AH of their interest within a specified period of time in order to remain on the Waiting List.
2. The maintenance of the Waiting List with respect to updating applications, notice letters, and removals will be detailed in the Operating Procedures.
3. Applicant responsibilities and requirements for updating changes to the information reported during the application process and for responding to requests for information are stated in the Operating Procedures.

ARTICLE FOUR.

SPECIAL ADMISSIONS

1. Atlanta Housing may accept applications from eligible households who have relocated from a community owned by Atlanta Housing due to demolition, repositioning, disposition or other related Atlanta Housing activities without opening the Waiting List.
2. Atlanta Housing, in its discretion, may authorize the special admission of eligible and qualified applicants to the Program, in order to implement special initiatives; offer homeownership opportunities to eligible households; admit households impacted by an owner opt-out of a housing assistance contract on a HUD-insured multi-family development; and/or address an urgent local need as determined and approved by Atlanta Housing including, but not limited to, Rental Assistance Demonstration related construction, foreclosure assistance and natural disasters, assistance to eligible victims of domestic violence pursuant to the *Violence Against Women Act*, pilot programs for at-risk populations, relocation activities and mitigation of displacement related to real estate development initiatives. Special admissions may also be approved, as a reasonable accommodation, for transfer assistance to an eligible and qualified person with a verifiable disability who resides in an AH-Owned Community or whose name is on a transfer/waiting list to be assisted who requires a UFAS Accessible Unit.
3. Any household eligible for a special admission, as determined by Atlanta Housing, may not be denied a Voucher for admission to the Program provided that no member of the household has committed an offense specifically identified by HUD pursuant to 24 CFR 982.553 as described in Chapter 1, Article Fifteen of this Statement of Corporate Policies.
4. Atlanta Housing, in its discretion, may deny special admission to a household if any of their household members are or have been engaged in criminal activity that could reasonably be expected to indicate a threat to the health, safety or welfare of others, including other residents, Atlanta Housing and its staff, Owners/Landlords, and/or Management Agent staff as stated in Chapter 1, Article Fifteen of this Statement of Corporate Policies.

5. Other eligibility requirements specific to the special admission program, procedures, processes and general management practices for special admissions will be outlined in the Operating Procedures.

ARTICLE FIVE.

ELIGIBILITY DETERMINATION

1. An Applicant desiring to participate in the Program must complete a full application in accordance with the Operating Procedures and demonstrate that: (a) Applicant meets one of the definitions of Family; (b) Applicant's total household income verified for the initial eligibility determination does not exceed the "Very Low-Income" limit published by HUD for the household size; (c) Applicant fully satisfies applicable statutory and HUD's regulatory requirements for citizenship and/or eligible immigrant status; (d) Applicant is in compliance with the Work Requirement set forth in Chapter 1, Article Ten of this Statement of Corporate Policies; (e) Applicant has an acceptable criminal background record; and (f) Applicant is able to comply with all Program obligations.
2. An Applicant's qualifications for Participation must be verified through appropriate documentation as set forth in the Operating Procedures.
3. Atlanta Housing will notify Applicants, in writing, of an ineligibility determination. Such notification will set forth the reasons for the ineligibility determination and provide instructions regarding how the ineligible Applicant may request a review of the determination.

PART III – PROGRAM PARTICIPATION

ARTICLE ONE.

FAMILY BRIEFINGS

Prior to Voucher issuance, Applicants are required to participate in a "Family Briefing" that provides an overview of the Program in order to inform, review and educate Applicants regarding Program procedures, family obligations, compliance with Program requirements, and available housing opportunities. The Family Briefing will be conducted in accordance with the Operating Procedures.

ARTICLE TWO.

VOUCHER ISSUANCE

Vouchers are issued to Applicants for a reasonable period of time in accordance with the Operating Procedures. Extensions to the term of the Voucher may be granted on a case-by-case basis, reasonable accommodation requests, and other reasonable requests related to an Atlanta Housing special or strategic initiative. The procedures for granting extensions are set forth in the Operating Procedures.

ARTICLE THREE.

VOUCHER SIZE

1. The size of the rental housing unit that a Participant may lease under the Program is based on the number of bedrooms Atlanta Housing has approved for the Participant's Voucher ("Voucher Size").
2. A Participant may not lease a rental housing unit that has more bedrooms than the Voucher Size unless approved by Atlanta Housing. In the event Atlanta Housing approves a Participant's request for a



ASHLEY @ SCHOLAR'S LANDING

FY 2022

MOVING - TO - WORK (MTW)

ANNUAL PLAN

Board Adopted: March 24, 2021
HUD Submission: April 13, 2021
HUD Resubmission: July 16, 2021
HUD Second Resubmission: September 23, 2021
HUD Approval: September 29, 2021

AH Team Overview and Highlights – Operational Teams

It takes the support of the entire agency to carry out AH's activities. However, for purposes of this Plan, AH highlights business units that tie directly to AH numerical goals and objectives or MTW Activities.

ASSET & PROPERTY MANAGEMENT (APM)

Brief Description of Business Unit:

APM manages AH's relationships with private owners/developers and property management companies at properties within our real estate portfolio. In addition, APM monitors and reports the financial, operational and compliance performance of properties, and oversees project-based rental assistance at private multi-family properties. Further, this team creates and preserves affordable housing units for low-income families by recruiting and retaining property owners and ensuring residents are living in safe, decent, and sanitary conditions with quality living services utilizing the Rental Assistance Demonstration (RAD) and its HomeFlex Programs.

Through APM, AH works closely with Property Management Developers (PMDs) to focus on operational and compliance matters such as occupancy, rent collection rates, 50058 submissions, financial statement reviews, utility administration, resident concerns, and similar operational functions. The portfolio consists of 9 AH-Owned communities and 37 **mixed-income** properties⁵. AH's mixed-income portfolio increases each year as AH completes projects in its real estate development pipeline.

AH has used the **RAD Program** to recapitalize its public housing communities by converting those communities (more than 1,300 units) to long-term, Section 8 project-based assistance. Further, AH may partially dispose of conversion projects and replace affected units with project-based vouchers (PBVs) by utilizing RAD Section 18 elements. AH's Construction and Facilities Management team (please see page 16) oversees capital improvement projects, facilities maintenance, and communities that need substantial rehabilitation or significant modernization to meet contractual compliance or current RAD requirements.

AH's unique project-based rental assistance program, **HomeFlex**, provides AH with practical, affordable housing solutions in Atlanta's tight real estate market. This program was created through AH's MTW designation and without it, AH could not have created or preserved more than 8,000 affordable housing options for families earning less than 80% of the area median income (AMI). Under the HomeFlex Program, AH works closely with private multi-family property owners and developers to reserve a portion of their rental units for eligible program participants through a HomeFlex Assistance Payment Agreement. This agreement allows AH to create or to preserve rental-housing opportunities at properties or in areas that low-income families might not have otherwise considered or been able to afford without the assistance of HomeFlex. The HomeFlex Assistance Payment Agreement terms range from 2 to 20 years, and although AH caps its project-based assistance, AH retains the flexibility to project-base 100% assistance at communities owned directly or indirectly by AH without competition pursuant to its MTW agreement. If invoked, this flexibility permits AH to increase the number of affordable housing choices offered to low-income families. Typically, AH limits assistance to 50% of units at family properties receiving HomeFlex assistance, and **permits up to 100% assistance at HAVEN Supportive Housing and Elderly HomeFlex properties**. Below is an overview of HomeFlex sub-programs:

⁵ Many of the 37 communities are nearing the end of their initial 15-year compliance period. AH will work with owner/partners to determine the best course to maintain the physical and financial viability of these assets. Some communities may be eligible for significant rehabilitation or substantial modernization.

- **Standard HomeFlex:** designated for multi-family units in AH-Owned, Mixed, or Stand Alone privately owned communities. AH limits project-base assistance to 50%⁶ at such communities.
- **HomeFlex Older Persons/Elderly:** designated for buildings or communities that house near elderly (55+) and elderly (62+) residents. AH may project-base 100% assistance at these communities.
- **HomeFlex Supportive Housing (HAVEN):** designated for property owners/developers that agree to provide housing for a targeted population and related wrap around services. AH may project-base 100% assistance at these communities.

Overall, the HomeFlex Program has been a huge success. Through application of its MTW Authorizations under its MTW Agreement and pursuant to previous HUD-approved MTW Plans, AH also retains the ability to exceed program cap limits, percentage increases, project cap limits, and similar limitations outlined in Public and Indian Housing (PIH) Notice 2017-21 Implementation Guidance: Housing Opportunity through Modernization Act (HOTMA) of 2016 – Housing Choice and PBV provisions.

FY 2022 Highlights:

- Add affordable housing units by creating 169 new HomeFlex units to add to the more than 8,000 project-based rental assistance units already created under the HomeFlex Program.
- Preserve the affordability of 932 existing HomeFlex units through the renewal of existing HomeFlex Assistance Payment Agreements.
- Continue to preserve the affordability of units through the conversion of 431 public housing units to long-term Section 8 project-based voucher (PBV) assistance under HUD's Rental Assistance Demonstration (RAD) Program.
- Plan to convert AH's remaining public housing stock pursuant to its RAD conversion schedule.
- Implement a biennial inspection schedule.
- Continue conducting virtual HomeFlex inspections under COVID-19 parameters.
- Prioritize development of projects on AH vacant land through Notice of Funding Availability (NOFA) issuance(s).

⁶ AH is able to exceed 25% (50% in the case of RAD) cap limits through MTW utilization; however, AH limits project-base assistance to 50% at multifamily communities in accordance with its Deconcentration Policy. Therefore, AH may exceed its policy caps on a case-by-case basis as approved by the AH Board of Commissioners.

HOUSING CHOICE VOUCHER (HCV) PROGRAM

Brief Description of Business Unit:

The HCV team administers all aspects of AH's tenant-based rental assistance program through the oversight of more than 19,000 tenant-based vouchers (TBVs) under conventional and innovative tenant-based rental assistance programs. Under the conventional assistance, the team directly engages in activities such as conducting eligibility screenings, processing new program admissions, conducting recertification interviews, reviewing and enforcing program compliance, monitoring families transferring into and out of AH's service jurisdiction, and performing housing quality standard (HQS) inspections and special inspections.

Approximately 52% or 9,800 of the 19,000 TBVs are implemented under the traditional Section 8 tenant-based rental assistance program and approximately 11% of the 19,000 TBVs are assigned to rental assistance programs created under AH's MTW designation to address local housing issues. The balance, approximately 37% of TBVs, are dedicated as project-based vouchers (PBVs) under AH's HomeFlex Program administered by AH's Asset & Property Management business unit.

In addition to engaging in conventional tenant-based rental assistance activities, the HCV team oversees alternative assistance programs, collectively known as HAVEN, which AH directs towards families with special needs or heightened risk of homelessness. A combination of grant awards, AH's MTW designation, and AH's Annual Contributions Contract (ACC) voucher allotment creates AH's HAVEN Program.

Further, because AH is converting its public housing units to long-term Section 8 PBV assistance under the RAD Program, AH elected to use the alternate Choice Mobility option under the RAD requirements. Under this option, AH can cap its commitment turnover TBVs for RAD PBV families at three-quarters. AH utilizes a percentage cap that increases annually to estimate the number of turnover PBVs that it will need for RAD PBV families meeting the occupancy requirement. AH communicated this estimation tool with the Office of Recapitalization. In addition, AH created a separate waiting list for RAD PBV families to ensure uniformity and fairness among issuance of turnover TBVs. Without the ability to cap turnover TBVs, AH would not be able to serve families on the traditional HCV waiting list with turnover TBVs.

FY 2022 Highlights:

- Explore federal and foundation awards to assist the HCV team in undertaking activities that help low-income families expand their choices to more areas of the city.
- Manage HCV Waiting List of more than 23,000 applicants (waiting list is closed).
- Achieve 90% voucher utilization by the end of FY 2022.
- Manage AH's RAD PBV Waiting List by designating a percentage of turnover tenant-based vouchers under AH's alternative Choice Mobility option for RAD PBV families that express an interest in moving after 12 consecutive months of occupancy in good standing in a public housing community converted under the RAD Program.
- Support newly created HAVEN programs:
 - By reallocating 53 vouchers for Integrated Care and Permanent Supportive Housing (ICPSH) and Rise II activities,
 - By reallocating 100 vouchers for COVID Rapid Support Housing,
 - By securing 23 vouchers for Mainstream One and Mainstream Five Programs.
- Support AH's established HAVEN programs:
 - 300 Family Unification Program (FUP) vouchers,
 - 450 FLOW vouchers,
 - 54 Georgia Housing Voucher Program (GHVP) vouchers,
 - 100 Special Program Vouchers for Homeless Students (or APS vouchers),
 - 100 Housing First Vouchers, and
 - 270 Veteran Affairs Supportive Housing (VASH) vouchers.
- Implement a biennial HQS inspection schedule.