

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 2024 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2024 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 2024 CoC Program Competition on behalf of your CoC.
- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

Answering Multi-Part Narrative Questions

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

Attachments

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

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

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

1A. Continuum of Care (CoC) Identification

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1A-1. CoC Name and Number: ID-500 - Boise/Ada County CoC

1A-2. Collaborative Applicant Name: Boise City

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Institute for Community Alliances

1B. Coordination and Engagement–Inclusive Structure and Participation

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

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1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.	
	NOFO Sections V.B.1.a.(1), V.B.1.e., V.B.1f., and V.B.1.p.	
	In the chart below for the period from May 1, 2023 to April 30, 2024:	
1.	select yes or no in the chart below if the entity listed participates in CoC meetings, voted—including selecting CoC Board members, and participated in your CoC's coordinated entry system; or	
2.	select Nonexistent if the organization does not exist in your CoC's geographic area:	

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

17.	Organizations led by and serving LGBTQ+ persons	Yes	No	No
18.	Organizations led by and serving people with disabilities	Yes	No	No
19.	Other homeless subpopulation advocates	Yes	Yes	Yes
20.	Public Housing Authorities	Yes	Yes	Yes
21.	School Administrators/Homeless Liaisons	Yes	Yes	Yes
22.	Street Outreach Team(s)	Yes	Yes	Yes
23.	Substance Abuse Advocates	Yes	Yes	Yes
24.	Substance Abuse Service Organizations	Yes	Yes	Yes
25.	Agencies Serving Survivors of Human Trafficking	Yes	No	No
26.	Victim Service Providers	Yes	Yes	Yes
27.	Domestic Violence Advocates	Yes	Yes	Yes
28.	Other Victim Service Organizations	No	No	No
29.	State Domestic Violence Coalition	Yes	No	No
30.	State Sexual Assault Coalition	Yes	No	No
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Homeless Organizations	Yes	Yes	Yes
33.	Youth Service Providers	Yes	Yes	Yes
	Other: (limit 50 characters)			
34.				
35.				

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

1B-1a.	Experience Promoting Racial Equity.	
	NOFO Section III.B.3.c.	

Describe in the field below your CoC's experience in effectively addressing the needs of underserved communities, particularly Black and Brown communities, who are substantially overrepresented in the homeless population.

(limit 2,500 characters)

CoC conducts outreach to orgs led by or serving Black & Brown communities (e.g. Black, Indigenous, & People of Color - BIPOC) for our partner recruitment work through requests for CoC membership, consultation/meetings, & general collaboration. Orgs engaged & gained are folded into all membership activities. In 2024 CoC built a comprehensive System Equity Plan (SEP) w/ the input from CoC membership. From plan, CoC updated Coordinated Entry (CE) to ensure equitable access to homelessness services for BIPOC clients – changing prioritization formula & housing assessment to better capture potential barriers faced by BIPOC households in accessing CoC prioritized resources. 3 CoC leads participated in HUD workshop during 2023 on making CE equity centered – 2 leads identify as BIPOC. Post-workshop process included specific data analysis to determine any scoring factors/questions that were resulting in lower prioritization scores for BIPOC households to develop alternative scoring factors/weighting/questions. CoC held membership meeting/training on Diversity, Equity, Inclusion, & Belonging w/ 75+ participants in learning on Racial Equity foundations & cultural humility, w/ member feedback on prioritized steps for 2025 work from SEP. Participation was mandatory for CoC funded agencies & highly encouraged for all partners, including people with lived experience. Next step is a summary report to create a 2025 implementation schedule for the System Equity Plan, for which the CoC has secured HUD TA to focus on policy, data, & involvement of folks with lived experience. A major component will be further engagement of ppl from unrecognized communities on system design, planning, & specific programs & activities. 3 CoC leads participated in HUD workshop during 2024 on engaging ppl w/ lived experience – 2 leads identify as BIPOC – one staff & one volunteer co-chair of the Lived Experience & Advocacy (LEA) committee. LEA has 5 members & is building a vision for their work. LEA will continue leading hyper-specific outreach & engagement activities in 2025 of ppl with lived exp. (active & recent) - survey, focus group, & listening sessions - that are designed to engage directly with impacted BIPOC clients to identify additional barriers & solicit strengths-based ideas for systemic interventions. Another example of this with YHSI funding for CoC's Youth Action Board (YAB), w/ 4 members, the CoC will leading listening sessions with youth & young adults on race & gender equity.

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

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

(limit 2,500 characters)

1 Process to become a CoC member is open & transparent. CoC solicits new members verbally & in writing on an on-going basis through 1:1 recruitment meetings, events, public meetings, standing invitations online, in our monthly community newsletter, & staff email signatures. CoC lead agency conducts outreach to organizations throughout the region to solicit new members. 2 CoC strives to be fully accessible so any individual may join & participate. The website is accessible & when documents are posted, they are either accessible PDFs that enable a screen reader user to navigate the document & make adjustments needed for low vision readers or in accessible versions by request. CoC offers hybrid meetings, particularly for individuals with disabilities who may have health complications that prevent in-person participation or do not otherwise have means of transportation to participate. Virtual option is Zoom, because it is operable & perceivable for users with visual impairments & can produce closed captions in real time for attendees who are deaf or hard of hearing, as well as for those who have cognitive, learning, or other disabilities. In-person options are held in spaces that are physically accessible. 3 CoC annually conducts engagement w/ & recruitment of new organizational members. Our CoC has a list of strategic partnership organizations for comprehensive planning & continues outreach to organizations that are led by or serve underserved & underrepresented communities (e.g., Black, Latino, Indigenous, LGBTQ+, veterans, elderly, & persons with disabilities). CoC has secured several new partners led by & serving households from underrecognized communities, including youth LGBTQ+ community center & statewide disability advocacy groups. Outreach occurs through specific requests for consultation, meetings, & attendance at culturally-specific happenings to meet these groups where they are & build relationships. By example the Youth Action Board (YAB) marketing materials include the YAB's inclusivity statement & are mailed to CoC partners including LGBTQ+ service organizations, disability action centers, tribal organizations, foster-youth-servicing organizations, state departments, & youth-servicing organizations. CoC plans to increasingly provide education & outreach materials to community centers to attract & include more BIPOC-led, LGBTQIA+, & disability organizations & learn from the community to better understand the makeup of the community served.

1B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.	
	NOFO Section V.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;
3.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats; and
4.	took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.

(limit 2,500 characters)

1 CoC has 10+ regular meetings w partners to solicit feedback on system needs, gaps, & performance from 40+ partner orgs & individuals w/ experience or interest in ending homelessness. Annual partner/participant surveys about their experience w/ CoC & ideas for improved partnership, results shared w/ leadership. CoC hosts one-off meetings w/ orgs on emergent topics &/or strategic initiatives to get feedback. Based on issues/opportunities raised, CoC engages orgs to share information, develop ideas, & problem solve. CoC works w/ housing experts to consider input on programs to increase housing access & coalesces funders to build consensus on how to best leverage all funding. 2 CoC hosts membership meetings, trainings, & site-based tours at various facilities for the public, gov staff & elected officials, people w/ lived exp. & funders. CoC board meetings are open to the public w/ agendas posted online & notes/materials available by request. CoC attended org board/staff meetings & spoke at public meetings w/ local gov officials. These gatherings covered best practices, program performance, local data trends, & policy related to housing & homelessness. CoC hosts bi-annual membership meetings which are open to the public where we gather comment cards from all participants that provide feedback on information presented to produce summaries that the governing body uses to inform strategic plan & priority initiatives. 3 CoC added an accommodation statement in all publicity & pre-registration materials that invites participants to request accommodations to ensure accessibility. All meetings, including virtual & in-person, are accessible. 4 Input from attendees at gatherings helps CoC priorities/goals (scale PSH, Campaign to End Family Homelessness, System Equity Plan), refine program operations (hotel shelter phase out), & develop new strategies. Feedback from a Medicaid Crosswalk/Business Case informed policy strategy & partnership w/ Dept of Health & Welfare on increased services access, input from biannual membership meeting defined priorities for workplans, input from developers on Dedicated Units Program & recruitment of 124 units, & public hearings informed wins for increased housing supply (zoning code, tenant protections, system funding). Consultations w/ the public occurs through the Con Plan development & its public input process, several grant processes that have grant review teams & public hearing requirements, & an annual comprehensive citizen survey.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
	NOFO Section V.B.1.a.(4)	
	Describe in the field below how your CoC notified the public:	
1.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;	
2.	about how project applicants must submit their project applications—the process;	
3.	about how your CoC would determine which project applications it would submit to HUD for funding; and	
4.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats.	

(limit 2,500 characters)

1 Our CoC announced the competition online on our publicly accessible website. We also emailed all partners & put announcement in one-off email & monthly newsletter that linked to all posted competition materials – which indicate that organizations which have not previously received CoC program funding are eligible to apply. To determine if project applications will be included in the competition, our CoC follows its review, rate, & rank policies & procedures (P&Ps). These P&Ps outline the initial review process, including the criteria potential applicants (both new & renewal) must meet, our CoC's local funding priorities, & the types of projects our CoC will accept to be included in the competition. 2 In the notice email & online, all applicants were invited to contact our CoC Manager for grant technical assistance & to submit their project applications using the fully accessible applications & tools online (or request alternatively accessible materials) to our CoC Manager via email. 3 For FY24/25, CoC accepted RRH & PH project applications only in local selection process for submission to HUD. To be included in the competition process, applicants had to meet threshold criteria outlined in the NOFO & threshold criteria outlined in our CoC's rating tool, including, for example, participation in coordinated entry (CE), commitment to Housing First, active CoC member, >90% data quality in HMIS, unit utilization >90%, etc. To avoid potentially being ranked below new projects or having funds reallocated, renewal applicants had to score >70% on the rating tool. Projects are then listed in order of their performance based on the tool & scoring. However final rankings may shift based on the Score & Rank Committee's determination of alignment with the CoC's stated funding priorities, the scope of the project types covered by the applications, & the relationship to system performance & local need. 4 Our CoC ensures effective communication w/ people w/ disabilities by using accessible electronic formats in our email, e-newsletter, & our website which includes all materials written at no higher than 6th grade reading level. The online application was accessible in both PDF & Word document format by request.

1C. Coordination and Engagement

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

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1C-1.	Coordination with Federal, State, Local, Private, and Other Organizations.	
	NOFO Section V.B.1.b.	
	In the chart below:	
1.	select yes or no for entities listed that are included in your CoC's coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or	
2.	select Nonexistent if the organization does not exist within your CoC's geographic area.	

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with the Planning or Operations of Projects?
1.	Funding Collaboratives	Yes
2.	Head Start Program	Yes
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Yes
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Yes
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	No
12.	Organizations led by and serving LGBTQ+ persons	Yes
13.	Organizations led by and serving people with disabilities	Yes
14.	Private Foundations	Yes
15.	Public Housing Authorities	Yes
16.	Runaway and Homeless Youth (RHY)	Yes
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	
18.		

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

In the chart below select yes or no to indicate whether your CoC:

1.	Consulted with ESG Program recipients in planning and allocating ESG Program funds?	Yes
2.	Provided Point-in-Time (PIT) count and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area?	Yes
3.	Ensured local homelessness information is communicated and addressed in the Consolidated Plan updates?	Yes
4.	Coordinated with ESG recipients in evaluating and reporting performance of ESG Program recipients and subrecipients?	Yes

1C-3.	Ensuring Families are not Separated.	
	NOFO Section V.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 sexual orientation and gender identity:

1.	Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated?	Yes
2.	Conducted optional training for all CoC- and ESG-funded service providers to ensure family members are not separated?	Yes
3.	Worked with CoC and 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 questions or requesting technical assistance to resolve noncompliance by service providers?	No

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

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

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

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

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

(limit 2,500 characters)

Our CoC's formal partnerships embody the collaboration we have with youth education providers, McKinney-Vento education authorities, & the school districts. We include McKinney-Vento local education authorities (i.e., the 2 school districts in our CoC) through our governance charter that specifies a reserved seat for membership of the homeless liaison from the Boise School District on our CoC's governing board, by both districts' participation in committees & work groups of our CoC, by formal agreements with coordinated entry (CE) for collaborative client care, & by including representatives in our planning & development meetings for our Campaign to End Family Homelessness initiative. Both districts refer families to CE & CE staff ask youth-specific questions during the pre-screen to immediately link families to other available resources through the school district, foster care systems, or other youth services if they are not already connected. A school district representative attends bi-weekly case conferencing & participates in a formal role in our Campaign to End Family Homelessness, providing critical feedback for how families interface with our CoC. Our CoC is involved with the SEA by way of our participation in the Balance of State CoC & a formal MOU signed between all three parties for collaboration. An SEA rep sits on the Balance of State's governing board as does our CoC's Manager, enabling collaboration.

1C-4b. Informing Individuals and Families Who Have Recently Begun Experiencing Homelessness about Eligibility for Educational Services.

NOFO Section V.B.1.d.

Describe in the field below written policies and procedures your CoC uses to inform individuals and families who have recently begun experiencing homelessness of their eligibility for educational services.

(limit 2,500 characters)

Our CoC has formal agreements with both school districts to collaborate & partner with coordinated entry (CE) to ensure families are informed of their rights to education services for their children. Both districts also work closely with the shelters to coordinate services, such as planning for transportation. Both districts refer families to CE & CE staff, per CoC policies & procedures, ask youth-specific questions during the pre-screen to immediately link families to other available resources through the school district, foster care systems, or other youth services if they are not already connected. Our CoC also has an MOU with the SEA to ensure SEA/CoC staff & partners promote homelessness services & coordinate on services for households experiencing homelessness about their eligibility for & access to education services.

1C-4c. Written/Formal Agreements or Partnerships with Early Childhood Services Providers.

NOFO Section V.B.1.d.

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

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	Yes	No
2.	Child Care and Development Fund	No	No
3.	Early Childhood Providers	Yes	No
4.	Early Head Start	Yes	No
5.	Federal Home Visiting Program—(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	Yes	No
6.	Head Start	Yes	No
7.	Healthy Start	No	No
8.	Public Pre-K	Yes	Yes
9.	Tribal Home Visiting Program	No	No
	Other (limit 150 characters)		
10.			

1C-5.	Addressing Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking—Collaboration with Federally Funded Programs and Victim Service Providers.
	NOFO Section V.B.1.e.

In the chart below select yes or no for the organizations your CoC collaborates with:

	Organizations	
1.	State Domestic Violence Coalitions	Yes
2.	State Sexual Assault Coalitions	Yes
3.	Anti-trafficking Service Providers	Yes
	Other Organizations that Help this Population (limit 500 characters)	
4.		

1C-5a.	Collaborating with Federally Funded Programs and Victim Service Providers to Address Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	

Describe in the field below how your CoC regularly collaborates with organizations that you selected yes to in Question 1C-5 to:

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

(limit 2,500 characters)

1 & 2 Representatives from our DV service provider are represented on all our decision-making bodies when it comes to CoC-wide policies & housing/services programs, including on our CoC governing body & several standing committees, in addition to other workgroups. Therefore, anytime our CoC updates CoC-wide policies or seeks feedback on housing & services provided by our CoC, we get direct input from our only DV provider organization. Additionally, our CoC is engaged with the state coalition against sexual & domestic violence to provide expert consultancy support on updating our CoC-wide policies & providing input on all services provided by CoC partners, specifically CoC & ESG funded partners, through an intentional, comprehensive review. Our local DV housing program & Coordinated Entry (CE) perform regular exit interviews & focus groups with clients that are served by our system to gather input & feedback that is used to update provider programs & incorporated into all necessary policy changes to ensure we best serve survivor households. For example, the DV provider has a member that participated in our HOUSE Committee supported work to oversee coordination between all housing programs run by partner agencies & CoC initiatives on supportive housing. The DV provider representative provided feedback on two supportive housing initiatives: our Dedicated Units Program development to ensure housing opportunities are accessible/safe for DV survivors & our supportive housing case management standards redesign that is underway to certify that it increases the ability of our CoC to meet the needs of survivors. Our CoC also performs regular training on best practices for survivors at CoC-wide training & reinforces best practices at CE/Case Conference meetings, so all staff in our system are equipped with the skills necessary to meet the needs of survivors, including trauma-informed care practices.

1C-5b.	Implemented Safety Planning, Confidentiality Protocols in Your CoC's Coordinated Entry to Address the Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	
	Describe in the field below how your CoC's coordinated entry addresses the needs of DV survivors by including:	
1.	safety planning protocols; and	
2.	confidentiality protocols.	

(limit 2,500 characters)

1&2 Our CoC's DV provider formally partners with coordinated entry (CE) through an MOU & serves as the primary entry point for households (individuals & families) fleeing domestic violence. The CE phased assessment process pre-screens clients for DV & clients have a choice to be immediately referred to the WCA & their host of trauma-informed, victim-centered services. The WCA offers safety planning to all households & maximizes safety, choice, & control with all interactions. The WCA staff participate in case conferencing & serve on the CE system's CONNECT committee. The DV provider offers secure shelter & services for up to 8 months that provides emotional, physical, financial, & educational support. Their services include case management, counseling (adult & child), licensed childcare, court advocacy, & basic needs at no cost. For those who may choose not to work with the DV provider, they staff have trained the CE staff & other CoC, ESG, DOJ, CDBG, & HHS-funded programs in trauma-informed & victim-centered approaches – including on safety planning. Confidentiality is protected & safety planning is part of the CE assessment & housing search process; meetings are held confidentially & providers offer a victim-centered approach that allows survivors to choose the housing & services best suited for their family given their unique circumstances. Client choice maximizes safety & confidentiality; information is only shared if a release of information is completed by the household. Providers have implemented the VAWA Final Rule provisions. Our CoC's trends continue to show that 45% of referrals to our RRH provider are actively fleeing DV & 81% have experienced it in their lifetime. Therefore, safety planning is a critical part of the housing search process & services focus on trauma-informed care & the Strengthening Families framework.

1C-5c.	Coordinated Annual Training on Best Practices to Address the Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	

In the chart below, indicate how your CoC facilitates training for project staff and coordinated entry staff that addresses best practices on safety planning and confidentiality protocols:

		Project Staff	Coordinated Entry Staff
1.	Training Occurs at least annually?	Yes	Yes
2.	Incorporates Trauma Informed best practices?	Yes	Yes
3.	Incorporates Survivor-Centered best practices?	Yes	Yes
4.	Identifies and assesses survivors' individual safety needs?	Yes	Yes
5.	Enhances and supports collaboration with DV organizations?	Yes	Yes
6.	Ensures survivors' rights, voices, and perspectives are incorporated?	Yes	Yes
	Other? (limit 500 characters)		
7.			

1C-5d.	Implemented VAWA-Required Written Emergency Transfer Plan Policies and Procedures for Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	

	Describe in the field below:
1.	whether your CoC's written policies and procedures include an emergency transfer plan;
2.	how your CoC informs all households seeking or receiving CoC Program assistance about their rights to an emergency transfer;
3.	what your CoC requires households to do to request emergency transfers; and
4.	what your CoC does in response to households requesting emergency transfers.

(limit 2,500 characters)

1 Our written standards include emergency transfer plan. 2 CoC informs all housing program tenants about their right to request an emergency transfer at intake & all households are provided w/ VAWA paperwork including a review of the program's emergency transfers plan policies & procedures. Clients sign an acknowledgement that they received the info & any questions were answered. 3 A tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking is eligible for an emergency transfer if: the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant remains within the same unit. If the tenant is a victim of sexual assault, the tenant may also be eligible to transfer if the sexual assault occurred on the premises w/in the 90- calendar-day period preceding a request for an emergency transfer. Tenants not in good standing may still request an emergency transfer if they meet the eligibility requirements. A tenant requesting an emergency transfer must expressly request the transfer in accordance w/ the plan & a case manager can assist them in completing it. To request an emergency transfer, the tenant notifies the provider & submits a written request for a transfer to another unit. The written request includes either: A statement expressing that the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant were to remain in the same dwelling unit assisted under the service provider's program; or a statement that the tenant was a sexual assault victim & that the sexual assault occurred on the premises during the 90-calendar-day period preceding the tenant's request for an emergency transfer. A transfer request is available regardless of sex, gender identity, or sexual orientation. 4 Upon approval, the case manager & client work to identify alternative safe housing, the landlord is notified of the need to move & provided with VAWA documents if applicable, & the tenant is assisted with the move. Slight differences occur if the abuser is on the current lease including operating in secret, later notification to landlord, & a protection order may be put in place. Pending the transfer, tenant is urged to take all reasonable precautions to be safe. The service provider will assist tenants in contacting local organizations aiding victims of domestic violence, dating violence, sexual assault, or stalking if the tenant wants help accessing these services.

1C-5e.	Facilitating Safe Access to Housing and Services for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	

Describe in the field below how your CoC ensures households experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking have safe access to all of the housing and services available within your CoC's geographic area.

(limit 2,500 characters)

Our CoC works with our only DV service provider in the area to ensure that any survivors of domestic violence, dating violence, sexual assault, or stalking have access to all the housing & services available within Ada County. Our only DV service provider & other types of providers who may, in some capacity, serve DV survivors, are given information to make client referrals directly to coordinated entry (CE) for any eligible clients that require housing & services provided by our CoC, including materials to promote our centralized housing crisis hotline that makes referrals between agencies including directly to CE. Any survivor household that works with the only DV shelter provider in our area is connected to CE upon entry to the shelter. DV case managers refer households who are not staying in the shelter to CE as soon as possible so that those households can immediately begin the process of accessing all CoC housing resources. Our CE staff rapidly assess & refer qualifying survivor households to all available housing programs & services. CE provides all survivor households with information about all services available for those living in fear of physical harm. These services include access to the DV provider hotline & access to safe shelter, safety planning services & court advocacy support so that survivors can file a civil protection order. Our CoC coordinated entry & housing programs account for the unique & complex needs of survivors by ensuring staff are highly trained in best practices, safety plans are in place, & that client preferences are centered. Providers empower clients by using trauma-informed interviewing techniques. In so doing, staff ask clients directly about their preferences & individual circumstances/needs, including asking about their name, gender, language & safe communication preferences, & by confirming their client privacy/release of information status & whether or how they prefer to participate in other programming provided our CoC program.

1C-5f.	Identifying and Removing Barriers for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	
	Describe in the field below how your CoC ensures survivors receive safe housing and services by:	
1.	identifying barriers specific to survivors; and	
2.	working to remove those barriers.	

(limit 2,500 characters)

1 Our CoC works to identify system barriers by reviewing HMIS data, including our only DV provider & adjacent service providers in key CoC committees, & soliciting & including information gathered from lived experts participating in DV programs. Our DV service provider (WCA) has a member with lived experience serving on its Board of Directors which enables their expertise to impact board decisions that guide the entire organization &, thereby, our entire system of response since our CoC only has one DV service provider. Our RRH provider that serves survivors conducts exit interviews when survivors leave their housing program for clients to identify program elements they found helpful &/or a hindrance & uses input to make changes to ensure the program accounts for the unique & complex needs of DV survivors, using the information gathered from clients to discuss areas of improvement & make modifications as needed. One example of an identified barrier specific to survivors is our HMIS data for RRH is currently revealing a trend showing that DV survivors are facing increased challenges in sustaining rent beyond program support due to the incredibly costly housing market coupled with less success in increasing household income to a great enough degree to overcome the spikes in rent experienced in our housing market. 2 Based on this emerging need, our CoC is working to increase & more efficiently enable program bridges to permanent housing assistance for clients to sustain housing after program graduation, both to CoC-funded & mainstream-funded housing assistance programs. In our HOUSE Committee we recently redeveloped the bridging process from RRH to PSH as part of this effort, but still fall short of the needs of DV survivors because HUD policy for PSH leaves many survivors ineligible for PSH based on length of time requirements. HOUSE continues to develop new bridging strategies, currently engaged with the PHA about a potential, additional administrative change preference for mainstream rental assistance support for households served by RRH that cannot sustain rent – including survivors – to apply to Section 8 even while the waitlist is closed to the general public.

1C-6.	Addressing the Needs of Lesbian, Gay, Bisexual, Transgender and Queer+—Anti-Discrimination Policy and Equal Access Trainings.	
	NOFO Section V.B.1.f.	

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

1C-6a.	Anti-Discrimination Policy—Updating Policies—Assisting Providers—Evaluating Compliance—Addressing Noncompliance.	
	NOFO Section V.B.1.f.	

	Describe in the field below:
1.	how your CoC regularly collaborates with LGBTQ+ and other organizations to update its CoC-wide anti-discrimination policy, as necessary to ensure all housing and services provided in the CoC are trauma-informed and able to meet the needs of LGBTQ+ individuals and families;

2.	how your CoC assisted housing and services providers in developing project-level anti-discrimination policies that are consistent with the CoC-wide anti-discrimination policy;
3.	your CoC's process for evaluating compliance with your CoC's anti-discrimination policies; and
4.	your CoC's process for addressing noncompliance with your CoC's anti-discrimination policies.

(limit 2,500 characters)

1 Our CoC takes all necessary steps to ensure that the homeless response system is administered in accordance with the Fair Housing Act by promoting housing that is accessible to & usable by all persons. Our CoC updates our anti-discrimination policy on an annual basis with the governing body in a process that includes opportunities for feedback from various organizational representatives that bring diverse expertise & perspectives to continually shape the policy in alignment with best practices. Currently, our CoC review is programmed for the 4th quarter of the calendar year, & we are actively consulting with a LGBTQIA+ service & advocacy organizations on a process to review the policy with a variety of experts & stakeholders that advocate for, lead service organizations, or are representatives of the most impacted community. Additionally, our CoC plans to hold at least one listening session with LGBTQIA+ people with lived experience of homelessness to incorporate their expertise into any policy changes. 2 The anti-discrimination policy includes an Agency Checklist for each funded CoC agency & partner organization to perform a self-evaluation of their Anti-Discrimination policies, seeking alignment with our CoC's anti-discrimination policies. The CoC's Anti-Discrimination Policy & Agency Checklist is sent out to all partner agencies in the 4th quarter, along with a copy of our CoC's policy. In turn, partner agencies complete the checklist & submit it to CoC staff alongside a copy of the partner agency's anti-discrimination policies. 3 Using the complete Agency Checklists, CoC staff identify where there are deficiencies, if any, at partner agencies. Additionally, client grievance procedures & processes are in place for clients to contact the lead agency if any issues arise in real time. 4 Based on a review of the Agency Checklist & policy provided by partner agencies, our CoC pursues coaching conversations to address non-compliance & identify opportunities & a plan to bring partner agencies into compliance by increasing alignment with our CoC's anti-discrimination policies. Partner agencies that do not meet compliance after coaching & the development of a compliance plan are not eligible for future CoC funding.

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

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

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

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing or Housing Choice Voucher Program During FY 2023 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?
Boise City Housing Authority	27%	Yes-Both	Yes
Ada County Housing Authority	24%	Yes-Both	Yes

1C-7a.	Written Policies on Homeless Admission Preferences with PHAs.	
	NOFO Section V.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 2,500 characters)

1&2 Our PHA (2 operating as one agency within our geographic area) is a central partner to placing clients into & retaining permanent housing. The PHA serves on our governing board, CONNECT Committee & HOUSE Committee, in addition to partnering on our Campaign to End Family Homelessness & coordination on EHV as delineated in a signed MOU. The PHA has a preference for non-elderly persons w/ disabilities who are transitioning out of institutions and persons who are experiencing homelessness or are at risk of homelessness. The PHA also has a preference for TH & RRH clients. As such, our CoC can bridge TH & RRH clients to PHA programs for those who may no longer require the services available in a TH or RRH program but would still benefit from a rental subsidy to maintain housing. CoC made a request of PHA to update preference to allow RRH households to apply for Section 8 program while waitlist is closed to general public. Our CoC also works with the PHA to transfer participants who no longer require the services provided within a PSH project but may still need rental assistance. Because our PHA administers our CoC's PSH projects, we collaborate with the PHA when the PHA opens its wait list; PSH service providers help PSH participants apply, & if these clients are selected in the lottery, they have the option of transferring programs. The decision to transfer programs is made between the case manager & client; together, they determine whether the services offered through the PSH program are still needed, or if it is appropriate to transfer to a PHA program that does not offer such services. Because of the rental subsidies offered by PHA programs, we keep more people housed who may otherwise enter the homeless services system. Additionally, the PHA provided project-based Section 8 & VASH vouchers making our first two site-based PSH projects possible; our CoC is actively working with local funding partners & developers to bring on 250+ new PSH units over the next several years. Recently our CoC worked with the PHA to set policy direction to increase the number of PBVs up to the maximum allotted in their budget authority through an RFP process seeking PSH projects &, in 2023, the PHA issued & conditionally awarded their first award under this new process for up to 95 PBVs at an upcoming single-site PSH project within our CoC that is expected to break ground in 2024.

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

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

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

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

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

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

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

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

	1C-7e. Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including Emergency Housing Voucher (EHV).	
	NOFO Section V.B.1.g.	

	Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes
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1D. Coordination and Engagement Cont'd

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1D-1.	Preventing People Transitioning from Public Systems from Experiencing Homelessness.	
	NOFO Section V.B.1.h.	

Select yes or no in the chart below to indicate whether your CoC actively coordinates with the public systems 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.	Prisons/Jails?	Yes
2.	Health Care Facilities?	Yes
3.	Residential Care Facilities?	Yes
4.	Foster Care?	Yes

1D-2.	Housing First—Lowering Barriers to Entry.	
	NOFO Section V.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 2024 CoC Program Competition.	5
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 2024 CoC Program Competition that have adopted the Housing First approach.	5
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, SSO non-Coordinated Entry, Safe Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in the FY 2024 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

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

You must upload the Housing First Evaluation attachment to the 4B. Attachments Screen.

Describe in the field below:

1.	how your CoC evaluates every project—where the applicant checks Housing First on their project application—to determine if they are using a Housing First approach;
2.	the list of factors and performance indicators your CoC uses during its evaluation;
3.	how your CoC regularly evaluates projects outside of your local CoC competition to ensure the projects are using a Housing First approach; and
4.	what your CoC has done to improve fidelity to Housing First.

(limit 2,500 characters)

1&2 Renewal projects are required to describe Housing First implementation & submit esnaps apps in local competition to evaluate barriers for enrollment & ongoing participation to ensure no non-compliant preconditions. CoC evaluates renewal project performance using data from the prior year demonstrating service of high need populations (e.g., extremely low to no income, chronicity, disability) & rate higher projects that meet/exceed % based thresholds. Programs must accept all referrals from Coordinated Entry & are evaluated in the NOFO by the % of project vacancies filled by those referrals. CoC requires all new projects to describe their history implementing Housing First including eligibility criteria, acceptance & exit process for clients. All projects are evaluated based on the quality of services that the projects provide. If a project fails to meet Housing First standards, CoC will reallocate that project's funds. 3 Outside of the competition, CoC has a Housing First Fidelity Model which serves as an annual self-evaluation for programs using two matrices for staffing & programing elements. Each housing program completes the evaluation, the results are used as a tool to further shared learning, identify system challenges, & define opportunities for the partnership to increase Housing First fidelity. We host client facing staff in weekly, monthly, or quarterly meetings to work on housing clients quickly & without preconditions as soon as housing is available – both on a system & client-by-client level - by discussing navigation issues, service delivery, documentation requirements, referral status, & program parameters. CoC issues reports on CE & our housing outcomes regularly, with data & analysis for performance reviewed by several committees including the governing body to monitor compliance with a Housing First approach. Our CoC's site-based PSH project undergoes an annual evaluation from a neutral third party that has annually demonstrated the program's fidelity to Housing First & its contribution to successful participant outcomes & community benefits. 4 Based on results of self-evaluation, our CoC dove into improvement strategies related to client assessment, individualized plan development, & evaluation. We conducted interviews & compiled results to define system standards for all 3 components for supportive housing partners. We also identified a local policy barrier to program entry based on criminal record & are working to remove it.

1D-3.	Street Outreach—Data—Reaching People Least Likely to Request Assistance.	
	NOFO Section V.B.1.j.	
	Describe in the field below how your CoC tailored its street outreach to people experiencing homelessness who are least likely to request assistance.	

(limit 2,500 characters)

Our CoC's street outreach is a team of 6 full-time staff serving primarily unsheltered individuals. The team works in non-traditional, community-based settings to connect those who are otherwise underserved & may be reluctant to engage. The team conducts outreach where people experiencing homelessness are often found (encampments, streets, cars, by river paths, empty parking lots, day shelters, parks, libraries, & underpasses) & respond to referrals using an online partner referral form distributed to community partners, such as crisis teams, police units, businesses, & residents. They prioritize those who are unsheltered, experiencing chronic homelessness & those who cope with SUD &/or SPMI. The street outreach team holds bi-weekly meetings with cross-sector teams from different organizations that interface with unengaged, unsheltered individuals to ensure all entities are coordinating efforts to identify every individual & engage to connect them to resources. Outreach covers 100% of our geographic area in Ada County & is conducted Monday through Friday. Outreach adheres to trauma-informed, person-first, harm reduction principles of engagement by establishing trusting relationships & focuses on ensuring services are accessible to all regardless of language spoke or disability. They help individuals articulate their own priorities & needs, & work to help them problem solve their most important issues. One way the outreach team builds trust is by providing immediate assistance for any basic needs such as water, food, & warm clothing & by showing up consistently. The outreach team partners w/ interpreters' agencies for LEP persons, provide transportation to doctor appts, mental health services, interviews; obtain phones & accompany persons to places w/ free internet (e.g., the library or Dept. of Labor). All outreach staff have devices w/ internet to research resources, housing, & jobs. Finally, our overnight & daytime emergency shelters continue to partner w/ our outreach team in a concerted effort to provide collaborative case management to our unsheltered population to help resolve the real & perceived barriers to accessing shelter & those being served by sheltered that are disconnected from coordinated entry (CE) to access that CoC service. Outreach teams host regular pop ups at shelter facilities.

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

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

Your CoC's Strategies	Engaged/Educated Legislators and Policymakers	Implemented Laws/Policies/Practices that Prevent Criminalization of Homelessness
1. Increase utilization of co-responder responses or social services-led responses over law enforcement responses to people experiencing homelessness?	Yes	Yes
2. Minimize use of law enforcement to enforce bans on public sleeping, public camping, or carrying out basic life functions in public places?	Yes	Yes
3. Avoid imposing criminal sanctions, including fines, fees, and incarceration for public sleeping, public camping, and carrying out basic life functions in public places?	Yes	Yes
4. Other:(limit 500 characters)		

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1D-5.	Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC) or Longitudinal Data from HMIS.	
	NOFO Section V.B.1.i.	

		HIC Longitudinal HMIS Data	2023	2024
	Enter the total number of RRH beds available to serve all populations as reported in the HIC or the number of households served per longitudinal HMIS data, e.g., APR.	HIC	84	117

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

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

	Mainstream Benefits	CoC Provides Annual Training?
1.	Food Stamps	Yes
2.	SSI–Supplemental Security Income	Yes
3.	SSDI–Social Security Disability Insurance	Yes
4.	TANF–Temporary Assistance for Needy Families	Yes
5.	Substance Use Disorder Programs	Yes
6.	Employment Assistance Programs	Yes
7.	Other (limit 150 characters)	

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

Describe in the field below how your CoC:

- | | |
|----|---|
| 1. | works with projects to collaborate with healthcare organizations, including those that provide substance use disorder treatment and mental health treatment, to assist program participants with receiving healthcare services, including Medicaid; and |
| 2. | promotes SSI/SSDI Outreach, Access, and Recovery (SOAR) certification of program staff. |

(limit 2,500 characters)

1 CE, outreach, & shelter staff connect clients w/ our healthcare for the homeless (HCH) provider & work to connect clients to health insurance & more specialized resources for both physical & mental health. Our CoC's HCH provider's patient navigators enroll participants in our state health insurance exchange & Medicaid & also work w/ any patient referred from CoC projects to provide services. PATH (Projects for Assistance in Transition from Homelessness), shelter providers, & CHOIS case managers help clients access Medicaid benefits. Our CoC also links clients w/ Medicaid benefits to services, conserving other resources for those w/o it. 2 Our CoC's outreach team is the PATH grantee, providing services for people w/ serious mental illnesses. PATH directly supports SOAR in increasing access to SSA disability benefits through training & certifying all outreach staff to serve as SOAR case managers, coordinators & program leads. Our CoC assigns at least one certified, trained local SOAR Hub Lead, who works closely with Idaho's SOAR lead agency (the ID Dept. of Health & Welfare) & serves on our state SOAR steering committee, with the goal of improving & promoting SOAR across ID.

ID-7.	Partnerships with Public Health Agencies—Collaborating to Respond to and Prevent the Spread of Infectious Diseases.	
	NOFO Section V.B.1.n.	
	Describe in the field below how your CoC effectively collaborates with state and local public health agencies to develop CoC-wide policies and procedures that:	
1.	respond to infectious disease outbreaks; and	
2.	prevent infectious disease outbreaks among people experiencing homelessness.	

(limit 2,500 characters)

1&2 Our CoC collaborates w/ health agencies on strategies to respond to disease outbreaks & decrease the spread of infectious diseases w/in the population experiencing homelessness. Our CoC has a monthly Public Health workgroup comprised of members from all local hospital system partners, homeless health care clinics, the local health district, local emergency management team, shelters, & outreach team. This group was borne out of the initial work of developing a comprehensive CV19 emergency response plan that instituted safety protocols for frontline providers in alignment w/ public health guidelines, provided the roadmap to provide adequate & socially-distanced shelters, utilization & provision of PPE, mobile vaccine clinics, client screening, & isolation strategies for CV19+ clients. Our CV19 response plan is still in place (now serving as our Infectious Disease Response Plan) & updated continuously based on local conditions, including the operation of the temporary non-congregate shelter. The workgroup's goal has shifted to cover all public health matters through ongoing monitoring of the status of various public health issues, including infection diseases, advising on strategies to prevent/mitigate outbreaks in the homelessness system, best practices to ensure access to healthcare, & developing new or revisiting previously established CoC-wide policies for changes. Examples include prevention/social distancing/screening policies at shelters, response plan parameters for prevention & isolation strategies, & vaccination policies, etc. In addition to monitoring conditions, updating/creating policies, & making public health response recommendations, this team supports the implementation of response/prevention strategies. That includes mobile health & vaccine clinics, supply of PPE & medical equipment at homelessness services facilities, support of medical rounding for temporary non-congregate shelter that are used for high-risk prevention & isolation for clients positive with infectious diseases, formally established discharge/intake processes between hospital systems & shelter facilities for infectious patients, & funding to support different aspects of response. Through our collaborative efforts, our CoC is well-positioned to manage the spread of infectious diseases within our population experiencing homelessness with relatively low infection rates & only a few small surges that occurred in mirrored fashion with infection rates in the general population.

ID-7a.	Collaboration With Public Health Agencies on Infectious Diseases.	
	NOFO Section V.B.1.n.	
	Describe in the field below how your CoC:	
1.	effectively shared information related to public health measures and homelessness; and	
2.	facilitated communication between public health agencies and homeless service providers to ensure street outreach providers and shelter and housing providers are equipped to prevent or limit infectious disease outbreaks among program participants.	

(limit 2,500 characters)

1 Our CoC shares information related to public health measures & homelessness by leading a monthly Public Health workgroup comprised of 20+ members from all of our local hospital system partners, homeless health care clinics, the local health district, local emergency management team, shelters, & outreach team. Follow up emails from meetings include notes, action items, & linked to resources that are shared back with the entire group & encouraged to be shared w/in each agency. Further, our CoC shares information regularly by communicating all policy, prevention or response measure changes directly with the relevant service providers at partnership meetings, committee & workgroup specific emails, & through CoC-wide emails. 2 Outreach & shelter providers are participants in our monthly Public Health workgroup meetings with all public health agencies & health system partners. This ensures they have the most direct, up-to-date information on implementing prevention strategies to limit infectious disease outbreaks among program participants. This workgroup has also increased the level of partnership between the aforementioned entities, which has facilitated a deeper level of collaboration that enables our providers access to resources & support from public health agencies with much more efficiency, increasing their ability to respond quickly to conditions that prevents infection & spread of disease among program participants.

1D-8.	Coordinated Entry Standard Processes.	
	NOFO Section V.B.1.o.	
	Describe in the field below how your CoC's coordinated entry system:	
1.	can serve everybody regardless of where they are located within your CoC's geographic area;	
2.	uses a standardized assessment process to achieve fair, equitable, and equal access to housing and services within your CoC;	
3.	collects personal information in a trauma-informed way; and	
4.	is updated at least annually using feedback received from participating projects and households that participated in coordinated entry.	

(limit 2,500 characters)

1 40+ agencies partner w/ our CoC to ensure that Coordinated Entry (CE) covers our entire geography & actively makes referrals to the access point, working closely w/ shelters, outreach staff, dept of health & welfare, school districts, hospitals, etc. to ensure all system partners can make appropriate referrals. 2 CE uses a standardized assessment - custom formula using data collected through housing assessment combined w/ the WHO-QOL w/ factors based on regional needs – to achieve equitable access to resources that move clients into PH as quickly as possible. CE staff are trained on this assessment to achieve consistency across clients. 3 Information is collected by staff that are all trained in trauma-informed practices. Questions only collect information needed for the assessment & critical system data. Clients are supported to understand why questions are asked, how data is recorded, & how it can be shared. 4 CoC's CE is updated regularly, at min annually, using the feedback from our participating projects by way of their participation in our bi-monthly CE committee meeting & regular case conferencing. In both meetings, in addition to sharing information, a primary focus is direct feedback on system level performance issues & opportunities that CoC & CE staff can address through adjustment to CE operations. Our CoC recently adjusted the system by increasing the points allocated to different factors within our prioritization formula – including age vulnerabilities, # of interactions with emergency health & carceral systems, & acuity points that can be assigned by our cross-agency outreach team for individuals experiencing acute crisis. CoC is also finalizing a CE update now, after a HUD workshop & months of collaboration with partners, to include other vulnerability factors (i.e., shelter status, tri morbidity, etc.) for better alignment with best practices to reduce the number of questions included in the assessment to those required for prioritization & increase considerations for equity. The Lived Experience & Advocacy Committee co-chair has supported this process. Through a survey & focus groups, our CoC will continue to monitor & review the prioritization formula to ensure the prioritization formula aligns with needs felt by the community & ensure the assessment uses accessible, plain language & is performed in a trauma-informed & client-centered way to increase our CoC's ability to gather self-reported information for queue prioritization.

1D-8a.	Coordinated Entry–Program Participant-Centered Approach.	
	NOFO Section V.B.1.o.	

	Describe in the field below how your CoC's coordinated entry system:
1.	reaches people who are least likely to apply for homeless assistance in the absence of special outreach;
2.	prioritizes people most in need of assistance;
3.	ensures people most in need of assistance receive permanent housing in a timely manner, consistent with their needs and preferences; and
4.	takes steps to reduce burdens on people seeking assistance.

(limit 2,500 characters)

1 Coordinated Entry (CE) is committed to reach those least likely to apply. We partner w/ agencies that work w/ culturally specific & LEP populations; offer translation services as needed; complete assessments where clients are if they are unable to come to the office (or will conduct over phone or video call); & outreach staff continue to engage unsheltered individuals & those at other known service locations. CE has an affirmative marketing plan that details advertising & listings, media & press releases, printed materials, website marketing, events & outreach. 2 Our CoC continually updates our prioritization formula to respond to emerging needs/trends. We use a custom formula that combines the WHO-QOL w/ regionally based factors which incorporates the score from the QOL plus LOT experiencing homelessness, age, presence of children, DV status, fragility/functionality, mental health & substance misuse, victimization, emergency health & criminal system services, & acuity points that can be assigned by our cross-agency outreach team for individuals experiencing acute crisis to improve upon how quickly those w/ the highest severity of need receive assistance. 3 As part of our phased assessment, CE completes a housing assessment w/ clients to move them into PH as quickly as possible. The assessment looks different for every client & depends on the client's needs, including strengths & resources. Operating procedures dictate that when there is a PH program opening, CE makes a referral within 48 hours, followed by initial program to client contact ASAP to ensure timely service delivery. All clients are informed & empowered to have 100% choice when it comes to which program(s) or mainstream resources they want to access to ensure housing opportunities are aligned with their preferences. 4 CE has taken several steps to reduce barriers, include moving into a new, accessible building within our homelessness services corridor to increase their proximity to people in need of services & the outreach team performs assessments outside & inside of the office with a goal of performing an assessment as soon as trust building allows. Assessments are available over the phone & video calls to give access to those with limited transportation. This strategy ensures that those individuals for whom going into an office setting or making it over to where the office is will present an ongoing barrier, we can meet them where they are to provide access.

1D-8b.	Coordinated Entry–Informing Program Participants about Their Rights and Remedies–Reporting Violations.	
	NOFO Section V.B.1.o.	

	Describe in the field below how your CoC through its coordinated entry:
1.	affirmatively markets housing and services provided within the CoC's geographic area and ensures it reaches all persons experiencing homelessness;
2.	informs program participants of their rights and remedies available under federal, state, and local fair housing and civil rights laws; and
3.	reports any conditions or actions that impede fair housing choice for current or prospective program participants to the jurisdiction(s) responsible for certifying consistency with the Consolidated Plan.

(limit 2,500 characters)

1 Each program has an affirmative marketing strategy & undertakes a variety of direct outreach strategies to reach all persons experiencing homelessness, including specific & culturally informed strategies to reach subpopulations experiencing homelessness that are the least likely to access services. This includes the marketed Housing Crisis Hotline, a CoC funded hotline that serves as a single access point that can make referrals directly to CE & all partner programs operating within the geographic area. 2 All CoC clients are informed of & provided materials about the rights & remedies available under federal, state, & local fair housing & civil rights laws. 3 Our CoC reports any conditions or actions that impede fair housing choice for current or prospective program participations to the jurisdictions responsible for certifying consistency with the Consolidated Plan. This includes CoC partner program participation in participating jurisdiction public meetings & comment processes to identify & resolve all impediments to fair housing.

1D-9.	Advancing Racial Equity in Homelessness—Conducting Assessment.	
	NOFO Section V.B.1.p.	

1.	Has your CoC conducted a racial disparities assessment in the last 3 years?	Yes
2.	Enter the date your CoC conducted its latest assessment for racial disparities.	10/01/2024

1D-9a.	Using Data to Determine if Racial Disparities Exist in Your CoC's Provision or Outcomes of CoC Program-Funded Homeless Assistance.	
	NOFO Section V.B.1.p.	

	Describe in the field below:
1.	the data your CoC used to analyze whether any racial disparities are present in your CoC's provision or outcomes of CoC Program-funded homeless assistance; and
2.	how your CoC analyzed the data to determine whether any racial disparities are present in your CoC's provision or outcomes of CoC Program-funded homeless assistance.

(limit 2,500 characters)

1 Our CoC performs Racial Disparities Analysis on a monthly to analyze patterns in our HMIS data that speak to equity trends in our system response. Our CoC assessment identifies & tracks inequities in our policies & programs that serve as barriers around two metrics: 1) whether Black, Indigenous, & all people of color (BIPOC) are substantially overrepresented in the homelessness population using race population data for Ada County & race data of all households active in a homelessness services program for a calendar year; & 2) whether BIPOC households experience statistically significant differences in outcomes than their White counterparts by evaluating HMIS data including prioritization for CoC housing programs, exit destination, access to shelter by utilization rate, days homeless, days from referral to housing move-in date, & returns to homelessness. The analysis is taken to the governing committee for discussion & to identify & direct any needed action steps, along with a demographics dashboard that shows the racial breakdown of who programs are serving. 2 The combination of these analyses revealed that certain BIPOC populations experience homelessness at a statistically significant higher rate than White households, indicating that racially disparate policies & practices outside of the homeless services system contribute. Once in the homeless services system, BIPOC households do not experience outcomes that are statistically different from White households. In other words, disparities exist among which races are more likely to experience homelessness but evidence for those disparities continuing into or within the homeless services system does not exist, as BIPOC households do not experience statistically significant differences in outcomes once they have entered the homelessness system. Notably, when it comes to returns, BIPOC households experience a lower overall rate of return to homelessness than their White counterparts. Prioritization scores do illustrate statistically significant differences in how Black & Latinx HH of different races receive lower composite scores at Coordinated Entry, but program referrals are not statistically different based upon race.

1D-9b.	Implemented Strategies to Prevent or Eliminate Racial Disparities.	
	NOFO Section V.B.1.p	

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

1.	Are your CoC's board and decisionmaking bodies representative of the population served in the CoC?	No
2.	Did your CoC identify steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC?	Yes
3.	Is your CoC expanding outreach in your CoC's geographic areas with higher concentrations of underrepresented groups?	Yes
4.	Does your CoC have communication, such as flyers, websites, or other materials, inclusive of underrepresented groups?	Yes
5.	Is your CoC training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness?	Yes
6.	Is your CoC establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector?	Yes
7.	Does your CoC have staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness?	Yes
8.	Is your CoC 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.	Did your CoC review its coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness?	Yes
10.	Is your CoC collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system?	Yes
11.	Is your CoC conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness?	Yes
	Other:(limit 500 characters)	
12.		

1D-9c.	Plan for Ongoing Evaluation of System-level Processes, Policies, and Procedures for Racial Equity.	
	NOFO Section V.B.1.p.	

Describe in the field below your CoC's plan for ongoing evaluation of system-level processes, policies, and procedures for racial equity.

(limit 2,500 characters)

Although data doesn't demonstrate disparities in outcomes based on race or ethnicity, our CoC developed a System Equity Plan (SEP) that outlines 6 areas of focus to continue ongoing work to evaluate processes, policies & procedures for racial equity. Our CoC is implementing several initiatives from plan. CoC prioritized updating Coordinated Entry (CE) assessment & prioritization formula to ensure equitable access to homelessness services for BIPOC clients. Prioritized this based on statistically difference in composite prioritization scores. Work focused on CE's tools' ability to address potential barriers faced by BIPOC households in accessing CoC prioritized resources. 3 CoC leads participated in HUD workshop during 2023 on making CE equity centered – 2 leads identify as BIPOC. Post-workshop process included specific data analysis to determine any scoring factors/questions that were resulting in lower prioritization scores for BIPOC households to develop alternative scoring factors/weighting/questions & finalizing a new assessment/formula that is being voted on by the governing board in November 2024. Next, CoC held membership meeting/training on Diversity, Equity, Inclusion, & Belonging w/ 75+ participants in learning on Racial Equity foundations & cultural humility, w/ member feedback on prioritized steps for 2025 work from SEP. Participation was mandatory for CoC funded agencies & highly encouraged for all partners, including people with lived experience. CoC will produce summary report & create a 2025 implementation schedule for the System Equity Plan, for which the CoC has secured HUD TA to focus on policy, data, & involvement of folks with lived experience. A major component will be further engagement of ppl from unrecognized communities on system design, planning, & specific programs & activities. 3 CoC leads participated in HUD workshop during 2024 on engaging ppl w/ lived experience – 2 leads identify as BIPOC – one staff & one volunteer co-chair of the Lived Experience & Advocacy (LEA) committee. LEA has 5 members & is building a vision for their work. LEA will continue leading hyper-specific outreach & engagement activities in 2025 of ppl with lived exp. (active & recent) - survey, focus group, & listening sessions - that are designed to engage directly with impacted BIPOC clients to identify additional barriers & solicit strengths-based ideas for systemic interventions. SEP progress will be reported bi-monthly to gov body.

1D-9d.	Plan for Using Data to Track Progress on Preventing or Eliminating Racial Disparities.	
	NOFO Section V.B.1.p.	
	Describe in the field below:	
1.	the measures your CoC plans to use to continuously track progress on preventing or eliminating racial disparities in the provision or outcomes of homeless assistance; and	
2.	the tools your CoC plans to use to continuously track progress on preventing or eliminating racial disparities in the provision or outcomes of homeless assistance.	

(limit 2,500 characters)

1 Our CoC developed a System Equity Plan (SEP) that outlines 6 areas of focus (inclusive engagement, accurate narratives, shared leadership, reduce structural disparities, community collaboration, data utility) to continue ongoing work to evaluate processes, policies & procedures for racial equity. Our CoC is implementing several initiatives from the SEP & progress will be reported bi-monthly via reports that are produced & given to the gov body & standing committees. 2 CoC will continue to perform Racial Disparities Analysis on a monthly to analyze patterns in our HMIS data that speak to equity trends in our system response. Our CoC assessment identifies & tracks inequities in our policies & programs that serve as barriers around two metrics: 1) whether Black, Indigenous, & all people of color (BIPOC) are substantially overrepresented in the homelessness population using race population data for Ada County & race data of all households active in a homelessness services program for a calendar year; & 2) whether BIPOC households experience statistically significant differences in outcomes than their White counterparts by evaluating HMIS data including prioritization for CoC housing programs, exit destination, access to shelter by utilization rate, days homeless, days from referral to housing move-in date, & returns to homelessness. The analysis is taken to the governing committee for discussion & to identify & direct any needed action steps, along with a demographics dashboard that shows the racial breakdown of who programs are serving CoC will continue gather feedback on personal experience gathered from BIPOC households/partner agencies to understand where in the system (inflow, crisis response, &/or outflow) BIPOC households experience disparities. CoC will also further engagement of ppl from unrecognized communities on system design, planning, & specific programs & activities through varied engagement opportunities – system surveys, listening sessions, leadership positions for folks w/ lived experience, & outreach/recruitment for increased partnerships w/ organizations led by & serving BIPOC folks.

1D-10.	Involving Individuals with Lived Experience of Homelessness in Service Delivery and Decisionmaking—CoC's Outreach Efforts.	
	NOFO Section V.B.1.q.	
	Describe in the field below your CoC's outreach efforts (e.g., social media announcements, targeted outreach) to engage those with lived experience of homelessness in leadership roles and decisionmaking processes.	

(limit 2,500 characters)

CoC always has at minimum 1 person with lived exp. serving on our governing board - currently 1 voting member & 1 advisor. CoC recently developed a framework for lived exp. engagement that includes language about why this is vital for successful outcomes, best practices for engaging folks, & pay scales that ensure people engaged are fairly compensated for their labor. We use the framework to engage all provider partners to adopt increased strategies to ensure there is robust & intentional participation by lived experts w/in all programs & measure progress w/ a regular census of partners to better understand their current efforts & success at involving people with lived exp. at every level of their organization. CoC established a Lived Experience & Advocacy (LEA) Sub-Committee in our Governance Charter to formally incorporate people with lived exp. into decision making positions within our CoC, & we are actively conducting outreach to identify more people interested in leadership. We have 6 members currently engaged in active decision making, establishing a vision for the group & informing the development of future formal leadership opportunities w/in the CoC. LEA members participated in this year's Score & Rank Committee, for first time 100% of members making local competition decisions were with (recent) exp. w/ homelessness. We also established the Youth Action Board (YAB), comprised of 4 youth w/ current/recent experiencing of homelessness. They supported our YHDP application & will make all final decisions for any youth funding the CoC receives. Efforts to increase the voice of people w/ lived exp. in decision making occurs w/ 3 strategies: annual CoC surveys (crisis/housing response system & partner level), listening sessions (including for issue feedback & subpopulations offerings), & paid involvement opportunities for LEA/YAB members. Input gathered through each of these activities is used to make changes, as necessary, to our CoC or program policies, programs, & engagement strategies. CoC staff conducted various feedback sessions w/in the central services corridor this year w/ over 30 participants. They provided input the needs of people within the neighborhood & program specific feedback (safe parking). The results from were shared with a project team & informed the final outcomes, including coming projects like a pilot safe parking program.

1D-10a.	Active CoC Participation of Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.q.	

You must upload the Lived Experience Support Letter attachment to the 4B. Attachments Screen.

Enter in the chart below the number of people with lived experience who currently participate in your CoC under the four 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.	Routinely included in the decisionmaking processes related to addressing homelessness.	2	2
2.	Participate on CoC committees, subcommittees, or workgroups.	11	2
3.	Included in the development or revision of your CoC's local competition rating factors.	4	2
4.	Included in the development or revision of your CoC's coordinated entry process.	2	2

1D-10b.	Professional Development and Employment Opportunities for Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.q.	

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

(limit 2,500 characters)

CoC has allocated annual funding to pay lived experts for their time serving the CoC on committees, in workgroups, & for designing, participating in, & implementing projects. We can currently pay for professional engagements like participation in surveys, focus groups, listening sessions, & smaller projects, we are working to pay individuals with lived experience to set stipend amounts when they provide ongoing support to the CoC. Additionally, our lived experts can participate in all of the training & professional development opportunities we provide as a CoC to any of our other members. Outside of these opportunities, our CoC has several active partner agencies that provide professional development & employment opportunities explicitly for people experiencing homelessness. Further, our CoC partners collaborate with state & local agencies to connect folks to structured professional development & employment opportunities. CoC partners work with the ID Department of Labor to connect individuals with lived experience to employment programs, including vocational rehab. Our CoC has built relationships with several local businesses that provide employment programs & opportunities available to individuals with lived experience of homelessness – including restaurants, local government, client service businesses, & more. Because of these relationships, case managers at CoC partner agencies can provide a warm handoff to these local businesses to ensure folks are able to become & stay stably employed. For example, our low barrier shelter provides professional development programs on site including a food service training with a professional chef trainer. Clients who are trained through the program are then connected with local restaurant partners for employment opportunities. CoC staff regularly share resources on professional development & employment with partner agencies, including a CoC-wide training on mainstream resources & best practices on how to connect individuals with lived experiences to resources.

1D-10c.	Routinely Gathering Feedback and Addressing Challenges of Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.q.	

Describe in the field below:

1.	how your CoC gathers feedback from people experiencing homelessness;
2.	how often your CoC gathers feedback from people experiencing homelessness;
3.	how your CoC gathers feedback from people who received assistance through the CoC Program or ESG Program;
4.	how often your CoC gathers feedback from people who have received assistance through the CoC Program or ESG Program; and
5.	steps your CoC has taken to address challenges raised by people with lived experience of homelessness.

(limit 2,500 characters)

1&2 CoC gets feedback by people w/ lived exp. on our governing board - currently 1 voting member & 1 advisor. CoC established a Lived Experience & Advocacy (LEA) Sub-Committee in our Governance Charter to formally incorporate people with lived exp. into decision making positions within our CoC, currently we have 6 members currently engaged in active decision making & feedback. LEA members participated in this year's Score & Rank Committee, for first time 100% of members making local competition decisions were with (recent) exp. w/ homelessness, and as a result provided 2 points of explicit feedback that the CoC will use to adjust the local competition in FY26. We also established the Youth Action Board (YAB), comprised of 4 youth w/ current/recent experiencing of homelessness, who decided to support our YHDP application & will make all final decisions for any youth funding the CoC receives. Efforts to increase the voice of people w/ lived exp. in decision making occurs w/ 3 strategies: annual CoC surveys (crisis/housing response system & partner level), one-off listening sessions (including for issue feedback & subpopulations offerings), & regular paid involvement opportunities for LEA/YAB members. We are finalizing agreements with survey collection system that include kiosks at 3 highly utilized sites (coordinate entry, day shelter, library) to gather immediate feedback from folks exp. for up to 15 surveys about their needs/input. 3&4 All CoC & ESG funded partners offer exit surveys/interviews to gather input on program performance & design. 5 Input gathered informs changes, as necessary, to our CoC/ program policies & engagement strategies. CoC staff engage 30+ ppl w/in the central services corridor about the needs of those exp. homelessness within the neighborhood & for program specific feedback (safe parking). The results from were shared with a project team & informed the final outcomes, including coming projects like a pilot safe parking program. The safe parking pilot program recommendation going to local leadership incorporates the suggestions/ideas of folks with lived exp. to ensure the program will work for the people it is designed to serve. We have also used results from prior engagements to design new trauma-informed housing projects, weather service provision plans, advocacy for essential services needed in the homelessness services corridor (restrooms, waste management) & exploration of needed amenities (shade, storage).

1D-11.	Increasing Affordable Housing Supply.	
	NOFO Section V.B.1.s.	
	Describe in the field below at least two steps your CoC has taken in the past 12 months to engage city, county, or state governments that represent your CoC's geographic area regarding the following:	
1.	reforming zoning and land use policies to permit more housing development; and	
2.	reducing regulatory barriers to housing development.	

(limit 2,500 characters)

1 & 2 In the past 12 months, our CoC actively engaged in the City of Boise's zoning code overhaul by way of public testimony from many of the CoC's partner agencies to provide feedback on draft iterations of the proposed new code, participation in public forums to provide public comment in favor of permitting more housing development & reducing regulatory barriers, & our CoC's governing body sent a letter on behalf of the entire CoC encouraging adoption of the new code because of the degree to which the final proposed changes permitted more housing, removed regulatory barriers & incentivized the development community to include affordable housing in new projects. This participation was lauded by elected officials because many of the CoC partner organizations are viewed as objective experts. The City's new zoning code received Council approval & went into effect Dec 1, 2023. Since then, the CoC has also continued its participation in the Western Idaho Community Health Collaborative: a 10-county consortium that, for the first time ever, conducted a 10-county community health needs analysis that named housing & homelessness as the #1 community health need. Our CoC has two representatives on the work group charged with inventorying & advocating for pro-housing development policies within our CoC's geographic region & neighboring counties. The CoC has also participated actively in a housing workgroup convened by our local metropolitan planning organization, COMPASS, which serves as the MPO for Ada & Canyon Counties. Members of the workgroup have included staff from several cities within our CoC's geographic region & this space has allowed us to engage in discussion with them around reducing regulatory barriers to housing development – for example, related to ADUs. Lastly, our CoC actively supports affordable housing projects when they face NIMBY opposition by providing letters of support & public testimony in public hearings.

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

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1E-1.	Web Posting of Advance Public Notice of Your CoC's Local Competition Deadline, Scoring and Rating Criteria.	
	NOFO Section V.B.2.a. and 2.g.	

1.	Enter the date your CoC published its submission deadline and scoring and rating criteria for New Project applicants to submit their project applications for your CoC's local competition.	08/23/2024
2.	Enter the date your CoC published its submission deadline and scoring and rating criteria for Renewal Project applicants to submit their project applications for your CoC's local competition.	08/23/2024

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

You must upload the Local Competition Scoring Tool attachment to the 4B. Attachments Screen.

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

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

6.	Provided points for projects based on the degree the projects identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.	Yes
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1E-2a.	Scored Project Forms for One Project from Your CoC's Local Competition. We use the response to this question and Question 1E-2. along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
	NOFO Section V.B.2.a., 2.b., 2.c., and 2.d.	

You must upload the Scored Forms for One Project attachment to the 4B. Attachments Screen.

Complete the chart below to provide details of your CoC's local competition:

1.	What were the maximum number of points available for the renewal project form(s)?	100
2.	How many renewal projects did your CoC submit?	3
3.	What renewal project type did most applicants use?	PH-RRH

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

Describe in the field below:

1.	how your CoC analyzed data regarding each project that has successfully housed program participants in permanent housing;
2.	how your CoC analyzed data regarding how long it takes to house people in permanent housing;
3.	how your CoC considered the specific severity of needs and vulnerabilities experienced by program participants preventing rapid placement in permanent housing or the ability to maintain permanent housing when your CoC ranked and selected projects; and
4.	the severe barriers your CoC considered.

(limit 2,500 characters)

1 CoC used prior year HMIS to generate 2 project performance measures for renewal project success. Housing stability: all households active in 2023, excluding institutional/deceased exits, to find proportion of these households with a successful placement in permanent housing (exited to a permanent destination in 2023 or were housed for 180+ days at end of 2023). Returns to homelessness: all households that exited a project in 2022, excluding institutional/deceased exits, to find proportion that returned to homelessness within 12 months of their exit (by the end of 2023). New projects were required to demonstrate prior experience/success w/ working with proposed population in housing projects. 2 CoC uses coordinated entry (CE) & supportive housing data to create dashboards to monitor how long it takes to house people in PH. The dashboards are filterable by project & provide length of time (LOT) from CE enrollment to when a referral to housing is made, LOT from referral to acceptance, actual placement in housing, & overall LOT for the entire process. Data is evaluated year-round & included for Score & Rank Committee during our rank w/ the most recent APR's submitted to HUD for renewal projects which include data on time it takes to house ppl. 3&4 CoC considers severity of need & vulnerability by reviewing renewal projects who serve clients with little to no income, chronicity, & disability based on prior data & assign points where at min 30% of clients served have each of the 3 barriers. We also assign points for projects that fill 100% of their vacancies thru CE b/c our CE formula prioritizes those w/ the longest histories of homelessness first & then those w/ other severe needs/vulnerabilities including factors like advanced age, presence of children, DV status, medical fragility, health/criminal system utilization & quality of life. Similarly new projects much demonstrate commitment to filling project placements with CE & project alignment with housing first (commitment to serve those with highest barriers). B/c our rating tool's threshold criteria & point values require all vacancies to be filled thru CE, our process inherently considers the needs & vulnerabilities included in our CE formula for all PH projects & how that impacts project ability to rapidly place ppl in PH. Score & Rank Committee considers all above when ranking projects, ensuring each project rated/ranked has demonstrated success in rapidly housing ppl w/ severe barriers.

1E-3.	Advancing Racial Equity through Participation of Over-Represented Populations in the Local Competition Review and Ranking Process.	
NOFO Section V.B.2.e.		
Describe in the field below:		
1.	how your CoC used input from persons of different races and ethnicities, particularly those over-represented in the local homelessness population, to determine the rating factors used to review project applications;	
2.	how your CoC included persons of different races and ethnicities, particularly those over-represented in the local homelessness population in the review, selection, and ranking process; and	
3.	how your CoC rated and ranked projects based on the degree that proposed projects identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and steps the projects took or will take to eliminate the identified barriers.	

(limit 2,500 characters)

1&2 CoC data shows Black, Indigenous, & Latinx individuals are overrepresented in our local homelessness response system. The Score & Rank Committee (SRC), which runs & makes the final recommendation to the CoC governing body for the local competition selection process, was made up entirely of folks with recent lived experiences of homelessness & 25% of committee membership is BIPOC. Rating factors in local selection, approved by CoC governing body, focus on objective criteria including system performance measures & required participation in Coordinated Entry (CE). CE is critical b/c CoC continuously monitors CE performance & evaluates the implementation through a racial equity lens. CoC retired the VI-SPDAT after 1 year & built our own prioritization formula based on tool inability to address vulnerability factors experienced by BIPOC households in our community. CoC regularly updates prioritization formula to address factors that differently impact BIPOC households, such as increased points for touches w/ the criminal justice system (data shows BIPOC overrepresentation in that system). CoC presently finalizing formula update to account for other systemic disparities experienced by BIPOC households, including self-reported barriers to access physical & mental healthcare.

To monitor CE for racial equity CoC built two monthly dashboards to evaluate how demographics, including race, impact prioritization of households for support housing program referrals & whether outcomes are statistically significant. Therefore, CE participation/referrals are a threshold for project including in rating/ranking through local competition to ensure programs create equitable access/outcomes. 3 All applicants required to answer how they analyze racial disparities present in provision/outcomes of program, identify disparities, any steps they're taking to address the disparities, & measure/track progress. Project answers demonstrated a mix of equity learning initiatives, project data evaluation, & participant feedback process regularly implemented within each agency. The answers are reviewed by SRC, each member assigned points, & aggregate score informed overall project ranking. B/c our Annual Racial Disparities Analysis has demonstrated consistently that CoC housing program participant demographics mirror the population demographics of those experiencing homelessness, no program statistically significant racial disparities were identified by applicant projects.

1E-4.	Reallocation—Reviewing Performance of Existing Projects.	
	NOFO Section V.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 low performing or less needed projects through the process described in element 1 of this question during your CoC's local competition this year;
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.

(limit 2,500 characters)

1 CoC's reallocation process has been codified by our governing board. Our rating tool for our local competition measures performance & outcome data from HMIS. As part of this process, renewal project funds are automatically eligible for reallocation if the project fails to meet threshold criteria outlined in the rating tool or if the project fails to meet the minimum score on the rating tool. Any unspent funds are also eligible for reallocation. Our CoC may reallocate funds not only if a project underperforms or underspends, but also if our CoC & the impacted project collaboratively determine that funds are better spent in another way; funds may be voluntarily reallocated to create a new project that allocates funds to their highest & best use & better serves the greatest local need. In addition to during the competition, the process by which our CoC identified projects that were low-performing or for which there is less need occurs throughout the year: a) on-site monitoring: occurs annually, conducted by our CoC staff, uses our CoC Wellness Checklists published by HUD as the primary guide; b) CoC staff review of the projects' submitted APRs; c) active participation of CoC-funded projects in our CoC, including in monthly committees & workgroups. These groups provide continual opportunity to identify & work thru various, performance-related pain points or opportunities. All CoC-funded projects participate in the CONNECT & HOUSE committees. These committees, among other roles, focus on resolving strategic challenges that emerge that impact how quickly a household can access crisis & housing resources. 2&3&4 No renewal projects in this year's competition were identified as lower performing based on rating. Therefore, the Score & Rank Committee & Gov Body, in line with our policies & procedures, evaluated the factors contributing to performance & documented local need for the project related to system performance. Based on this evaluation & in alignment with our policies & procedures, the Committee felt confident about ranking all renewal projects, & felt it vital to do so.

1E-4a.	Reallocation Between FY 2019 and FY 2024.	
	NOFO Section V.B.2.f.	

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2019 and FY 2024?	No
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1E-5.	Projects Rejected/Reduced–Notification Outside of e-snaps.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of Projects Rejected-Reduced attachment to the 4B. Attachments Screen.	

1.	Did your CoC reject any project application(s) submitted for funding during its local competition?	No
2.	Did your CoC reduce funding for any project application(s) submitted for funding during its local competition?	No
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	No
4.	If you selected Yes for element 1 or element 2 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2024, 06/27/2024, and 06/28/2024, then you must enter 06/28/2024.	

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

	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2024, 06/27/2024, and 06/28/2024, then you must enter 06/28/2024.	10/11/2024
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1E-5b.	Local Competition Selection Results for All Projects.	
	NOFO Section V.B.2.g.	
	You must upload the Local Competition Selection Results attachment to the 4B. Attachments Screen.	

	Does your attachment include: 1. Project Names; 2. Project Scores; 3. Project Status–Accepted, Rejected, Reduced Reallocated, Fully Reallocated; 4. Project Rank; 5. Amount Requested from HUD; and 6. Reallocated Funds +/-.	Yes
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1E-5c.	Web Posting of CoC-Approved Consolidated Application 2 Days Before CoC Program Competition Application Submission Deadline.	
	NOFO Section V.B.2.g. and 24 CFR 578.95.	
	You must upload the Web Posting–CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC posted the CoC-approved Consolidated Application on the CoC's website or partner's website—which included: 1. the CoC Application; and 2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings.	10/25/2024
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1E-5d.	Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on Website.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	10/25/2024
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2A. Homeless Management Information System (HMIS) Implementation

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

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

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

	Enter the date your CoC submitted its 2024 HIC data into HDX.	04/02/2024
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2A-4.	Comparable Databases for DV Providers—CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.	
	NOFO Section V.B.3.b.	

	In the field below:	
1.	describe actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC collect data in HMIS comparable databases; and	
2.	state whether DV housing and service providers in your CoC are using a HUD-compliant comparable database—compliant with the FY 2024 HMIS Data Standards.	

(limit 2,500 characters)

1 Our CoC currently has two victim service provider projects, both projects run by our single victim services provider, that are not allowed to enter data into HMIS according to the HMIS decision tree &, therefore, use a comparable database. One of the two projects is administrated by the HMIS Lead & funded by our CoC. 2 Both comparable databases collect the same data elements required in the HUD-published 2024 HMIS Data Standards. Both projects submit aggregated data on system performance measures as requested by our CoC & participate in the PIT/HIC.

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

Using the 2024 HDX Competition Report we issued your CoC, enter data in the chart below by project type:

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds [Column F of HDX Report]	Adjusted Total Year-Round, Current VSP Beds [Column K of HDX Report]	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database [Column M of HDX Report]	HMIS and Comparable Database Coverage Rate [Column O of HDX Report]
1. Emergency Shelter (ES) beds	663	4	610	91.45%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	152	0	93	61.18%
4. Rapid Re-Housing (RRH) beds	117	0	117	100.00%
5. Permanent Supportive Housing (PSH) beds	338	0	338	100.00%
6. Other Permanent Housing (OPH) beds	0	0	0	0.00%

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

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

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

(limit 2,500 characters)

1 Every other year the CoC has 100% coverage for TH beds in all projects with this bed type – partners with these projects include Boise Rescue Mission, SHIP, El-Ada, WCA, & Boise City/Ada County Housing Authorities. This year, an error occurred where our VSP beds were not correctly labeled in the final HDX submission as VSP covered beds. We are unsure, & unable to confirm, how this error occurred with the multitude of difficulties & errors caused by the software transition during HIC data submission (during the HIC our CoC HMIS lead engaged in multiple rounds of back & forth based on system errors occurring within the HUD & data clean up requested of our team). All 59 beds from our TH projects are however covered TH beds in a comparable database - WCA beds are comparable data base for VSP - WCA (53 in VSP) & the rest come from BCACHA-OVW (6 in VSP). 2 Next year we will ensure that the beds are labeled correctly in the HDX submission to avoid this TH labeling error from occurring again.

2A-6.	Longitudinal System Analysis (LSA) Submission in HDX 2.0.	
	NOFO Section V.B.3.d.	
	You must upload your CoC's FY 2024 HDX Competition Report to the 4B. Attachments Screen.	
Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by January 24, 2024, 11:59 p.m. EST?		Yes

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

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2B-1.	PIT Count Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC conducted its 2024 PIT count.	01/24/2024
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2B-2.	PIT Count Data—HDX Submission Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC submitted its 2024 PIT count data in HDX.	03/28/2024
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2B-3.	PIT Count—Effectively Counting Youth in Your CoC's Most Recent Unsheltered PIT Count.	
	NOFO Section V.B.4.b.	

	Describe in the field below how your CoC:
1.	engaged unaccompanied youth and youth serving organizations in your CoC's most recent PIT count planning process;
2.	worked with unaccompanied youth and youth serving organizations to select locations where homeless youth are most likely to be identified during your CoC's most recent PIT count planning process; and
3.	included youth experiencing homelessness as counters during your CoC's most recent unsheltered PIT count.

(limit 2,500 characters)

1&2 Our CoC coordinated with stakeholders that serve youth including our low barrier overnight & daytime shelter, our only youth emergency shelter, the Department of Health & Welfare, school districts, the libraries, & youth program leaders. As part of our effort, our CoC worked with these partners & the street outreach team, local law enforcement, & emergency medical services to identify known locations throughout the county where people experiencing homelessness, including areas where unaccompanied youth, spend time & are most likely to be identified. This map of known locations was utilized by the volunteers & street outreach teams on the days we conducted the count to connect with people experiencing homelessness – specifically unaccompanied youth. 3 Our CoC was unable to include youth experiencing homelessness as counters in the count directly due to our youth shelter having limited capacity while undergoing program & staff changes, where we normally rely on them as our lead resource to engage homeless youth. In preparing for the upcoming PIT count, CoC staff are working with our newly establish Youth Action Board (YAB) & the above mentioned youth service providers to identify opportunities for youth involvement.

2B-4.	PIT Count–Methodology Change–CoC Merger Bonus Points.	
	NOFO Section V.B.5.a and V.B.7.c.	

	In the field below:
1.	describe any changes your CoC made to your sheltered PIT count implementation, including methodology or data quality changes between 2023 and 2024, if applicable;
2.	describe any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2023 and 2024, if applicable;
3.	describe whether your CoC's PIT count was affected by people displaced either from a natural disaster or seeking short-term shelter or housing assistance who recently arrived in your CoCs' geographic; and
4.	describe how the changes affected your CoC's PIT count results; or
5.	state "Not Applicable" if there were no changes or if you did not conduct an unsheltered PIT count in 2024.

(limit 2,500 characters)

Not applicable.

2C. System Performance

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2C-1.	Reducing the Number of First Time Homeless—Risk Factors Your CoC Uses.	
	NOFO Section V.B.5.b.	
	In the field below:	
1.	describe how your CoC determined the risk factors to identify persons experiencing homelessness for the first time;	
2.	describe your CoC's strategies to address individuals and families at risk of becoming homeless; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time	

(limit 2,500 characters)

1 2023 HMIS data shows 71.2% of clients served by CoC were new to the system/exp. 1st time homelessness. CoC data is gathered from HMIS primary causes of homelessness, central phoneline recording data from ~400 calls per month, & a youth assessment survey w/ 21 partner orgs about the primary causes of youth & young adult homelessness (majority of whom are exp. homelessness for 1st time). Based on this data risk factors for 1st time homelessness are domestic violence, rejection of gender identity/sexuality by family, substance use disorders, eviction, economic instability (low wages, fixed income), mismanagement of chronic health issues (older adults unable to age in place, severe mental illness), & exits from publicly funded systems without sufficient housing support. All underpinned by unprecedented rise in housing costs – rents= far exceeds affordability for low-income households w/ extremely low vacancy rates. & older adults w/ severe service needs impacted by a statewide shortage of skilled nursing facilities after a slew of CV19 closures. 2&3 CoC manager/coordinator lead prioritized collaborative workgroups to address 1st time homelessness w/ prevention providers, publicly funded systems, & advocates. CoC's bi-monthly prevention workgroup w/ dozens of partners to scale targeted prevention efforts (school districts, dept of health & welfare, legal providers, prevention funders); lead prevention provider (Jesse Tree) conducts CoC funded, targeted prevention in eviction court by prioritizing those in legal eviction processes most at risk for exp. homelessness w/ tool that screens clients for vulnerabilities that align with coordinated entry (CE). CoC's monthly public health workgroup (hospitals, clinics, district health/dept of health & welfare, & specialized care providers) improves processes/strategies for housing-based community exits from health system & increase access to health services. CoC carceral system work includes a) a 2-year technical assistance statewide cohort w/ Justice Center "Zero Returns to Homelessness" (dept of correction, housing, & homeless system teams) to build strategies to scale supportive housing programs for ppl exiting the carceral system & b) data evaluation w/ county jail of incarcerated ppl exp. homelessness upon entry/exit for similar goals. CoC advocacy workgroup engages local, state, & federal gov to address housing affordability through investment in development/preservation, zoning policy, & renter protections.

2C-1a.	Impact of Displaced Persons on Number of First Time Homeless.	
	NOFO Section V.B.5.b	

Was your CoC's Number of First Time Homeless [metric 5.2] affected by the number of persons seeking short-term shelter or housing assistance displaced due to:

1.	natural disasters?	No
2.	having recently arrived in your CoC's geographic area?	No

2C-2.	Reducing Length of Time Homeless—CoC's Strategy.	
	NOFO Section V.B.5.c.	

In the field below:

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

(limit 2,500 characters)

1 CoC reduces LOT through coordinated entry (CE) prioritizing households (HH) w/ the longest LOT first & CE engagement w/ all HH on housing problem solving at access point. CE case conferencing focuses on HH at top of queue to address/remove barriers to housing (e.g., lack of critical docs, arrears, care access/plans for disabling conditions) so referred HHs placement in permanent housing (PH) is rapid & a provider organizes regular resource fairs w/ a variety of services to address barriers. Bottlenecks are lack of PH program capacity, complex/limited ability for HH placement in long term facilities, & lack of available units for HHs enrolled in supportive housing programs – all increase CoC LOT. CoC invested in added PH capacity – with private & public funding CoC have increased RRH program capacity w/ ~\$1M in new annual funding. CoC & partners (Boise, PHA, Housing & Finance Assoc., & developers) are increasing PH w/ pipeline of 5 new projects to add 250+ new PSH units over new few years - expect 3 project/193 new PSH units by 2027. PH partners have added new CoC funded housing navigation capacity (including medically fragile navigator at FQHC that takes CoC & health system referrals for HH that need long term facility placement) to support HHs searching & are partnering on universal application initiative for affordable housing properties. CoC's Dedicated Units Program has secure 124 affordable units, which are filled by PH programs w/ CE referred HH that still need housing to reduce time before moving-in. Developer partners sign MOUs to a) dedicate units to CoC at an affordable rate (Fair Market Rent or below) & b) agree to address barriers for referred HH (criminal, eviction, & rent history). These will increase our ability to quickly rehouse HH & reduce LOT HH exp. homelessness. 2 CoC identifies & houses HH w/ the longest LOT homeless through CE assessment/prioritization. CE policies & procedures updated to include regular review of data to identify HH in crisis services w/ 180+ days exp. homelessness to increase CE access/collaborative care. Street outreach workgroup (CE, law enforcement, shelter, health/carceral system) document homeless histories & conduct outreach to connect disengaged individual to CE, services, & housing. 3 CoC, CE (including outreach) & PH program managers are responsible for overseeing these strategies in CONNECT/HOUSE Committees & street outreach workgroup.

2C-3.	Successful Permanent Housing Placement or Retention –CoC's Strategy.	
	NOFO Section V.B.5.d.	

In the field below:

1.	describe your CoC's strategy to increase the rate that individuals and persons in families residing in emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations;
2.	describe your CoC's strategy to increase the rate that individuals and persons in families residing in permanent housing projects retain their permanent housing or exit to permanent housing destinations; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to increase the rate that individuals and families exit to or retain permanent housing.

(limit 2,500 characters)

1 CoC ensures households (HH) served in ES/TH (no safe havens) are connected to coordinated entry (CE) for rapid resolution, RRH & PSH. Increasing CoC PH program capacity for CE facilitated exits w/ new annual rapid resolution/RRH funding & PSH pipeline (3 projects/193 new PSH units anticipated online by 2027). CE regularly meets w/ ES/TH & outreach conducts onsite popups to ensure access for all HH in crisis services. CE policies & procedures updated to require regular identification of HHs in ES/TH w/ 180+ days exp. Homelessness for targeted CE outreach/collaboration. CoC added housing navigation capacity at FQHC to take referrals from ES/TH & support PH access/navigation, including long term care facilities. RRH provider loosened restrictions on rental assistance cap to accommodate HH w/ higher vulnerabilities who need more assistance, CoC updated bridging process between RRH/PSH, & engaged PHA w/ request to adjust Section 8 homeless preference to include RRH HH applications while waitlist is closed to the public. CoC partners w/ local governments investing in affordable housing to secure dedicated subsidized, affordable units for CoC PH programs (City of Boise 10% of units, Housing & Finance Assoc. 5% of units), CoC prioritizes HH on short term rental assistance to increase likelihood of stability. All above are engaged in universal application initiative for affordable housing providers. 2 CoC educates PH providers on best practices (progressive engagement & trauma-informed care) & conducts regular housing first evaluations of PH programs (assess fidelity across staffing & program matrices) to monitor performance & identify gaps/opportunities for improvement on housing stability. Completed review of current practices across PH programs to set CoC PH program standards (assessment, individuals case plans, & evaluation including client feedback). Conducted PH program survey & secured contract for consultant to provide 4-part quality supportive housing training based on results. CoC identified new/increased funding sources to scale support services that increase housing retention in CoC PH programs & PHA mainstream programs for HH exiting homelessness. Includes Medicaid collaboration for increased billing of allowable tenancy supports & a new private fund with almost \$10M in commitments to sustain support services at single-site PSH projects. 3 CoC & CE & PH program managers through CONNEC/HOUSE Committees are responsible for overseeing these strategies.

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

(limit 2,500 characters)

1 CoC identifies returning households (HH) using HMIS data to flag entries indicating they had been served by system in the past 24 months. Tool pulls HH's immediate prior living situation, services they're currently accessing (entry point), & where they'd previously exited from (last recorded successful intervention). CE is notified by CoC partners (prevention, shelter, housing) right away if a HH returns so they can establish contact to create a housing plan & return HH to PH as soon as possible. 2 CoC strategies to reduce returns are varied. CoC identifies HHs at-risk of returning from prevention & permanent housing (PH) programs in case conferencing to collaborate on preventing returns whenever possible. CoC is deepening implementation of housing first across PH programs to increase housing stability. This includes traditional, scaled support services & best practice landlord engagement strategies coupled w/ eviction prevention plans to reduce negative exits. CoC is creating more bridging opportunities (funding & associated policies/procedures) between housing intervention types (i.e., RRH/PSH, RRH to mainstream PH) for HHs that need additional support. PH programs determine if HH needs further rental assistance &/or services to stay stably housed. For HH on short term rental assistance programs CoC has a) engaged PHA w/ request to adjust Section 8 homeless preference to include RRH HH applications while waitlist is closed to the public b) prioritized for placement in deeply affordable, subsidized housing units dedicated to CoC PH programs to increase likelihood HH ability to sustain unit upon graduation in face of rising housing costs, & c) focused on improving connections for HHs to educational/ employment/income support programs based on data showing HHs graduating from short term programs inability to independently sustain rent as top factor for returns to homelessness. CoC added increased services across all PH programs to reduce returns to homelessness for HH w/ severe service needs – long term case manager at prevention provider, single-site PSH contract capacity to provide home care, RRH integrated care team to more than triple client access to proactive support services, scattered- site PSH increased case management staffing, & PHA received CoC funding for services of HH that enter Section 8 program directly from an exp. of homelessness. 3 CoC, CE, Prevention, & PH managers through CONNECT/HOUSE Committees are responsible to oversee efforts.

2C-5.	Increasing Employment Cash Income—CoC's Strategy.	
	NOFO Section V.B.5.f.	

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

(limit 2,500 characters)

1 The primary strategies used to increase employment income & access to employment is work w/ mainstream employment organizations to increase cash income & facilitation of access to employment opportunities through regular meet-ups at the emergency shelter where clients can sign up for various types of benefits, including work programs that have been created in partnership with local businesses & case management after the household (HH) is referred to a permanent housing (PH) program. In each CoC partner office, community job leads, flyers from partner employment agencies, & info about job fairs & training resources are posted. Computers & a phone for job search are also available. Our case management office also hosts low-income Title V work placements & Voc Rehab work trainees. CoC partners conduct outreach to employers w/ a history of hiring our clients & connects clients to their job fairs. Case management for clients in PH programs includes job search assistance & referral to community resources, transportation to & from employment opportunities, employment screening, assessment, or testing, structured job skills & job-seeking skills, special training & tutoring, including literacy & prevocational training, books & instructional material, & counseling or job coaching. All PH clients participate in an employment assessment at least annually. The results of this assessment are used to inform household goals. Specifically, at our site-based PSH project, residents are employed by the property mgmt. company to do maintenance/janitorial & another resident serves on the medical care provider's board (as a volunteer) but is learning job-related skills through that opportunity. 2 Employment goals are part of the housing & service plans; barriers & tasks to overcome them are defined. Case management links clients with employment organizations to help clients increase income & self-sufficiency. Case managers also help w/ job searches, applications, resumes, interview skills, clothes, grooming & transportation. Coordination of & access to employment income & opportunities has improved thru CE & case conferencing. Partner agencies are comfortable receiving warm h& offs & other referrals, & Dept of Labor staff participate in weekly case conferencing & are active CoC members. CoC provides a training each year on mainstream resources, including employment program providers. 3 CoC staff & CE staff for these strategies through CONNECT/HOUSE Committees.

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

(limit 2,500 characters)

1 The primary strategies used to increase non-employment cash income & to increase access to non-employment cash sources mirror the strategies used to increase employment income & opportunities: a) regular meet-ups at the emergency shelter where clients can sign up for various types of non-employment benefits, b) as part of the housing plan created with coordinated entry (CE) staff at the time of assessment, c) through case management after the household (HH) is referred to a any permanent housing (PH) program, & d) street outreach working directly with their clients on SOAR. Coordination of & access to mainstream benefits are part of the housing & service plans developed with case managers; barriers & tasks to overcome them are defined. Case managers facilitate access to mainstream benefits including, for example, food stamps, Medicaid, SSI/SSDI, unemployment, WIC, BPA, & ICCP. Income assessments performed after a referral is made to a program help identify any benefits for which the program participant may still be eligible but has not yet accessed. CoC staff participate on statewide committee aimed at increasing access to non-employment cash income programs & reports any changes/updates to CoC partners & advocates for changes that increase access to said program to HH served by the CoC. 2 CoC & CE managers & CE staff for these strategies.

3A. Coordination with Housing and Healthcare

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	Yes
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3A-2.	New PH-PSH/PH-RRH Project–Leveraging Healthcare Resources.	
	NOFO Section V.B.6.b.	
	You must upload the Healthcare Formal Agreements attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	Yes
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3A-3.	Leveraging Housing/Healthcare Resources–List of Projects.	
	NOFO Sections V.B.6.a. and V.B.6.b.	

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

Project Name	Project Type	Rank Number	Leverage Type
New Path PSH Project	PH-PSH	4	Both

3A-3. List of Projects.

1. What is the name of the new project? New Path PSH Project

2. Enter the Unique Entity Identifier (UEI): CMD6ZG7X83M8

3. Select the new project type: PH-PSH

4. Enter the rank number of the project on your CoC's Priority Listing: 4

5. Select the type of leverage: Both

3B. New Projects With Rehabilitation/New Construction Costs

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

3B-1.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section V.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
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3B-2.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section V.B.1.r.	

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

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

(limit 2,500 characters)

N/A

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

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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

	Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?	No
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3C-2.	Cost Effectiveness of Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section V.F.	

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

(limit 2,500 characters)

N/A

4A. DV Bonus Project Applicants for New DV Bonus Funding

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

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

4A-1.	New DV Bonus Project Applicants.	
	NOFO Section I.B.3.j.	

	Did your CoC submit one or more new project applications for DV Bonus Funding?	Yes
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4A-1a.	DV Bonus Project Types.	
	NOFO Section I.B.3.j.	

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 2024 Priority Listing.

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

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

4A-3.	Data Assessing Need for New DV Bonus Housing Projects in Your CoC's Geographic Area.	
	NOFO Section I.B.3.j.(1)(c) and I.B.3.j.(3)(c)	

1.	Enter the number of survivors that need housing or services:	835
2.	Enter the number of survivors your CoC is currently serving:	142
3.	Unmet Need:	693

4A-3a.	How Your CoC Calculated Local Need for New DV Bonus Housing Projects.	
	NOFO Section I.B.3.j.(1)(c)	
	Describe in the field below:	
	1. how your CoC calculated the number of DV survivors needing housing or services in question 4A-3 element 1 and element 2; and	
	2. the data source (e.g., comparable databases, 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 2,500 characters)

1 We calculated the number of DV survivors needing housing or services by counting the number of DV survivors that were active in coordinated entry in CY 2023 on the waitlist for CoC prioritized permanent housing (PH) programs. We calculated the number our CoC was able to serve by counting DV survivors active & housed by RRH & PSH in 2023, based on being either enrolled or exited to housing. 2 The data source we used was HMIS. 3. Barriers to meeting the needs include access to sufficient RRH funding to scale capacity sufficiently to cover existing HH & projected number of incoming HH experiencing DV that coordinated entry (CE) expected to annually. Further, CoC doesn't have a permanent supportive housing (PSH) program that can serve the long-term needs of DV survivors b/c all CoC current PSH programs are Dedicated Plus or otherwise have eligibility requires chronicity & a documented disabling condition, which we cannot change due to regulations/agreements beyond our control. The majority of HH fleeing domestic violence therefor do not qualify for PSH. However, based on the rising costs of housing & support service needs for HH that have experienced dual trauma (DV, homelessness), many HH served through RRH are failed by CoC's lack of resources to provide the long term rental assistance &/or support services needed to ensure their housing stability. For DV survivors on short term rental assistance programs CoC has engaged PHA w/ request to adjust Section 8 homeless preference to include RRH HH applications while waitlist is closed to the public & prioritized them for placement in deeply affordable, subsidized housing units dedicated to CoC PH programs to increase likelihood HH ability to sustain unit upon graduation in face of rising housing costs.

4A-3b.	Information About Unique Project Applicant Requesting New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)	
	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		
Charitable Assist...		

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

4A-3b.	Information About Unique Project Applicant Requesting New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)	

Enter information in the chart below on the project applicant that applied for one or more New DV Bonus housing projects included on your CoC's FY 2024 Priority Listing for New Projects:

1.	Applicant Name	Charitable Assistance to Community's Homeless, Inc.
2.	Rate of Housing Placement of DV Survivors–Percentage	64%
3.	Rate of Housing Retention of DV Survivors–Percentage	94%

4A-3b.1.	Applicant's Housing Placement and Retention Data Explanation.	
	NOFO Section I.B.3.j.(1)(d)	

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

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

(limit 1,500 characters)

1 For housing placement, we used persons identifying as DV Victim/Survivors that were active in a CATCH RRH program in CY2023 excluding those with a Housing Move In date prior to the year, & the % placement is those with an HMI in the year or an exit to permanent housing. 2 All housing destinations utilized by program staff are safe, by design, so this counts for exits to safe housing destinations. 3 For housing retention, we used persons identifying as DV Victim/Survivors that were active in a CATCH RRH program in CY2023 with a Housing Move-In Date (regardless of when), & % retention is those housed that remained in housing or exited to permanent housing. 4 The data source we used was HMIS.

4A-3c.	Applicant's Experience Housing DV Survivors.	
	NOFO Section I.B.3.j.(1)(d)	

Describe in the field below how the project applicant:

1.	ensured DV survivors experiencing homelessness were quickly moved into safe affordable housing;
2.	prioritized survivors—you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC's emergency transfer plan;

3.	determined survivors' supportive services needs;
4.	connected survivors to supportive services; and
5.	moved survivors from assisted housing to housing they could sustain—address housing stability after the housing subsidy ends.

(limit 2,500 characters)

1 Applicant is CoC's only RRH provider, b/c RRH provider is co-located with coordinated entry (CE), efficiencies are captured by often reducing the number of steps/time it takes a HH fleeing DV to get connected to affordable housing. Applicant has formal partnership with only DV victim services provider that ensures survivors experiencing homelessness are assisted to quickly move into PH as a first step whenever possible based on unit/program availability, regardless of where the HH first accesses the system. Applicant extensive experience/ability to ensure survivors are quickly moved into safe housing from first contact to housing move-in, last year 67% of households (HH) enrolled & safely, rapidly rehoused in their program reported actively fleeing domestic violence. 2 Applicant use CE for every referral, pulling HHs from the prioritized list. CE formula prioritizes DV households, assigning additional points for those that have fled DV w/in the last 6 months or are actively experiencing DV. They comply with the CoC emergency transfer plan to serve all clients. 3&4 CE collects DV status as part of assessment process & connects survivor with the DV provider if they are not already accessing services there. If, for some reason, the survivor does not want to access the DV provider, the DV provider has trained CE & RRH staff to provide safety plans & assess DV risk. For survivors already working with the DV provider, CE receives referrals directly for HH that qualify as Category 4. The DV provider also connects the survivor to the Financial Empowerment Educator to begin work on financial barriers to housing. CE provides a warm handoff to the RRH provider for prioritized HHs. HHs are assessed to determine housing barriers & supportive service needs. Enrolled HHs are immediately referred for housing locator services. The RRH housing support specialist & the DV provider's case managers work directly with the survivor to secure PH, every HH is afforded the same initial support (housing location & move-in assistance), & additional support is tailored to the needs of each HH to maintain housing once it is re-gained using a Progressive Engagement model. 5 RRH staff support HH with strategies to meet their goals by increasing income & bridging to long-term rental assistance programs, depending on the strengths & needs of the household, to ensure they can sustain housing after the subsidy ends. This includes housing navigation to find affordable units long-term.

4A-3d.	Applicant's Experience in Ensuring DV Survivors' Safety.	
	NOFO Section I.B.3.j.(1)(d)	

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

(limit 2,500 characters)

1 Intakes occur in a private room at coordinated entry (CE), at the DV shelter, &/or in a safe location identified by the survivor. All spaces are confidential, secure, & safe (i.e., adequate lighting, locked, nondisclosed locations). When a couple is referred for intake, interviews are conducted separately to minimize coercion of survivors. 2&3&5 All clients are treated with respect & autonomy to make their own decisions for their family. CE staff talks through households (HH) risks, goals, & preferences before determining program referrals & looking for housing. The survivor always chooses where they want to live. RRH provider keeps confidential any information that the HH to ensure responsibility to maintain the confidentiality of information related to incidents of domestic violence, dating violence, sexual assault, or stalking provides unless a) they give written permission to release the information on a time limited basis b) disclosure of the information is required by law or c) disclosure is required for use in an eviction proceeding or hearing regarding termination of assistance from the covered program. This includes keeping confidential the new location of the dwelling unit of the tenant, if one is provided, from the person(s) that committed an act(s) of domestic violence, dating violence, sexual assault, or stalking against the tenant. The project applicant follows all components of Notice of Occupancy Rights under the Violence Against Women Act (VAWA) to all tenants. At intake, applicant provides clients with an Emergency Transfer Request & Emergency Transfer Plan & reviews these documents with them to explain what program can do to accommodate moving them if their abuser finds them. The client signs an acknowledgement that they received that information & that their questions were answered. The service provider also reviews lease addendums which tells them their rights as a tenant with a landlord if they experience domestic violence. Finally, those entering the program fleeing domestic violence complete a safety plan with their case manager detailing who their support people are & when to contact them &/or their case manager if they suspect or feel they are in danger. 4 The project applicant has been & will continue to be trained annually by our DV provider on safety planning & confidentiality policies & procedures, including when to refer the survivor to the DV provider for additional &/or more complex support.

4A-3d.1.	Applicant's Experience in Evaluating Its Ability to Ensure DV Survivors' Safety.	
	NOFO Section I.B.3.j.(1)(d)	
	Describe in the field below how the project evaluated its ability to ensure the safety of DV survivors the project served in the project, including any areas identified for improvement throughout the project's operation.	

(limit 2,500 characters)

Applicant has served DV survivors since 2010, historically 40% of households (HH) reported actively fleeing domestic violence at program entry. Last year 67% of HH safely rehoused in their program reported actively fleeing domestic violence – over 75% of whom exited to permanent housing, demonstrating success at ensuring survivors safety & positive outcomes. To ensure safety, HH intakes always occur in a secure/private space, couples are assessed separately to prevent coercion, & HH informed is held confidentially - including the location of new housing (unless otherwise superseded by HH agreement, policies, or laws). Further all HH are informed of their rights for emergency transfers, complete a safety plan with their case manager, & are given information about who to contact if they feel in danger including the crisis response line operated by DV provider. Applicant has formal partnership with only DV victim services provider who consults for program & provides training on areas for improvements as needed, including annual staff training on how to safety plan w/ survivors. Ongoing ability to ensure DV survivor's safety is prioritized through annual staff training on victim-centered best practices, cultural humility/inclusivity, equal access/non-discrimination practices, & trauma informed care. All program staff are trained in trauma-informed care to ensure they recognize signs of trauma, understand its impact on the survivor/HH including responses & behaviors that staff may see/experience as reactions to engagement, avoid triggers, and maintain an empathetic & non-judgmental stance with HH. The project emphasizes & creates opportunities for client choice - HH always choose where they live & staff educate, advocate, & empower them to make the choice they feel is best to meets their safety needs. HH are empower by staff to build safety, collaboration, & trust through transparent communication to prevent unexpected change. Punitive interventions aren't part of the program's curriculum or philosophy. HH receive access to information on trauma & resources including a wide range of trauma-specific treatment services (parenting supports, childcare, support groups, educational groups, peer support, court advocacy, traditional & non-traditional therapies, case management, & spiritual services). To build safe & rapid access to needed services, applicant recently added a Therapist and Behavioral Health Consultant to meet HH where they are.

4A-3e.	Applicant's Experience in Placing and Stabilizing Survivors in Permanent Housing Using Trauma-Informed, Survivor-Centered Approaches.	
	NOFO Section I.B.3.j.(1)(d)	
	Describe in the field below the project applicant's experience in:	
1.	prioritizing placement and stabilization of survivors;	
2.	placing survivors in permanent housing;	
3.	placing and stabilizing survivors consistent with their preferences; and	
4.	placing and stabilizing survivors consistent with their stated needs.	

(limit 2,500 characters)

1&2 Applicant has extensive experience having prioritized, placed & stabilized survivors since 2010. Last year 67% of program enrolled households (HH) were actively fleeing domestic violence (75% exited to permanent housing). They use coordinated entry (CE) for all referrals, pulling HHs exp. DV from the prioritized list. Applicant operates CE, thus has experience prioritizing/places survivors from first contact all the way to stabilization, & often co-location decreases the number of steps a HH fleeing DV takes before getting prioritized & placed. Applicant has formal partnership with only DV victim services provider that ensures survivors exp. homelessness are placed in PH as a first step whenever possible based on unit/program availability, regardless of where the HH first accesses the system. CE supports HH evaluation & access for all PH options. 3&4 Applicant has track record of serving survivors consistent w/ their preferences & stated needs. The project emphasizes & creates opportunities for client choice - HH always choose what services they access, where they live & staff educate, advocate, & empower them to make the choices they feel are best to meet their needs throughout their enrollment. CE collects DV status as part of assessment process & connects survivor with the DV provider if they are not already accessing services there. If, for any reason, the survivor does not want to access the DV provider, CE & RRH staff are trained to build safety plans & assess DV risk. For survivors already working with the DV provider, CE receives direct referrals & the DV provider connects the HH to a Financial Empowerment Educator to begin work on financial barriers to housing. CE supports provides warm handoff to all PH team, including RRH for prioritized HHs. HHs are assessed for housing barriers, supportive service needs, & referred to housing location services. RRH staff & the DV provider's case managers work directly with the survivor to secure PH, every HH is afforded the same initial support (housing location & move-in assistance), & additional support is tailored to the needs of each HH to maintain housing once it is regained using a Progressive Engagement model. RRH staff support HH with strategies to meet their post-program goals by increasing income & bridging to long-term supports including alternative housing options, rental assistance programs, & securing affordable/subsidized units depending on the strengths & needs of HH to sustain housing.

4A-3f.	Applicant's Experience in Trauma-Informed, Survivor-Centered Approaches.	
	NOFO Section I.B.3.j.(1)(d)	
	Describe in the field below examples of the project applicant's experience using trauma-informed, victim-centered approaches to meet needs of DV survivors by:	
1.	establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures survivors and staff interactions are based on equality, and minimize power differentials;	
2.	providing survivors access to information on trauma, e.g., training staff on providing survivors with information on the effects of trauma;	
3.	emphasizing survivors' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans worked towards survivor-defined goals and aspirations;	
4.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;	
5.	providing a variety of opportunities for survivors' connections, e.g., groups, mentorships, peer-to-peer, spiritual needs; and	
6.	offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.	
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(limit 5,000 characters)

1 Applicant has served DV survivors since 2010, historically 40% of households (HH) reported actively fleeing domestic violence at program entry. Last year 67% of HH safely rehoused in their program reported actively fleeing domestic violence – over 75% of whom exited to permanent housing. Expectations for staff serving survivors include that all HH are treated with respect & dignity to establish & maintain an environment of agency & mutual respect. Staff are transparent & communicate program expectations & consequences clearly, so participants don't experience unexpected change & exchanges are based on equality of information. Punitive interventions are not part of the program's curriculum or philosophy. 2&5&6 A cornerstone of consistently creating that environment is a focus on trauma-informed care. All program staff understand & are trained annually in trauma-informed care to ensure they can recognize signs of trauma, understand its impact on the survivor/HH including responses & behaviors that staff may see/experience as reactions to engagement, avoid triggers, and maintain an empathetic & non-judgmental stance with HH. HH are provided information on the effects of trauma & supported to access/connections to a variety of support/resources including the crisis response line operated by our DV service provider & a wide range of other trauma-informed treatment & support services (parenting supports, childcare, support groups, educational groups, peer support, court advocacy, traditional & non-traditional therapies, case management, & spiritual services). To enhance access to commonly necessary services, applicant recently added a Therapist and Behavioral Health Consultant to meet HH where they are. 3 Program design emphasizes, creates, & consistently communicates opportunities for client choice - HH always choose what services they access, where they live & staff educate, advocate, & empower them to make the choices they feel are best to meet their needs throughout their enrollment. Emphasis on the participant's strengths, including strengths-based coaching & assessment tools are based upon the Strengthening Families Framework & deployed thru a trauma-informed lens. Case plans & goals focus on strengths & avoid focusing on perceived deficits. 4 Staff receive cultural responsiveness & inclusivity training at hire & annually thereafter to understand cultural aspects of trauma, how culture may affect resiliency, how/why a participant may choose to engage or disengage, & how they may feel about accessing community resources. The CoC provides annual training on cultural humility, equal access rules & non-discrimination practices that are accessible to program staff. The project complies w/ all fair housing laws & has CoC aligned a non-discrimination & equal access policy.

4A-3g.	Applicant's Experience Meeting Service Needs of DV Survivors.	
	NOFO Section I.B.3.j.(1)(d)	

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

(limit 5,000 characters)

Applicant has served DV survivors since 2010, historically 40% of households (HH) reported actively fleeing domestic violence at program entry. Last year 67% of HH safely rehoused in their program reported actively fleeing domestic violence – over 75% of whom exited to permanent housing. Applicant has formal partnership with only DV victim services provider that ensures survivors experiencing homelessness are assisted to quickly move into PH as a first step whenever possible based on unit/program availability, regardless of where the HH first accesses the system. The specialized partnership with the DV provider begins in 2019 to offer RRH with closer ties to DV provider specific services & in every instance the program focuses on & achieves the rapid placement of HH into permanent housing (PH) by taking referrals from coordinated entry (CE). CE collects DV status as part of assessment process & connects survivor with the DV provider if they are not already accessing services there. If, for any reason, the survivor does not want to access the DV provider, CE & RRH staff are trained to build safety plans & assess DV risk. For survivors already working with the DV provider, CE receives direct referrals & the DV provider connects the HH to a Financial Empowerment Educator to begin work on financial barriers to housing. CE supports HH evaluation of all PH options & provides warm handoff to RRH staff for prioritized HHs. HHs are assessed for housing barriers, supportive service needs, & referred to housing location services. RRH staff & the DV provider's case managers work directly with the survivor to secure PH, every HH is afforded the same initial support (housing location & move-in assistance), & additional support is tailored to the needs of each HH to maintain housing once it is re-gained using a Progressive Engagement model. Program staff collaborate with our DV provider regularly on specific client cases, case managers from both organizations attend case conferencing bi-weekly & provide annual trainings on a variety of victim centered topics including boundaries & trauma informed care. In each case, the RRH & DV provider proactively plan around & make referrals for each household based on the most appropriate & needed resources on an individualized basis. Program participants receive access to a variety of support resources including the crisis response line operated by our DV provider & a wide range of trauma-specific treatment services such as parenting supports & childcare, support groups, educational groups, peer support, court advocacy, childcare, traditional & non-traditional therapies, case management services, & spiritual services. To enhance access to commonly necessary services, applicant recently added a Therapist and Behavioral Health Consultant to meet HH where they are. RRH staff support HH with strategies to meet their post-program goals by increasing income & bridging to long-term supports including alternative housing options, rental assistance programs, & securing affordable/subsidized units depending on the strengths & needs of HH to sustain housing.

4A-3h.	Applicant's Plan for Placing and Stabilizing Survivors in Permanent Housing Using Trauma-Informed, Survivor-Centered Approaches in the New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)(e)	
	Describe in the field below how the project(s) will:	
1.	prioritize placement and stabilization of program participants;	
2.	place program participants in permanent housing;	
3.	place and stabilize program participants consistent with their preferences; and	
4.	place and stabilize program participants consistent with their stated needs.	

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(limit 2,500 characters)

1&2 Applicant will continue to prioritize, place & stabilize as they have since 2010. Last year 67% of program enrolled households (HH) were actively fleeing domestic violence (75% exited to permanent housing). They use coordinated entry (CE) for all referrals, pulling HHs exp. DV from the prioritized list. Applicant operates CE, thus has experience prioritizing/places survivors from first contact all the way to stabilization, & often co-location decreases the number of steps a HH fleeing DV takes before getting prioritized & placed. Applicant has formal partnership with only DV victim services provider that ensures survivors exp. homelessness are placed in PH as a first step whenever possible based on unit/program availability, regardless of where the HH first accesses the system. CE supports HH evaluation & access for all PH options. 3&4 Applicant has track record of serving survivors consistent w/ their preferences & stated needs. The project emphasizes & creates opportunities for client choice - HH always choose what services they access, where they live & staff educate, advocate, & empower them to make the choices they feel are best to meet their needs throughout their enrollment. CE collects DV status as part of assessment process & connects survivor with the DV provider if they are not already accessing services there. If, for any reason, the survivor does not want to access the DV provider, CE & RRH staff are trained to build safety plans & assess DV risk. For survivors already working with the DV provider, CE receives direct referrals & the DV provider connects the HH to a Financial Empowerment Educator to begin work on financial barriers to housing. CE supports provides warm handoff to all PH team, including RRH for prioritized HHs. HHs are assessed for housing barriers, supportive service needs, & referred to housing location services. RRH staff & the DV provider's case managers work directly with the survivor to secure PH, every HH is afforded the same initial support (housing location & move-in assistance), & additional support is tailored to the needs of each HH to maintain housing once it is regained using a Progressive Engagement model. RRH staff support HH with strategies to meet their post-program goals by increasing income & bridging to long-term supports including alternative housing options, rental assistance programs, & securing affordable/subsidized units depending on the strengths & needs of HH to sustain housing.

4A-3i.	Applicant's Plan for Administering Trauma-Informed, Survivor-Centered Practices in the New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)(e)	
	Describe in the field below examples of how the new project(s) will:	
	1. establish and maintain an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant and staff interactions are based on equality, and minimize power differentials;	
	2. provide program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;	
	3. emphasize program participants' strengths—for example, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans work towards survivor-defined goals and aspirations;	
	4. center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;	
	5. provide a variety of opportunities for program participants' connections, e.g., groups, mentorships, peer-to-peer, spiritual needs; and	
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- | | |
|----|--|
| 6. | offer support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services. |
|----|--|

(limit 5,000 characters)

1 Applicant will continue to serve DV survivors as they have since 2010. Historically 40% of households (HH) reported actively fleeing domestic violence at program entry. Last year 67% of HH safely rehoused in their program reported actively fleeing domestic violence – over 75% of whom exited to permanent housing. Expectations for staff serving survivors include that all HH are treated with respect & dignity to establish & maintain an environment of agency & mutual respect. Staff are transparent & communicate program expectations & consequences clearly, so participants don't experience unexpected change & exchanges are based on equality of information. Punitive interventions are not part of the program's curriculum or philosophy. 2&5&6 A cornerstone of consistently creating that environment is a focus on trauma-informed care. All program staff understand & are trained annually in trauma-informed care to ensure they can recognize signs of trauma, understand its impact on the survivor/HH including responses & behaviors that staff may see/experience as reactions to engagement, avoid triggers, and maintain an empathetic & non-judgmental stance with HH. HH are provided information on the effects of trauma & supported to access/connections to a variety of support/resources including the crisis response line operated by our DV service provider & a wide range of other trauma-informed treatment & support services (parenting supports, childcare, support groups, educational groups, peer support, court advocacy, traditional & non-traditional therapies, case management, & spiritual services). To enhance access to commonly necessary services, applicant recently added a Therapist and Behavioral Health Consultant to meet HH where they are. 3 Program design emphasizes, creates, & consistently communicates opportunities for client choice - HH always choose what services they access, where they live & staff educate, advocate, & empower them to make the choices they feel are best to meet their needs throughout their enrollment. Emphasis on the participant's strengths, including strengths-based coaching & assessment tools are based upon the Strengthening Families Framework & deployed thru a trauma-informed lens. Case plans & goals focus on strengths & avoid focusing on perceived deficits. 4 Staff receive cultural responsiveness & inclusivity training at hire & annually thereafter to understand cultural aspects of trauma, how culture may affect resiliency, how/why a participant may choose to engage or disengage, & how they may feel about accessing community resources. The CoC provides annual training on cultural humility, equal access rules & non-discrimination practices that are accessible to program staff. The project complies w/ all fair housing laws & has CoC aligned a non-discrimination & equal access policy.

4A-3j.	Applicant's Plan for Involving Survivors in Policy and Program Development, Operations, and Evaluation in the New DV Bonus Housing Project(s).
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NOFO Section I.B.3.j.(1)(f)

Describe in the field below how the new project will involve survivors:

1.	with a range of lived expertise; and
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2.	in policy and program development throughout the project's operation.
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(limit 2,500 characters)

Applicant (RRH provider) has a person with lived experience on their board to impact & guide decisions for the organization. They also work w/ survivor households (HH) to complete interviews upon exit from the program & utilize their experience & feedback to adjust the program development, operations, & support meaningful evaluation on an ongoing basis. The program also supports the development & response collection for a new annual CoC survey that is focused on permanent housing (PH) program participants across all partner PH programs that is used to inform changes to CoC's policies, procedures, standards, & practices. The service provider also hosts a focus group with households that were fleeing domestic violence who participated in the program to gather feedback about areas for improvement related to the program & policies around safety & trauma-informed care. Both strategies result in concrete, participant-centered feedback to enable our CoC to make ongoing changes & adjustments to programs that allow the system to better serve survivor households.

4B. Attachments Screen For All Application Questions

We have provided the following guidance to help you successfully upload attachments and get maximum points:

1.	You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.		
2.	You must upload an attachment for each document listed where 'Required?' is 'Yes'.		
3.	We prefer that you use PDF files, though other file types are supported—please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.		
4.	Attachments must match the questions they are associated with.		
5.	Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.		
6.	If you cannot read the attachment, it is likely we cannot read it either.		
	. 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).		
	. We must be able to read everything you want us to consider in any attachment.		
7.	After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include.		
8.	Only use the "Other" attachment option to meet an attachment requirement that is not otherwise listed in these detailed instructions.		
Document Type	Required?	Document Description	Date Attached
1C-7. PHA Homeless Preference	No	PHA Homeless Pref...	10/17/2024
1C-7. PHA Moving On Preference	No	PHA Moving On Pre...	10/17/2024
1D-10a. Lived Experience Support Letter	Yes	Lived Experience ...	10/22/2024
1D-2a. Housing First Evaluation	Yes	Housing First Eva...	10/17/2024
1E-2. Local Competition Scoring Tool	Yes	Local Competition...	10/17/2024
1E-2a. Scored Forms for One Project	Yes	Scored Forms for ...	10/17/2024
1E-5. Notification of Projects Rejected-Reduced	Yes	Notification of P...	10/17/2024
1E-5a. Notification of Projects Accepted	Yes	Notification of P...	10/17/2024
1E-5b. Local Competition Selection Results	Yes	Local Competition...	10/17/2024
1E-5c. Web Posting—CoC-Approved Consolidated Application	Yes		
1E-5d. Notification of CoC-Approved Consolidated Application	Yes		

2A-6. HUD's Homeless Data Exchange (HDX) Competition Report	Yes	2024 HDX Competit...	10/17/2024
3A-1a. Housing Leveraging Commitments	No	Housing Leveragin...	10/17/2024
3A-2a. Healthcare Formal Agreements	No	Healthcare Formal...	10/17/2024
3C-2. Project List for Other Federal Statutes	No		
Other	No		

Attachment Details

Document Description: PHA Homeless Preference

Attachment Details

Document Description: PHA Moving On Preference

Attachment Details

Document Description: Lived Experience Support Letter

Attachment Details

Document Description: Housing First Evaluation

Attachment Details

Document Description: Local Competition Scoring Tool

Attachment Details

Document Description: Scored Forms for One Project

Attachment Details

Document Description: Notification of Projects Rejected-Reduced

Attachment Details

Document Description: Notification of Projects Accepted

Attachment Details

Document Description: Local Competition Selection Results

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: 2024 HDX Competition Report

Attachment Details

Document Description: Housing Leveraging Commitment

Attachment Details

Document Description: Healthcare Formal Agreements

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	10/08/2024
1B. Inclusive Structure	10/25/2024
1C. Coordination and Engagement	10/25/2024
1D. Coordination and Engagement Cont'd	10/25/2024
1E. Project Review/Ranking	10/25/2024
2A. HMIS Implementation	10/25/2024
2B. Point-in-Time (PIT) Count	10/25/2024
2C. System Performance	10/25/2024
3A. Coordination with Housing and Healthcare	10/25/2024
3B. Rehabilitation/New Construction Costs	10/25/2024
3C. Serving Homeless Under Other Federal Statutes	10/25/2024

4A. DV Bonus Project Applicants	10/25/2024
4B. Attachments Screen	Please Complete
Submission Summary	No Input Required



FY24 & 25 CoC Application - Boise City/Ada County ID-500

1C-7: PHA Homeless Preference

Document Description

Attached is a letter documenting the homeless preferences the Boise City/Ada County Housing Authorities, the local Public Housing Authorities (PHA) covering our region, has in effect.

1001 S. Orchard Street
Boise, Idaho 83705

Phone (208) 345-4907
Fax (208) 345-4909
www.bcacha.org

October 16, 2024

Boise City/Ada County Continuum of Care
Attn: Casey Mattoon
PO Box 500
Boise, ID 83701-0500

Dear Boise City/Ada County Continuum of Care,

In order to give priority to serving individuals and families experiencing homelessness, the Boise City & Ada County Housing Authorities (BCACHA) have established admission preferences under the Housing Choice Voucher Program. The following homeless preferences are in effect:

- **Section 811 Mainstream Vouchers:** Non-elderly persons with disabilities who are transitioning out of institutional settings, at serious risk of institutionalization, currently experiencing homelessness, or at risk of homelessness.
- **Transitional Housing / Rapid Re-Housing Preference:** Families who are exiting a transitional housing or rapid re-housing program designed to provide housing and supportive services to homeless persons to facilitate movement to independent living.
- **Emergency Housing Vouchers:** Individuals and families who are (1) homeless, (2) at risk of homelessness, (3) fleeing, or attempting to flee domestic violence, dating violence, sexual assault, stalking, or human trafficking, or (4) recently homeless.

We are committed to the goal of ending homelessness by quickly re-housing homeless individuals, providing services and housing advocacy, utilizing mainstream programs, and collaborating with local service providers to address barriers that prevent those experiencing homelessness from achieving a higher level of self-sufficiency. We appreciate our partnership with Our Path Home and will continue to work together on current and future projects aimed at reducing homelessness in our community.

Please feel free to contact me if you have any questions. Thank you.

Sincerely,



Jillian Patterson
Deputy Director
Phone: (208) 287-1051
Email: jpatterson@bcacha.org



FY24 & 25 CoC Application - Boise City/Ada County ID-500

1C-7: PHA Moving On Preference

Document Description

Attached is a written policy documenting the moving on preferences the Boise City/Ada County Housing Authorities, the local Public Housing Authorities (PHA) covering our region, has in effect.

If the notice is returned by the post office, the applicant will be removed from the waiting list without further notice.

If a family is removed from the waiting list for failure to respond, the PHA may reinstate the family if it is determined that the lack of response was due to PHA error, or to circumstances beyond the family's control.

Removal from the Waiting List

PHA Policy

If at any time an applicant family is on the waiting list, the PHA determines that the family is not eligible for assistance (see Chapter 3), the family will be removed from the waiting list.

If a family is removed from the waiting list because the PHA has determined the family is not eligible for assistance, a notice will be sent to the family's mailing address of record provided on the initial application. The notice will state the reasons the family was removed from the waiting list and will inform the family how to request an informal review regarding the PHA's decision (see Chapter 16) [24 CFR 982.201(f)].

PART III: SELECTION FOR HCV ASSISTANCE

4-III.A. OVERVIEW

As vouchers become available, families on the waiting list must be selected for assistance in accordance with the policies described in this part.

The order in which families are selected from the waiting list depends on the selection method chosen by the PHA and is impacted in part by any selection preferences for which the family qualifies. The availability of targeted funding also may affect the order in which families are selected from the waiting list.

The PHA must maintain a clear record of all information required to verify that the family is selected from the waiting list according to the PHA's selection policies [24 CFR 982.204(b) and 982.207(e)].

4-III.B. SELECTION AND HCV FUNDING SOURCES

Special Admissions [24 CFR 982.203]

HUD may award funding for specifically-named families living in specified types of units (e.g., a family that is displaced by demolition of public housing; a non-purchasing family residing in a HOPE 1 or 2 projects). In these cases, the PHA may admit such families whether or not they are on the waiting list, and, if they are on the waiting list, without considering the family's position on the waiting list. These families are considered non-waiting list selections. The PHA must maintain records showing that such families were admitted with special program funding.

Targeted Funding [24 CFR 982.204(e)]

HUD may award a PHA funding for a specified category of families on the waiting list. The PHA must use this funding only to assist the families within the specified category. In order to assist families within a targeted funding category, the PHA may skip families that do not qualify

within the targeted funding category. Within this category of families, the order in which such families are assisted is determined according to the policies provided in Section 4-III.C.

PHA Policy

The PHA administers the following types of targeted funding:

Veteran's Administration Supportive Housing (VASH)

Non-elderly Disabled Vouchers (NED)

Emergency Housing Vouchers (EHV)

Section 811 Mainstream Vouchers (Mainstream)

Regular HCV Funding

Regular HCV funding may be used to assist any eligible family on the waiting list. Families are selected from the waiting list according to the policies provided in Section 4-III.C.

4-III.C. SELECTION METHOD

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

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

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

PHA Policy

The PHA will use the following local preferences:

- The PHA will offer a preference to any family that has been terminated from its HCV program due to insufficient program funding.
- Idaho residency preference
 - i. The family qualifies for the residency preference if the family lives, works, or has been hired to work within the state of Idaho.

- ***Transitional Housing/Rapid Rehousing preference***

The family is a current participant of an Idaho transitional housing or rapid rehousing program who is exiting the program.

- i. 'Transitional housing program' is defined as a project designed to provide housing and supportive services to homeless persons to facilitate movement to independent living within 24 months. The PHA will make the determination as to whether a program meets HUD's definition of a transitional housing program.
 - ii. 'Rapid Rehousing Program' is defined as a form of permanent housing that is short-term (up to 3 months) and/or medium-term (for 3 to 24 months) tenant-

based rental assistance, as set forth in § 578.51(c), as necessary to help a homeless individual or family, with or without disabilities, move as quickly as possible into permanent housing and achieve stability in that housing.

- ***Elderly family preference***

Head of household, spouse, or co-head is 62 years of age or older

- ***Disabled family preference***

Head of household, spouse, or co-head is a person with disabilities (see Ex. 3-1)

- ***Families with minor children preference***

- i. Minor child is a child under 18 that meets the definition of a family member.
- ii. Foster children and minor children of a live-in aide do not qualify the family for this preference.

Income Targeting Requirement [24 CFR 982.201(b)(2)]

HUD requires that extremely low-income (ELI) families make up at least 75 percent of the families admitted to the HCV program during the PHA's fiscal year. ELI families are those with annual incomes at or below the federal poverty level or 30 percent of the area median income, whichever number is higher. To ensure this requirement is met, a PHA may skip non-ELI families on the waiting list in order to select an ELI family.

Low-income families admitted to the program that are "continuously assisted" under the 1937 Housing Act [24 CFR 982.4(b)], as well as low-income or moderate-income families admitted to the program that are displaced as a result of the prepayment of the mortgage or voluntary termination of an insurance contract on eligible low-income housing, are not counted for income targeting purposes [24 CFR 982.201(b)(2)(v)].

PHA Policy

The PHA will monitor progress in meeting the income targeting requirement throughout the fiscal year. Extremely low-income families will be selected ahead of other eligible families on an as-needed basis to ensure the income targeting requirement is met.

Order of Selection

The PHA system of preferences may select families based on local preferences according to the date and time of application or by a random selection process (lottery) [24 CFR 982.207(c)]. If a PHA does not have enough funding to assist the family at the top of the waiting list, it is not permitted to skip down the waiting list to a family that it can afford to subsidize when there are not sufficient funds to subsidize the family at the top of the waiting list [24 CFR 982.204(d) and (e)].

PHA Policy

Families will be selected from the waiting list based on the targeted funding or selection preference(s) for which they qualify, and in accordance with the PHA's hierarchy of preferences, if applicable. Within each targeted funding or preference category, families will be selected on a first-come, first-served basis according to the date and time their complete application is received by the PHA. Documentation will be maintained by the



FY24 & 25 CoC Application - Boise City/Ada County ID-500

1D-10a: Lived Experience Support Letter

Document Description

Attached is a support letter from our CoC's Lived Experience and Advocacy (LEA) Committee that is signed by 3 members from the LEA that participated in the local competition selection process and states their support for CoC priorities for serving individuals and families experiencing homelessness with severe service needs in our geographic area.



Together we are making homelessness rare, brief, and only occur once in Ada County.

Our Path Home Executive Committee
Our Path Home, Boise City/Ada County Continuum of Care (ID-500)
October 21, 2024

RE: FY24 & 25 CoC Competition

Dear Our Path Home Executive Committee,

As members of the Lived Experience & Advocacy Committee, we serve as partners and advisors to Our Path Home's efforts to make homelessness an increasingly rare, brief, and singular experience in Ada County. We are providing this letter to indicate our support and engagement with Our Path Home's plans and priorities for serving individuals and families experiencing homelessness with severe service needs.

For this CoC Competition, the Score and Rank Committee was comprised entirely of members of the Lived Experience & Advocacy Committee, all of whom have a recent experience with homelessness. In our review, rating, and ranking of FY24 & 25 CoC local competition applications the committee engaged in robust discussion about the needs and priorities for funding within the CoC Competition. We finalized a recommendation, which was approved by the Executive Committee, to serve as the final CoC Priority Listing.

Beyond the process for this year, in our review of the applications, we developed some additional recommendations that we will work with Our Path Home on implementing with CoC funded partners. Among those recommendations, the most important are:

- Set clear expectations and support organizations in the following areas:
 - Lived Experience - achieve increased, meaningful inclusion of people with lived experience across all CoC funded agencies. This needs to go beyond the minimum requirement of one member with lived experience on an agencies board. That number should be higher than one member, which can lead to tokenization, and include easily identifiable ways that CoC funded agencies are involving people with lived experience in the organization and project itself, with specific ways for how feedback is regularly gathered and examples where feedback has been used to implement changes within the programs.
 - Advance Equity - Demonstrate commitments to advancing equity that address how organizations are analyzing their program data (quantitative and qualitative) to identify disparities and address any that are identified. This should include explanations of regularly implemented and meaningful steps taken to center equity within the agency.
- Work in the competition off year to redevelop the local competition process, to incorporate feedback from applying agencies and Lived Experience & Advocacy Committee members, to ensure the competition is aligned with Our Path Home's priorities and is as simple of a process as possible for all involved.

Sincerely,

Name:

Signature:

Name:

Signature:

Name:

Signature:



FY24 & 25 CoC Application - Boise City/Ada County ID-500

1D-2a: Housing First Evaluation

Document Description

Attached is the Housing First evaluation of the CHOIS program (our CoC-funded PSH project) which was conducted by the CoC outside of the local competition process. The evaluation is a self-assessment we call the Housing First Fidelity Model. The model was built using a combination of elements found across various peer models from the field. The model is set up as a program evaluation worksheet utilizing two matrices - a staffing matrix and a program element matrix. Each matrix presents a spectrum of Housing First alignment that includes a “highest and best” range, recognizing that achievement of “highest and best” alignment is an aspiration goal for the system.

Housing First Fidelity Model

Housing First for Our Path Home

Our Path Home is committed to Housing First as a guiding principle for our work to ensure homelessness rare, brief, and non-recurring in Ada County. To implement Housing First as a system, Our Path Home ensures access to housing is offered as the first intervention without prerequisites and makes supportive services available throughout one's housing journey, empowering individuals to meet and sustain their goals.

Purpose of this Fidelity Model

The purpose of this document is to establish a system model for how Housing First is executed in practice throughout Our Path Home's homelessness system response. The model was built using a combination of elements found across various peer models from the field. The model is set up as a program evaluation worksheet utilizing two matrices - a staffing matrix and a program element matrix. Each matrix presents a spectrum of Housing First alignment that includes a "highest and best" range, recognizing that achievement of "highest and best" alignment is an aspiration goal for the system.

Our Path Home plans to ask housing partners to perform an annual program self-evaluation. Program responses will serve as a mechanism to monitor implementation of Housing First and system progress towards the shared goal of greater operational alignment with the evidence-based model. The evaluation will be completed by each housing program and used within the HOUSE Committee as a tool to further our shared learning, identify system challenges, and define opportunities for the partnership to address collaboratively. The evaluation will not be used as a punitive monitoring tool.

Evaluation Worksheet Instructions

This Housing First evaluation worksheet is designed to guide Our Path Home housing programs through the staffing and program element matrices to inform an overall evaluation of Housing First alignment. **Please fill in the form below to evaluate where your housing program is at today.**

Reminder, this is not the stage for making adjustments or addressing challenges within your program. This snapshot of our programs will inform how Our Path Home can address challenges and opportunities to increase system resources and collaboration to increase alignment with Housing First.

Agency Name (include all agencies involved in program): BCACHA/EI ADA

Program Name: CHOIS

Lead Point of Contact: Laura Williams

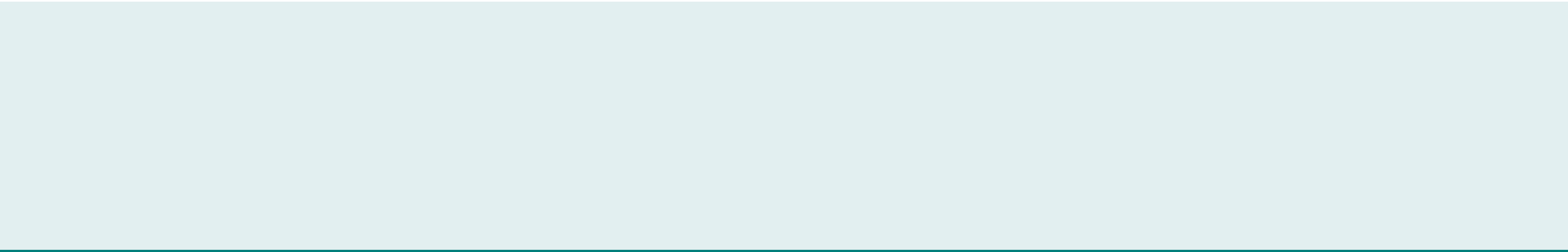
Staffing Matrix

Below is the Housing First staffing matrix for functions often seen in a supportive housing staffing model. Please evaluate each role and consider if/how your program connects clients to various support functions - whether through internal staffing, community referrals, or not currently. Then evaluate each category and its accompanying scale based on a collaborative, systemic approach to implement Housing First.

Supportive Services Function		Definition	How do we provide clients with this function? (Mark with X)		How well are the services provided in this function meeting client needs? (Rate on a scale of 1-4)		Provide a brief narrative to explain your self-evaluated score. If you meet a function through referral, please list the organization(s) name of where referrals are made.
Administration	Team Leadership	Clear and dedicated management and supervision of the team and fidelity to Housing First principles.	Internal Staff	x	3	1 = does not meet needs 2 = somewhat meets needs 3 = meets most needs 4 = meets needs	There could always be more oversight and direction including trainings
			Community Referral				
			NA				
	Admin Support	Effective and efficient management of services team, including billing support, case file protocols, and internal auditing of processes	Internal Staff	x	2	1 = does not meet needs 2 = somewhat meets needs 3 = meets most needs 4 = meets needs	Review of files and processes should be tightened up
			Community Referral				
			NA				
	Dedicated Transportation	Non-referral-based transportation to move clients to daily activities and social service appointments	Internal Staff		1	1 = does not meet needs 2 = somewhat meets needs 3 = meets most needs 4 = meets needs	We don't offer this
			Community Referral				
			NA	x			
Housing Case Management	Case Management	Relationship-based facilitation of the case plan and connection to mainstream resources	Internal Staff	x	3	1 = does not meet needs 2 = somewhat meets needs 3 = meets most needs 4 = meets needs	WE provide ongoing CM services for all CHOIS clients willing to engage and participate
			Community Referral				
			NA				
	Housing Specialist	Main conduit between property management and the client; address housing-related issues	Internal Staff	x	3	1 = does not meet needs 2 = somewhat meets needs 3 = meets most needs 4 = meets needs	We have a Housing Specialist who builds relationships and rapport with landlords . Case Managers are often the first attempt at resolving housing related issues
			Community Referral				
			NA				
	Employment Specialist	Build relationships with employers to identify appropriate income opportunities for clients	Internal Staff		1	1 = does not meet needs 2 = somewhat meets needs 3 = meets most needs 4 = meets needs	We don't do/have this
			Community Referral				
			NA	x			
Behavioral Health	Psychiatric Care	Licensed provider doing psychological evaluations and consults for team staff, potentially providing medicine management, as needed	Internal Staff		2	1 = does not meet needs 2 = somewhat meets needs 3 = meets most needs 4 = meets needs	Refer to Terry Reilly
			Community Referral	x			
			NA				
	Counseling	Therapist and behavioral health clinician for clients to continuously assess progress	Internal Staff		2	1 = does not meet needs 2 = somewhat meets needs 3 = meets most needs 4 = meets needs	Refer to Trivium, Terry Reilly
			Community Referral	x			
			NA				
	Psychiatric Rehabilitation		Internal Staff		1	1 = does not meet needs	

Supportive Services Function		Definition	How do we provide clients with this function? (Mark with X)		How well are the services provided in this function meeting client needs? (Rate on a scale of 1-4)		Provide a brief narrative to explain your self-evaluated score. If you meet a function through referral, please list the organization(s) name of where referrals are made.
		Intensive weekly skill-building for those with psychosocial disabilities	Community Referral			2 = somewhat meets needs 3 = meets most needs 4 = meets needs	Unknown. We don't really do this but could refer out if applicable to a client
			NA	x			
	Peer Support	Peer to assist with recovery coaching and to cross-train all staff in intentional peer support	Internal Staff		1	1 = does not meet needs 2 = somewhat meets needs 3 = meets most needs 4 = meets needs	We do not formally have connections to peer support
			Community Referral				
			NA	x			
	Substance Use Treatment Protocol & Recovery Coaching	Peer or licensed coach to guide substance recovery; or referrals for treatment programming as desired by clients	Internal Staff		1	1 = does not meet needs 2 = somewhat meets needs 3 = meets most needs 4 = meets needs	Can make referrals to Terry Reilly/Allumbaugh House. Often at the mercy of availability
			Community Referral	x			
	In-Home Care	An on-call service for assistance in daily living activities, basic needs, and home clean up	Internal Staff		1	1 = does not meet needs 2 = somewhat meets needs 3 = meets most needs 4 = meets needs	We do not provide this
			Community Referral				
			NA	x			
	Nursing	Assist in the wellness and recovery of clients; coordinate physical health connections and wellness	Internal Staff		1	1 = does not meet needs 2 = somewhat meets needs 3 = meets most needs 4 = meets needs	
			Community Referral				
			NA	x			
Physical Health	Primary Care	Connections to a Primary Care Physician will allow regular physical health check-ins, as coordinated by registered nurse	Internal Staff		3	1 = does not meet needs 2 = somewhat meets needs 3 = meets most needs 4 = meets needs	Terry Reilly
			Community Referral	x			
			NA				
	Dental Care	Connection to dental care for eligible clients	Internal Staff		3	1 = does not meet needs 2 = somewhat meets needs 3 = meets most needs 4 = meets needs	Terry Reilly
			Community Referral	x			
			NA				

Please any additional comments on your program’s staffing, including referrals, below.



Housing First Program Elements Matrix

Program Types and Their Applicable Fidelity Categories Table

Please use this table to determine which Fidelity Categories you will use to evaluate your program.

Program Type	A. Housing Choice & Structure	B. Separation of Housing & Services	C. Service Philosophy	D. Service Array	E. Programs
Permanent Supportive Housing (Single-Site)	A1, A3, A4, A5	All Elements	All Elements	All Elements	All Elements
Permanent Supportive Housing (Scattered-Site)	All Elements	B1, B2, B3	All Elements	All Elements	All Elements
Rapid Rehousing	All Elements	All Elements	All Elements	All Elements	All Elements
Shelter	--	All Elements	All Elements	D2, D3, D4, D5, D6, D7	E4, E5, E6, E7
Outreach	All Elements	All Elements	All Elements	All Elements	All Elements
Supportive Services Only	--	All Elements	All Elements	D2, D3, D4, D5, D6, D7	E2, E4, E5, E6, E7

Below is the Housing First program elements matrix that are accounted for within a Housing First model. Please evaluate each applicable category (denoted in the table above) and its accompanying scale based on a collaborative, systemic approach to implementing a Housing First model.

Fidelity Category			Fidelity Scale			
A. Housing Choice & Structure		1	2	3	4	Your Notes
A1	Housing Choice. Program participants have choice over the location and the final decision over their housing placement.	Participants have no choice in the location or other features of their housing and are assigned a unit .	Participants have little choice in the location or other features of their housing.	Participants have some choice in the location or other features of their housing.	Participants have a lot of choice in the location or other features of their housing.	4- must be Ada County
A2	Tenancy and Program Timeline. Extent to which program helps participants move quickly into units of their choosing. Program entry is defined as the point when	Less than 55% of program participants move into a unit of their choosing within 4 months of entering the program.	55-69% of program participants move into a unit of their choosing within 4 months of entering the program.	70-84% of program participants move into a unit of their choosing within 4 months of entering the program.	85% or more of program participants move into a unit of their choosing within 4 months of entering the program.	3 (I think)- Over the last year, we have had 9 of 12 vouchered clients be housed w/in 4 months. This question is a little

	a client has moved from the coordinated entry queue into a housing program.						misleading (or misunderstood by me) b/c if we're counting referrals who never get a voucher for whatever reason, it skews the percentage drastically
A3	Permanent Housing Tenure. Extent to which housing tenure is assumed to be permanent with no actual or expected time limits, other than those defined under a standard lease or occupancy agreement.	There are rigid time limits on the length of stay in housing such that participants are expected to move by a certain date or the housing is considered emergency, short-term, or transitional.	There are standardized time limits on housing tenure, such that participants are expected to move when standardized criteria are met.	There are individualized time limits on housing tenure, such that participants can stay as long as necessary, but are expected to move when certain criteria are met.	There are no expected time limits on housing tenure, although the lease agreement may need to be renewed periodically.	4	
A4	Affordable Housing. Extent to which participants pay a reasonable amount of their income for housing costs.	Participants pay 61% or more of their income for housing costs.	Participants pay 46-60% of their income for housing costs.	Participants pay 31-45% of their income for housing costs.	Participants pay 30% or less of their income for housing costs.	4-	We wish we could pay for all housing related costs and fees (renters insurance, etc)
A5	Privacy. Extent to which clients are housed without sharing living spaces, such as bathroom, kitchen or dining room with other tenants.	Participants are expected to share all living areas with other tenants , including a bedroom.	Participants have their own bedroom, but are expected to share living areas such as bathroom, kitchen, dining room, and living room with other tenants.	Participants have their own bedroom and bathroom, but are expected to share living areas such as a kitchen, dining room, and living room with other tenants.	Participants are not expected to share any living areas with other tenants.	4	

Fidelity Category		Fidelity Scale				
B. Separation of Housing & Services		1	2	3	4	Your Notes
B1	No Housing Readiness. Extent to which program participants are not required to demonstrate "housing readiness" to gain access to housing units.	Participants have access to housing only if they have successfully completed a period of time in transitional housing or outpatient/inpatient/residential treatment.	Participants have access to housing only if they meet many readiness requirements such as sobriety, abstinence from drugs, medication compliance, symptom stability, or no history of violent behavior or involvement in the criminal justice system.	Participants have access to housing with minimal readiness requirements , such as willingness to comply with program rules or a treatment plan that addresses sobriety, abstinence, and medication compliance.	Participants have access to housing with no requirements to demonstrate readiness , but have choice over the intensity and regularity of their service engagement.	3-4. This is tough because if someone clearly states they will not follow the rules of the program, we will not house them but we do not force them to engage in case mgmt. or other services or sobriety, etc
		Participants can keep housing only by meeting many requirements for continued tenancy , such as sobriety, abstinence from drugs, medication compliance, symptom stability, no violent behavior, or involvement in the criminal justice system.	Participants can keep housing with some requirements for continued tenancy , such as participation in formal services or treatment activities (attending groups, seeing a psychiatrist).	Participants can keep housing with minimal requirements for continued tenancy such as compliance with their treatment plan and meeting individual clinical or behavioral standards.	Participants can keep their housing with no requirements for continued tenancy , other than adhering to a standard lease and seeing staff for a face-to-face visit once a week.	4- However we do not require a face to face visit once a week. That seems very intense and would seem like it would fall under #2.
B3	Commitment to Re-House. Extent to which the program offers participants who have lost their housing or housing subsidy while in programming identify a new, appropriate, permanent housing unit that matches their needs.	Program does not offer participants who have lost their housing a new housing unit nor assist with finding housing outside the program.	Program offers a new housing unit or assists the client in identifying one, but only if they meet readiness requirements , complete a period of time in more supervised housing, or the program has set limits on the number of relocations	Program does offers participants who have lost housing a new unit or assists them to find housing outside the program, but infrequently.	Program offers participants who have lost their housing a new unit or assists the client identify a new suitable housing unit. Decisions to rehouse participants are (1) individualized, (2) consumer-driven, (3) minimize conditions that participants need to fulfill prior to receiving a new unit, (4) safeguard participant well-being, and (5) there are no universal limits on the number of possible relocations.	2- This is the toughest one to answer. The ratings seem a bit all over the place and unrealistic. There are regulations we have to follow where we simply cannot re-house people. The reason for them losing their housing has a lot to do with this and how it's handled. Very case by case.
B4	Community-based Care Delivery. Extent to which social and clinical service providers are not exclusively office-bound and/or appointment-based and prioritize client contact in community settings like home, work, or other community-based sites.	Social and clinical service providers are based on-site during the day and programming has no mobility to deliver services at locations of participants' choosing.	Social and clinical service providers are based onsite during the day and programming has limited mobility to deliver services at locations of participants' choosing.	Social and clinical service providers are based offsite, except for site-based PSH , and programming is generally capable of providing mobile services at locations of participants' choosing.	Social and clinical service providers are based off-site , except for site-based PSH , and programming is extremely mobile and fully capable of delivering services at locations of participants' choosing.	3- our case managers meet with clients in a variety of settings and coordinate with them what is comfortable and convenient

Fidelity Category		Fidelity Scale				
C. Service Philosophy		1	2	3	4	Your Notes
C1	<p>Participant Self-Determination and Independence. Programming increases participants' independence and self-determination by giving them choices and honoring day-to-day choices as much as possible. Extent to which program participants choose the type, sequence, and intensity of services on an ongoing basis.</p>	<p>Program directs participants decisions and manages day-to-day activities to a great extent that clearly undermines promoting participant self-determination and independence OR program does not actively work with participants to enhance self-determination, nor do they provide monitoring or supervision.</p> <p>Services are chosen by the service provider with no input from the participant.</p>	<p>Program provides a high level of supervision and participants' day-to-day choices are constrained.</p> <p>Participants have little say in choosing, modifying, or refusing services.</p>	<p>Program generally promotes participants' self-determination and independence.</p> <p>Participants have some say in choosing, modifying, or refusing services and supports.</p>	<p>Program is a strong advocate for participants' self-determination and independence in day-to-day activities.</p> <p>Participants have the right to choose, modify, or refuse services and supports at any time, except one face-to-face visit with staff a week.</p>	<p>4- again, 1 time week is excessive and not required</p>
C2	<p>Harm Reduction Approach. Extent to which program utilizes a harm reduction approach to substance use. Extent to which participants with substance use disorders or mental illness are not required to participate in treatment and engage with treatment through their own volition.</p>	<p>Participants are required to abstain from alcohol and/or drugs at all times and lose rights, privileges, or services if abstinence is not maintained. All participants with substance use disorders, regardless of current use or abstinence, are required to participate in substance use treatment (e.g., inpatient treatment, attend groups or counseling with a substance use specialist). All participants with psychiatric disabilities are required to take medication and participate in psychiatric treatment.</p>	<p>Participants are required to abstain from alcohol and/or drugs while they are on-site in their residence or participants lose rights, privileges, or other services if abstinence is not maintained. Participants who are using substances or who have not achieved a specified period of abstinence must participate in substance use treatment. Participants with psychiatric disabilities are required to participate in mental health treatment such as attending groups or seeing a psychiatrist and are required to take medication but exceptions are made.</p>	<p>Participants are not required to abstain from alcohol and/or drugs, but staff work with participants to achieve abstinence not recognizing other alternatives that reduce harm OR staff do not consistently work to reduce the negative consequences of use. Participants with substance use disorders whose use has surpassed a threshold of severity must participate in substance use treatment. Participants with psychiatric disabilities who have not achieved a specified period of symptom stability are required to participate in mental health treatment, such as attending groups or seeing a psychiatrist.</p>	<p>Participants are not required to abstain from alcohol and/or drugs and staff work consistently with participants to reduce the negative consequences of use according to principles of harm reduction. Participants with substance use disorders are not required to participate in substance use treatment. Participants with psychiatric disabilities are not required to take medication or participate in formal treatment activities.</p>	<p>4</p>
C3	<p>Assertive Engagement. Program uses various techniques to engage clients who are difficult to engage, including (1) relationship and rapport building with the client, (2) frequently connecting with clients in comfortable settings like in-home, at work, or in the community, (3) therapeutic interventions where necessary. In addition to applying this</p>	<p>Program does not use strategies of assertive engagement.</p>	<p>Program uses few strategies of assertive engagement.</p>	<p>Program is less systematic in its use of a variety of individualized assertive engagement strategies OR does not systematically identify and evaluate the need for various types of strategies.</p>	<p>Program systematically uses a variety of individualized assertive engagement strategies and systematically identifies and evaluates the need for various types of strategies.</p>	<p>3- We all had different answer on this one and seemed unclear of the question.</p> <p>What is “therapeutic interventions” exactly?</p> <p>We are constantly staffing clients and determining steps</p>

C4	range of interventions, (4) the program has a thoughtful process to modify the staffing if a certain staffer is not building a relationship with a client and case conferencing to triage engagement strategies.					to engage with them as needed
	Person-Centered Planning. Program conducts person-centered planning, including: (1) development of formative individualized service plan ideas based on discussions driven by the participant’s goals and preferences, (2) conducting regularly scheduled service planning meetings, (3) actual practices reflect strengths and resources identified in the assessment.	Program does not conduct person-centered planning.	Treatment/service planning FULLY meets 1 expectation or PARTIALLY meets 2 expectations mentioned in the left column.	Treatment/service planning FULLY meets 2 expectations or PARTIALLY meets all 3 expectations mentioned in the left column.	Treatment/service planning FULLY meets ALL 3 expectations mentioned in the left column.	This one fell between 3-4. It ends up being up to the case manager to determine how it’s being done. “Regularly scheduled” is different for each client and could be subjective
	Case Plans Target a Broad Range of Life Goals. The program systematically delivers specific interventions to address a range of life areas (e.g., physical health, employment, education, housing satisfaction, social support, spirituality, recreation & leisure, etc.).	Interventions do not target a range of life areas.	Program is not systematic in delivering interventions that target a range of life areas.	Program delivers interventions that target a range of life areas but in a less systematic manner (range exists across the program but less diversity of areas among participants).	Program systematically delivers interventions that target a range of life areas (range exists across the program and among participants).	3- “systematically” might be the issue here. Each client and case manager works differently based on individualized needs. Our CMs create Housing Stability Plans that are not quite considered a “case plan” that would normally encompass all of those factors
C5						

Fidelity Category		Fidelity Scale				
D. Service Array		1	2	3	4	Your Notes
D1	Housing Support. Extent to which program offers services to help participants maintain housing, such as offering assistance with neighborhood orientation, landlord relations, and budgeting.	Program does not offer any housing support services.	Program offers some housing support services during move-in, such as neighborhood orientation, but no follow up or ongoing services are available.	Program offers some ongoing housing support services including assistance with neighborhood orientation, landlord relations, budgeting, but does not offer any property management services, assistance with rent payment, and cosigning of leases.	Program offers both assistance with move-in and ongoing housing support services including assistance with neighborhood orientation, landlord/neighbor relations, budgeting, property management services, assistance with rent payment/subsidy assistance, utility setup, and co-signing of leases.	3- we do not offer property mgmt. services for CHOIS, except for our 4 dedicated CHOIS units. We do not cosign leases either which falls under #3 but don't feel like this should move us back to a #2
D2	Mental Health Services. Mental health services are either provided directly by the program or the extent to which service connections are readily available, immediately provided, and referred in a warm handoff. Or if the service is not provided, then meets these four criteria: (1) has established formal partnerships with several providers, (2) assesses participants to match needs & preferences to providers, (3) assists participants in locating, obtaining, and directly introducing participants to providers, and (4) conducts follow-up including communicating/providing consultation with other providers regarding services on a regular basis and coordinating care.	Program does not offer mental health services and FULLY meets less than 2 criteria.	Program does not offer mental health services and Program FULLY meets 2 criteria or PARTIALLY meets 3.	Program does not offer mental health services and Program FULLY meets 3 criteria or PARTIALLY meets all 4.	Program offers mental health support services or Program FULLY meets ALL 4 criteria for brokering mental health treatment services.	1- We do parts of each of these but cannot say we fully do any of them
D3	Substance Use Treatment. Extent to which the program provides has strong linkages, provides active referrals and conducts follow-up for the provision of substance abuse services. Specifically, the program: (1) has established formal partnerships with several providers, (2) assesses participants to match needs & preferences to providers, (3) assists participants in locating, obtaining, and directly introducing participants to providers, and (4) conducts follow-up including communicating/providing consultation	Program FULLY meets less than 2 criteria.	Program FULLY meets 2 criteria or PARTIALLY meets 3.	Program FULLY meets 3 criteria or PARTIALLY meets all 4.	Program FULLY meets ALL 4 criteria for brokering substance use treatment services.	2- This is highly dependent on the client. We believe we partially meet at least 3 of things which could change depending on which client we're working with

D4	with other providers regarding services on a regular basis and coordinating care.					
	Supported Employment Services. Extent to which the program provides employment supports, either directly or through partnerships, linkages, and referrals. Core services include: (1) engagement and vocational assessment, (2) rapid job search and placement based on participants' preferences (including going back to school, classes), and (3) job coaching & follow-along supports (including supports in academic settings).	Program does not provide employment services.	Program FULLY meets 1 criteria or PARTIALLY meets 2.	Program FULLY meets 2 criteria or PARTIALLY meets all 3.	Program FULLY meets ALL 3 criteria for brokering employment services.	1-2- A lot of this is based on the client and their desire to engage in this type of service. We feel like we offer this support and direction but a lot of clients do not take us up on it or have the desire to seek employment
D5	Physical Health Services. Extent to which nursing services are provided by the program through partnerships, linkages, and/or referrals. Core services include: (1) managing participants' medication, administering & documents medication treatment, (2) screening consumers for medical problems/side effects, (3) communicating & coordinating services with other medical providers, (4) engaging in health promotion, prevention, & education activities (i.e., assess for risky behaviors & attempt behavior change).	Program FULLY meets less than 2 criteria.	Program FULLY meets 2 criteria or PARTIALLY meets 3.	Program FULLY meets 3 criteria or PARTIALLY meets all 4.	Program FULLY meets ALL 4 criteria for brokering physical health services.	1- We partially meet #3 on the list but that's' about it
D6	Social Integration. Extent to which services supporting social integration are provided directly by the program. (1) Facilitating access to and helping participants develop valued social roles and networks within and outside the program, (2) helping participants develop social competencies to successfully negotiate social relationships, (3) enhancing citizenship and participation in social and political venues.	Program does not provide any social integration services.	Program FULLY provides 1 service or PARTIALLY provides 2.	Program FULLY provides 2 services, or PARTIALLY provides all 3.	Program FULLY provides all 3 services.	1-2- We always help participants develop social competencies however, this is based on behaviors and interactions that can be reviewed/assessed and isn't always a formal part of case plan. Encouraging social integration and citizenship participation is not often at the forefront of case plan
D7	24-Hour Coverage. Extent to which program responds to psychiatric or other crises 24-hours a day.	Program has no responsibility for handling crises after hours and offers no linkages to emergency services.	Program does not respond during off-hours by phone, but links participants to emergency services for coverage.	Program responds during off-hours by phone, but less than 24 hours a day, and links participants to emergency services as necessary.	Program responds 24-hours a day by phone directly and links participants to emergency services as necessary.	1-2 we do not offer 24hr support, however one CM states they give all their clients access to suicide hotline number as well as

						reviews appropriate times to call 911
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Fidelity Category		Fidelity Scale				
E. Programs		1	2	3	4	Your Notes
E1	Prioritization. Extent to which program enrollment is directly tied to OPH's Coordinated Entry list and program accepts the prioritized, eligible household.	Program has many rigid participant exclusion criteria such as substance use, symptomatology, criminal justice involvement, and behavioral difficulties, and there are no exceptions made .	Program has many participant exclusion criteria such as substance use, symptomatology, criminal justice involvement, and behavioral difficulties, but exceptions are possible .	Program selects participants with multiple conditions, but has some minimal exclusion criteria .	Program selects participants who fulfill criteria of multiple conditions including severe mental illness and substance use.	2- No sex offenders, past termination from our programs, \$ owed to us, could all be reason for denial
	Participant Termination. Extent to which termination policies include an appeal process and have termination based on acceptable criteria and not on lease violations, failure on case goals, or coercive criteria. Extent to which program attempts multiple methods of participant contact prior to program termination.	There are no termination policies for participants.	Termination policies do not include an appeal process and do not base termination on acceptable criteria . There are minimal attempts to meet with the participant prior to terminating them from programming.	Termination policies include an appeal process, but do not base termination on acceptable criteria . There are some attempts in 1-2 different ways to meet with the participant prior to terminating them from programming.	Termination policies include an appeal process and have termination based on acceptable criteria and not on lease violations, failure on case goals, or coercive criteria. Additionally, programming termination policies maintain that there are multiple attempts in a diversity of ways to engage the participant prior to program termination.	4: If there is a way to keep them on program we do it, and more. Certain program regulations are required that we don't avoid, ex: court eviction
E3	Program Success. The program demonstrates success in having a large percentage of participants maintain stable housing for at least a year after lease up.	Less than 55% of program participants remain stably housed one year after lease up.	55-69% of program participants remain stably housed one year after lease up.	70-80% of program participants remain stably housed one year after lease up.	80% or more of program participants remain stably housed one year after lease up.	4: very rarely is someone terminated from the program prior to 1 year
E4	Service Intensity. Extent to which contact is made frequently between staff and participants.	There is minimal, required-only contact by staff to engage participants.	There is some contact by staff to engage participants beyond minimal, required-only touchpoints.	There are many points of contact by staff to engage participants, but are not diverse .	There are many points of contact by staff and in a diversity of ways to engage participants.	2-3: Not sure why we'd be reaching out to clients if it wasn't required. Not sure what it means as "diverse"
E5	Low Participant/Staff Ratio. Extent to which program consistently maintains a low participant/staff ratio, excluding the referral & administrative support.	50 or more participants per 1 FTE staff.	36-49 participants per 1 FTE staff.	21-35 participants per 1 FTE staff.	20 or fewer participants per 1 FTE staff.	3
E6	Consistent Internal Case Conferencing. The program meets internally to case review its clients to: (1) Conduct a brief, but clinically-relevant review of participants, (2) discuss participants with high priority emerging issues in depth to collectively identify potentially effective strategies and approaches,	Meeting serves 2 or fewer of the functions.	Meeting FULLY serves 3 of the functions, or PARTIALLY 4 .	Meeting FULLY serves 4 of the functions or PARTIALLY all 5 .	Meeting FULLY serves ALL 5 functions.	1: this has not been done in a formal setting but it is on the horizon for us to begin doing in the next couple of months

E7	(3) identify new resources within & outside the program for staff or participants, (4) discuss program-related issues such as scheduling, policies, procedures, etc., and (5) Staff are held accountable for follow-through.					
	Lived Experience Voice in Program. Extent to which participants are represented in program operations and have input into policy.	Program does not offer any opportunities for participant input into the program.	Program offers few opportunities for participant input into the program.	Program offers some opportunities for participant input into the program.	Program offers opportunities for participant input , including on committees, as peer advocates, and on governing bodies.	



FY24 & 25 CoC Application - Boise City/Ada County ID-500

1E-2: Local Competition Scoring Tool

Document Description

Attached are the scoring tools the CoC used in our local competition to score new and renewal (RRH, PSH) ranked projects and all project application components, which include maximum points available for each project, objective criteria, system performance criteria, project's addressing of server barriers to housing and services, and all data used from HMIS/comparable databases.

2024 Scoring Tool - Permanent Supportive Housing (PSH) RENEWAL	
NOTICE: Use HMIS (Homeless Management Information System) Data or Data from a Comparable Database, if a Victim Service Provider Jan 1, 2022 - Dec 31, 2023	
Orange cells are input cells. Green cells are populated by HMIS or comparable database data for the specific project. Other cells populate from formulas or provide information about the measurement.	

<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> AGENCY: <div style="border: 1px solid black; height: 20px; width: 100%; background-color: #fff9c4;"></div> PROJECT NAME: <div style="border: 1px solid black; height: 20px; width: 100%; background-color: #fff9c4;"></div> RENEWAL GRANT #: <div style="border: 1px solid black; height: 20px; width: 100%; background-color: #fff9c4;"></div> </div> <div style="width: 45%; text-align: right;"> Last Updated: September 2024 </div> </div>	<div style="border: 1px solid black; height: 20px; width: 100%; background-color: #c8e6c9;"></div> Total Number Served
	<div style="border: 1px solid black; height: 20px; width: 100%; background-color: #c8e6c9;"></div> Total Number of Households
	<div style="border: 1px solid black; height: 20px; width: 100%; background-color: #c8e6c9;"></div> Total Number of Adults

TOTAL POINTS POSSIBLE	Points Earned:	0	Potential:	100
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Section I: Threshold Criteria			
Formally partners with and participates in coordinated entry	MOU w/ CES; Our Path Home CONNECT Director	SELECT YES OR NO	
Commitment to Housing First	Project application; review of project eligibility requirements	SELECT YES OR NO	
Acceptable HUD or CoC monitoring results (any findings have been resolved)	Most recent monitoring results	SELECT YES OR NO	
Documented, secured minimum match	Project application	SELECT YES OR NO	
Financially feasible project	Project application	SELECT YES OR NO	
Active CoC participant	Our Path Home Manager	SELECT YES OR NO	
Complete project application	Our Path Home Manager	SELECT YES OR NO	
Data quality at or above 90%	HMIS System Administrator	SELECT YES OR NO	
Bed/unit utilization rate at or above 90%	PIT-HIC 2023	SELECT YES OR NO	
Project staff trained in trauma-informed care techniques	Project application	SELECT YES OR NO	
Projects that serve DV clients engage in ongoing safety planning	Project application	SELECT YES OR NO	

Section II: Project Performance & Outcomes			Section Points Earned:	0	Potential:	70
Input	Source	Raw Data	Measurement Intervals	Points Earned	Corresponding Points	
#1 - Housing Stability Measure						
#1a - Percent households who remained in PSH 6 months or more, OR who had an exit to other permanent housing			Earned: 0	Potential:	30	
Total # households			0% - 74%		0	
Total # leavers to institutional settings			75% - 79%		15	
Total # leavers deceased			80% - 84%		20	
Total # households included in measure			85% - 89%		25	
Total # households who accomplished measure			90% + Above		30	

Percent remained in PSH for 6 months or more OR exited to other permanent housing	#DIV/0!
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#1b - Percent exited households that return to homelessness within 12 months			Earned: 0	Potential: 20
Total # households			25% + Above	0
Total # leavers			21% - 25%	5
Total # leavers to institutional settings			16% - 20%	10
Total # leavers deceased			15% - 11%	15
Total # households included in this measure			10% + Below	20
Total # households returned to homelessness within 12 months				
Percent exited that return to homelessness within 12 months		#DIV/0!		

#2 - Total Income Measure					
#2a - Earned Income - Adult Project Stayers			Earned: 0	Potential: 5	
Minimum new or increased earned income for project stayers	APR Q19a1 - includes all adults		0% - 3%		0
Total # adult project stayers	APR Q5a9		4% - 7%		2.5
Percent adults achieving measure			8% + Above		5

#2b - Earned Income - Adult Project Leavers			Earned: 0	Potential: 5
Minimum new or increased earned income for project stayers	APR Q19a2 - includes all adults		0% - 3%	0
Total # adult project leavers	APR Q5a6		4% - 7%	2.5
Percent adults achieving measure			8% + Above	5

#2c - Non-employment Income - Adult Project Stayers			Earned: 0	Potential: 5
Minimum new or increased earned income for project stayers	APR Q19a1 - includes all adults		0% - 4%	0
Total # adult project stayers	APR Q5a9		5% - 9%	2.5
Percent adults achieving measure			10% + Above	5

#2d - Non-employment Income - Adult Project Leavers			Earned: 0	Potential: 5
Minimum new or increased earned income for project stayers	APR Q19a2 - includes all adults		0% - 4%	0
Total # adult project leavers	APR Q5a6		5% - 9%	2.5

Percent adults achieving measure			10% + Above		5
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Section III: Resource Utilization	Section Points Earned:	0	Potential:	20
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Input	Source	Raw Data	Measurement Intervals	Points Earned	Corresponding Points
#3 - Grant Expenditure					
#3a - Grant Spend Out (for most recent grant year completed)			Earned: 0	Potential:	2.5
Total grant			0% - 94%		0
Total expenditure			95% + Above		3
Percent spend out		#DIV/0!			

#3b - Have any funds been recaptured by HUD? (for most recent grant year completed)			Earned: 0	Potential:	2.5
If yes, please indicate the total amount recaptured: HERE	SELECT YES OR NO	Yes			0
If yes, in the program narrative please explain the circumstances that led to the recapture.		No			2.5

#4 - Reasonable Cost Per Unit			Earned:	Potential:	5
Total # units					
Total CoC Program funds request					
Total budget					
Cost per unit		#DIV/0!			
FY22 competition cost	\$6,052.26 per household				

#5 - Serve High Need Populations			Earned:	Potential:	10
Extremely low to no income	30% or more				2.5
Chronicity	50% or more				2.5
Disability (e.g., physical or mental health, substance use, etc)	50% or more				2.5
Project vacancies filled by coordinated entry referral	100%				10

Section IV: Applicant Narrative	Section Points Earned:		Potential:	10
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The narrative should minimally (limited to five, double-spaced pages) explain the following. Each section is worth 2 points and should be identified clearly in narrative by including sub-header. 1) SCOPE: The proposed scope of the project, including the target population, and experience with successfully implementing a Housing First approach. 2) COORDINATED ENTRY: How the project interfaces with coordinated entry to re-house the most vulnerable, high need populations as quickly as possible. 3) SUPPORT SERVICES: How the project maintains and provides cost-effective, trauma-informed support services. 4) ADVANCE RACE EQUITY: How the project and organization - a) analyzes racial disparities present in provision or outcomes of program b) identifies disparities c) steps the agency is taking to address the disparities identified d) and measures taken to track progress. 5) LIVED EXPERIENCE: How the project and organization - a) involved people with lived experience in leadership positions and decision making b) how feedback is gathered from people with lived experience c) steps the agency is taking to incorporate the feedback.

2024 Threshold Requirements - Renewal and Expansion Projects

AGENCY:

PROJECT NAME:

Section I: HUD

SELECT YES OR NO

SELECT YES OR NO

SELECT YES OR NO

SELECT YES OR NO

SELECT YES OR NO

SELECT YES OR NO

SELECT YES OR NO

SELECT YES OR NO

SELECT YES OR NO

SELECT YES OR NO

SELECT YES OR NO

SELECT YES OR NO

SELECT YES OR NO

SELECT YES OR NO

Section II: CoC

SELECT YES OR NO

SELECT YES OR NO

SELECT YES OR NO

SELECT YES OR NO

SELECT YES OR NO

SELECT YES OR NO

SELECT YES OR NO

[illegible]

SELECT YES OR NO

SELECT YES OR NO

SELECT YES OR NO

2024 Scoring Tool - Rapid Re-Housing (RRH) RENEWAL

NOTICE: Use HMIS (Homeless Management Information System) Data or Data from a Comparable Database, if a Victim Service Provider

Jan 1, 2022- Dec 31, 2023

Orange cells are input cells. Green cells are populated by HMIS data for the specific project. Other cells populate from formulas or provide information about the measurement.

AGENCY:

PROJECT NAME:

RENEWAL GRANT #:

Last Updated: September 2024	
Total Number Served	
Total Number of Households	
Total Number of Adults	

TOTAL POINTS POSSIBLE	Points Earned:	0	Potential:	100
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Section I: Threshold Criteria

Formally partners with and participates in coordinated entry	MOU w/ CES; CES Director	SELECT YES OR NO	
Commitment to Housing First principles	Project application; review of project eligibility requirements	SELECT YES OR NO	
Acceptable HUD or CoC monitoring results (any findings have been resolved)	Most recent monitoring results	SELECT YES OR NO	
Documented, secured minimum match	Project application	SELECT YES OR NO	
Financially feasible project	Project application	SELECT YES OR NO	
Active CoC participant	CoC Program Manager	SELECT YES OR NO	
Complete project application	CoC Program Manager	SELECT YES OR NO	
Data quality at or above 90%	HMIS System Administrator	SELECT YES OR NO	
Bed/unit utilization rate at or above 90%	PIT-HIC 2023	SELECT YES OR NO	NA for RRH
Project staff trained in trauma-informed care techniques	Project application	SELECT YES OR NO	
Projects that serve DV clients engage in ongoing safety planning	Project application	SELECT YES OR NO	

Section II: Project Performance & Outcomes

Section Points Earned: 0 Potential: 70

Input	Source	Raw Data	Measurement Intervals	Points Earned	Corresponding Points
#1 - Housing Stability Measure					
#1a - Percent households who exited to permanent housing			Earned: 0	Potential: 25	
Total # households			0% - 49%		0
Total # leavers to institutional settings			50% - 59%		10
Total # leavers deceased			60% - 69%		15
Total # households included in measure			70% - 79%		20
Total # households who accomplished measure			80% + Above		25
Percent who exited to permanent housing		#DIV/0!			

#1b - Percent exited households that return to homelessness within 12 months			Earned: 0	Potential: 25
Total # households			25% + Above	0
Total # leavers			21% - 25%	10
Total # leavers to institutional settings			16% - 20%	15
Total # leavers deceased			15% - 11%	20
Total # households included in this measure			10% + Below	25
Total # households returned to homelessness within 12 months				
Percent exited that return to homelessness within 12 months		#DIV/0!		

#2 - Total Income Measure					
#2a - Earned Income - Adult Project Stayers			Earned: 0	Potential: 5	
Minimum new or increased earned income for project stayers	APR Q19a1 - includes all adults		0% - 3%		0
Total # adult project stayers	APR Q5a9		4% - 7%		2.5
Percent adults achieving measure			8% + Above		5

#2b - Earned Income - Adult Project Leavers			Earned: 0	Potential: 5
Minimum new or increased earned income for project stayers	APR Q19a2 - includes all adults		0% - 3%	0
Total # adult project leavers	APR Q5a6		4% - 7%	2.5
Percent adults achieving measure			8% + Above	5

#2c - Non-employment Income - Adult Project Stayers			Earned: 0	Potential: 5
Minimum new or increased earned income for project stayers	APR Q19a1 - includes all adults		0% - 4%	0
Total # adult project stayers	APR Q5a9		5% - 9%	2.5
Percent adults achieving measure			10% + Above	5

#2d - Non-employment Income - Adult Project Leavers			Earned: 0	Potential: 5
Minimum new or increased earned income for project stayers	APR Q19a2 - includes all adults		0% - 4%	0
Total # adult project leavers	APR Q5a6		5% - 9%	2.5
Percent adults achieving measure			10% + Above	5

Section III: Resource Utilization	Section Points Earned:	0	Potential:	20
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Input	Source	Raw Data	Measurement Intervals	Points Earned	Corresponding Points
#3 - Grant Expenditure					
#3a - Grant Spend Out (for most recent grant year completed)			Earned: 0	Potential: 2.5	
Total grant			0% - 94%		0
Total expenditure			95% + Above		3
Percent spend out		#DIV/0!			

#3b - Have any funds been recaptured by HUD? (for most recent grant year completed)			Earned: 0	Potential: 2.5	
If yes, please indicate the total amount recaptured: HERE		SELECT YES OR NO	Yes		0
If yes, in the program narrative please explain the circumstances that led to the recapture.			No		2.5

#4 - Reasonable Cost Per Household			Earned: 0	Potential: 5	
Total # households served					
Total # households exited to permanent housing					
Total CoC Program funds request					
Total budget					
Cost per permanent housing exit		#DIV/0!			
FY22 competition cost					

#5 - Serve High Need Populations			Earned: 0	Potential: 10	
Extremely low to no income	30% or more				2.5
Chronicity	30% or more				2.5
Disability (e.g., physical or mental health, substance use, etc)	30% or more				2.5
Project vacancies filled by coordinated entry referral	100%				10

Section IV: Applicant Narrative			Section Points Earned: 0	Potential: 10
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The narrative should minimally (limited to five, double-spaced pages) explain the following. Each section is worth 2 points and should be identified clearly in narrative by including sub-header. 1) SCOPE: The proposed scope of the project, including the target population, and experience with successfully implementing a Housing First approach. 2) COORDINATED ENTRY: How the project interfaces with coordinated entry to re-house the most vulnerable, high need populations as quickly as possible. 3) SUPPORT SERVICES: How the project maintains and provides cost-effective, trauma-informed support services. 4) ADVANCE RACE EQUITY: How the project and organization - a) analyzes racial disparities present in provision or outcomes of program b) identifies disparities c) steps the agency is taking to address the disparities identified d) and measures taken to track progress. 5) LIVED EXPERIENCE: How the project and organization - a) involved people with lived experience in leadership positions and decision making b) how feedback is gathered from people with lived experience c) steps the agency is taking to incorporate the feedback.

|

2024 Threshold Requirements - Renewal and Expansion Projects

AGENCY:

PROJECT NAME: _____

Section I: HUD

SELECT YES OR NO

SELECT YES OR NO

SELECT YES OR NO

SELECT YES OR NO

SELECT YES OR NO

SELECT YES OR NO

SELECT YES OR NO

SELECT YES OR NO

SELECT YES OR NO

SELECT YES OR NO

SELECT YES OR NO

SELECT YES OR NO

SELECT YES OR NO

SELECT YES OR NO	
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Q99.	
Q100.	

Section II: CoC

SELECT YES OR NO

SELECT YES OR NO

SELECT YES OR NO

SELECT YES OR NO

SELECT YES OR NO

SELECT YES OR NO

	SELECT YES OR NO
1. Do you have a current driver's license?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Have you ever been arrested or charged with a crime?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Are you currently employed full-time?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Do you own your home?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Have you ever used drugs or alcohol?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Do you have any children under 18 years old living at home?	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. Are you currently receiving public assistance?	<input type="checkbox"/> YES <input type="checkbox"/> NO
8. Do you have any outstanding court orders or judgments?	<input type="checkbox"/> YES <input type="checkbox"/> NO
9. Have you ever been convicted of a felony?	<input type="checkbox"/> YES <input type="checkbox"/> NO
10. Do you have any mental health conditions?	<input type="checkbox"/> YES <input type="checkbox"/> NO
11. Are you currently taking any medication?	<input type="checkbox"/> YES <input type="checkbox"/> NO
12. Do you have any physical disabilities or chronic illnesses?	<input type="checkbox"/> YES <input type="checkbox"/> NO
13. Have you ever been involved in a car accident?	<input type="checkbox"/> YES <input type="checkbox"/> NO
14. Do you have any criminal records from other states or countries?	<input type="checkbox"/> YES <input type="checkbox"/> NO
15. Are you currently on probation or parole?	<input type="checkbox"/> YES <input type="checkbox"/> NO
16. Do you have any pending legal cases?	<input type="checkbox"/> YES <input type="checkbox"/> NO
17. Have you ever been incarcerated in prison or jail?	<input type="checkbox"/> YES <input type="checkbox"/> NO
18. Do you have any substance abuse issues?	<input type="checkbox"/> YES <input type="checkbox"/> NO
19. Are you currently seeking treatment for any mental health condition?	<input type="checkbox"/> YES <input type="checkbox"/> NO
20. Do you have any history of violent behavior?	<input type="checkbox"/> YES <input type="checkbox"/> NO
21. Are you currently on any restraining orders?	<input type="checkbox"/> YES <input type="checkbox"/> NO
22. Do you have any criminal records related to domestic violence?	<input type="checkbox"/> YES <input type="checkbox"/> NO
23. Have you ever been charged with a sex offense?	<input type="checkbox"/> YES <input type="checkbox"/> NO
24. Do you have any criminal records related to firearms possession?	<input type="checkbox"/> YES <input type="checkbox"/> NO
25. Are you currently on any supervised release or conditional discharge?	<input type="checkbox"/> YES <input type="checkbox"/> NO
26. Do you have any criminal records related to child abuse or neglect?	<input type="checkbox"/> YES <input type="checkbox"/> NO
27. Have you ever been convicted of a crime involving a weapon?	<input type="checkbox"/> YES <input type="checkbox"/> NO
28. Do you have any criminal records related to fraud or identity theft?	<input type="checkbox"/> YES <input type="checkbox"/> NO
29. Are you currently on any community supervision or house arrest?	<input type="checkbox"/> YES <input type="checkbox"/> NO
30. Do you have any criminal records related to drug trafficking?	<input type="checkbox"/> YES <input type="checkbox"/> NO
31. Have you ever been charged with a crime involving a minor?	<input type="checkbox"/> YES <input type="checkbox"/> NO
32. Do you have any criminal records related to sexual harassment?	<input type="checkbox"/> YES <input type="checkbox"/> NO
33. Are you currently on any pretrial services or monitoring?	<input type="checkbox"/> YES <input type="checkbox"/> NO
34. Do you have any criminal records related to stalking or harassment?	<input type="checkbox"/> YES <input type="checkbox"/> NO
35. Have you ever been convicted of a crime involving a controlled substance?	<input type="checkbox"/> YES <input type="checkbox"/> NO
36. Do you have any criminal records related to false information or perjury?	<input type="checkbox"/> YES <input type="checkbox"/> NO
37. Are you currently on any electronic monitoring or GPS tracking?	<input type="checkbox"/> YES <input type="checkbox"/> NO
38. Do you have any criminal records related to witness tampering or obstruction of justice?	<input type="checkbox"/> YES <input type="checkbox"/> NO
39. Have you ever been charged with a crime involving a firearm or dangerous weapon?	<input type="checkbox"/> YES <input type="checkbox"/> NO
40. Do you have any criminal records related to threats or intimidation?	<input type="checkbox"/> YES <input type="checkbox"/> NO
41. Are you currently on any protective custody or isolation?	<input type="checkbox"/> YES <input type="checkbox"/> NO
42. Do you have any criminal records related to assault or battery?	<input type="checkbox"/> YES <input type="checkbox"/> NO
43. Have you ever been convicted of a crime involving a vehicle or motorboat?	<input type="checkbox"/> YES <input type="checkbox"/> NO
44. Do you have any criminal records related to reckless driving or DUI/DWI?	<input type="checkbox"/> YES <input type="checkbox"/> NO
45. Are you currently on any restricted driving privilege or limited license?	<input type="checkbox"/> YES <input type="checkbox"/> NO
46. Do you have any criminal records related to hit-and-run or fleeing police?	<input type="checkbox"/> YES <input type="checkbox"/> NO
47. Have you ever been charged with a crime involving a boat or watercraft?	<input type="checkbox"/> YES <input type="checkbox"/> NO
48. Do you have any criminal records related to boating accidents or violations?	<input type="checkbox"/> YES <input type="checkbox"/> NO
49. Are you currently on any conditional release or suspended sentence?	<input type="checkbox"/> YES <input type="checkbox"/> NO
50. Do you have any criminal records related to disorderly conduct or public intoxication?	<input type="checkbox"/> YES <input type="checkbox"/> NO
51. Have you ever been convicted of a crime involving a fire or explosion?	<input type="checkbox"/> YES <input type="checkbox"/> NO
52. Do you have any criminal records related to arson or vandalism?	<input type="checkbox"/> YES <input type="checkbox"/> NO
53. Are you currently on any intensive supervision or case management?	<input type="checkbox"/> YES <input type="checkbox"/> NO
54. Do you have any criminal records related to trespassing or unlawful entry?	<input type="checkbox"/> YES <input type="checkbox"/> NO
55. Have you ever been charged with a crime involving a building or structure?	<input type="checkbox"/> YES <input type="checkbox"/> NO
56. Do you have any criminal records related to illegal gambling or prostitution?	<input type="checkbox"/> YES <input type="checkbox"/> NO
57. Are you currently on any outpatient treatment or counseling?	<input type="checkbox"/> YES <input type="checkbox"/> NO
58. Do you have any criminal records related to solicitation or loitering?	<input type="checkbox"/> YES <input type="checkbox"/> NO
59. Have you ever been convicted of a crime involving a public place or facility?	<input type="checkbox"/> YES <input type="checkbox"/> NO
60. Do you have any criminal records related to扰乱公共秩序 or disturbing the peace?	<input type="checkbox"/> YES <input type="checkbox"/> NO
61. Are you currently on any diversion program or restorative justice?	<input type="checkbox"/> YES <input type="checkbox"/> NO
62. Do you have any criminal records related to petty offenses or misdemeanors?	<input type="checkbox"/> YES <input type="checkbox"/> NO
63. Have you ever been charged with a crime involving a public safety or security concern?	<input type="checkbox"/> YES <input type="checkbox"/> NO
64. Do you have any criminal records related to obstructing justice or interfering with law enforcement?	<input type="checkbox"/> YES <input type="checkbox"/> NO
65. Are you currently on any pre-arrest diversion or pre-trial intervention?	<input type="checkbox"/> YES <input type="checkbox"/> NO
66. Do you have any criminal records related to resisting arrest or obstructing officer duty?	<input type="checkbox"/> YES <input type="checkbox"/> NO
67. Have you ever been convicted of a crime involving a violation of a protective order?	<input type="checkbox"/> YES <input type="checkbox"/> NO
68. Do you have any criminal records related to violating a restraining order or injunction?	<input type="checkbox"/> YES <input type="checkbox"/> NO
69. Are you currently on any monitored release or supervised release?	<input type="checkbox"/> YES <input type="checkbox"/> NO
70. Do you have any criminal records related to violating a court order or judgment?	<input type="checkbox"/> YES <input type="checkbox"/> NO
71. Have you ever been charged with a crime involving a violation of a probation or parole agreement?	<input type="checkbox"/> YES <input type="checkbox"/> NO
72. Do you have any criminal records related to violating a community supervision or house arrest agreement?	<input type="checkbox"/> YES <input type="checkbox"/> NO
73. Are you currently on any conditional release or suspended sentence?	<input type="checkbox"/> YES <input type="checkbox"/> NO
74. Do you have any criminal records related to violating a pre-arrest diversion or pre-trial intervention agreement?	<input type="checkbox"/> YES <input type="checkbox"/> NO
75. Have you ever been convicted of a crime involving a violation of a diversion program or restorative justice agreement?	<input type="checkbox"/> YES <input type="checkbox"/> NO
76. Do you have any criminal records related to violating a diversion program or restorative justice agreement?	<input type="checkbox"/> YES <input type="checkbox"/> NO
77. Are you currently on any intensive supervision or case management?	<input type="checkbox"/> YES <input type="checkbox"/> NO
78. Do you have any criminal records related to violating an intensive supervision or case management agreement?	<input type="checkbox"/> YES <input type="checkbox"/> NO
79. Have you ever been charged with a crime involving a violation of an outpatient treatment or counseling agreement?	<input type="checkbox"/> YES <input type="checkbox"/> NO
80. Do you have any criminal records related to violating an outpatient treatment or counseling agreement?	<input type="checkbox"/> YES <input type="checkbox"/> NO
81. Are you currently on any monitored release or supervised release?	<input type="checkbox"/> YES <input type="checkbox"/> NO
82. Do you have any criminal records related to violating a monitored release or supervised release agreement?	<input type="checkbox"/> YES <input type="checkbox"/> NO
83. Have you ever been convicted of a crime involving a violation of a pre-arrest diversion or pre-trial intervention agreement?	<input type="checkbox"/> YES <input type="checkbox"/> NO
84. Do you have any criminal records related to violating a pre-arrest diversion or pre-trial intervention agreement?	<input type="checkbox"/> YES <input type="checkbox"/> NO
85. Are you currently on any conditional release or suspended sentence?	<input type="checkbox"/> YES <input type="checkbox"/> NO
86. Do you have any criminal records related to violating a conditional release or suspended sentence agreement?	<input type="checkbox"/> YES <input type="checkbox"/> NO
87. Have you ever been charged with a crime involving a violation of a diversion program or restorative justice agreement?	

[illegible][illegible]

SELECT YES OR NO

SELECT YES OR NO

2024 Scoring Tool - New Permanent Housing Projects (PSH or RRH)

AGENCY:

PROJECT NAME:

TOTAL POINTS POSSIBLE

100

Points Earned

0

Possible

Earned

Section I: Experience

- A. Describe experience of the applicant and any sub-recipients in working with the proposed population and in providing housing similar to that proposed in the application. Please also describe the agency's participation in the CoC including with Coordinated Entry. 10
- B. Describe experience with using and successfully implementing a Housing First approach. Include 1) eligibility criteria; 2) process for accepting new clients; 3) process and criteria for exiting clients. New project applicants must demonstrate: (10 points total)
- a. There are no preconditions to entry, allowing entry regardless of current or past substance use, income, criminal records (except wherein federal, state, or local law or ordinance imposes restrictions), history of victimization (e.g., domestic abuse) marital or familial status, actual or perceived sexual orientation, or gender identity. 7
 - b. There is a process to address situations that may jeopardize housing or project assistance to ensure that participation is terminated in only the most severe cases. 3
- C. Describe experience in effectively utilizing federal funds including HUD grants and other public funding, including proof of active SAM registration/DUNS number, satisfactory drawdowns and performance for existing grants as evidenced by timely reimbursement of any sub-recipients, regular drawdowns, timely resolution of monitoring findings, and timely submission of required reporting on existing grants. Confirm ability to provide HUD requirements, including the provision of required forms, outlined in NOFO section VI.2 for Project Applications. 3
- D. Describe agency experience in advancing race equity and including people with lived experience. Include how the project and organization -**Race Equity**: a) analyzes racial disparities present in provision or outcomes of program b) identifies disparities c) steps the agency is taking to address the disparities identified d) and measures taken to track progress AND **Lived Experience**: a) involved people with lived experience in leadership positions and decision making b) how feedback is gathered from people with lived experience c) steps the agency is taking to incorporate the feedback. 2

Section II: Design of Housing & Supportive Services

- A. Extent to which the applicant demonstrates: (10 points total)
- a. Understanding of the needs of the clients to be served, including the needs of survivors of domestic violence, dating violence, sexual assault, stalking, or human trafficking 6
 - b. The type, scale, and location of the housing fit the needs of the clients to be served 2
 - c. The type and scale of all of the supportive services, regardless of funding source, are trauma-informed and meet the needs of the clients to be served 2
- B. Describe the plan to assist clients to rapidly secure and maintain permanent housing that is safe, affordable, accessible, and acceptable to their needs. 5
- C. Describe how clients will be assisted to increase employment and/or income and to maximize their ability to live independently. 5

Section III: Timeliness

- A. Describe the plan for rapid implementation of the project, documenting how the project will be ready to begin housing the first program participant. Provide a detailed schedule of proposed activities for 60, 120, and 180 days after grant award. 5

Section IV: Financial

- A. Project costs are comparable to other project applicants (including new and renewal) 5
- B. Applicant's most recent audit found: (10 points total)
- a. No exceptions to standard practices 3
 - b. Identified agency as "low risk" 3
 - c. Indicates no findings 4
- C. Documented match amount meets HUD threshold requirements 5
- D. Budgeted costs are reasonable, allocable, and allowable 15

Section V: Effectiveness

- A. Applicant must demonstrate: (15 points total)
- a. Commitment to receive referrals from the coordinated entry access point to fill project vacancies 5
 - b. Commitment to enter data into HMIS or comparable database (for victim service providers) 5
 - c. That performance measures for housing and income are objective, measurable, trackable and meet or exceed established HUD and CoC benchmarks 5

100

0

2024 Threshold Requirements - New Projects

AGENCY:

PROJECT NAME: _____

Section I: HUD

SELECT YES OR NO

SELECT YES OR NO

SELECT YES OR NO

SELECT YES OR NO

SELECT YES OR NO

[illegible]

SELECT YES OR NO

SELECT YES OR NO

SELECT YES OR NO

SELECT YES OR NO

SELECT YES OR NO

SELECT YES OR NO

SELECT YES OR NO

SELECT YES OR NO

Section II: CoC

SELECT YES OR NO

SELECT YES OR NO

SELECT YES OR NO

SELECT YES OR NO

SELECT YES OR NO

SELECT YES OR NO

SELECT YES OR NO

SELECT YES OR NO

SELECT YES OR NO

SELECT YES OR NO

SELECT YES OR NO



FY24 & 25 CoC Application - Boise City/Ada County ID-500

1E-2a:Scored Forms for One Project

Document Description

Attached is the scored form for one renewal project, which represents the most commonly used score form, that was submitted in our local competition. The scored form includes:

- the objective criteria and system performance criteria and their respective maximum point values that make up the final project score; and
- The actual points awarded for the project.

2024 Scoring Tool - Rapid Re-Housing (RRH) RENEWAL

NOTICE: Use HMIS (Homeless Management Information System) Data or Data from a Comparable Database, if a Victim Service Provider

Jan 1, 2022- Dec 31, 2023

Orange cells are input cells. Green cells are populated by HMIS data for the specific project. Other cells populate from formulas or provide information about the measurement.

AGENCY: **CATCH - Ada County**
PROJECT NAME: **CATCH - HUD CoC Rapid ReHousing**
RENEWAL GRANT #:

Total Number Served
Total Number of Households
Total Number of Adults

Last Updated:
17 Sept 2024

NOTES ON DATA

CY2023 only

CY2023 only

CY2023 only

TOTAL POINTS POSSIBLE	Points Earned:	80	Potential:	100
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Section I: Threshold Criteria

Formally partners with and participates in coordinated entry	MOU w/ CES; CES Director	YES	
Commitment to Housing First principles	Project application; review of project eligibility requirements	YES	
Acceptable HUD or CoC monitoring results (any findings have been resolved)	Most recent monitoring results	YES	
Documented, secured minimum match	Project application	YES	
Financially feasible project	Project application	YES	
Active CoC participant	CoC Program Manager	YES	
Complete project application	CoC Program Manager	YES	
Data quality at or above 90%	HMIS System Administrator	YES	Overall DC for 2023: 98.48%
Bed/unit utilization rate at or above 90%	PIT-HIC 2023	SELECT YES OR NO	NA for RRH
Project staff trained in trauma-informed care techniques	Project application	YES	
Projects that serve DV clients engage in ongoing safety planning	Project application	YES	

CY2023 only

Section II: Project Performance & Outcomes

Section Points Earned: 50 Potential: 70

Input	Source	Raw Data	Measurement Intervals	Points Earned	Corresponding Points
#1 - Housing Stability Measure					
#1a - Percent households who exited to permanent housing			Earned: 20	Potential: 25	
Total # households	Households Exited	38	0% - 49%		0
Total # leavers to institutional settings	HoH left to institutional	3	50% - 59%		10
Total # leavers deceased	HoH left to deceased	0	60% - 69%		15
Total # households included in measure	Remaining households	35	70% - 79%	20	20
Total # households who accomplished measure		26	80% + Above		25
Percent who exited to permanent housing		74%			

CY2023 only

CY2023 only

CY2023 only

CY2023 only

CY2023 only

#1b - Percent exited households that return to homelessness within 12 months			Earned: 10	Potential: 25	
Total # households			25% + Above		0
Total # leavers	Household count - Exited PRIOR year	14	21% - 25%	10	10
Total # leavers to institutional settings	Exited prior year to institutional	1	16% - 20%		15

CY2022-2023

CY2022-2023

Total # leavers deceased	Exited prior year to deceased	0	15% - 11%		20	CY2022-2023
Total # households included in this measure	Remaining households	13	10% + Below		25	CY2022-2023
Total # households returned to homelessness within 12 months		3				CY2022-2023
Percent exited that return to homelessness within 12 months		23%				

#2 - Total Income Measure						
#2a - Earned Income - Adult Project Stayers		Earned: 5		Potential: 5		
Minimum new or increased earned income for project stayers	APR Q19a1 - Top row for earned income, "Performance Measure" column	4	0% - 3%		0	CY2023 only
Total # adult project stayers	APR Q19a1 - Top row "Total Adults" column [1 column to the left of the Performance Measure column] (Use the measure values for base population,	7	4% - 7%		2.5	CY2023 only
Percent adults achieving measure		57%	8% + Above	5	5	CY2023 only

#2b - Earned Income - Adult Project Leavers		Earned: 5		Potential: 5		
Minimum new or increased earned income for project stayers	APR Q19a2 - Top row for earned income, "Performance Measure" column	8	0% - 3%		0	CY2023 only
Total # adult project leavers	APR Q19a2 - Top row "Total Adults" column [1 column to the left of the Performance Measure column] (Use the measure values for base population,	52	4% - 7%		2.5	CY2023 only
Percent adults achieving measure		15%	8% + Above	5	5	CY2023 only

#2c - Non-employment Income - Adult Project Stayers		Earned: 5		Potential: 5		
Minimum new or increased Other income for project stayers	APR Q19a1 - Middle row for other income, "Performance Measure" column	1	0% - 4%		0	CY2023 only
Total # adult project stayers	APR Q19a1 - Middle row "Total Adults" column [1 column to the left of the Performance Measure column] (Use the measure values for base population,	7	5% - 9%		2.5	CY2023 only
Percent adults achieving measure		14%	10% + Above	5	5	CY2023 only

#2d - Non-employment Income - Adult Project Leavers		Earned: 5		Potential: 5		
Minimum new or increased Other income for project leavers	APR Q19a1 - Middle row for other income, "Performance Measure" column	5	0% - 4%		0	CY2023 only
Total # adult project leavers	APR Q19a1 - Middle row "Total Adults" column [1 column to the left of the Performance Measure column] (Use the measure values for base population,	52	5% - 9%		2.5	CY2023 only
Percent adults achieving measure		10%	10% + Above	5	5	CY2023 only

Section III: Resource Utilization		Section Points Earned: 21		Potential: 20	
Input	Source	Raw Data	Measurement Intervals	Points Earned	Corresponding Points
#3 - Grant Expenditure					
#3a - Grant Spend Out (for most recent grant year completed)		Earned: 3		Potential: 2.5	
Total grant		184,487	0% - 94%		0
Total expenditure		184,487	95% + Above	3	3
Percent spend out		100%			
#3b - Have any funds been recaptured by HUD? (for most recent grant year completed)		Earned: 3		Potential: 2.5	
If yes, please indicate the total amount recaptured: HERE		NO	Yes		0

If yes, in the program narrative please explain the circumstances that led to the recapture.	No	2.5	2.5
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#4 - Reasonable Cost Per Household			Earned: 5	Potential: 5
Total # households served		65		
Total # households exited to permanent housing		26		
Total CoC Program funds request		\$184,487		
Total budget		\$857,050		
Cost per household permanent housing exit	UPDATED to: Row 79 (HH Exits to Permanent) / Row 81 (Total Budget) to align with column purpose (column A)		\$13,185.38	
FY22 competition cost	\$0.00			

CY2023 only

CY2023 only

#5 - Serve High Need Populations			Earned: 10	Potential: 10
Extremely low to no income	30% or more	54 of 65 active Heads of Household :: 83%		2.5
Chronicity	30% or more	21 of 65 active Households :: 32%		2.5
Disability (e.g., physical or mental health, substance use, etc)	30% or more	40 of 65 active Heads of Household :: 62%		2.5
Project vacancies filled by coordinated entry referral	100%	34 of 34 households entering in the report period have CE referral to this Agency :: 100%		2.5

CY2023 only

CY2023 only

CY2023 only

CY2023 only

Section IV: Applicant Narrative	Section Points Earned:	9	Potential:	10
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The narrative should minimally (limited to five, double-spaced pages) explain the following. Each section is worth 2 points and should be identified clearly in narrative by including sub-header. 1) SCOPE: The proposed scope of the project, including the target population, and experience with successfully implementing a Housing First approach. 2) COORDINATED ENTRY: How the project interfaces with coordinated entry to re-house the most vulnerable, high need populations as quickly as possible. 3) SUPPORT SERVICES: How the project maintains and provides cost-effective, trauma-informed support services. 4) ADVANCE RACE EQUITY: How the project and organization - a) analyzes racial disparities present in provision or outcomes of program b) identifies disparities c) steps the agency is taking to address the disparities identified d) and measures taken to track progress. 5) LIVED EXPERIENCE: How the project and organization - a) involved people with lived experience in leadership positions and decision making b) how feedback is gathered from people with lived experience c) steps the agency is taking to incorporate the feedback.

2024 Threshold Requirements - Renewal and Expansion Projects

AGENCY: Charitable Assistance to the Community's Homeless, Inc.

PROJECT NAME: Taking Root

Section I: HUD

Active Unique Entity Identifier (UEI) and System for Award Management (SAM) registration	Yes
No outstanding delinquent federal debts	Yes
No debarments and/or suspensions	Yes
No violations of federal criminal law (or disclosed any violations, if so)	Yes
Meet HUD pre-selection review of performance standards	Yes
Meet federal financial management standards described in 2 CFR 200.302	Yes
No false statements included in project application	Yes
Ahere to Prohibition Against Lobby Activities	Yes
Submitted the required certifications outlined in the FY24 NOFO	Yes
Demonstrated population to be served meets program eligibilty requirements	Yes
Agreed to participate in HMIS or a comparable database, if a victim provider	Yes
Met HUD expectations - including informaton in eLOCCS, APRs, monitoring reports and audit reports, etc	Yes
Met HUD financial expectations - including Cost sharing or Match outlined in 24 CFR 578.73	Yes
Demonstrated project is consistent with the ConPlan	Yes

Section II: CoC

Formally partners with and participates in Our Path Home CONNECT (i.e., coordinated entry)	Yes
Commitment to Housing First	Yes
Acceptable HUD or CoC monitoring results (any findings have been resolved)	Yes
Documented, secured minimum match	Yes
Financially feasible project	Yes
Active CoC participant	Yes
Complete project application	Yes
Data quality at or above 90%	Yes
Bed/unit utilization rate at or above 90% (except RRH)	
Project staff trained in trauma-informed care techniques	Yes
Projects that serve DV clients engage in ongoing safety planning	Yes



FY24 & 25 CoC Application - Boise City/Ada County ID-500

1E-5: Notification of Projects Rejected/Reduced

Document Description

This cover page is evidence that the CoC did not reject or reduce any project applications submitted for funding during our local competition, and we have answered the three elements “no” accordingly.



FY24 & 25 CoC Application - Boise City/Ada County ID-500

1E-5a: Notification of Projects Accepted

Document Description

Attached is evidence that the CoC provided notification to accepted projects no later than October 15, 2024. Attached evidence includes:

- Individual notifications to project applicants via email with a letter attached that includes project name, ranking, score and funding amount for all projects to satisfy the requirement; and
- Mass email notification via newsletter notifying that the CoC posted a list on the CoC website, including a screenshot of the list to demonstrate that it includes: all projects considered and their ranking, scores, and funding amounts.

From: [Casey Mattoon](#)
To: [Jillian Patterson](#); jwilliams@bcacha.org; [Deanna Watson](#)
Cc: [Maureen Brewer](#); [Saidee Jones](#)
Subject: FY24&25 Local Competition Selection Process Results - Accepted Project
Date: Friday, October 11, 2024 10:54:00 AM
Attachments: [image001.png](#)
[BCACHA_FY24&25 Project Acceptance Notification Letter.pdf](#)

Dear Jillian,

Please see the attached notification letter regarding the results and acceptance of your project from the local competition selection process. Your project's rating/ranking information is included in the attached letter and will be included in the FY24&25 CoC Program Competition Funds.

Please proceed to ensure your application is in eSnaps by October 24 to meet the timeline laid out here: <https://www.ourpathhome.org/fund/coc-competition/>

Thanks,



Casey Mattoon
Our Path Home Manager
Any Gender Pronouns
Office: 208-570-6830 | Cell: 208-371-9527
ourpathhome.org



Date: October 11, 2024

Dear Jillian,

This letter is to notify you that the project application submitted by Boise City/Ada County Housing Authorities was approved through the local competition selection process and will be ranked for inclusion on the CoC's Priority Listing by the Executive Committee of the CoC. The CoC's Score and Rank Committee met October 4, 2024 to review and rank the applications, guided by the CoC's funding priorities and policies and procedures, and submitted those recommendations to the Executive Committee for approval on October 7, 2024.

Project applications request for funds totaled to \$2,218,681 and the CoC is eligible to apply for that same amount. BCACHA's application was scored and ranked (among 5 total applications) as follows:

- BCACHA - CHOIS PSH Renewal: \$1,174,533
 - Score: 77
 - Rank: 1

A full list of all projects and results from the local competition is included in the second page of this letter and the OPH EC vote results are included as the third page. If you wish to see a detailed breakdown of your project's scoring, please contact the Continuum of Care Program Manager at cmattoon@cityofboise.org.

If you feel that your organization has been unfairly eliminated from the local competitions, that a decision made by the Scoring and Ranking Committee regarding the ranking, rejection, or funding of your project was prejudicial, unsubstantiated by project performance, or in violation of the CoC's Governance Charter and published policies and procedures related to this year's competition, you may contact Casey Mattoon within 24 hours of receipt of this correspondence.

Sincerely,

Casey Mattoon
Our Path Home Manager
Office: 208-570-6830 | cmattoon@cityofboise.org
cityofboise.org | ourpathhome.org

FY2024 & 2025 Project Ranking

Project Name	Agency	Project Type	Project Dates	Requested from HUD	Reallocated Funds	Threshold Criteria	Rating	Status	Rank	Recommendation Notes	Tier
PSH Renewal - CHOIS	ACHA	PSH-renewal	08/01/2025 - 07/31/2026	\$ 1,174,533.00	NA	Y	77	Accepted	1	ranked first for scale of program and service of households with more severe service need	Tier 1
CATCH Ada CoC RRH Renewal	CATCH	RRH-renewal	10/01/2025 - 09/30/2026	\$ 209,699.00	NA	Y	79.5	Accepted	2		Tier 1
CATCH Ada DV RRH Renewal	CATCH	RRH-renewal	10/01/2025 - 09/30/2026	\$ 439,817.00	NA	Y	71.25	Accepted	3		Tier 1/Tier 2
New Path PSH Project	TRHS	PSH-new bonus	10/01/2026 - 09/30/2027	\$ 218,886.00	NA	Y	100	Accepted	4		CoC bonus
CATCH Ada DV Bonus	CATCH	RRH-new bonus	10/01/2025 - 09/30/2026	\$ 175,746.00	NA	Y	90	Accepted	5		DV Bonus
Total ARD				\$ 1,824,049.00							
Total Requested				\$ 2,218,681.00							
Total Recommended				\$ 2,218,681.00							

[FY24 Annual Renewal Demand Report](#)

Total Tier 1	\$	1,641,644.00
DV Bonus	\$	175,746.00
Bonus Project	\$	218,886.00
CoC Planning Grant	\$	91,202.00

1. All projects listed will be recommended to HUD for funding in the CoC's Priority Listing
2. The CoC planning grant is not ranked but will be submitted to HUD for funding
3. The CoC, per its policies and procedures, ranks renewal projects that meet threshold above new projects.



Our Path Home
FUND

TO: Our Path Home Executive Committee

FROM: Our Path Home, City of Boise Collaborative Applicant

DATE: October 7, 2024

RE: Approval for HUD FY24&25 NOFO CoC - Local Competition Selection

The Score and Rank Committee prepared a recommendation for the local competition selection and send it to the Our Path Home Executive Committee to inform the FY24&25 CoC Competition Priority Listing.

Staff requested a vote of approval of the recommendation from the Our Path Home Executive Committee in order to inform project applicants and the general public whether applications are accepted and ranked on the CoC Priority List, rejected, or reduced, and if applicable the ranked position of the project applications. Our Path Home will post accepted projects on Our Path Home's FY24&25 CoC NOFO webpage. This aligns with requirement to notify and post 15 days before HUD's CoC Program application submission deadline.

The vote was requested and completed on October 7, 2024.

- **In Favor:** Bea, Ali, Katie, Angie, Nicki, Andrea, Amanda, Maureen, Jamie, Denise, Richard, Jodi
- **Against:** None
- **Abstain:** Stephanie, Kendra, Deanna
- **Not Voting:** Mike

From: [Casey Mattoon](#)
To: [Stephanie Day](#); [Rebecca Wilsey](#)
Cc: [Maureen Brewer](#); [Saidee Jones](#)
Subject: FY24&25 Local Competition Selection Process Results - Accepted Project
Date: Friday, October 11, 2024 10:50:00 AM
Attachments: [CATCH FY24&25 Project Acceptance Notification Letter.pdf](#)
[image001.png](#)

Dear Stephanie,

Please see the attached notification letter regarding the results and acceptance of your projects from the local competition selection process. Your projects' rating/ranking information is included in the attached letter and will be included in the FY24&25 CoC Program Competition Funds.

Please proceed to ensure your application is in eSnaps by October 24 to meet the timeline laid out here: <https://www.ourpathhome.org/fund/coc-competition/>

Thanks,



Casey Mattoon
Our Path Home Manager
Any Gender Pronouns
Office: 208-570-6830 | Cell: 208-371-9527
ourpathhome.org



Date: October 11, 2024

Dear Stephanie,

This letter is to notify you that each of the project applications submitted by CATCH were approved through the local competition selection process and will be ranked for inclusion on the CoC's Priority Listing by the Executive Committee of the CoC. The CoC's Score and Rank Committee met October 4, 2024 to review and rank the applications, guided by the CoC's funding priorities and policies and procedures, and submitted those recommendations to the Executive Committee for approval on October 7, 2024.

Project applications request for funds totaled to \$2,218,681 and the CoC is eligible to apply for that same amount. CATCH's applications were scored and ranked (among 5 total applications) as follows:

- CATCH RRH Renewal: \$209,699
 - Score: 79.5
 - Rank: 2
- CATCH DV RRH Renewal: \$439,817
 - Score: 71.25
 - Rank: 3
- CATCH DV Bonus: \$175,746
 - Score: 90
 - Rank: 5 (DV Bonus)

A full list of all projects and results from the local competition is included in the second page of this letter and the OPH EC vote results are included as the third page. If you wish to see a detailed breakdown of your project's scoring, please contact the Continuum of Care Program Manager at cmattoon@cityofboise.org.

If you feel that your organization has been unfairly eliminated from the local competitions, that a decision made by the Scoring and Ranking Committee regarding the ranking, rejection, or funding of your project was prejudicial, unsubstantiated by project performance, or in violation of the CoC's Governance Charter and published policies and procedures related to this year's competition, you may contact Casey Mattoon within 24 hours of receipt of this correspondence.

Sincerely,

Casey Mattoon
Our Path Home Manager
Office: 208-570-6830 | cmattoon@cityofboise.org
cityofboise.org | ourpathhome.org

ourpathhome.org

150 N. Capitol Boulevard
Boise, ID 83714

info@ourpathhome.org

FY2024 & 2025 Project Ranking

Project Name	Agency	Project Type	Project Dates	Requested from HUD	Reallocated Funds	Threshold Criteria	Rating	Status	Rank	Recommendation Notes	Tier
PSH Renewal - CHOIS	ACHA	PSH-renewal	08/01/2025 - 07/31/2026	\$ 1,174,533.00	NA	Y	77	Accepted	1	ranked first for scale of program and service of households with more severe service need	Tier 1
CATCH Ada CoC RRH Renewal	CATCH	RRH-renewal	10/01/2025 - 09/30/2026	\$ 209,699.00	NA	Y	79.5	Accepted	2		Tier 1
CATCH Ada DV RRH Renewal	CATCH	RRH-renewal	10/01/2025 - 09/30/2026	\$ 439,817.00	NA	Y	71.25	Accepted	3		Tier 1/Tier 2
New Path PSH Project	TRHS	PSH-new bonus	10/01/2026 - 09/30/2027	\$ 218,886.00	NA	Y	100	Accepted	4		CoC bonus
CATCH Ada DV Bonus	CATCH	RRH-new bonus	10/01/2025 - 09/30/2026	\$ 175,746.00	NA	Y	90	Accepted	5		DV Bonus
Total ARD				\$ 1,824,049.00							
Total Requested				\$ 2,218,681.00							
Total Recommended				\$ 2,218,681.00							

[FY24 Annual Renewal Demand Report](#)

Total Tier 1	\$	1,641,644.00
DV Bonus	\$	175,746.00
Bonus Project	\$	218,886.00
CoC Planning Grant	\$	91,202.00

1. All projects listed will be recommended to HUD for funding in the CoC's Priority Listing
2. The CoC planning grant is not ranked but will be submitted to HUD for funding
3. The CoC, per its policies and procedures, ranks renewal projects that meet threshold above new projects.



Our Path Home
FUND

TO: Our Path Home Executive Committee

FROM: Our Path Home, City of Boise Collaborative Applicant

DATE: October 7, 2024

RE: Approval for HUD FY24&25 NOFO CoC - Local Competition Selection

The Score and Rank Committee prepared a recommendation for the local competition selection and send it to the Our Path Home Executive Committee to inform the FY24&25 CoC Competition Priority Listing.

Staff requested a vote of approval of the recommendation from the Our Path Home Executive Committee in order to inform project applicants and the general public whether applications are accepted and ranked on the CoC Priority List, rejected, or reduced, and if applicable the ranked position of the project applications. Our Path Home will post accepted projects on Our Path Home's FY24&25 CoC NOFO webpage. This aligns with requirement to notify and post 15 days before HUD's CoC Program application submission deadline.

The vote was requested and completed on October 7, 2024.

- **In Favor:** Bea, Ali, Katie, Angie, Nicki, Andrea, Amanda, Maureen, Jamie, Denise, Richard, Jodi
- **Against:** None
- **Abstain:** Stephanie, Kendra, Deanna
- **Not Voting:** Mike

From: [Casey Mattoon](#)
To: [Kendra Lutes](#); [Heidi Hart](#)
Cc: [Maureen Brewer](#); [Saidee Jones](#)
Subject: FY24&25 Local Competition Selection Process Results - Accepted Project
Date: Friday, October 11, 2024 10:54:00 AM
Attachments: [TRHS FY24&25 Project Acceptance Notification Letter.pdf](#)
[image001.png](#)

Dear Kendra

Please see the attached notification letter regarding the results and acceptance of your project from the local competition selection process. Your project's rating/ranking information is included in the attached letter and will be included in the FY24&25 CoC Program Competition Funds.

Please proceed to ensure your application is in eSnaps by October 24 to meet the timeline laid out here: <https://www.ourpathhome.org/fund/coc-competition/>

Thanks,



Casey Mattoon
Our Path Home Manager
Any Gender Pronouns
Office: 208-570-6830 | Cell: 208-371-9527
ourpathhome.org



Date: October 11, 2022

Dear Kendra,

This letter is to notify you that the project application submitted by Terry Reill Health Services was approved through the local competition selection process and will be ranked for inclusion on the CoC's Priority Listing by the Executive Committee of the CoC. The CoC's Score and Rank Committee met October 4, 2024 to review and rank the applications, guided by the CoC's funding priorities and policies and procedures, and submitted those recommendations to the Executive Committee for approval on October 7, 2024.

Project applications request for funds totaled to \$2,218,681 and the CoC is eligible to apply for that same amount. Terry Reilly Health Services' application was scored and ranked (among 5 total applications) as follows:

- TRHS - New Path PSH Project - CoC Bonus: \$218,886
 - Score: 100
 - Rank: 4

A full list of all projects and results from the local competition is included in the second page of this letter and the OPH EC vote results are included as the third page. If you wish to see a detailed breakdown of your project's scoring, please contact the Continuum of Care Program Manager at cmattoon@cityofboise.org.

If you feel that your organization has been unfairly eliminated from the local competitions, that a decision made by the Scoring and Ranking Committee regarding the ranking, rejection, or funding of your project was prejudicial, unsubstantiated by project performance, or in violation of the CoC's Governance Charter and published policies and procedures related to this year's competition, you may contact Casey Mattoon within 24 hours of receipt of this correspondence.

Sincerely,

Casey Mattoon
Our Path Home Manager
Office: 208-570-6830 | cmattoon@cityofboise.org
cityofboise.org | ourpathhome.org

FY2024 & 2025 Project Ranking

Project Name	Agency	Project Type	Project Dates	Requested from HUD	Reallocated Funds	Threshold Criteria	Rating	Status	Rank	Recommendation Notes	Tier
PSH Renewal - CHOIS	ACHA	PSH-renewal	08/01/2025 - 07/31/2026	\$ 1,174,533.00	NA	Y	77	Accepted	1	ranked first for scale of program and service of households with more severe service need	Tier 1
CATCH Ada CoC RRH Renewal	CATCH	RRH-renewal	10/01/2025 - 09/30/2026	\$ 209,699.00	NA	Y	79.5	Accepted	2		Tier 1
CATCH Ada DV RRH Renewal	CATCH	RRH-renewal	10/01/2025 - 09/30/2026	\$ 439,817.00	NA	Y	71.25	Accepted	3		Tier 1/Tier 2
New Path PSH Project	TRHS	PSH-new bonus	10/01/2026 - 09/30/2027	\$ 218,886.00	NA	Y	100	Accepted	4		CoC bonus
CATCH Ada DV Bonus	CATCH	RRH-new bonus	10/01/2025 - 09/30/2026	\$ 175,746.00	NA	Y	90	Accepted	5		DV Bonus
Total ARD				\$ 1,824,049.00							
Total Requested				\$ 2,218,681.00							
Total Recommended				\$ 2,218,681.00							

[FY24 Annual Renewal Demand Report](#)

Total Tier 1	\$	1,641,644.00
DV Bonus	\$	175,746.00
Bonus Project	\$	218,886.00
CoC Planning Grant	\$	91,202.00

1. All projects listed will be recommended to HUD for funding in the CoC's Priority Listing
2. The CoC planning grant is not ranked but will be submitted to HUD for funding
3. The CoC, per its policies and procedures, ranks renewal projects that meet threshold above new projects.



Our Path Home
FUND

TO: Our Path Home Executive Committee

FROM: Our Path Home, City of Boise Collaborative Applicant

DATE: October 7, 2024

RE: Approval for HUD FY24&25 NOFO CoC - Local Competition Selection

The Score and Rank Committee prepared a recommendation for the local competition selection and send it to the Our Path Home Executive Committee to inform the FY24&25 CoC Competition Priority Listing.

Staff requested a vote of approval of the recommendation from the Our Path Home Executive Committee in order to inform project applicants and the general public whether applications are accepted and ranked on the CoC Priority List, rejected, or reduced, and if applicable the ranked position of the project applications. Our Path Home will post accepted projects on Our Path Home's FY24&25 CoC NOFO webpage. This aligns with requirement to notify and post 15 days before HUD's CoC Program application submission deadline.

The vote was requested and completed on October 7, 2024.

- **In Favor:** Bea, Ali, Katie, Angie, Nicki, Andrea, Amanda, Maureen, Jamie, Denise, Richard, Jodi
- **Against:** None
- **Abstain:** Stephanie, Kendra, Deanna
- **Not Voting:** Mike

From: [Our Path Home](#)
To: [Casey Mattoon](#)
Subject: [External] FY24&25 CoC Competition: Local Competition Selection Results For All Projects
Date: Friday, October 11, 2024 2:14:53 PM

Caution: This email came from outside the city. Use caution before clicking on links, opening attachments, or responding.



FY24 & 25 CoC NOFO Competition: Local Competition Selection Results for All Projects.

On October 7, 2024 the Our Path Home Executive Committee voted to approve the Score and Rank Committee recommendation for the Local Competition Selection Process, which determines which project applications will be approved or rejected/reduced as part of OPH's submission for the FY24 & 25

CoC Competition.

We are set to apply for more than \$2.2 million this year - the most in our history!

The results for all projects, including those that will be ranked in our CoC's priority listing have been notified and the final ranking is posted on our website: <https://www.ourpathhome.org/fund/coc-competition/>

All project final applications are due in eSnaps by October 4, 2024. The final draft of the CoC Application and Priority Listing will be made available on the website on October 25, 2024 before the final Collaborative Application submittal due date for Housing and Urban Development.

If you have questions or concerns, please reach out to us at info@ourpathhome.org.

Local Competition Selection Results

FY 24 & 25 CoC NOFO Local Competition Timeline

- **October 15:** Deadline to submit grievances in accordance with the posted Grievance Procedure to info@ourpathhome.org.
- **October 24:** Project applicants finalize all DY24 project applications accepted and ranked in the FY24 Priority Listing in eSnaps. Once submitted, export the completed application and send to info@ourpathhome.org.
- **October 25:** Our Path Home Executive Committee Approval to Submit FY24 & 25 CoC NOFO. Publicly post the final version of the FY24 & 25 Consolidated Application and the FY 24 Priority Listing on Our Path Home's FY24 & 25 CoC NOFO webpage, aligning with the NOFO requirement that a public posting is available at least 2 days before the application submission deadline.
- **October 28:** Submit FY24 & 25 Complete CoC Application to HUD.
- **October 30:** FY24 & 25 CoC NOFO closes at 8:00 PM EDT.
- **July 30, 2025:** *No later than July 30, 2025, new and eligible renewal project applications for FY25 CoC funding to be included on the FY25 Priority Listing are due by 5:00 PM MST, aligning with the NOFO requirement that project applications are submitted to the CoC no later than 30 days before HUD's application submission deadline. Project applicants should submit at minimum a completed project application in eSnaps via email to info@ourpathhome.org.*
- **August 29, 2025:** *Applications for new and renewal projects applying for FY25 CoC and YHDP funding must be submitted to HUD by the application submission deadline at 8:00 PM EDT on August 29, 2025.*



Contact info@ourpathhome.org with any questions or concerns, including membership information.

For more information, visit: ourpathhome.org

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Our Path Home · 150 N Capitol Blvd · Boise, ID 83702-5920 · USA





FY24 & 25 CoC Application - Boise City/Ada County ID-500

1E-5b: Local Competition Selection Results

Document Description

Attached is the document that shows the local competition selection results for all projects, new and renewal, the CoC considered during our local competition. It does not include any rejected or reallocated projects as our CoC did not reallocate or reject any projects. The table includes information about each project considering including all six required elements: project name, amount requested from HUD, reallocated funds, rating, status, and rank.

FY2024 & 2025 Project Ranking

Project Name	Agency	Project Type	Project Dates	Requested from HUD	Reallocated Funds	Threshold Criteria	Rating	Status	Rank	Recommendation Notes	Tier
PSH Renewal - CHOIS	ACHA	PSH-renewal	08/01/2025 - 07/31/2026	\$ 1,174,533.00	NA	Y	77	Accepted	1	ranked first for scale of program and service of households with more severe service need	Tier 1
CATCH Ada CoC RRH Renewal	CATCH	RRH-renewal	10/01/2025 - 09/30/2026	\$ 209,699.00	NA	Y	79.5	Accepted	2		Tier 1
CATCH Ada DV RRH Renewal	CATCH	RRH-renewal	10/01/2025 - 09/30/2026	\$ 439,817.00	NA	Y	71.25	Accepted	3		Tier 1/Tier 2
New Path PSH Project	TRHS	PSH-new bonus	10/01/2026 - 09/30/2027	\$ 218,886.00	NA	Y	100	Accepted	4		CoC bonus
CATCH Ada DV Bonus	CATCH	RRH-new bonus	10/01/2025 - 09/30/2026	\$ 175,746.00	NA	Y	90	Accepted	5		DV Bonus
Total ARD				\$ 1,824,049.00							
Total Requested				\$ 2,218,681.00							
Total Recommended				\$ 2,218,681.00							

[FY24 Annual Renewal Demand Report](#)

Total Tier 1	\$	1,641,644.00
DV Bonus	\$	175,746.00
Bonus Project	\$	218,886.00
CoC Planning Grant	\$	91,202.00

1. All projects listed will be recommended to HUD for funding in the CoC's Priority Listing
2. The CoC planning grant is not ranked but will be submitted to HUD for funding
3. The CoC, per its policies and procedures, ranks renewal projects that meet threshold above new projects.



FY24 & 25 CoC Application - Boise City/Ada County ID-500

2A-6: HUD's Homeless Data Exchange (HDX) Competition Report

Document Description

Attached is the 2024 HDX Competition Report provided to our CoC by HUD. This report demonstrates that HUD determined we met the established submission deadline for the LSA and 6 of the filers were deemed fully usable, meeting the threshold for the NOFO that at least 2 of the LSA files were usable.

2024 HDX Competition Report

This workbook contains summary information about your CoC's data as it was entered into HDX 1.0 and HDX 2.0 for your use as part of the 2024 Competition.

To Print this Workbook:

This document has been configured as printable with preset print areas of relevant sections. To print it, go to "File", then "Print", then select "Print Entire Workbook" or "Print Active Sheets" depending on your needs.

To Save This Workbook as a PDF:

Click the "File" Tab, then click "Save As" or "Save a Copy", then click "Browse" or "More Options" then select "PDF", click "Options", select "Entire Workbook", press "OK", and click "Save". These instructions may change depending on your version of Microsoft Excel.

On Accessibility, Navigability, and Printability:

This workbook attempts to maximize accessibility, navigability, printability, and ease of use. Merged cells have been avoided. All tables and text boxes have been given names. Extraneous rows and columns outside printed ranges have been hidden. Formulas may include references to hidden rows and columns or data tables. For ease of use, these referenced sources have been hidden but can be unhidden by any user at any time. Raw data sources contained in this workbook are named according to the module and fiscal year from which they originate - e.g. "HIC_2024" is the Housing Inventory Count raw data from Fiscal Year 2024.

For Questions:

If you have questions, please reach out to HUD via the "Ask a Question" page, <https://www.hudexchange.info/program-support/my-question/> and choose "HDX" as the topic.

2024 HDX Competition Report

2024 Competition Report - Summary

ID-500 - Boise/Ada County CoC

HDX Data Submission Participation Information

Government FY and HDX Module Abbreviation	Met Module Deadline*	Data From	Data Collection Period in HDX 2.0
2023 LSA	Yes	Government FY 2023 (10/1/22 - 9/30/23).	November 2023 to January of 2024
2023 SPM	Yes	Government FY 2023 (10/1/22 - 9/30/23).**	February 2024 to March 2024
2024 HIC	Yes	Government FY 2024. Exact HIC and PIT dates will vary by CoC. For most CoCs, it will be last Wednesday in January of 2024.	March 2024 to May 2024
2024 PIT	Yes	Government FY 2024. Exact HIC and PIT dates will vary by CoC. For most CoCs, it will be last Wednesday in January of 2024.	March 2024 to May 2024

1) FY = Fiscal Year
2) *This considers all extensions where they were provided.
2) **"Met Deadline" in this context refers to FY23 SPM submissions. Resubmissions from FY 2022 (10/1/21 - 9/30/22) were also accepted during the data collection period, but these previous year's submissions are voluntarily and are not required.

2024 HDX Competition Report

2024 Competition Report - LSA Summary & Usability Status

ID-500 - Boise/Ada County CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

LSA Usability Status 2023

Category	EST AO	EST AC	EST CO	RRH AO	RRH AC	RRH CO	PSH AO	PSH AC	PSH CO
Fully Usable				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Partially Usable									
Not Usable	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						

EST

Category	2021	2022	2023
Total Sheltered Count	1,975	2,095	2,031
AO	1,641	1,770	1,736
AC	307	278	280
CO	1	1	0

RRH

Category	2021	2022	2023
Total Sheltered Count	434	412	475
AO	80	94	121
AC	349	318	356
CO	0	0	0

2024 HDX Competition Report

2024 Competition Report - LSA Summary & Usability Status

ID-500 - Boise/Ada County CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

PSH

Category	2021	2022	2023
Total Sheltered Count	499	473	447
AO	353	362	353
AC	127	92	75
CO	0	0	0

1) Glossary: EST = Emergency Shelter, Save Haven, & Transitional Housing; RRH = Rapid Re-housing; PSH = Permanent Supportive Housing; AO = Persons in Households without Children; AC = Persons in Households with at least one Adult and one Child; CO=Persons in Households with only Children

2) Because people have multiple stays in shelter over the course of a year and stay in different household configurations, a single person can be counted in more than one household type. Therefore, the sum of the number of people by household type may be greater than the unique count of people.

3) Total Sheltered count only includes those served in HMIS participating projects reported by your CoC.

4) For CoCs that experienced mergers during any of these reporting periods, historical data will include only the original CoCs.

2024 Competition Report - SPM Data

ID-500 - Boise/Ada County CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than the look back stop date or client's date of birth, whichever is later.

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.

Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

a. This measure is of the client’s entry, exit, and bed night dates strictly as entered in the HMIS system.

Metric	Universe (Persons)	Average LOT Homeless (bed nights)	Median LOT Homeless (bed nights)
1.1 Persons in ES-EE, ES-NbN, and SH	1,883	112.0	56.0
1.2 Persons in ES-EE, ES-NbN, SH, and TH	1,975	132.0	64.0

2024 HDX Competition Report

2024 Competition Report - SPM Data

ID-500 - Boise/Ada County CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

b. This measure is based on data element 3.917

This measure includes data from each client’s Living Situation (Data Standards element 3.917) response as well as time spent in permanent housing projects between Project Start and Housing Move-In. This information is added to the client’s entry date, effectively extending the client’s entry date backward in time. This “adjusted entry date” is then used in the calculations just as if it were the client’s actual entry date.

Metric	Universe (Persons)	Average LOT Homeless (bed nights)	Median LOT Homeless (bed nights)
1.1 Persons in ES-EE, ES-NbN, SH, and PH (prior to “housing move in”)	2,135	611.0	191.0
1.2 Persons in ES-EE, ES-NbN, SH, TH, and PH (prior to “housing move in”)	2,193	618.0	209.0

2024 HDX Competition Report

2024 Competition Report - SPM Data

ID-500 - Boise/Ada County CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Measure 2: Returns to Homelessness for Persons who Exit to Permanent Housing (PH) Destinations

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

	Total # of Persons Exited to a PH Destination (2 Yrs Prior)	Returns to Homelessness in Less than 6 Months (0 - 180 days)		Returns to Homelessness from 6 to 12 Months (181 - 365 days)		Returns to Homelessness from 13 to 24 Months (366 - 730 days)		Number of Returns in 2 Years	
Metric	Count	Count	% of Returns	Count	% of Returns ⁴	Count	% of Returns ⁶	Count	% of Returns ⁸
Exit was from SO	30	5	16.7%	3	10.0%	4	13.3%	12	40.0%
Exit was from ES	46	3	6.5%	0	0.0%	2	4.4%	5	10.9%
Exit was from TH	25	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Exit was from SH	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Exit was from PH	188	5	2.7%	3	1.6%	6	3.2%	14	7.5%
TOTAL Returns to Homelessness	289	13	4.5%	6	2.1%	12	4.2%	31	10.7%

2024 HDX Competition Report

2024 Competition Report - SPM Data

ID-500 - Boise/Ada County CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

Please refer to PIT section for relevant data.

Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

Metric	Value
Universe: Unduplicated Total sheltered homeless persons	2,098
Emergency Shelter Total	2,009
Safe Haven Total	0
Transitional Housing Total	178

2024 Competition Report - SPM Data

ID-500 - Boise/Ada County CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

This measure is divided into six tables capturing employment and non-employment income changes for system leavers and stayers. The project types reported in these metrics are the same for each metric, but the type of income and universe of clients differs. In addition, the projects reported within these tables are limited to CoC-funded projects.

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

Metric	Value
Universe: Number of adults (system stayers)	81
Number of adults with increased earned income	11
Percentage of adults who increased earned income	13.6%

2024 HDX Competition Report

2024 Competition Report - SPM Data

ID-500 - Boise/Ada County CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

Metric	Value
Universe: Number of adults (system stayers)	81
Number of adults with increased non-employment cash income	38
Percentage of adults who increased non-employment cash income	46.9%

Metric 4.3 – Change in total income for adult system stayers during the reporting period

Metric	Value
Universe: Number of adults (system stayers)	81
Number of adults with increased total income	46
Percentage of adults who increased total income	56.8%

Metric 4.4 – Change in earned income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	65
Number of adults who exited with increased earned income	11
Percentage of adults who increased earned income	16.9%

2024 HDX Competition Report

2024 Competition Report - SPM Data

ID-500 - Boise/Ada County CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Metric 4.5 – Change in non-employment cash income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	65
Number of adults who exited with increased non-employment cash income	14
Percentage of adults who increased non-employment cash income	21.5%

Metric 4.6 – Change in total income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	65
Number of adults who exited with increased total income	21
Percentage of adults who increased total income	32.3%

2024 Competition Report - SPM Data

ID-500 - Boise/Ada County CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Measure 5: Number of Persons who Become Homeless for the First Time

This measures the number of people entering the homeless system through ES, SH, or TH (Metric 5.1) or ES, SH, TH, or PH (Metric 5.2) and determines whether they have any prior enrollments in the HMIS over the past two years. Those with no prior enrollments are considered to be experiencing homelessness for the first time.

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

Metric	Value
Universe: Person with entries into ES-EE, ES-NbN, SH or TH during the reporting period.	1,825
Of persons above, count those who were in ES-EE, ES-NbN, SH, TH or any PH within 24 months prior to their entry during the reporting year.	537
Of persons above, count those who did not have entries in ES-EE, ES-NbN, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	1,288

2024 HDX Competition Report

2024 Competition Report - SPM Data

ID-500 - Boise/Ada County CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

Metric	Value
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	2,076
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	609
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	1,467

2024 Competition Report - SPM Data

ID-500 - Boise/Ada County CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD’s Homeless Definition in CoC Program-funded Projects

Measure 6 is not applicable to CoCs in this reporting period.

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

This measures positive movement out of the homeless system and is divided into three tables: movement off the streets from Street Outreach (Metric 7a.1); movement into permanent housing situations from ES, SH, TH, and RRH (Metric 7b.1); and retention or exits to permanent housing situations from PH (other than PH-RRH).

Metric 7a.1 – Change in SO exits to temp. destinations, some institutional destinations, and permanent housing destinations

Metric	Value
Universe: Persons who exit Street Outreach	231
Of persons above, those who exited to temporary & some institutional destinations	12
Of the persons above, those who exited to permanent housing destinations	53
% Successful exits	28.1%

2024 HDX Competition Report

2024 Competition Report - SPM Data

ID-500 - Boise/Ada County CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Metric 7b.1 – Change in ES, SH, TH, and PH-RRH exits to permanent housing destinations

Metric	Value
Universe: Persons in ES-EE, ES-NbN, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	1,608
Of the persons above, those who exited to permanent housing destinations	234
% Successful exits	14.6%

Metric 7b.2 – Change in PH exits to permanent housing destinations or retention of permanent housing

Metric	Value
Universe: Persons in all PH projects except PH-RRH who exited after moving into housing, or who moved into housing and remained in the PH project	382
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	367
% Successful exits/retention	96.1%

2024 HDX Competition Report

2024 Competition Report - SPM Data

ID-500 - Boise/Ada County CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

System Performance Measures Data Quality

Data coverage and quality will allow HUD to better interpret your SPM submissions.

Metric	All ES, SH	All TH	All PSH, OPH	All RRH	All Street Outreach
Unduplicated Persons Served (HMIS)	2,147	402	229	262	106
Total Leavers (HMIS)	1,938	260	46	140	68
Destination of Don't Know, Refused, or Missing (HMIS)	963	21	3	13	12
Destination Error Rate (Calculated)	49.7%	8.1%	6.5%	9.3%	17.7%

2024 HDX Competition Report

2024 Competition Report - SPM Notes

ID-500 - Boise/Ada County CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Notes For Each SPM Measure

Note: Cells may need to be resized to accomodate notes with lots of text.

Measure		Notes
Measure 1	No notes.	
Measure 2	No notes.	
Measure 3	No notes.	
Measure 4	No notes.	
Measure 5	No notes.	
Measure 6	No Notes. Measure 6 was not applicable to CoCs in this reporting period.	
Measure 7	No notes.	
Data Quality	No notes.	

2024 HDX Competition Report

2024 Competition Report - HIC Summary

ID-500 - Boise/Ada County CoC

For HIC conducted in January/February of 2024

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Year-Round, Current Beds in HMIS or Comparable Database	Total Year-Round, Current, Non-VSP Beds	Removed From Denominator: OPH EHV [†] Beds or Beds Affected by Natural Disaster*	Adjusted Total Year-Round, Current, Non-VSP Beds	Adjusted HMIS Bed Coverage Rate for Year-Round, Current Beds
ES	667	606	663	0	663	91.4%
SH	0	0	0	0	0	NA
TH	152	93	152	0	152	61.2%
RRH	117	117	117	0	117	100.0%
PSH	338	338	338	0	338	100.0%
OPH	0	0	0	0	0	NA
Total	1,274	1,154	1,270	0	1,270	90.9%

2024 HDX Competition Report

2024 Competition Report

ID-500 - Boise/Ada County CoC

For HIC conducted in January/February

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Year-Round, Current, VSP Beds in an HMIS-Comparable Database	Total Year-Round, Current, VSP Beds	Removed From Denominator: OPH EHV [†] Beds or Beds Affected by Natural Disaster ^{**}	Adjusted Total Year-Round Current, VSP Beds	HMIS Comparable Bed Coverage Rate for VSP Beds
ES	667	4	4	0	4	100.00%
SH	0	0	0	0	0	NA
TH	152	0	0	0	0	NA
RRH	117	0	0	0	0	NA
PSH	338	0	0	0	0	NA
OPH	0	0	0	0	0	NA
Total	1,274	4	4	0	4	100.00%

2024 HDX Competition Report

2024 Competition Report

ID-500 - Boise/Ada County CoC

For HIC conducted in January/February

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS-Comparable Database	Adjusted Total Year-Round, Current, Non-VSP and VSP Beds	HMIS and Comparable Database Coverage Rate
ES	667	610	667	91.45%
SH	0	0	0	NA
TH	152	93	152	61.18%
RRH	117	117	117	100.00%
PSH	338	338	338	100.00%
OPH	0	0	0	NA
Total	1,274	1,158	1,274	90.89%

2024 HDX Competition Report

2024 Competition Report - HIC Summary

ID-500 - Boise/Ada County CoC

For HIC conducted in January/February of 2024

Rapid Re-housing Beds Dedicated to All Persons

Metric	2020	2021	2022	2023	2024
RRH beds available to serve all pops. on the HIC	135	152	140	84	117

- 1) † EHV = Emergency Housing Voucher
- 2) *This column includes Current, Year-Round, Natural Disaster beds not associated with a VSP that are not HMIS-participating. For OPH Beds, this includes beds that are Current, Non-HMIS, and EHV-funded.
- 3) **This column includes Current, Year-Round, Natural Disaster beds associated with a VSP that are not HMIS-participating or HMIS-comparable database participating. For OPH Beds, this includes beds that are Current, VSP, Non-HMIS, and EHV-funded.
- 4) Data included in these tables reflect what was entered into HDX 2.0.
- 5) In the HIC, "Year-Round Beds" is the sum of "Beds HH w/o Children", "Beds HH w/ Children", and "Beds HH w/ only Children". This does not include Overflow ("O/V Beds") or Seasonal Beds ("Total Seasonal Beds").
- 6) In the HIC, "Current" beds are beds with an "Inventory Type" of "C" and not beds that are Under Development ("Inventory Type" of "U").
- 7) For historical data: Aggregated data from CoCs that merged are not displayed if HIC data were created separately - that is, only data from the CoC into which the merge occurred are displayed. Additional reports can be requested via AAQ for any CoCs that have been subsumed into other CoCs.

2024 HDX Competition Report

2024 Competition Report - PIT Summary

ID-500 - Boise/Ada County CoC

For PIT conducted in January/February of 2024

Submission Information

Date of PIT Count	Received HUD Waiver
1/24/2024	Not Applicable

Total Population PIT Count Data

Category	2019	2020	2021	2022	2023	2024
PIT Count Type	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count	Sheltered and partial unsheltered count	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count
Emergency Shelter Total	534	497	433	464	469	568
Safe Haven Total	0	0	0	0	0	0
Transitional Housing Total	118	67	69	76	103	104
Total Sheltered Count	652	564	502	540	572	672
Total Unsheltered Count	61	83	73	80	115	117
Total Sheltered and Unsheltered Count*	713	647	575	620	687	789

1) *Data included in this table reflect what was entered into HDX 1.0 and 2.0. This may differ from what was included in federal reports if the PIT count type was either sheltered only or partial unsheltered count.

2) Aggregated data from CoCs that merged is not displayed if PIT data were entered separately - that is, only data from the CoC into which the merge occurred are displayed. Additional reports can be requested via AAQ for any CoCs that have been subsumed into other CoCs.

3) In 2021, for CoCs that conducted a "Sheltered and partial unsheltered count", only aggregate and not demographic data were collected.

2024 HDX Competition Report

2024 Competition Report - PIT Summary

ID-500 - Boise/Ada County CoC

For PIT conducted in January/February of 2024



FY24 & 25 CoC Application - Boise City/Ada County ID-500

3A-1a: Housing Leveraging Commitments

Document Description

Attached is a letter demonstrating written commitment from the Public Housing Authority for the new CoC Bonus project that documents: the project name, source of commitment, number of PSH units (that represent more than 25% of total units in the project), dates units are available. Include also is the HAP Contract for the project.

1001 S. Orchard Street
Boise, Idaho 83705

Phone (208) 345-4907
Fax (208) 345-4909
www.bcacha.org

October 16, 2024

Our Path Home
150 N Capitol Blvd
Boise, ID 83702

RE: Housing Leveraging Commitment

Dear Our Path Home,

Please accept this letter as certification that the Boise City Housing Authority commits to providing the following leverage support for the New Path Community Housing project as part of the FY 2024 CoC Program NOFO:

1. **Project Name:** New Path Community Housing
2. **Source of Commitment:** Housing Choice Voucher (HCV) Project-Based Vouchers
3. **Number of Units:** 40 (Subsidies will cover 100% of the units)
4. **Performance Period:** October 1, 2026 – September 30, 2027

We value our partnership with Our Path Home and will continue to collaborate on current and future projects designed to reduce homelessness in our community. Please feel free to contact me if you have any questions. Thank you.

Sincerely,



Jillian Patterson
Deputy Director
Boise City/Ada County Housing Authority



FY24 & 25 CoC Application - Boise City/Ada County ID-500

3A-2a: Healthcare Formal Agreements

Document Description

Attached is a letter demonstrating written commitment from the healthcare organization for the new CoC Bonus project that documents: the project name, the value of the commitment being made is more than 25% of the funding being requests for the new project, dates for the healthcare resources that match the period of performance for the project, and a statement that the project eligible will be based on CoC Program fair housing requirements and will not be restricted by the health care service provider.

October 3, 2024

Project Name: New Path PSH Project

To: Boise City/Ada County Continuum of Care

Terry Reilly Health Services (TRHS) is a Federally Qualified Health Center that has been in operation in Southwest Idaho for 53 years and is committed to serving low-income and underserved communities. TRHS has been a Healthcare for the Homeless funding recipient for over 20 years.

TRHS has provided support services, including mental health and substance misuse counseling, peer support, case management, and medical case management on site at New Path Community Housing (New Path) since 2019. Residents can access medical care, psychiatry, and pharmacy, at a primary care clinic which is located across the street from New Path. All referrals for New Path come through the Continuum of Care (CoC) Access Point and program eligibility is based on CoC program guidelines which include adherence to fair housing requirements; eligibility is not further restricted by TRHS. TRHS is committed to providing services to residents of New Path for the terms of the grant.

New Path has never utilized CoC funding for the project for construction, operational, or support service costs and therefore is submitting as a new project. The total annual cost for healthcare services provided at New Path between October 2026 and September 2027 are budgeted at \$753, 412. The Notice of Funding CoC Bonus project funding request is for \$218, 886, which covers just 29% of the total healthcare costs associated with the project. To meet operational and contractual obligations, TRHS secures funding from a variety of private and governmental sources, including local, state, and federal funding.

Sincerely,

Heidi Hart

Heidi Hart (Oct 16, 2024 22:07 MDT)

Heidi Hart, CEO
Terry Reilly Health Services