

Before Starting the CoC Application

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

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

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

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

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

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

Answering Multi-Part Narrative Questions

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

Attachments

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

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

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

1A. Continuum of Care (CoC) Identification

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

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

1A-1. CoC Name and Number: MT-500 - Montana Statewide CoC

1A-2. Collaborative Applicant Name: Montana Continuum of Care Coalition

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Pathways MISI

1B. Coordination and Engagement–Inclusive Structure and Participation

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

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1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.	
	NOFO Sections VII.B.1.a.(1), VII.B.1.e., VII.B.1.n., and VII.B.1.p.	

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

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

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

19.	Mental Illness Advocates	Yes	Yes	Yes
20.	Non-CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
21.	Non-CoC-Funded Victim Service Providers	Yes	Yes	Yes
22.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	Yes
23.	Organizations led by and serving LGBT persons	Yes	Yes	Yes
24.	Organizations led by and serving people with disabilities	Yes	Yes	Yes
25.	Other homeless subpopulation advocates	Yes	Yes	Yes
26.	Public Housing Authorities	Yes	Yes	Yes
27.	School Administrators/Homeless Liaisons	Yes	Yes	Yes
28.	Street Outreach Team(s)	Yes	Yes	Yes
29.	Substance Abuse Advocates	Yes	Yes	Yes
30.	Substance Abuse Service Organizations	Yes	Yes	Yes
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Service Providers	Yes	Yes	Yes
	Other:(limit 50 characters)			
33.				
34.				

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

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

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

(limit 2,000 characters)

1)The MT CoC communicates the invitation process to solicit new members at least monthly. All emails to the CoC list & notices posted to partner websites contain a link for becoming a new member. The CoC website features a membership notice & application. New members are also solicited during the statewide conference & via membership meeting announcements 2x annually. Ten local CoCs covering each MT planning district also constantly recruit new members. 2)The CoC website indicates that all materials are available in accessible electronic formats. Web-based training on digital accessibility is available to local CoCs. The CoC is implementing a plan to ensure accessible communication, (e.g., use of TRS phone service, availability of & notification regarding assessing/remediating accessibility issues on the CoC's website & in electronic communications/documents). 3) Local CoCs outreach to clients & staff at programs serving PWLEH to encourage them to join their local CoC. The YHDP Coordinator works w/TA providers, YHDP grantees, & community leaders to solicit new YAB members who are compensated at \$25/hr. The CoC

hired a young person as YAB Chair. The chair is responsible for peer-to-peer recruitment, onboarding, and mentorship. Representatives of the local CoC in Missoula encourage PWLEH to join by spending time at local sites to build relationships with residents & via listening sessions. The CoC provides scholarships for PWLEH to attend its statewide conference & conducts targeted scholarship outreach. The CoC has more than 15 PWLEH currently participating. 4) The Missoula local CoC invited All Nations Health Center to join leadership meetings and formed a subcommittee focused on equity and how to better account for systemic racism in resource distribution. The group includes BIPOC staff and PWLE from local organizations. Helena Indian Alliance & MT Racial Equity Project are members of the Statewide CoC.

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

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

(limit 2,000 characters)

1) Ten local CoCs cover each of MT's planning districts & solicit & consider input from stakeholders including PWLEH, individuals & organizations from the housing, health, education, employment, DV, food insecurity, advocacy, philanthropy, faith, business, government & non-profit sectors. Input is also solicited & considered thru the YAB, CoC Board & membership, the Grants Review Panel, HMIS Committee meetings, breakout sessions at the MT Housing Conference, the CoC's statewide Homeless Conference, & conferences in specialized fields, e.g., public housing, mental health, etc. Ten CoC Board members are chosen by local CoCs, 4 are elected at-large & 6 are recruited/appointed by the board president to ensure representation of critically needed subpopulations, e.g. youth, mental health, veterans etc. The CoC participates in many different statewide meetings and public hearings that solicit stakeholder input, e.g. on Consolidated Plan, TANF and Medicaid expansion. United Ways are the local CoC leads in 3 planning districts & involve a diverse range of community-based member organizations in their local CoCs. 2) Meeting dates, locations, agendas & minutes are posted on the CoC's website & announced through the CoC's email list. Information is typically conveyed through written documents, e.g., briefing memos, agendas, white papers, proposed changes to policies/structures, & bulletins on legislative & executive branch policy matters. Such information is discussed by & input obtained from the YAB, Board, Local CoCs, and Committees via in-person meetings and/or conference calls. 3) The CoC and YAB Coordinators and Local CoC Board reps compile and synthesize stakeholder feedback from emails, calls, hearings & meetings & present the input to the Board. The CoC Coordinator drafts proposals for Board consideration based on that feedback. The Board meets at least quarterly to discuss options, determine what additional input is necessary and ultimately vote on CoC matters.

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

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

(limit 2,000 characters)

1)The CoC notified the public that the local CoC competition was open and applications orgbeing accepted in 4 ways: a) A notice was posted on 8/30/21 to the MT CoC website announcing the opening and that project applications are being accepted b) An announcement containing the same information was posted on 9/21/21 on the Montana Department of Commerce, Housing Division website and listserv, which reaches over 2,000 people statewide. c) An email notice with the same information was sent on 9/18/21 to the CoC mailing list of more than 200 contacts, including all homeless providers across the state d) The 10 local CoC's distributed the same information at local meetings & through their local networks, including postings to local United Ways & other community organizations. 2) The announcements distributed by email and posted to the CoC's website state that the CoC welcomes applications from new applicants. 3) Each announcement contained links to instructions, including the deadline and application submission instructions. 4) Each announcement contained a link to the scoring criteria used by the Grants Review Panel to select project applications to be submitted to HUD. 5) The public proposal notification was posted to the CoC website, which indicates that all materials are available in accessible electronic formats. Web-based training on digital accessibility is available to local CoCs. The CoC is implementing a plan to ensure accessible communication, (e.g., use of TRS phone service & assessing/remediating accessibility issues on the CoC's website & in electronic communications/documents).

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

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

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1C-1.	Coordination with Federal, State, Local, Private, and Other Organizations.	
	NOFO Section VII.B.1.b.	

In the chart below:

1.	select yes or no for entities listed that are included in your CoC's coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or
2.	select Nonexistent if the organization does not exist within your CoC's geographic area.

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

18.		
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1C-2.	CoC Consultation with ESG Program Recipients.	
	NOFO Section VII.B.1.b.	

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

(limit 2,000 characters)

1)The CoC consults with the MT Dept of Health and Human Services (DPHHS) on planning, performance evaluation & allocation decisions of ESG & ESG-CV funds. DPHHS, is a founding member of the MT CoC & has worked with the CoC to establish the following strategies ensure constant consultation among the ESG Administrator, ESG subrecipients and the CoC: a) The DPHHS ESG bureau contracts with and funds staffing for the MT CoC but stipulates that this person report to the CoC board, and not the bureau. b) The MT CoC staff person provides part-time staffing to the community action agencies' (CAA) state association which are the ESG subrecipients. c) The DPHHS bureau chief is also a MT CoC Board member along with 4 CAA agency directors. Examples of consultation include: the CoC worked with a CAA subrecipient of ESG funds to increase their ESG utilization rate & consulted on the decision to reallocate those funds to agencies with higher needs. The CoC also consulted on a change from use of ESG for one-time, shallow subsidies for families to prioritizing based on vulnerability and highest needs, as determined by the CoC's CES and prioritization policies. CoC coordinated EHV MOU with 2 PHAs that prioritized unstably housing RRH hshlds, including ESG-CV, for referrals 2) The CoC reviewed the most recent DPHHS HUD ESG CAPER for project performance, utilization, resource targeting, data quality, and costs per household and provided feedback to DPHHS. The CoC conducts monthly CoC & ESG RRH conference calls that include System Performance Measure updates and assessments, and the CoC leads a performance review session during the annual DPHHS ESG Roundtable meetings. 3)The CoC provides the state Con Plan office and 3 entitlement areas' Con Plan offices with the CoC's annual PIT, HIC and needs assessment data relevant to their jurisdictions. 4) The CoC provided information to DPHHS and jointly writes sections of the state Consolidated Plan to address homelessness.

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

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

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

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

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

(limit 2,000 characters)

1)The NWMT Local CoC partners with the HEART Program, a nonprofit encouraging graduation, by meeting the basic needs of students struggling with homelessness. Following a presentation at the CoC's conference, several schools emulated the program. NWMT Local CoC and HEART Program are partnering on a TAY drop-in center. University of MT participates in the Missoula CoC general & transition age youth meetings. 2) Dawson Community College is a YHDP grantee operating an SSO grant providing students with trauma-informed services to help them attain a degree without debt. 3) The SEA's Homeless Education Coordinator (HEC) co-developed the MT CoC Policies & Procedures on Education Rights & ensures that the CoC monitors compliance. The CoC's Conference features presentations by the SEA about federally guaranteed education rights & the key factors for successful graduation of homeless students. CoC Policies require each grantee to maintain a working relationship with their LEA homeless liaison, & LEA liaisons are engaged in local CES Case Conferencing. The HMIS Lead coordinates legal counsel with the SEA, LEAs and local CES leads to ensure that school participation in CES is consistent with school district regulations and state/federal laws. 4) The SEA's HEC is a long-time MT CoC board member. MT CoC and the SEA were the founding partners in creating the MT Youth Homeless Interagency Council & YAB and led the successful YHDP application. There is at least one LEA homeless liaison actively participating in each local CoC. 5) School districts are active participants in their local CoCs - Missoula Public School System is represented in their CoC & attends CoC workshops. 6) County of Glacier School District 9 and Hays/Lodge Pole Public Schools are YHDP grantees providing Host Homes, Diversion and Youth Navigator services to help young people experiencing homelessness to access safe, stable

housing and succeed in school.

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

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

(limit 2,000 characters)

MT CoC Policies and Procedures require every grantee agency and encourages all other providers to adopt 9 measures ensuring a staff person informs all families of the Educational Rights of Students and connects them directly with a local school liaison. An agency must designate a staff person who will:

1. Ensure that children are enrolled in school and connected to the appropriate services in the community, including early childhood education, Head Start, Individuals with Disabilities Education Act and the McKinney-Vento education services.
2. Maintain a current list of local contacts for the programs listed above as well as the local homeless education liaisons.
3. Request and receive briefings, establish a working-relationships and develop processes for coordinating services to clients from these programs.
4. Provide training and update staff essential in coordinating educational assurances.
5. Determine if any children are not currently enrolled in school at intake.
6. Provide all families with a written summary of the Educational Rights of Students in Homeless Situations.
7. Within 72 hours of intake, contact the local LEA to arrange for a briefing with the family about all available education programs, coordinate assistance for enrollment and transportation to either the school of origin or the local school, and make referrals to health, mental health, dental and other services.
8. Follow-up with the family within 3 days of contacting the local homeless education liaison to ensure child has been enrolled in school.
9. If enrollment is not completed or problems are preventing enrollment, contact the State LEL in the Office of Public Instruction to request further assistance.

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

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

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	No	No
2.	Child Care and Development Fund	No	No
3.	Early Childhood Providers	No	No
4.	Early Head Start	No	Yes

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

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

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

(limit 2,000 characters)

1)The Statewide Housing & Homeless Conference has and will continue to include breakout sessions to educate attendees, including CES and project staff on safety and best practices. This includes reinforcing Violence Against Women Act (VAWA) requirements, such as Emergency Transfer Plans (ETP) to ensure victims can quickly access safe housing when needed. The sessions are led by DV experts and emphasize a trauma-informed and victim-centered approach to examine the many pieces that need to be connected to make sure survivors safely access shelter and that there is a community-wide plan to support safety. The Missoula YWCA (which operates both DV and non DV housing, including RRH programs) facilitates statewide monthly conference calls for both CoC and ESG RRH program managers. At least two of the monthly agendas include training or review of safety procedures for project staff. 2)All community Coordinated Entry System (CES) front-door agencies and community case conferencing teams (i.e., CES and project staff) also receive training at least annually by their local DV providers covering best practices, including trauma-informed care and victim-centered approaches as well as community-specific procedures. Training is required at least annually but some local CoCs provide quarterly trainings to accommodate staff turnover. DV providers are also CES front-doors in every community as well as members on case conferencing teams. Most teams meet weekly or bi-weekly in smaller communities. This helps to ensure ongoing adherence to safety practices as well as making any needed updates or improvements to victim-centered safety and planning protocols and trauma-informed care. Local CoCs are also asked to devote at least one CoC meeting annually to review and train on the community's CES safety procedures.

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

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

(limit 2,000 characters)

Victim Service Providers submit HUD Annual Performance Report summaries (containing statistics but no client level information) and System Performance Measures to the Continuum of Care and HMIS Lead following the end of each Federal Fiscal Year. Data from these reports are used to assess the specialized needs related to domestic violence, dating violence, sexual assault and stalking victims, to inform CoC policy and to measure progress against performance benchmarks. For example, these data are used to inform discussions among CoC and non CoC DV providers and non DV projects of the following specialized needs among survivors: Unique geographic needs; level of chronicity and frequency, need for additional services, rate of successful PH placements, the degree to which clients are being enrolled in eligible services and more. The CoC also supplements these data with the following data sources to assess specialized needs of survivors 1) PIT Survey. We count the number of persons in DV on the night of the PIT along with data about duration, frequency, disabilities, age, how long they've lived in the community, income sources and more; 2) Annual Domestic Violence Counts Report issued by the National Network to End Domestic Violence is also used by the MT CoC and communities for insight into national trends in services requested and received; 3) Data from other local DV providers, including from the comparable data bases, is shared in local CoC planning to help determine the level of unmet need; 4) A MT DPHHS survey conducted twice a year of DV clients determines the degree to which they feel like they have more tools to plan for their future safety and are they better informed about how to use community resources. DPHHS makes the results of the survey available to the CoC and each DV provider.

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

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

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

(limit 2,000 characters)

1) Coordinated Entry (CES) prioritizes safety as follows: triage asks, do you feel safe? If at any time a safety concern emerges: A) Household is referred to the local DV provider or crisis help line/center. Safe transportation & warm hand-off are arranged. B) An assessment determines eligibility for confidential DV shelter. If eligible & shelter has capacity, move-in is immediate. If eligible but shelter cannot accommodate, referral is made to ESG or other appropriate local program for a hotel voucher. C) The shelter case manager completes a CES common assessment within the first week. D) A unique identifier is assigned &

entered into the By Name List. E) DV agencies attend case conferencing to ensure people with unique identifiers are discussed and prioritized per the community policy, guaranteeing integration with the CES. Each community CES has inventoried and entered into the HMIS-CES all available housing opportunities, including CoC, ESG, DOJ & HHS funded programs and more. All clients are asked about their choice in housing, preferences are followed, and CES provides referrals accordingly. Households fleeing DV have equal access to non-DV resources & can refuse or choose other resources. Training on these protocols, including ensuring trauma-informed and victim-centered approaches, is required at least annually. Some local CoCs provide quarterly trainings to accommodate staff turnover. 2) All public housing authorities in MT and the MT CoC have adopted the Model Emergency Transfer Plan (HUD-5381). That plan has been incorporated into CoC Policies & Procedures and protocols are reviewed during training. 3) CES policies provide survivors with "confidential access to the local CES process and immediate access to emergency services including domestic violence shelters, hotlines and provider services." CES uses a unique identifier to ensure that survivors are prioritized while maintaining confidentiality. Confidentiality protocols are reviewed during training.

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

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

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

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

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2020 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Helena Housing Authority	47%	Yes-Both	Yes
Public Housing Authority of Butte	46%	Yes-Both	No

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

Describe in the field below:

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

(limit 2,000 characters)

11)The CoC has strong relationships with PHAs and is effectively leveraging PHA resources to end homelessness. For example, the two largest PHAs in the CoC's geographic area both have homeless admission preferences in HCV and Public Housing, and in both PHAs nearly half of new admissions during FY20 were people experiencing homelessness at entry. Five PHA executive directors (4 local and 1 statewide) are all CoC board members, including as board president, vice-president and chair of the HMIS oversight committee. This level of involvement has created a high level of PHA-CES commitment and participation and the ability to achieve the outcomes noted above. 2) not applicable

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 Tax Credit (LIHTC) developments	No
4.	Local low-income housing programs	No
	Other (limit 150 characters)	
5.		

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

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

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

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

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

(limit 2,000 characters)

First, all organizations that receive funding from HUD and its federal partners are required to participate in CES and, therefore, all PHAs in MT with federally funded homeless programs participate in CES. This is, however, overshadowed by the level of PHA involvement in the development, planning, implementation and evaluating of CES. Five PHA executive directors (4 local and 1 statewide) are all CoC board members, including as board president, vice-president and chair of the HMIS oversight committee. This level of involvement has created a high level of PHA-CES commitment and participation.

1) How PHA units are involved in the CES is as follows. When dedicated or other units available for persons experiencing homelessness turnover or open up at a PHA, they inform the local CES lead who then generates a short list of the highest vulnerable scoring person(s) on the By Name List and refers them for case conferencing which makes the final referral to the PHA for enrollment.
2) Written agreements with PHAs, other participating organizations and front-door agencies were not adopted by the statewide planning committee, which primarily consists of local CES Leads. Such agreements were seen as an extra and unnecessary layer and the committee instead chose to rely on release of information agreements with clients to keep the system as simple as possible. PHAs and all other CES participants follow CES Policies and Procedures.

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

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

1C-7d.1.	CoC and PHA Joint Application–Experience–Benefits.	
	NOFO Section VII.B.1.g.	

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

1.	the type of joint project applied for;
2.	whether the application was approved; and
3.	how your CoC and families experiencing homelessness benefited from the coordination.

(limit 2,000 characters)

Two examples:

1)The Missoula CoC collaborated with the Missoula Public Housing Authority (PHA) to apply for 40 Mainstream Vouchers. 2)The application was approved and the Missoula PHA received 40 Mainstream Vouchers. 3) As a result of collaboration between the CoC and the PHA, families experiencing homelessness will benefit from an expansion of PSH options that will reduce COVID risks among a vulnerable population living in congregate shelters and campsites. This allows the CoC to rapidly house such households, connect

them to housing stabilization services and then to transition those in need of an ongoing subsidy to a Mainstream Voucher. The CoC and its Coordinated Entry System and the PHA are also collaborating to use ESG-CV funds as bridge funding to rapidly re-house households at high risk of serious complications from COVID who are eligible for but waiting for mainstream vouchers. This collaboration has built upon and strengthened the long-standing partnership between the Missoula CoC and the Missoula PHA.

1) The Helena CoC and its' FUSE (Frequent User Systems Engagement) initiative partners, the Helena Housing Authority (HHA) and St. Peters Health, submitted a \$100,000 grant application to the MT Healthcare Foundation for planning and implementing coordinated primary and mental health care services to the most frequent users of emergency services, especially the CH and other high need clients in rent assisted housing using the PSH Housing First model. 2) The application was approved. 3) This grant will benefit persons experiencing homelessness by supporting the HHA's redevelopment initiative that will include set-asides for FUSE identified homeless persons, provide training on PSH and housing service integration models, explore on-site healthcare and to review housing policies to better serve high need persons in coordination with health care.

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

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

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

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

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

PHA
Missoula Housing ...
Montana Departmen...

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

Name of PHA: Missoula Housing Authority

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

Name of PHA: Montana Department of Commerce-Montana Housing

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

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

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

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

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

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition.	25
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition that have adopted the Housing First approach.	25
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects the CoC has ranked in its CoC Priority Listing in the FY 2021 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

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

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

(limit 2,000 characters)

The CoC's Score Card is used to evaluate and rank projects. It scores days from project entry to move-in to ensure prioritization of rapid housing placement. The CoC requires all projects to commit to use of the Housing First model, and the scorecard also evaluates the following factors related to adherence to a

Housing First approach: extent to which projects actually serve households with multiple barriers such as little or no income and criminal history; housing stabilization outcomes, such as retention in permanent housing; and efforts by the local CoC to reinforce the Housing First approach and continually reduce barriers to project entry. Projects may admit only applicants referred via Coordinated Entry (CES), and the CES assesses whether projects are adhering to Housing First commitments. The CoC and HMIS Leads monitor referral and housing outcomes to ensure that eligible applicants are admitted and housed promptly. The CoC's monitoring program evaluates project compliance with Housing First commitments by reviewing leases/occupancy agreements, policies, participant handbooks, case notes, etc. to ensure that participation in services is voluntary and that participants are not terminated due to substance use, reluctance to engage in services or treatment, lack of progress on goals or other impermissible reasons. Failure to adhere to Housing First commitments results in a finding. The monitoring team makes specific recommendations to correct the finding. If subsequent monitoring indicates that a project is unable or unwilling to make the necessary changes, the project could risk being reallocated.

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

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

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

(limit 2,000 characters)

1) Street outreach provided through shelters, SSVF, PATH & Coord Entry (CES) quickly identifies & engages people living unsheltered. CES outreach teams strengthen coordination among existing & new outreach projects, e.g., Missoula now provides best practices & coordination to help teams meet unique needs (e.g., Transition Aged Youth) & has added a Mobile Support Team dispatched through 911 to respond to behavioral health crises. Ravalli County outreach visits local campgrounds & coordinates with the US Forest Svc to identify & engage people on forest lands & in campgrounds. Bozeman implemented a new street outreach program that uses peer support and partners w/police & drop-in/warming/mental health centers to enhance safety & connections to housing & services. The Salvation Army, Good Samaritan Ministries, local churches, vet groups & youth programs also provide street outreach. 2) Shelters in the 5 largest cities provide street outreach covering 88% of the

targeted areas. SSVF outreach now covers 55 of the state's 56 counties. The PATH program has outreach programs in 3 counties covering 55% of the state's homeless populations. 100% of the CoC's geographic area is covered. 3) Outreach occurs daily in the 5 largest cities & at least weekly in the more remote areas. 4) All contacts are entered in to the statewide BNL. The CES standards provide that the first person to make contact is responsible for maintaining & documenting contact, & for engagement & rapport building. Personal and repeated contact ensures effective outreach. The CoC is implementing a plan to ensure accessible communication, (e.g., use of TRS phone service & assessing/remediating accessibility issues on the CoC's website & in electronic communications/documents). Local CoCs: assess & provide access for people with LEP, including multi-lingual outreach & translated materials; conduct outreach at orgs serving high concentrations of racial/ethnic/religious minorities, and/or people w/disabilities.

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

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

1.	Engaged/educated local policymakers	Yes
2.	Engaged/educated law enforcement	Yes
3.	Engaged/educated local business leaders	Yes
4.	Implemented communitywide plans	Yes
5.	Other:(limit 500 characters)	

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

	2020	2021
Enter the total number of RRH beds available to serve all populations as reported in the HIC-only enter bed data for projects that have an inventory type of "Current."	232	326

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

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

	Type of Health Care	Assist with	Assist with
	FY2021 CoC Application	Page 20	11/13/2021

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

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

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

(limit 2,000 characters)

1)The statewide CoC provides local CoCs & grantees with mainstream benefits updates from state & federal agencies. The statewide Homeless Conference features “Accessing Mainstream Programs” breakout sessions & panels. Local offices of public assistance (OPAs) are active participants in local CoC meetings & provide guidance on enrollment in their programs. Examples of how Local CoCs systematically provide current info on mainstream benefits include: the Missoula CoC hosted multiple trainings (e.g., economic impact payments & child tax credits); the director of the local office of public assistance attends Ravalli County CoC meetings to provide updates & the Management Team of the local Workforce Development System shares info with the local CoC about accessing unemployment assistance; Field agents work with Bozeman CoC projects on subsidized housing applications. 2) The CoC provides info to local CoCs & grantees more than monthly via the following: email, semi-annual meetings, Homeless Conference, and local CoC meetings and trainings. 3) The CoC has partnered with a foundation on an HMIS data integration project to facilitate Medicaid enrollment. DPHHS health insurance navigators, Medicaid navigators and community-based insurance navigators assist with health insurance enrollment. CoC providers coordinate with SHIP counselors to assist in applying for and navigating health insurance. 4) A single application is used for SNAPs, TANF & health insurance, including Medicaid & Healthy MT Kids. OPAs assist local CoC providers to troubleshoot barriers to enrollment in Medicaid and other mainstream benefits. Community Action Agencies (CAAs) in each community are also MT TANF operators, including the TANF employment and training programs. Many CAAs are also CoC grant recipients and are very active in their local CoC meetings assisting other programs to effectively use mainstream benefits. The Greater Gallatin CoC is establishing an MOU with Substance Abuse Connect.

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

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

(limit 2,000 characters)

1)Montana includes large rural areas where homeless persons can be hours away from the nearest service provider. To ensure coverage of 100% of the geographic area, the CoC uses CES Referral Zones that mirror the state's community action agency districts. Persons experiencing a housing crisis in a rural area can access the Montana Rural Coordinated Entry System Call Center at 406-282-1373. Referrals are made within the zone where someone presents for services, but CES can also accommodate referrals across zones. 2)This decentralized approach helps to ensure that vulnerable people who are least likely to apply for assistance have access regardless of location. Outreach teams in each zone focus on assessing & connecting the most vulnerable people to the CES. For clients unable/unwilling to travel to designated access points, outreach workers assist. The statewide CES Policies ensure that people encountered by street outreach are offered the same standardized process as persons using designated access points. Training provided to Access Point & Street Outreach staff is consistent statewide and reinforced during case conferencing and other CES meetings. When persons decline to engage (e.g., due to substance use or disabling mental illness), the first person to make contact is responsible for maintaining & documenting contact, & for engagement, rapport building, & helping the person connect to services of their choice. 3)CES implementations in each zone follow uniform prioritization processes, including Phased Assessments, Scoring and Case Conferencing, all ensure that the most vulnerable are prioritized for housing assistance. 4) CES policies outline the following outcomes: Average length of time between a CES referral and PH lease-up; Average length of time between initial contact with a person experiencing homelessness and assessment; Average length of time homeless; the CES Lead Entity monitors these outcomes monthly.

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

Did your CoC conduct an assessment of whether disparities in the provision or outcome of homeless assistance exists within the last 3 years?	Yes
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1C-15a.	Racial Disparities Assessment Results.	
	NOFO Section VII.B.1.o.	

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

1.	People of different races or ethnicities are more likely to receive homeless assistance.	No
2.	People of different races or ethnicities are less likely to receive homeless assistance.	Yes
3.	People of different races or ethnicities are more likely to receive a positive outcome from homeless assistance.	No
4.	People of different races or ethnicities are less likely to receive a positive outcome from homeless assistance.	Yes
5.	There are no racial or ethnic disparities in the provision or outcome of homeless assistance.	No
6.	The results are inconclusive for racial or ethnic disparities in the provision or outcome of homeless assistance.	No

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

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

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	No
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	Yes
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	Yes
4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	Yes
5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	Yes
6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	Yes
7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	Yes
8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	Yes
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	Yes
10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
	Other:(limit 500 characters)	
12.		

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

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

(limit 2,000 characters)

Steps that the CoC and homeless providers have taken to improve racial equity in the provision and outcomes of assistance beyond those areas identified in the racial disparity assessment are described below. Coordinated Entry (CES) street outreach has been established/expanded in the CES Referral Zones. This strategy facilitates assertive outreach to geographic areas serving high concentrations of BIPOC and brings resources and services directly to BIPOC experiencing homelessness rather than waiting for people, who may be reluctant to engage with traditional services, to present for assistance. This significant expansion of outreach has had a profound impact on who is reached. Similarly, the opening of a new, larger shelter in downtown Billings, where the vast majority of people experiencing homelessness are indigenous, has improved service access and outcomes for that population. Introduction of a low barrier shelter in Billings also improved access to on-site case management for indigenous peoples, many of whom previously experienced significant barriers to service connection. In addition, the local CoC in Billings is adapting their CES prioritization policy to account for systemic racism and is creating a new mobile team that will include a peer support specialist specifically for indigenous populations. The Missoula Local CoC has engaged BIPOC staff and people with lived experience of homelessness to form a subgroup of their CES Oversight Committee to focus on how to adjust resource distribution to account for systemic racism. In response to growing demand for shelter/housing among Latinx applicants, the Greater Gallatin Local CoC has strengthened ties with local Latinx partners to help strengthen cultural humility in services. Their local CoC lead has also developed a racial equity working group to ensure homeless services are making the necessary adjustments, and they are actively working to ensure that CES is reducing barriers/biases for BIPOC.

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

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

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included and provide input that is incorporated in the local planning process.	5	0
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	3	0
3.	Participate on CoC committees, subcommittees, or workgroups.	3	0
4.	Included in the decisionmaking processes related to addressing homelessness.	3	0
5.	Included in the development or revision of your CoC's local competition rating factors.	0	0

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

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

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

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

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

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

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

(limit 2,000 characters)

Because needs & resources differ widely across urban, suburban, rural & frontier areas of Montana, COVID safety protocols were implemented at the local CoC level. 1) Protocols implemented to improve safety for people in unsheltered situations included: symptom screening, providing education regarding & increasing access to hand washing, masking education and requirements, and provision of PPE and disinfection products to outreach staff & clients; in Billings a new low barrier shelter expanded access to quarantine/isolation beds for people who would not typically access shelter. NWMT CoC lead meetings to establish new safety measures across providers serving unhoused folks and raised funds to implement immediate, shelter with COVID safety protocols for those living in unsheltered settings. In Missoula CARES Act funding supported emergency winter shelter with COVID safety precautions in place. 2) Protocols implemented to improve safety for people living in congregate shelters include: symptom screening, masking education and requirements, education regarding & increasing access to hand washing and provision of PPE and disinfection products to shelter staff and clients; Local Coordinated Entry staff led efforts to deconcentrate shelters and enable social distancing by establishing non-congregate shelters in communities across the state – that capacity flexed to accommodate needs as infection rates receded and surged; In the Ravalli County CoC offices were converted to shelter space to facilitate social distancing. Gallatin CoC offered shelter residents Q&A sessions with the health department to learn about COVID prevention 3) Protocols implemented to improve safety for people living in transitional housing include: use of remote case management, masking education and requirements, symptom screening, education regarding &

increasing access to hand washing and provision of PPE and disinfection products to staff and clients.

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

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

(limit 2,000 characters)

The CoC improved readiness for future public health emergencies by establishing new partnerships with public health authorities and health care providers and by formalizing structures for cross-sector coordination. For example: the Missoula CoC formed the Community Organizations Active in Disaster (COAD) Homelessness Task Force, which is comprised of more than 15 agencies and meets regularly to identify client and provider needs, and to overcome barriers and promote best practices related to preventing the spread of COVID-19; a partnership was established between the Billings COC, a unified health command, local government, the local health officer & all local hospitals; the NWMT CoC leveraged their existing membership, which already included local hospitals, health departments and community clinics, to coordinate public health emergency response efforts, including developing MOUs. Both the Statewide and Local CoCs across the state established a playbook that can be used in future public health emergencies to: monitor and disseminate information from public health authorities; deconcentrate shelter; rapidly stand-up non-congregate beds; promptly adjust Coordinated Entry prioritization criteria; expedite housing placement; ensure the continuation of services and stakeholder coordination using videoconferencing technology; secure and disseminate PPE and disinfecting products to and promote mask use among staff and clients; rapidly enroll people experiencing homelessness in newly available public benefits; and partner with health care providers to promote vaccine confidence among and ensure convenient vaccine access to project staff and clients.

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

Describe in the field below how your CoC coordinated with ESG-CV recipients to distribute funds to address:

1.	safety measures;
2.	housing assistance;
3.	eviction prevention;
4.	healthcare supplies; and
5.	sanitary supplies.

(limit 2,000 characters)

In MT, ESG-CV is allocated by state statute and consistent with a MT DPHHS/ESG-MT CoC MOU and Joint Policy Statement providing flexibility to the ten ESG subrecipients across the state and requiring that local ESG Action

Plans be developed thru local collaboration, including local CoCs, to meet local needs.

Safety: ESG was used to support establishing 4 low-barrier, noncongregate shelter and quarantine/isolation units (NCS/Q) sites and 1 temporary safe outdoor encampment that local CoCs partnered in development. The NCS/Qs used ESG for overhead, operations, staffing, outreach, safety hygiene and protective protocol training and education more. The encampment used ESG for sanitary stations, PPE and outreach.

Housing Assistance and Eviction Prevention: NCS/Q facilities became CoC CES frontdoors to make quick referrals to ESG-RRH. 22% of statewide ESG went to rapid rehousing. ESG funded Advocates and Housing Navigators provided housing search, referral and application assistance we well as assisting hshlds facing eviction to apply for Emergency Rent Assistance (ERA) and to engaged with landlords to mediate evictions and identify new rental units. 28% of statewide ESG went to prevention. Most notably, Missoula, faced with high rents and a backlog in Emergency Rent Assistance, started used ESG-CV's rent reasonableness option to find affordable units and quicken the housing rate.

Healthcare and Sanitary supplies: Healthcare partners typically provided on-site healthcare allowing ESG funds to provide sanitary stations, PPE, cleaning and hygiene supplies as well as to provide education and training on protective measures. ESG staff also provided sanitation kits to teams conducting outreach and delivering lunches. ESG also supported vaccination clinics for homeless populations conducted at the local shelters, at ESG intake offices and at other partner locations, e.g. the Native Wellness Center.

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

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

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

(limit 2,000 characters)

Because needs & resources differ widely across the state, coordination with mainstream health was done at the local CoC level. 1) To decrease the spread of COVID-19 local CoCs established new partnerships with public health authorities & health care providers. For example: the Missoula CoC formed the Community Organizations Active in Disaster (COAD) Homelessness Task Force, which meets regularly to identify & implement opportunities to decrease spread of COVID-19; a partnership focused on decreasing spread was established between the Billings COC, a unified health command, the local health officer & all local hospitals; the NWMT CoC leveraged their existing membership, which already included local hospitals, health departments and community clinics, to coordinate efforts to decrease spread. Gallatin CoC consulted with the health department on shelter protocols to decrease spread and offered shelter residents Q&A sessions with the health department to learn

about COVID prevention. They also partnered with the local hospital to provide COVID-19 vaccines. 2) To ensure implementation of safety measures (e.g., social distancing, hand-washing, sanitizing, masking) local CoCs also coordinated with mainstream health authorities and health care providers. For example: the Missoula CoC formed the Community Organizations Active in Disaster (COAD) Homelessness Task Force, which is comprised of more than 15 agencies and meets regularly to identify opportunities, overcome barriers and promote best practices related to safety measures; a partnership focused on safety measure implementation was established between the Billings CoC, a unified health command, local government, the local health officer & all local hospitals; the NWMT CoC leveraged their existing membership, which already included local hospitals, health departments and community clinics, to coordinate safety measure implementation and consulted with the health department on shelter safety protocols.

1D-5.	Communicating Information to Homeless Service Providers.	
NOFO Section VII.B.1.q.		
Describe in the field below how your CoC communicated information to homeless service providers during the COVID-19 pandemic on:		
1.	safety measures;	
2.	changing local restrictions; and	
3.	vaccine implementation.	

(limit 2,000 characters)

The Statewide CoC and Local CoCs communicated information to homeless services providers during the COVID-19 pandemic as described below. 1) The Statewide CoC and representatives of Local CoCs participated in HUD COVID Office Hours, monitored HUD's COVID Resource Digest, and monitored communications from other State and Federal partners to identify helpful resources on COVID-19 safety measures. Local CoCs also met regularly with local health officials and health care providers about safety measures. The Statewide CoC and/or Local CoCs disseminated this information to providers via email, newsletters, fliers, social media, phone outreach, semi-annual statewide meetings, and local CoC meetings and trainings. Local CoCs also used strategies, including COVID specific task forces and Q&A sessions with local Departments of Health to disseminate this information. 2) The Statewide CoC and representatives of Local CoCs monitored communications from State authorities & Local CoCs monitored communications from local authorities on changing restrictions. The Statewide CoC and/or Local CoCs disseminated this information to providers via email, newsletters, social media, fliers, phone outreach, and local CoC meetings. Local CoCs also used strategies, including COVID specific task forces and Q&A sessions with local Departments of Health to disseminate this information. 3) The Statewide CoC and representatives of Local CoCs monitored communications from State authorities & Local CoCs monitored communications from Local authorities on vaccine implementation. The Statewide CoC and/or Local CoCs disseminated this information to providers via email, newsletters social media, fliers, phone outreach and local CoC meetings. Local CoCs also used strategies, including COVID specific task forces and Q&A sessions with local Departments of Health to disseminate this information.

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

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

(limit 2,000 characters)

Because needs, resources & vaccine availability and protocols differ widely across the state, identification of eligible persons experiencing homelessness (PEH) for COVID-19 vaccination occurred at the local CoC level. For example, the Billings CoC worked with the local public health hospital to provide on-site immunization clinics that identified & vaccinated eligible PEH at a variety of service sites, including shelters. The strategy used in Billings included offering the single dose J&J vaccine at the local healthcare for the homeless clinic & partnerships with the local health office, low barrier shelter, the community crisis center & all homeless service providers to provide multiple opportunities for eligible PEH to be vaccinated at service sites throughout the community. The NWMT CoC worked with their local Health Department to inform PEH about vaccination opportunities and schedule vaccinations via local homeless services providers. The Missoula CoC worked with their local health department to schedule vaccine clinics and provided incentives for PEH to get vaccinated. The Greater Gallatin CoC offered vaccine clinics and educational opportunities to PEH to dispel myths, answer questions, and build vaccine confidence. The Statewide CoC and representatives of Local CoCs participated in HUD COVID Office Hours, monitored HUD's COVID Resource Digest, and monitored communications from other State, Federal and local partners to gather best practices on vaccination strategies for PEH. The Statewide CoC and/or Local CoCs disseminated this information to providers via email, newsletters, social media, fliers, phone outreach, and/or local CoC meetings. Vaccination clinics for the vulnerable high risk homeless populations were scheduled at the local shelter during check in, at Action Inc. during Open Access, at the Native Wellness Center and also during outreach in the community.

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

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

(limit 2,000 characters)

Such an increase was apparent in the difference between the 2019 PIT when 257 adults and children were counted as DV survivors with 231 being sheltered (DV and General ES), while the 2021 PIT counted 864 survivors of violence with 228 being sheltered.

Because needs and resources vary significantly across the state, this increase was addressed at the local CoC level where DV providers are active members

of their local CoCs and collaborate closely with local coordinated entry systems. DV Shelters received separate CARES Act funding that helped to address some of the dramatic increase in need. CARES Act funding started kicking in soon after the PIT. Unfortunately, even with the increase in funding many local DV providers and local CoCs were not able to fully meet the demands of survivors in their communities.

Local Coordinated Entry System (CES) “front doors,” worked to ensure that despite the increase in need, DV referrals were being handled efficiently. Based on stakeholder feedback provided to the Statewide CoC, these CES efforts appear to be working effectively. Despite the increase, the CoC maintained the following standard protocols to ensure that survivors’ needs are promptly and safely addressed: at all front door contacts, a person is immediately asked if they are experiencing any emotional, physical, psychological, sexual, or other type of abuse or trauma; if at any time a safety concern emerges: A) Household is referred to the local DV provider or crisis help line/center. Safe transportation & warm hand-off are arranged. B) An assessment determines eligibility for confidential DV shelter. If eligible & shelter has capacity, move-in is immediate. If eligible but shelter cannot accommodate, referral is made to ESG or other appropriate local program for a hotel voucher. Households fleeing DV also have equal access to non-DV resources & can refuse or choose other resources.

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

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

(limit 2,000 characters)

Because needs and resources differ widely across urban, suburban, rural and frontier areas of Montana, Continuum of Care policy has been designed to offer maximum flexibility to local leaders in the various referral zones (known in Montana as “local CoCs”), while ensuring compliance with HUD rules and regulations. As a result, the CoC was well positioned to respond quickly to the needs of the changing homeless population as the pandemic emerged. Prioritization rules were quickly updated per HUD guidance to meet the needs of people experiencing homelessness who were at increased risk of severe illness from COVID-19 due to age and/or underlying medical conditions. Assessment requirements were waived when appropriate (per HUD guidance) to speed access to readily available housing and services. Local Coordinated Entry staff led efforts to establish COVID non-congregate and isolation shelters in communities across the state. Case conferencing sessions continued without pause; in most referral zones/Local CoCs, sessions were moved online. Where case conferencing panels chose to continue to meet in person, social distancing rules were observed.

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

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

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

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

1.	Enter the date your CoC published the 30-day submission deadline for project applications for your CoC's local competition.	08/30/2021
2.	Enter the date your CoC publicly posted its local scoring and rating criteria, including point values, in advance of the local review and ranking process.	09/30/2021

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

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

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

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

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

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

(limit 2,000 characters)

1)The CoC's process for reviewing, selecting, and ranking projects uses objective scoring criteria and assigns points to projects that serve people with these specific high needs and vulnerabilities: low or no income, disabilities, escaping violence or history of victimization, criminal history and chronic homelessness (CH). Additional points are assigned to projects based on extent of Housing First implementation and serving populations with high needs and vulnerabilities such as: low or no income, escaping violence or history of victimization, criminal history, current or past substance use, and reluctance to engage in services. Additional points are also assigned to projects serving CH in an area with high need for CH beds. Though points determined through the CoCs objective scoring criteria are the primary basis for selecting and ranking projects included in the CoC's application to HUD, the Scoring Committee can also consider unique factors, such as whether a project is the only one in its geographic area that serves particular high need/vulnerable populations. 2) The CoC's process for reviewing, selecting, and ranking projects considers how project performance may be impacted by serving the highest need/most vulnerable populations by: assigning points for serving such populations; by assigning points to projects with a strong Housing First implementation; and by assigning points based on the local gaps and needs analysis, which local CoCs can use to identify particular types of projects that meet a local need for models targeted to specific vulnerable/high need populations. Finally, the Scoring Committee can also consider unique factors that impact performance that are not captured in the CoC's objective scoring criteria.

1E-3. Promoting Racial Equity in the Local Review and Ranking Process.

NOFO Section VII.B.2.e.

Describe in the field below how your CoC:

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

(limit 2,000 characters)

1)The COC's Scorecard Committee currently includes a Latinx member. That Committee determines the evaluation criteria, points, and partial point scaling methodology use to rate and review new and renewal project applications. The CoC has identified which races are over-represented in the local homelessness population and is working to identify additional people of those and other different races to review the rating factors that the CoC uses to review project

applications. Native American youth on the Youth Action Board and two YHDP Native American school district projects have been involved with Coordinated Entry System and will begin to participate in the selection of rating factors in the coming year. The CoC also plans to recruit other experts representing different races in advance of establishing the 2022 rating factors.

2) The MT CoC invited a Native American person and a Latinx person to participate in the selection of rating criteria and in the 2021 review and scoring of project applications, but only the Latinx person was able to join in this year's process. The CoC continues to identify people of those and other different races and is increasing efforts to recruit people of different races to participate in the next review, selection, and ranking process. The CoC expects to recruit such experts in advance of reviewing, selecting, and ranking projects for inclusion in its 2022 application to HUD.

3) The MT CoC has identified which races are over-represented in the local homelessness population and is working to identify additional people of those and other different races to assist in determining how best to adjust the CoCs rating and ranking process to consider how projects promote race equity and the degree to which participants mirror the homeless population demographics. The CoC expects to recruit such experts and make such adjustments in advance of reviewing, selecting, and ranking projects for inclusion in its 2022 application to HUD.

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

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

(limit 2,000 characters)

1)The CoC has implemented a multi-year process to identify and reallocate projects that are low performing or less needed. In the first phase of that process the CoC determined, based on a gaps and needs analysis, that TH projects were less needed and that PSH and RRH were more needed. The CoC adopted a reallocation policy aimed at reallocating TH and successfully reallocated TH to RRH or PSH. The CoC also recently completed the second phase of its reallocation process, which was the implementation of a new HMIS. The unreliability of data in the legacy HMIS system was a significant barrier to effectively making reallocation decisions based on project performance. The new CoC HMIS has now been in operation for sufficient time to determine that data quality has significantly improved and that data are sufficiently reliable for use in performance-based reallocation decisions. The CoC is now in the third phase of its reallocation process and has gathered reallocation policies from

other CoCs that use HMIS data to make reallocation decisions based on project performance. In advance of the 2022 competition, the CoC expects to adopt a revised reallocation policy enabling use of HMIS data to inform performance-based reallocation decisions 2) The CoC identified one RRH project for reallocation to PSH, which is more needed in the area. 3) The CoC reallocated one less needed RRH project to PSH. 4) Not applicable 5) The reallocation process was adopted by the CoC in 2013. The CoC Board reviewed the policy in 2019. CoC staff shared the policy with local CoC's for discussion in their local meetings & communicated the process to project applicants annually during the CoC Competition.

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

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

1.	Did your CoC reject or reduce any project application(s)?	No
2.	If you selected yes, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	

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

Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	10/29/2021
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1E-6.	Web Posting of CoC-Approved Consolidated Application. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.g.	

Enter the date your CoC's Consolidated Application was posted on the CoC's website or affiliate's website—which included: 1. the CoC Application; 2. Priority Listings; and 3. all projects accepted, ranked where required, or rejected.	
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You must enter a date in question 1E-6.

2A. Homeless Management Information System (HMIS) Implementation

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
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- 24 CFR part 578

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

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

Enter the date your CoC submitted its 2021 HIC data into HDX.	05/10/2021
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2A-4.	HMIS Implementation—Comparable Database for DV.	
	NOFO Section VII.B.3.b.	

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

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

(limit 2,000 characters)

1. The CoC has a 100% comparable database bed coverage rate. The HMIS Lead has informed all Victim Service Providers in the state of comparable database requirements, and, as new projects are added, will continue to offer a list of these systems to any providers that are not yet in compliance with the requirement. The HMIS Lead also analyzes reports submitted to the Continuum of Care by VSPs for indications that a provider's system may not be in compliance with the comparable database requirement and provides information to providers to help them work with their vendors to resolve any compliance related issues that are found.

2. CoC policy requires that all VSPs submit Annual Performance Report summaries (with no client information) and System Performance Measures for each project in the comparable database to the CoC and HMIS Lead following the end of each Federal Fiscal Year. The information in these reports is then summarized and submitted to the CoC's Data Committee and shared with the board and other stakeholders as appropriate.

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

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

Project Type	Total Beds 2021 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	1,262	222	695	66.83%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	454	92	138	38.12%
4. Rapid Re-Housing (RRH) beds	326	22	276	90.79%
5. Permanent Supportive Housing	901	0	232	25.75%
6. Other Permanent Housing (OPH)	0	0	0	

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

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

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

(limit 2,000 characters)

ES: 1)CoC and HMIS Lead will: leverage non-participating ES provider relationships w/HMIS participating organizations, local governments & private funders to persuade them to use HMIS; conduct information sessions that include presentations by HMIS participating ES providers; & use HUD funds to waive certain HMIS costs. 2)Steps to reach an 85% ES participation rate: First, target providers with the most ES beds; Then conduct in-person visits & virtual

info sessions; then leverage organizations using HMIS to urge participation, focusing on the value of shared information and HMIS-powered collaboration; Finally, cover certain HMIS costs for ES providers that elect to join. TH: 1) Most non-participating TH providers are privately funded, rural and not located in proximity to HMIS participating organizations. To persuade these providers to join HMIS, the CoC will: First target providers with a direct relationship to a CoC member or HMIS user; Then build on existing relationships to educate non-participating TH providers on the benefits of HMIS participation. 2) Steps to reach an 85% TH participation rate: First, identify CoC members who have relationships to leaders of non-participating TH projects; Then coordinate initial outreach to provide information about HMIS and begin a dialog; Lastly, set up meetings with TH program staff and the HMIS Lead to identify and address barriers that prevent HMIS participation. PSH: 1) The CoC has begun to import HOMES data into HMIS. Since VASH providers were the only PSH providers in MT that did not participate in HMIS, subsequent to the 2020 HIC, this brought the PSH HMIS participation rate to 100%. 2) The steps have already been taken to achieve more than an 85% PSH participation rate. Now the CoC & HMIS lead are addressing data quality issues identified in the HOMES data set. ES/TH/PSH: CoC/HMIS Lead will regularly monitor # of beds added to assess progress towards the targeted participation rate.

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

Enter the percentage of beds covered in comparable databases in your CoC's geographic area.	100.00%
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2A-5b.1.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Question 2A-5b.	
	NOFO Section VII.B.3.c.	

	If the bed coverage rate entered in question 2A-5b. is 84.99 percent or less, describe in the field below:
1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent; and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,000 characters)

Not applicable. CoC has a 100% comparable database bed coverage rate.

2A-6.	Longitudinal System Analysis (LSA) Submission in HDX 2.0.	
	NOFO Section VII.B.3.d.	

Did your CoC submit LSA data to HUD in HDX 2.0 by January 15, 2021, 8 p.m. EST?	Yes
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2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

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

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

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

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

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

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

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

2C-1.	Reduction in the Number of First Time Homeless—Risk Factors.	
	NOFO Section VII.B.5.b.	
	Describe in the field below:	
1.	how your CoC determined which risk factors your CoC uses to identify persons becoming homeless for the first time;	
2.	how your CoC addresses individuals and families at risk of becoming homeless; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time or to end homelessness for individuals and families.	

(limit 2,000 characters)

1) Principal risk factors from national literature were compared to MT VI-SPDAT & PIT data to identify the following risk factors: lack of affordable housing, income, health, escaping violence & racial inequities. 2) The CoC provides diversion training to local Coordinated Entry (CES) stakeholders to support a problem-solving approach to assist households at risk of homelessness. CES connects at-risk households to affordable housing, workforce services, and other mainstream benefits & services. The local Coordinated Entry zones also helped households to understand and access protections available under the federal eviction moratorium. The CoC is working with MT Legal Services on strategies to provide more legal and landlord mediation services. The CoC is also working to expand affordable housing options via a coalition promoting state funded tax credits and through advocacy for homeless set-asides and preferences when awarding federal tax credits. A participation agreement with the MT Dept of Labor ensures that WIOA adopts "most vulnerable" policies that prioritize education, training and employment for the most vulnerable populations including those households most at-risk of becoming homeless. Community Action Agencies (CAAs) are frontline providers of bundled prevention services and the CoC is partnering with them to approach providers of Labor, Medicaid, Housing, Mental Health and others, to implement more systematic approaches to accessing mainstream services and adopting more common assessment and prioritization tools. With training and supports from the CoC in partnership with CSH, front door providers are now offering new and more intense diversion services to help people at risk of becoming homeless to explore and secure alternative housing arrangements and access services to stabilize in housing. 3) Bob Buzzas, Director MT CoC

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

(limit 2,000 characters)

1)Strategies used by the CoC to reduce length of homelessness include a significant expansion of outreach to identify, assertively engage and rapidly assess the most vulnerable people. This expansion is enabling outreach workers to build rapport with clients reluctant to engage in services who would otherwise have remained homeless long-term. HMIS tracks the Length of Time from project entry to housing placement in all CES participating programs, and the CoC is using these data to identify opportunities to expedite the process. In addition, through a Strategic Planning initiative funded by the MT Healthcare Foundation and facilitated by CSH, the CoC is expanding the use of housing navigators to reduce the time it takes to gather necessary documents and find viable units. That initiative is also advancing a CoC-wide Housing Problem-Solving Approach by providing training on rapid exit strategies for case managers. The training is helping them to use a strengths-based, housing-focused case management approach and to provide effective light touch services and progressive engagement to house persons that will not likely be prioritized for RRH or PSH. 2)The CoC identifies and houses those with the longest lengths of homelessness as follows: the CES common assessment tool scores households based on length of time homeless, statewide CES standards and local prioritization policies establish people experiencing chronic homelessness as the highest priority. Housing Navigators and case managers are assigned to assist with housing search and move-in. 3)Bob Buzzas, Director MT CoC

2C-3.	Exits to Permanent Housing Destinations/Retention of Permanent Housing.	
	NOFO Section VII.B.5.d.	
	Describe in the field below how your CoC will increase the rate that individuals and persons in families residing in:	
1.	emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations; and	
2.	permanent housing projects retain their permanent housing or exit to permanent housing destinations.	

(limit 2,000 characters)

1. The CoC will increase exits to PH from ES, TH, & RRH (CoC has no SH) by expanding the use of housing navigators (HNs) & providing HNs & case managers with training & supports. This strategy will advance use of a strengths-based, housing-focused case management approach and an effective light-touch model to house persons not prioritized for RRH or PSH. The CoC with MT Dept of Commerce (DoC): is also providing refresher training on the use of the MTHousingSearch app, which inventories & matches renters with landlords; & is assessing if the Emphasys PAIR platform can improve

connections w/property managers. The CoC is using HMIS to improve outcome tracking, e.g., exits to PH, and is integrating those data into monthly roundtable calls w/providers to evaluate client progress. 2) To promote retention in & exits to PH among households in PH, the CoC is working with PHAs to secure "Moving-on" preferences & set-asides. The CoC is also working to expand affordable housing, thereby increasing exit options, e.g., working w/state partners to: submit joint applications for subsidized housing; secure state affordable housing tax credits & obtain homeless set-asides/preferences when awarding federal tax credits. 2) To increase retention rates, the CoC is collaborating with the MT Accelerated Integration Program (Medicaid Waiver) to enhance tenancy supports. The CoC is also working w/PSH providers to adopt a voluntary services model that builds client trust, improves service engagement, increases retention & reduces exits to homelessness. To support PH retention, the CoC is also working with Community Mental Health Centers to monitor clients for signs of change & expedite delivery of case management, clinical, and recovery services. The CoC is also working with MT Legal Services on strategies to expand legal and landlord mediation services to prevent negative exits.

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

(limit 2,000 characters)

1)The CoC uses detailed reports from HMIS to identify returnees and monitor returns on a quarterly basis. These reports show high return rates from ESG and SSVF programs and provide useful information about client characteristics (e.g., rates of disability and chronic homelessness). Local Coordinated Entry (CES) zones also identify returning households and assess reasons for unstable exits. 2)To reduce returns, the CoC conducts Medicaid-HMIS data matches and looks specifically at returnees to ensure that they are enrolled in Medicaid and SSI. The CoC also provides returnee data to the 7 FUSE (Frequent Users Systems Engagement) communities to facilitate prioritization of high need returnees for supportive housing. The CoC also shares data on returns with its Innovative Accelerator Initiative team. This initiative is increasing housing and tenancy supports by updating and expanding Medicaid waivers. In addition, through a Strategic Planning initiative funded by the MT Healthcare Foundation and facilitated by CSH, the CoC is establishing action steps to reduce returns from ESG and SSVF projects and among non-disabled people. In addition, the CoC provides diversion training to local CES stakeholders to support a problem-solving approach that assists returning households and prevents them from re-entering the system. CES is working to reduce returns by connecting these households to affordable housing, workforce services, and other mainstream benefits & services. The CoC is also working with MT Legal Services on strategies to provide more legal and landlord mediation services to prevent returns. 3) Bob Buzzas, Director MT CoC

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

(limit 2,000 characters)

1)The MT Dept of Labor (DoL) & the statewide MT CoC have a Participation Agreement to enhance coordination & increase incomes of persons experiencing homelessness and RRH/PSH participants. A representative of DOL sits on the CoC board, and the agreement includes: collaboration on a data sharing agreement, leveraging the YHDP award to ensure access to WIOA for youth, developing a cross referral process, conducting cross training between job services and local CoCs, and targeting for enrollment in employment services subpopulations of people experiencing homelessness with the highest needs. As a participant in the Innovative Accelerator Program the CoC is working with State partners to address employment status, a social determinant of health, and explore how Medicaid tenancy supports can be broadened to ensure client enrollment in mainstream employment services, among other types of mainstream programs. The CoC also uses an employment income metric to rate and rank projects. 2) Mainstream employment organizations, such as Flathead Job Services, are local CoC members and active participants in efforts to increase employment income. Local Coord Entry zones are assessing employment needs & connecting applicants quickly to mainstream employment organizations (e.g., Job Services of MT, Vocational Rehab, and Express Employment). The Ravalli County CoC is represented on the Community Management Team of their Workforce Development System, which facilitates coordination with mainstream employment organizations. The Billings CoC has Job Services of MT participating in on-site case management at the day shelter. Local CoCs have also implemented Family Self-Sufficiency and the Supported Employment & Education Program (SEP). SEP staff partner with local education, Job Service, Vocation Rehabilitation, university, and other partners to identify hiring needs and connect clients to mainstream employment services. 3) Bob Buzzas, Director MT CoC

2C-5a.	Increasing Employment Cash Income–Workforce Development–Education–Training.	
	NOFO Section VII.B.5.f.	
	Describe in the field below how your CoC:	
1.	promoted partnerships and access to employment opportunities with private employers and private employment organizations, such as holding job fairs, outreach to employers, and partnering with staffing agencies; and	
2.	is working with public and private organizations to provide meaningful education and training, on-the-job training, internships, and employment opportunities for program participants.	

(limit 2,000 characters)

1) Local CoCs collaborate with their job service offices, one-stop centers & PHAs to recruit private employers/staffing agencies to participate in Project Homeless/Employment Connect & job fairs. Such events provide services not found at typical job fairs (e.g., haircuts, access to interview clothing, free birth certificate and/or identification assistance & reading glasses,) plus resume support, mock interviews, interview tips, access to education and job training programs, etc. CoCs & their partners in organizing these events place special emphasis on recruiting employers who are ready to hire. Beyond these periodic events, local CoCs have developed deep connections to employers and staffing agencies like LC Staffing and Express Employment and are connecting participant regularly to these opportunities. Through their involvement in their local mainstream workforce development systems, local CoCs are also leveraging unique opportunities to connect participants to employers. For example, when production companies come to Ravalli County, their CoC is accessing those jobs for clients. Community Action Agencies, like Action Inc in Butte, are active participants in local CoCs & ensure, through their job search programs, connections to employers particularly those from in-demand industry sectors. 2) Local CoCs, include among their members and coordinate with Community Action Agencies to provide meaningful education, training, internships and employment opportunities for participants, e.g., Action Inc provides youth with paid & unpaid work experience & occupational & entrepreneurial skill training. The Greater Gallatin CoC works with HRDC, a member agency, to partner with local employers & provide on the job training for CoC program participants. The Ravalli County CoC is coordinating educational opportunities with the local community college via the Community Management Team of their Workforce Development System.

2C-5b.	Increasing Non-employment Cash Income.	
	NOFO Section VII.B.5.f.	
	Describe in the field below:	
1.	your CoC's strategy to increase non-employment cash income;	
2.	your CoC's strategy to increase access to non-employment cash sources; and	
3.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase non-employment cash income.	

(limit 2,000 characters)

1) The CoC analyzes HMIS data to identify opportunities to increase non-employment cash income among participants (e.g., only 33% of PSH and 16% of RRH clients that have significant disabling conditions are receiving SSI or SSDI income & only 9% of all likely eligible RRH clients are enrolled in TANF; for PSH, it's 5%. Through it's 2-year strategic planning initiative, the CoC has prioritized efforts to expand an existing SOAR program and is developing an action plan for increasing SSI/DI income. To increase access and enrollment in TANF (in addition to SNAPs & WIC) the MT CoC is partnering with the MT DPHHS Division of Human and Community Services, which administers these three programs, to provide training specifically to CoC grantees on how to assist clients to use a single application for these programs. Local CoCs and Coord Entry zones provide training and information to CoC projects to help ensure receipt of COVID specific cash benefits (e.g., Economic Impact Payments, Pandemic Unemployment Benefits and Child Tax Credits). Community Action Agencies (CAAs) in each community are very active in their local CoCs and

assist other programs to increase participants' benefit income. 2)As described above the CoC analyzes HMIS data by non-employment cash source to identify opportunities to increase access to key sources and to target action plans to the most underutilized sources. Strategies to improve access to non-employment income include: grantee surveys capturing # of referrals made, followed-up and enrolled & barriers to successful enrollments; coupled with HMIS data analysis on increases in these income categories at assessment and exit for the same reporting periods captured in the surveys. This information is used to shape action plans through the CoC's strategic planning process and inform discussions with DPHHS on resolving enrollment barriers. 3) Lead: Bob Buzzas, MT CoC

3A. Coordination with Housing and Healthcare Bonus Points

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

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

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

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

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

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

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

Is your CoC applying for a new PSH or RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	Yes
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3A-2a.	Formal Written Agreements–Value of Commitment–Project Restrictions. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.6.b.	

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

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

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

Project Name	Project Type	Rank Number	Leverage Type
HRDC IX PSH HFV	PSH	14	Both

3A-3. List of Projects.

1. What is the name of the new project? HRDC IX PSH HFV

2. Select the new project type: PSH

**3. Enter the rank number of the project on
your CoC's Priority Listing:** 14

4. Select the type of leverage: Both

3B. New Projects With Rehabilitation/New Construction Costs

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

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

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

Is your CoC requesting funding for any new project application requesting \$200,000 or more in funding for housing rehabilitation or new construction?	No
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3B-2.	Rehabilitation/New Construction Costs—New Projects.	
	NOFO Section VII.B.1.s.	

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

(limit 2,000 characters)

Not applicable

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

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

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

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

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

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

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

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

(limit 2,000 characters)

Not applicable

4A. DV Bonus Application

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

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

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

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

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

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

Project Type		
1.	SSO Coordinated Entry	Yes
2.	PH-RRH or Joint TH/RRH Component	Yes

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

1.	Enter the number of survivors that need housing or services:	864
2.	Enter the number of survivors your CoC is currently serving:	228
3.	Unmet Need:	636

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

Describe in the field below:

1.	how your CoC calculated the number of DV survivors needing housing or services in question 4A-2 element 1 and element 2; and
----	--

2.	the data source (e.g. comparable database, other administrative data, external data source, HMIS for non-DV projects); or
3.	if your CoC is unable to meet the needs of all survivors please explain in your response all barriers to meeting those needs.

(limit 2,000 characters)

1) We estimated the PIT # of DV survivors needing housing &/or services (element 1) by totaling the # of people enrolled in Coordinated Entry (CE) in MT on the night of the PIT count (1/28/21) who reported experiencing homelessness because of emotional, physical, psychological, sexual, or other type of abuse or trauma. This is an undercount; not all people who experience homelessness receive a CE assessment; a significant number of people who are fleeing DV in Montana are referred immediately to a Victim Services Provider and are not enrolled in Coordinated Entry. The number of persons served (element 2) is the total number of people housed by victim services providers on PIT night. 2) The first data source for this estimate is the MT CoC's HMIS. We utilized CE enrollment and assessment records, which are contained within the HMIS. The second data source is the Montana Statewide CoC's Housing Inventory, which lists the number of people each Domestic Violence program housed on PIT night. 3) Lack of funding to support programs, limited shelter space, lack of affordable housing options, & landlord discrimination are barriers to meeting survivors' needs. These barriers are compounded by: the geography of the state, where vast areas have few shelter, housing, service & transportation options; program requirements (e.g., ID, income & asset documentation) that are difficult for survivors to meet, & program models that often fail to address the unique needs of survivors (i.e., approaches are not strengths-based, survivor-centered, or trauma-informed). In addition, the DV system does not have sufficient capacity to meet the needs and access models in non-DV specific systems often fail to respond appropriately to the urgency and potential lethality of the situations survivors face. Non-DV programs are also typically ill-equipped for safety planning.

4A-3.	New Support Services Only Coordinated Entry (SSO-CE) DV Bonus Project–Applicant Information.	
	NOFO Section II.B.11.(c)	

Enter in the chart below information about the project applicant applying for the new SSO-CE DV Bonus project:

1. Applicant Name	
2. Project Name	

You must enter a response for elements 1 and 2 in question 4A-3.

4A-3a.	New SSO-CE Project–Addressing Coordinated Entry Inadequacy.	
	NOFO Section II.B.11.(c)	

Describe in the field below:

1.	how the current Coordinated Entry is inadequate to address the needs of survivors of domestic violence, dating violence, sexual assault, or stalking; and
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2.	how the proposed project addresses inadequacies identified in element 1. above.
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(limit 2,000 characters)

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

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

Applicant Name	
YWCA Billings	
Friendship Center...	

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

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

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

1.	Applicant Name	YWCA Billings
2.	Rate of Housing Placement of DV Survivors–Percentage	100.00%
3.	Rate of Housing Retention of DV Survivors–Percentage	90.00%

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

Describe in the field below:

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

(limit 1,000 characters)

1)The housing placement rate was calculated by dividing the number of people who applied for a housing subsidy from YWCA Billings by the number of people who moved into housing & used the subsidy within a 12-month period. Data are from the latest funding cycle.

The housing retention rate was calculated by dividing the number of people who exited our housing program & continued living in the housing secured with a subsidy by the total number of people who exited the program in a 12-month period. Data are from the latest funding cycle.

2)Internal YWCA Billings data collection spreadsheets & the HIMS comparable database were the sources for the data.

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

Describe in the field below how the project applicant:

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

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

(limit 2,000 characters)

Info below reflects YWCA's latest fiscal year.

1)YWCA offers emergency shelter for victims of DV to quickly escape violent relationships. The YWCA's Housing Navigator (HN) works w/survivors living in multiple settings, including shelter, to quickly secure permanent, safe, affordable housing. The HN helps clients to identify housing needs & preferences, understand housing options, & select housing that best fits for them. This includes assistance w/apartment search, landlord negotiation, gathering documents, & safety planning.

2) While all eligible survivors can to get help from the HN, due to limited resources, only some receive a rental subsidy –RRH or TH. All people seeking services are assessed using an evidenced based risk assessment that predicts the risk of severe re-assault or death over six months. Those scoring highest are initially prioritized for a subsidy. The Housing Navigator then uses a second assessment upon enrollment that collects information about household size, safety, needs, & housing barriers. Those who have the highest needs with the most barriers are prioritized. With this two-step process, survivors with the greatest risk of harm & the most housing barriers are enrolled for housing subsidy.

3) YWCA's housing program provides a full menu of support services at no charge. The YWCA services include: shelter, 24-hour help lines, hospital accompaniment, case management, legal assistance, clinical services, advocacy, employment & training programs, financial empowerment & tuition assistance. The HN coordinates services for survivors within the YWCA & with community partners.

4)HN reviews safety, location, size, & affordability w/the survivor & assists to select a sustainable housing option once subsidy ends. Survivors encouraged - not required- to participate in employment, training & financial empowerment programs to receive training & assistance securing a job that provides a living wage & enhance budget, credit management, & financial planning skills.

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

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

6.	keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors.
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(limit 5,000 characters)

Info below reflects YWCA's latest fiscal year.

1)All YWCA staff, including the Housing Navigator (HN), are trained in developing individualized safety plans with survivors using a trauma-informed approach. Training emphasizes survivor expertise in their own safety needs & addressing the unique circumstances of each person. Training is reinforced regularly through on-going professional development opportunities and supervision.

2)Meetings are always conducted in private spaces – either in on-site meeting spaces, virtually via Zoom, or by phone. Survivors are informed of the inherent risks of accessing services using technology, e.g., phones, tablets, & computers, before services are provided. Survivors have the right to refuse services that would jeopardize their safety.

3)Due to the nature of the population, the YWCA rarely serves couples. If we do, we conduct separate intakes/interviews.

4)Survivors choose the location & type of housing that best fits their needs. The HN assists clients to understand their housing options, assess the safety of each option & access additional safety supports to reduce risks, e.g., deadbolts, security cameras, alarms, & others.

5) YWCA's congregate shelter and affordable apartments also place emphasis on physical safety. For example, in the shelter there is an advocate on-duty at least 16 hours per day, usually 24 hours per day. Security cameras monitor the perimeter of the building. An intercom system is used, along with the security cameras, to identify people at the door before it is opened. There are two locked entrances between the outside and the residential area of the shelter.

6) YWCA's Gateway Vista is a secure apartment building in a disclosed location & only residents have access. To ensure safety, residents' guests may be given the entrance code only in accordance with defined safety protocols. Security cameras monitor the outside perimeter of the building and inside the elevator, hallways, and stairwells.

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

Describe in the field below how the project evaluated its ability to ensure the safety of DV survivors the project served.
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(limit 2,000 characters)

Info below reflects YWCA's latest fiscal year.

YWCA Billings evaluates its ability to ensure DV survivor safety by the number of serious incidents for survivors in shelter & in housing separate from their

abuser, & how frequently survivors return to their abusive partners. Serious incidents & harm to survivors in shelter & housing separate from their abusive partner are rare. There were less than five incidents during the year for both categories combined. The YWCA served approximately 175 adult victims in emergency shelter & 75 adult victims in our housing subsidy programs.

It is more difficult to estimate the frequency of survivors' return to their abusive partners for two reasons: one, it is a fairly common occurrence for those residing in shelter, & two, victims don't always report to YWCA Billings that they are returning to their partners. In the three years of operation of our housing subsidy program less than 1% of participants returned to their abuser within two years of securing housing, this includes the latest annual funding cycle.

These data demonstrate YWCA's high level of success in assisting DV survivors to reduce risks & live safely.

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

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

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

(limit 5,000 characters)

Info below reflects YWCA's latest fiscal year. YWCA Billings has been operating its housing program for survivors w/trauma-informed, victim centered approaches since its inception in 2019.

1)Participants in the housing program have the choice of in what type of housing (apartment, single family home, multi-plex, etc.) & neighborhood location they wish to reside. YWCA's Housing Navigator (HN) meets with survivors & assists them in developing a housing plan that addresses their goals & safety consideration & mitigates barriers to successful placement. In their first meeting the HN uses an assessment to assist the survivor to explore: safety; type, size, & location of housing desired; household composition; & barriers to housing, e.g., evictions, poor credit history & criminal records. The HN then assists the survivor to identify potential housing options that best fit the survivor's needs & to obtain & submit applications. Depending on survivor preferences, the HN may reach out to the landlord to explain the program &

advocate to secure & expedite access to housing.

The HN continues to check in regularly post housing placement – on a mutually determined schedule – to ensure success in maintaining housing. If a survivor says they are no longer in need of assistance the HN leaves the option open for survivors to access YWCA services any time they are needed.

2) YWCA has extensive experience supporting survivors to explore their options, analyze the pros and cons of each & make informed personal choices. Staff honor survivor expertise, interact as equals and minimize power differentials. The program model ensures that survivors can choose if, how, when, where, and with whom to share information and that the information they choose to disclose is documented in a manner that protects confidentiality & limits the number of times they are asked to tell their stories. YWCA does not use punitive interventions.

3) Required trainings for YWCA service providers & supervisors include trauma informed care, mental health first aid, & adverse childhood experiences (ACEs). Concepts from these trainings are integrated into all program philosophies, methods, & policies. Staff are highly skilled at talking with survivors about how trauma may be presenting in their circumstances. For example, the Housing Navigator affirms & validates the coping mechanisms that survivors are using & supports them in developing new ways to cope with the impact of trauma.

4) The required trainings mentioned in #3 are grounded in a strengths-based approach. YWCA assessment & service planning tools prompt for exploration of participants' strengths. Staff assist survivors to identify the strengths they are using in their lives & help them to build on those strengths. The YWCA's service planning model helps survivors to identify & progress towards their unique long-term aspirations. All services are grounded in helping each client to build hope & confidence that achieving what matters most to them is possible.

5) The YWCA strives to hire a diverse staff that is representative of a wide range of ages, life experiences, races, religious preferences, sexual orientation, educational background, etc. Special emphasis is placed on hiring qualified staff who have lived experience with DV, poverty, & homelessness. In addition, YWCA seeks community partners, like Angela's Piazza, that offer culturally specific services (e.g. Native American centered sobriety supports) & YWCA staff receive training on topics including civil rights, equal access, cultural competence, & nondiscrimination.

6) YWCA helps each client to identify any spiritual needs & needs to build community & connect socially. Staff help clients to identify opportunities to connect & plan for safety when taking steps to meet their spiritual & social needs in the community. In addition, opportunities for connection & support are given through referrals to partner agencies that provide group programs on-site in YWCA shelter/housing and/or in the community. YWCA will cover enrollment fees for survivors who need assistance paying for classes that cost money. Educational classes offered at YWCA include financial empowerment, mindfulness & meditation practice, & self-care & exploration. Time for connection with other survivors is incorporated into these classes. Additionally, survivors residing in shelter or the Gateway Vista apartments on our campus are encouraged to connect with each other if the survivor feels it will benefit them.

7) Angela's Piazza is an important partner that offers parenting classes and support groups. YWCA assists parents to access affordable child care and plan for associated safety needs.

4A-4e.	Meeting Service Needs of DV Survivors--Project Applicant Experience.	
	NOFO Section II.B.11.	
	Describe in the field below:	
1.	supportive services the project applicant provided to domestic violence survivors experiencing homelessness while quickly moving them into permanent housing and addressing their safety needs; and	
2.	provide examples of how the project applicant provided the supportive services to domestic violence survivors.	

(limit 5,000 characters)

Info below reflects YWCA's latest fiscal year.

1)The YWCA's Housing Program works with survivors experiencing homelessness to quickly secure & sustain housing. This includes a successful CoC funded RRH project that quickly moves survivors experiencing homelessness into PH & addresses their safety needs. The YWCA provided RRH participants w/advocacy, case management, & housing coordination services and promptly located housing, conducted HQS inspections, determined rent reasonableness, and ensured prompt processing of all documents necessary to execute leases & initiate rental assistance. Staff assisted w/landlord mediation & provided ongoing case management, safety planning, advocacy, and housing stabilization services. The Housing Program provided more than 304 survivors with housing &/or services tailored to survivors' needs & choices during fiscal year 2021. The program provided strengths-based, client-centered, & trauma-informed services to empower survivors to plan for safety, overcome the impacts of abuse, increase income, & determine their own futures. Staff assisted survivors to access a range of services (e.g., child custody, childcare, legal, rap sheet clean up, credit repair, financial literacy, education, job training, employment, benefits advocacy, medical, mental health, health, outreach, harm reduction & substance abuse treatment services).

2)Housing Navigation - Housing Navigator (HN) met with survivors to assess housing needs/preferences & safety considerations. HN quickly assisted survivors to locate safe, affordable & sustainable housing. This included assessing client strengths, housing barriers, & safety concerns, & engaging landlords. HN helped survivors to identify safety risks, understand housing options, & determine which options were safest. This included considerations such as proximity to abuser & supportive friends/family & building security features (e.g., security staff, lighting, window bars, cameras & alarms). On average households were housed within 5 days of project entry & 100% moved to PH.

Housing Stabilization- HN met with participants regularly, conducted ongoing safety planning, assisted w/a housing stability plan, & helped survivors to build on their strengths & identify/overcome barriers to housing stability & safety. HN honored survivors' expertise, built upon their strengths, respected their

boundaries, & partnered with survivors to develop a plan to maintain housing post subsidy. These services resulted in a 90% housing retention rate.

Financial Independence – HN assisted survivors to overcome economic abuse, access joint assets & public benefits, secure/enhance employment, repair credit, develop a workable budget, create an emergency fund, & establish financial independence. Despite abuse & the pandemic, 52% of adult participants had earned income at exit/annual assessment. In addition, YWCA's Financial Empowerment Program provided group & individual classes using Moving Ahead Through Financial Management developed by the Allstate Foundation & NNEDV. The curriculum is specifically designed for survivors of domestic violence & teaches basics such as budgeting, credit scores, to recognizing financial abuse as well as more advanced topics like insurance, investing, & mortgages. YWCA's Employment & Training program assisted people experiencing homelessness with moving forward into economic independence by connecting them to skills training and jobs in a variety of career areas. These include, but are not limited to: CNA, Administrative Assistance, Phlebotomy, Medical Assistance, Accounting, Business Administration, and CDL Training. Training includes certification programs, associate degrees, or the final two years of a bachelor's degree. In FY2021 38 adults received assistance from YWCA's employment and training program.

Legal Advocacy – The Housing Navigator linked people experiencing homelessness to on-site civil legal assistance provided by an attorney with specialized knowledge of domestic violence & civil law issues that affect YWCA clients. 155 victims received help with legal matters such as obtaining orders of protection, child custody & advocacy related to criminal victimization in FY2021.

Gateway Shelter – Gateway—the only 24-hour, 365 days per year secured domestic violence shelter in 15,815 square miles—provides an average of 7,800 nights of protection annually to hundreds of survivors of domestic violence, sexual assault, & human trafficking. While in our safe harbor, survivors participate in programs to help them reach their full potential. In FY2021 7,845 nights of safe shelter were provided to 160 adults & 80 children.

Gateway Vista Apartments – Apartments on the YWCA campus housed low-income families with preference given to victims of domestic violence. Rents are restricted based on percentages of area median income (AMI) & rental subsidy of any type is accepted. There are 11 one-bedroom & 13 two-bedroom apartments with a less than 2% vacancy rate.

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

	Provide examples in the field below of how the new project will:
1.	prioritize program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;
2.	establish and maintain an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;

4.	place emphasis on program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
5.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
6.	provide opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offer support for parenting, e.g., parenting classes, childcare.

(limit 5,000 characters)

YWCA Billings will implement the new project – an expansion of its existing housing program – using the same methods, policies, & procedures currently used in its housing program as described in 4A-4d.

1)The project will assist survivors to choose housing size (within reason), type, & location that best fits their needs/preferences. Housing subsidies will be available for use with any landlord/ property mngmt company. Housing Navigator (HN) will meet w/survivors to assess strengths, housing needs/preferences/barriers & safety considerations. HN will engage landlords & help survivors to identify safety risks, understand housing options, & determine which options best fit their safety needs. This will include considerations such as proximity to abuser & supportive friends/family & building security features (e.g., security staff, lighting, window bars, cameras & alarms). HN will continue to meet with participants regularly post housing, conduct ongoing safety planning, assist w/a housing stability plan, & help survivors to build on their strengths & identify/overcome barriers to housing stability & safety. HN will honor survivors' expertise, build upon their strengths, respect their boundaries, & partner with survivors to develop a plan to maintain housing during and beyond RRH participation.

2)The project will us a low-barrier, model w/minimal requirements or restrictions. Policies will include always attempting to screen survivors "in" for services rather than screen them "out". Staff will work assertively to engage clients in services and design services to be helpful and convenient so that participants maintain regular contact (at least monthly) with staff. There will be no service participation requirements, beyond the monthly HUD case management requirement. Staff will support survivors to explore their options, analyze the pros and cons of each & make informed personal choices. Staff will honor survivor expertise, interact as equals & minimize power differentials. The project will not use punitive interventions.

3)The project will provide supportive services & housing assistance that help survivors overcome the trauma of abuse. These include employment & training assistance, case management, emotional support, & civil legal assistance. All project staff will be trained in Trauma Informed Care & Adverse Childhood Experiences (ACEs). Concepts from these trainings will be integrated throughout the project. Through supervision, staff will be supported to help survivors explore how trauma may be presenting in their circumstances. For example, by affirming & validating the coping mechanisms that survivors are using & supporting development of new ways to cope with the impact of trauma.

4)The project will operate under the philosophy that all survivors of DV have the skills & abilities needed to succeed & service providers are there to support survivors on their journey. Survivors will choose their own path forward & decide what their best life looks like. Advocates & service providers will assist survivors

in accessing resources necessary to achieve their goals & provide emotional support along the way. Service planning will help survivors to identify & progress towards their unique long-term aspirations and help each client to build hope & confidence that achieving what matters most to them is possible.

5)All direct services staff & supervisors will receive training on civil rights of participants annually. The curriculum was developed by the US Dept of Justice. The project will strive to hire a diverse staff, including different ages, races, religious backgrounds, education levels, & people w/lived experience of DV &/or homelessness. The project will seek community partners, like Angela's Piazza, that offer culturally specific services (e.g. Native American centered sobriety supports).

6)The project will help each client to identify any spiritual needs, to build community & connect socially. Staff will help clients plan for safety when taking steps to meet their spiritual & social needs in the community. In addition, opportunities for connection & support will be offered through referrals to partner agencies that provide group programs on-site in YWCA shelter/housing and/or in the community. YWCA will cover enrollment fees for survivors who need assistance paying for classes that cost money. Educational classes offered at YWCA will include financial empowerment, mindfulness & meditation practice, & self-care & exploration. Time for connection with other survivors is incorporated into these classes. Additionally, survivors residing in shelter or the Gateway Vista apartments on our campus will be encouraged to connect with each other if the survivor feels it will benefit them.

7)Angela's Piazza will be an important partner that offers parenting classes and support groups. YWCA will assist parents to access affordable child care and plan for associated safety needs.

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

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

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

1.	Applicant Name	Friendship Center Center of Helena, Inc
2.	Rate of Housing Placement of DV Survivors–Percentage	50.00%
3.	Rate of Housing Retention of DV Survivors–Percentage	60.00%

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

Describe in the field below:

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

(limit 1,000 characters)

1)Housing Placement Rate: Unless a request is determined unsustainable for the client, The Friendship Center makes every effort to help every eligible person that applies. Given the funding available, we were able to help 50% of the clients who were eligible for housing assistance in FY21. 100% of those who received our funding were housed. Our payments are made directly to landlords/utility companies. We will not provide funding unless the remainder of the payment is already secured. This number does not reflect clients who are referred to and retain housing through other agencies.

Housing Retention Rate: Based on the number of clients who move out of our shelter into permanent housing and continue to remain in contact with The Friendship Center 20% get kicked out; 10% return to our shelter; 10% relocate; and 60% retain housing

2)Housing placement rate data source: Application and Assistance Records; Retention rate data source: Estimates are provided via advocate staff who are in direct contact with our clients.

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

Describe in the field below how the project applicant:

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

(limit 2,000 characters)

Info below reflects latest fiscal year.

1) The Friendship Center conducts a comprehensive intake assessment, which includes an assessment of clients' current living situation & an exploration of housing options. We ensure DV survivors experiencing homelessness are assisted to quickly move into safe affordable housing using various methods depending on the client. Our direct service advocates & residential case manager work with clients: to find available, affordable units in the community; connect clients with the coordinated entry system; help clients connect with affordable housing units within & apart from the Helena Housing Authority; provide deposit & rental assistance as feasible within the limitations of our budget; & we work with community partners to help meet gaps in housing

funding.

2) Clients are referred to the CoC's Coordinated Entry System (CES) & prioritized for Assistance in accordance with CES prioritization criteria.

3) The Friendship Center uses a client-centered, trauma-informed model that offers supportive services from initial intake, through housing placement & after clients move into their own housing. Each client has the autonomy to determine if they choose to continue to work with us. We provide financial assistance regardless of whether clients choose to participate in supportive services. We help clients to understand, access, & safely utilize all services that are available through The Friendship Center & through a range of other providers in the community.

4) The Friendship Center provides first-month's rent & security deposits as funding allows & assists clients to understand their housing options & locate housing that they can sustain. We provide ongoing supportive services to help clients stabilize in & sustain housing when they elect to engage in those services. This includes, landlord mediation, & increasing income through employment &/or benefits.

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

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

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

(limit 5,000 characters)

Info below reflects latest fiscal year.

The safety & confidentiality of our clients is at the forefront of everything we do at The Friendship Center. We maintain strict confidentiality in line with state law & federal confidentiality requirements.

1) Our advocates receive safety planning training as part of their onboarding & continued professional development. They attend webinars & other trainings as available & as needed. Safety planning is a part of most trainings we receive because it's such an important piece for all the clients we serve.

2) Our intake spaces are private meeting rooms within our office that ensure confidentiality.

3) Due to the nature of the population, we serve, we rarely serve couples. If we do, we will conduct separate intakes & document each person individually in our system.

4) We operate within the empowerment model, & while we assist our clients in finding safe & affordable housing, our clients decide what is safe for them. For those clients living off site, we work with them, & potentially their landlord, to address security needs specific to their home. In the past we have helped replace locks & deadbolts & provided security cameras.

5/6)Our administrative offices/onsite shelter is in a disclosed location in town, & therefore we are able to employ a high level of security & safety on site, including camera surveillance & monitored building access, as well as razor wire on courtyard fencing. Local law enforcement knows where we are & openly does extra patrols. Our neighbors know who we are, & they keep an eye out for anything out of the ordinary as well. Panic buttons are stationed throughout the shelter/offices that connect directly with law enforcement should that need arise.

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

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

(limit 2,000 characters)

Info below reflects latest fiscal year.
No one can ensure safety in domestic violence situations, but we can provide the support to our clients to help them feel as safe as possible for each unique situation. We operate under an empowerment model which allows for each client to work with a highly trained advocate to identify & meet their individual safety needs.
We are currently developing a formal evaluation protocol for all clients served. To date we check in with our clients & solicit their feedback informally. There is no one-size-fits-all approach. Should additional safety needs arise, we coordinate with community systems, such as law enforcement. We also operate a 24/7 crisis line in which clients can reach out any time day or night if they need to.

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

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

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

(limit 5,000 characters)

Info below reflects latest fiscal year.

The Friendship Center uses a trauma-informed, empowerment model. This allows us to be responsive & timely in meeting each client's specific needs.

1)We do not have a cumbersome process in place for clients which means we can respond rapidly. If there is a tight timeline, we can respond quickly & make decisions day of, & depending on circumstances & safety, our clients can move into our shelter the same day if the need is present. If we don't have space immediately available, we will seek other stop gap measures like using hotels or Airbnbs. Similarly, we use a low-barrier, client-centered approach to housing placement, helping clients to assess their options, understand risks & benefits of housing related choices & make informed decisions. We also assist clients to locate safe, affordable housing & access all available housing related benefits.

2)We recognize there is an inherit power differential when someone is providing housing & financial resources, & we work hard to stay educated & informed to provide appropriate services while diminishing that power differential & eliminating barriers. We hold our clients with the highest amount of respect, see their strengths & honor their resiliency. For example, our advocates consistently acknowledge clients' strengths & achievements rather than focusing on deficits.

3)Being trauma-informed, our advocates are well-trained on the impacts of trauma in the lives of our clients. It is a central tenet of our services, & our advocates are highly skilled at talking with our clients about how trauma may be presenting in their circumstances. For example, our advocates affirm & validate the coping mechanisms that our clients are using & support them in developing new ways to cope with the impact of trauma if that is needed.

4)Our clients often not only survive but thrive. They come to us with incredible skills & resiliency. Our advocates assist them in identifying the strengths they are using in their lives & help them not only see & understand them but use & build on those strengths. Beginning at intake, all of our processes are aligned with this strengths-based approach. For example, intakes & assessments support clients to identify their strengths, & service planning supports identification of & progress towards long-term aspirations. All services are grounded in helping each client to build hope & confidence that achieving what matters most to them is possible.

5)The Friendship Center is not only compliant with federal civil rights & equal access requirements, we prioritize education to ensure we respond in a culturally appropriate & inclusive manner. We actively seek out training & information to ensure we are providing the highest quality resources. Currently, we are engaging in a nine-week racial justice training. We recognize that violence does not discriminate, & TFC has grown our mission to serve all victims of these crimes, regardless race, gender, or gender identity, age, economic status or disability.

6)The Friendship Center helps each client to identify the full range of their individual needs, including spiritual needs & the need to build community & connect socially. Advocates help clients to prioritize what is most important to them, to explore all available options to meet identified needs, & to pursue their chosen options. This includes helping clients to identify opportunities to connect & plan for safety when taking steps to meet their spiritual & social needs in the community. TFC directly provides opportunities for connection for program participants through two group skills & education-based classes.

7)Parenting support is provided by connecting our clients with partner organizations on a case-by-case basis. These partnerships include Florence Crittenton, the YWCA Caterpillar program, Lewis & Clark Public Health, Family Outreach, & Headstart.

4A-4e.	Meeting Service Needs of DV Survivors--Project Applicant Experience.	
	NOFO Section II.B.11.	
	Describe in the field below:	
1.	supportive services the project applicant provided to domestic violence survivors experiencing homelessness while quickly moving them into permanent housing and addressing their safety needs; and	
2.	provide examples of how the project applicant provided the supportive services to domestic violence survivors.	

(limit 5,000 characters)

Info below reflects latest fiscal year.

1) We provide a full range of evidence-based & trauma-informed direct services free of charge to survivors of DVSA including transportation, emergency food & medical care, emergency financial assistance, referrals to community services, & outreach to victims.

In FY21, we provided 7,112 services to 621 known clients & 59 anonymous services. These services are provided through our 24/7 crisis line, through case management with shelter residents, &/or through a direct service advocate working with non-residential clients.

2)Included are 304 civil legal advocacy services to 123 people, including family law issues & Orders of Protection. We referred to legal services 122 times & have a current MOU with Montana Legal Services.

We provided financial counseling 2 times in FY21. Abusers often maintain power & control by limiting access to finances & employment, & abusers often rack up debt in our clients' names. Advocates work with clients to develop a plan to rebuild credit scores, pay down debt, & save for the future. This puts clients in the best possible position to secure & maintain permanent housing. We provided rental assistance 15 times in FY21 as well as rental references. Additionally, we reach out to landlords to advocate for our clients & refer our clients to agencies to connect them with housing support/assistance. In FY21, we referred to housing services/HHA 72 times. We also referred 234 times to other shelters, homeless services, & agencies that provide support to homeless individuals. Rental assistance is usually part of a first month rent payment, part of a deposit, &/or help with a utility deposit. We address each client's unique circumstances on a case-by-case basis. Just recently we helped a client & her three children maintain permanent housing after one of the children got COVID causing her to be quarantined and lose work. The following month, two of her children got RSV, & she lost more work. As a result, she was behind on her rent. She reached out to a local agency that provides housing assistance, but they couldn't help. She applied for Montana Emergency Rental Assistance Program (MERAP) & was accepted, but their payments take a couple months. After coordinating with the landlord, he agreed that he wouldn't evict if we made a payment, giving time to receive the MERAP funding.

As part of general supportive services we help clients apply for the housing wait lists (file appeals if they have an eviction history), search for units, talk with landlords, etc. We can refer to mental health, licensed addiction counselors, Office of Public Assistance, Career Training Institute, etc. depending on goals to meet needs & increase stability.

Food Assistance was provided 137 times to 83 people. For example, when off-site shelter is provided at a hotel, we determine if the client has access to food they can fix within the limitations of a hotel room. Staff can provide non-

perishable & microwavable food. We also are just a couple blocks from the local food bank & work closely with them to ensure access to food. Transportation was provided 86 times for 49 people. This includes transportation to court, the hospital, medical appointments, law enforcement interviews, etc. This is done either through ride-share apps or by providing gas cards. When clients have identified safe, permanent housing elsewhere, we will provide a bus ticket to help them relocate. Safety planning was provided 695 times with 400 people & 9 times anonymously. Staff spent a total of 118 hours safety planning with clients. In relation to housing services, we work with clients to identify areas of town that feel safe, replace locks, have deadbolts installed, & provide security cameras when needed. Criminal justice advocacy, including court preparation, court accompaniment, prosecution advocacy, law enforcement advocacy, & victim impact, was provided 470 times with 209 people. Most police officers & sheriff deputies prefer to conduct law enforcement interviews at our office where the client feels more comfortable. An advocate will be present during the interview. Crisis intervention & in-person crisis counseling was provided 635 times with 355 people & 5 times anonymously for a total of 378 hours. Our crisis line is available 24/7. Sometimes clients are seeking specific resources. Other times, clients are processing the trauma of what they have experienced. Either way, our volunteer & staff advocates are available to assist in those times of crisis. Personal Advocacy (anytime we are talking to someone or an agency on behalf or with someone) was provided 425 times with 172 people for a total of 155 hours. For example, recently, we were working a client whose partner just got his 4th PFMA. She couldn't afford to move & is low on the housing list. Her partner would not stop terrorizing them. Our advocate called her landlord on her behalf to advocate that they move into another unit for safety reasons.

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

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

(limit 5,000 characters)

The Friendship Center (TFC) will provide Rapid Rehousing (RRH) to families experiencing homelessness secondary to domestic violence, sexual assault, & stalking (DVSA). A longtime partner in the Greater Helena Area Housing First

Coordinated Entry System (CES), we'll collaborate with the local CES to ensure RRH is provided to families who fit the criteria to receive these services & who are prioritized based on their level of need through the CES, including referrals from CES partners. Each client will be given a CESAT assessment through a CES partner. While receiving rental support, families will receive ongoing case management at least monthly. That case management will reflect the experience, values, & approach we currently take. We will use a trauma-informed, empowerment model.

Case management will be tailored to the needs of each participating family & may include: referral to social services, support to ensure the safety & security of the unit, assistance communicating to & negotiating with landlords, tenancy support services, & assistance with employment. Transportation costs are budgeted to help families travel to TFC for case management. The case manager will be trained in best practices to support victims of DVSA, including confidentiality, trauma-informed practices, low-barrier supports, a voluntary & participant-driven approach & assessments & tools for understanding of survivors' complex needs. The case manager will implement a survivor-defined safety plan, ensure that we offer a transfer policy to provide second placement if needed for safety, & institute retention services tailored to survivor's needs.

1) Clients will be supported to locate an appropriate & safe rental unit owned by a landlord who has been recruited & trained to understand the needs of renters who have experienced DVSA. Participating families will receive assistance with moving costs, a utility deposit for their unit, & a flexible, staggered rental support payment that will last between 9-12 months. Families receiving RRH services will be assessed for safety, housing preferences & support service needs & will have a safety plan tailored to their situation. The case manager will work closely with the County's Housing Navigator on landlord recruitment & housing search activities, identifying units & landlords that understand the needs of the target population & who oversee safe & secure units. Case manager will be trained to work with landlords on such topics as recruitment, landlord perspectives, negotiating leases, & understanding tenancy rights/lease requirements.

2) We recognize there is an inherent power differential when providing housing & financial resources, & we are intentional about staying educated & informed to provide appropriate services while diminishing that power differential. We hold our clients with in the highest respect, see their strengths, & honor their resiliency. Staff will never tell a client what they should do, as they are the experts in their own lives; nor place requirements in exchange for services; nor charge for services. Additionally, we will continue to respond in a timely fashion, day-of if needed, which reflects our desire to minimize power differentials.

3) Being trauma-informed, our advocates are well-trained on the impacts of trauma in the lives of our clients. It is a central tenet of our services, & our advocates will use those skills to talk with our clients about how trauma may be presenting in their circumstances.

4) Our clients often not only survive but thrive. They come to us with incredible skills & resiliency. Our advocates will assist them in identifying the strengths they are using & help them not only see them but use & build on those strengths.

5) TFC is compliant with federal civil rights & equal access requirements, & we prioritize education to ensure culturally appropriate & inclusive services. We will continue to actively seek out training & information to ensure we provide the highest quality resources. Currently, we are engaging in a nine-week racial justice training. We recognize that violence does not discriminate, & TFC has grown our mission to serve all victims of these crimes, regardless race, gender identity, age, economic status or disability.

- 6)Advocates will help each client to identify and meet the full range of their individual needs, including spiritual needs & the need to build community & connect socially. This includes helping clients to identify opportunities to connect & plan for safety when taking steps to meet their spiritual & social needs in the community. TFC will directly provide opportunities for connection through two group skills & education-based classes.
- 7)Parenting support will be provided by connecting our clients with partner organizations. These partnerships include Florence Crittenton, the YWCA Caterpillar program, Lewis & Clark Public Health, Family Outreach, & Headstart.

4B. Attachments Screen For All Application Questions

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

Attachments must match the questions they are associated with.

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

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

Document Type	Required?	Document Description	Date Attached
1C-14. CE Assessment Tool	Yes	MT Coordinated En...	11/09/2021
1C-7. PHA Homeless Preference	No	1C-7 PHA Homeless...	11/10/2021
1C-7. PHA Moving On Preference	No	1C-7. PHA Moving ...	11/10/2021
1E-1. Local Competition Announcement	Yes	Local Competition...	11/09/2021
1E-2. Project Review and Selection Process	Yes	1E-2_ Project Rev...	11/10/2021
1E-5. Public Posting–Projects Rejected-Reduced	Yes	1E-5. Public Post...	11/11/2021
1E-5a. Public Posting–Projects Accepted	Yes	Public Posting-Pr...	11/09/2021
1E-6. Web Posting–CoC-Approved Consolidated Application	Yes		
3A-1a. Housing Leveraging Commitments	No	3A-1a. Housing Le...	11/12/2021
3A-2a. Healthcare Formal Agreements	No	3A.2a.Healthcare ...	11/12/2021
3C-2. Project List for Other Federal Statutes	No		

Attachment Details

Document Description: MT Coordinated Entry Assessment Tool

Attachment Details

Document Description: 1C-7 PHA Homeless Preference

Attachment Details

Document Description: 1C-7. PHA Moving On Preference

Attachment Details

Document Description: Local Competition Announcement

Attachment Details

Document Description: 1E-2_ Project Review and Selection Process

Attachment Details

Document Description: 1E-5. Public Posting-Projects Rejected-Reduced

Attachment Details

Document Description: Public Posting-Projects Accepted

Attachment Details

Document Description:

Attachment Details

Document Description: 3A-1a. Housing Leverage Commitment

Attachment Details

Document Description: 3A.2a.Healthcare Formal Agreement

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	11/08/2021
1B. Inclusive Structure	11/11/2021
1C. Coordination	11/13/2021
1C. Coordination continued	11/13/2021
1D. Addressing COVID-19	11/13/2021
1E. Project Review/Ranking	Please Complete
2A. HMIS Implementation	11/13/2021
2B. Point-in-Time (PIT) Count	11/04/2021
2C. System Performance	11/11/2021
3A. Housing/Healthcare Bonus Points	11/13/2021
3B. Rehabilitation/New Construction Costs	11/11/2021

FY2021 CoC Application	Page 74	11/13/2021
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3C. Serving Homeless Under Other Federal Statutes	10/04/2021
4A. DV Bonus Application	Please Complete
4B. Attachments Screen	Please Complete
Submission Summary	No Input Required

Montana Coordinated Entry Assessment Tool

(Adopted in Montana April, 2021)

Montana Statewide CoC – MT 500

2021 CoC Application

Interview Date: _____
Interviewer Name: _____

Individual Name on ID _____
Family ID (if applicable) _____
Interviewer Agency _____

This is an: ☐ Individual ☐ Head of household (without children) ☐ Head of household with children
☐ Youth (Age 18 - 24) ☐ Co-Head of Household (without children) ☐ Head of household with children

I am going to ask you some questions about your health, well-being and housing history. We are interested in hearing from you. This information will help us find out which services are best for you. Many of the questions are very personal. If you do not want to answer a question, you don't have to.

These questions ask about your health:						Scoring	
1. Would you say that in general your health is: <input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor						Fair or Poor	<input type="checkbox"/>
2. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? Number of Days:						> 14 days	<input type="checkbox"/>
3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? Number of Days:						> 14 days	<input type="checkbox"/>
4. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? Number of Days:						> 14 days	<input type="checkbox"/>
5. Do you have any disabilities or chronic medical conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No Specify if named:						Yes	<input type="checkbox"/>
6. Do you have more than one disability or chronic condition? <input type="checkbox"/> Yes <input type="checkbox"/> No Specify if named:						Yes	<input type="checkbox"/>
Please choose the response that best corresponds to how often in the last 6 months you have experienced the following:							
	Never	Almost Never	Sometimes	Fairly Often	Very Often		
7. In the past 6 months, how often have you been physically hurt by another person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sometimes or More	<input type="checkbox"/>
8. In the past 6 months, how often have your children or someone close to you been physically hurt by another person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sometimes or More	<input type="checkbox"/>
9. In the past 6 months, how often has someone verbally hurt you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sometimes or More	<input type="checkbox"/>
10. In the past 6 months, how often have you been emotional hurt or been controlled by someone living with you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sometimes or More	<input type="checkbox"/>
11. In the past 6 months, how often have you felt unsafe where you are currently living?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sometimes or More	<input type="checkbox"/>

CIS Assessment Tool

12. Have you been approached by the police in the past 6 months for any reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No	# Times	Yes	<input type="checkbox"/>
13. Have you been arrested, or have you spent a day in jail in the past 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	# Times	Yes	<input type="checkbox"/>
14. Have you gone to an emergency room in the past 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	# Times	Yes	<input type="checkbox"/>
15. Have you been admitted or stayed overnight at a hospital for a medical reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No	# Times	Yes	<input type="checkbox"/>
16. Have been committed to a state hospital in the past 6 months (psychiatric)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	# Times	Yes	<input type="checkbox"/>
17. Have you stayed at a crisis home or unit in the past 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	# Times	Yes	<input type="checkbox"/>
18. In the last 30 days, how many days have you lived (enter number of days) Outside (including street, car, camper/RV or park): (days) at an emergency shelter: (days) at a temp/transitional shelter: (days) in a supervised group home: (days) in a shared apartment/house: (days) in an independent apartment/house: (days)			Outside >14 days	<input type="checkbox"/>
19. In the last 3 years, how many times have you experienced homelessness?	Times		>1 Time	<input type="checkbox"/>
20. How long have you experienced homelessness this last time?	Years	Months	≥1 year	<input type="checkbox"/>
21. Has someone ever forced, manipulated or asked you to do something sexually or non-sexually in return for paying a debt, for money that you may or may not have received, or for promises of compensation, security or a place to stay? <input type="checkbox"/> Yes <input type="checkbox"/> No			Yes	<input type="checkbox"/>
22. Is the person in immediate danger to themselves or others due to: <input type="checkbox"/> Suicidal w/Plan <input type="checkbox"/> Threat to Others <input type="checkbox"/> Medical Threatment to Self Action taken:			FLAG	
Total Checked:				

SCORESHEET

Section I. Health and Wellness

- #1: 1 point if general health is poor or fair
- #2: 1 point if # PUD >14
- #3: 1 point if #MUD >14
- #4: 1 point if #ACT >14
- #5: 1 point = 1 condition or disability
- #6: 1 point = 2 or more conditions or disability
- #7: 1 point = violence to you (sometimes, fairly often, very often)
- #8: 1 point = violence to those close (sometimes, fairly often, very often)
- #9: 1 point = verbal violence (sometimes, fairly often, very often)

- #10: 1 point = emotional violence or controlling (sometimes, fairly often, very often)
- #11: 1 point = feeling unsafe (sometimes, fairly often, very often)
- #12: 1 point = police encounter
- #13: 1 point = arrested or jail
- #14: 1 point = ER
- #15: 1 point = hospital (medical)
- #16: 1 point = state hospital (psychiatric)
- #17: 1 point = crisis home

Section II. Housing

- #18: 1 point = outside >14
- #19: 1 point = number of times experienced homelessness is >1
- #20: 1 point = number of years >1

- #21: 1 point = victim of human trafficking
- #22: Take immediate action

Total score = 0-21

Scores > 11 get flagged for possible crisis intervention

1C-7, PHA Homeless Preference

Montana Statewide CoC – MT 500

2021 CoC Application



November 8, 2021

Bob Buzzas
Montana Homeless Continuum of Care

RE: Helena Housing Authority Homeless preferences

Dear Bob:

Helena Housing Authority (HHA) maintains a **"general" homeless preference** in its selection among applicants on its waiting lists for both its Low-Rent Public Housing and Housing Choice Voucher programs as defined below:

"Homeless Families":

Lack a fixed, regular and adequate nighttime residence; AND Have a primary nighttime residence that is a supervised public or private shelter providing temporary accommodations (including welfare hotels, congregate shelters and transitional housing), or an institution providing temporary residence for individuals intended to be institutionalized, or a public or private place not ordinarily used as a sleeping accommodation for human beings. ***Homeless families may maintain their place on the waiting list while completing a transitional housing program.**

Forty-seven percent of households admitted to HHA low rent public housing and HCV programs were homeless at time of new admission during the period November 1, 2020 through October 31, 2021.

HHA has also **adopted as a "Move On" strategy** in its HCV Admin plan- a Waiting list set-aside for eligible participants in its PSH programs who have stabilized on the PSH program to transition to using a HCV voucher rental assistance in place of PSH rental assistance. See below:

HHA HCV PSH "Stabilization" HCV Wait-list Set-Aside

Allocation for formerly homeless HHA Permanent Supportive Housing (PSH) voucher holders (Shelter Plus Care (S+C) and Samaritan Bonus programs) who have demonstrated that they have stabilized their housing and community living situation through the PSH program. HHA will allocate upwards of fifteen (15) Housing Choice Vouchers annually to assist eligible PSH voucher holders to transfer to the HCV program subject to voucher availability.

Please let me know if you have any questions. Thank you.

Sincerely,

Michael M. O'Neil
Executive Director





220 Curtis Street • Butte, MT 59701-1852
406-782-6461 • Fax 406-782-6473

Revonda Stordahl
Executive Director

Silverbow Homes 3-1
Rosalie Manor 3-2
Elm Street 3-3
Leggat Apts. 3-4

November 10, 2021

To: Montana Continuum of Care

The Public Housing Authority of Butte manages 4 apartment complexes and administers 114 tenant-based vouchers. The 4 apartment complexes have project-based rental assistance. Each property has its own waiting list.

The following is an excerpt from the Public Housing Authority's Administrative Plan that speaks to a limited preference for homeless households:

Families will be selected from the waiting list based on preference. Among applicants with the same preference, 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. There is an exception for those individuals and families who qualify for the homeless preference. Applicants with the homeless preference will be offered every 5th unit available at the property for which the applicant applied.

During the past 12 months, forty-six percent (46%) of new admissions to all of our units were households who were homeless.

Please contact me if you have any questions.

Sincerely,

Revonda Stordahl
Executive Director

1C-7, PHA Move On Preference

Montana Statewide CoC – MT 500

2021 CoC Application



November 8, 2021

Bob Buzzas
Montana Homeless Continuum of Care

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Please let me know if you have any questions. Thank you.

Sincerely,

Michael M. O'Neil
Executive Director



Competition Announcement

Montana Statewide CoC – MT 500

2021 CoC Application



Bob Buzzas <bobbuzzas@gmail.com>

MT CoC Announces Homeless Grants Competition

56 messages

Bob Buzzas <bobbuzzas@gmail.com>

Sat, Sep 18, 2021 at 3:52 PM

To: Amanda Dellwo <amdellwo@mcps.k12.mt.us>, "Amundson, Erik" <Erik.Amundson@hud.gov>, Amy Ensign <aensign@hrdc7.org>, Amy Hall <ahall@mtlsa.org>, Amy Turnage <mt_amyjo@msn.com>, Angie Meehan <ameehan@parksiddefcu.com>, Ann Miller <anngodslove@bresnan.net>, Ashley Champagne <ashleyc@florencerecruitment.org>, Autumn Frey <autumn@yapmt.org>, Autumn Schwenk <aschwenk@montana.com>, Barb Burton <BarbB@florencerecruitment.org>, Barb Pewitt <bpewitt@hrdc7.org>, Barb Watson <Bwatson@montana.edu>, Barbara Mettler <bmettler@scmrhmc.org>, Bob Buzzas <bobbuzzas@gmail.com>, Brenda Beckett <beckettb@ci.billings.mt.us>, Brian Guyer <bguyer@thehrdc.org>, Bruce Brensdal <bbrensdal@mt.gov>, Bryce Taylor <btaylor@hhamt.org>, Carilla French <frenchc@hrdc4.org>, Carmen Gonzales <cgonzalez@scmrhmc.org>, Carrie Krepps <carriek@florencerecruitment.org>, Cary Krager <carykrager@yahoo.com>, cassidy kipp <ckipp@capnwmmt.org>, Chandler Rowling <chandler@goodsamministries.org>, Cherrie Kelly <cherriek@gfoppinc.org>, Chesa Sullivan <csullivan@mt.gov>, Chris Krager <chris_krager@yahoo.com>, Christa Weathers <christa@openaidalliance.org>, Christy Kramer <ckramer@hrdc7.org>, Cindy Fleshman <cfleshman@thehrdc.org>, Cindy Weese <cweese@ywcaofmissoula.org>, Clarence Salley <clarence.sal@riverstonehealth.org>, Clint Wynne <c.wynne@aemt.org>, Colleen Piluso <colleen@mountainhomemt.org>, Connie Smith <c.smith@aemt.org>, "Cope, Penny" <pcope@mt.gov>, Corky Warwick <warwickcorky@yahoo.com>, Crissie McMullan <crissie@mountainhomemt.org>, "D.J. Lott" <djlottjr@familypromisegf.org>, Dan Aune <dan@mhaofmt.org>, Dan Corradini <dcorradini@youthhomesmt.org>, Dan Krause <dankrause1@aol.com>, Dana Grant <grantdana@hotmail.com>, Denise Jordan <djordan@hrdc7.org>, Devin Kelley <dkelley@voanr.org>, Diana Collver-Vanek <DCollver@mt.gov>, Ed Saunders <cav1865@yahoo.com>, Edward Sypinski <edwards@adsgc.org>, Elise Watts <ewatts@montana.com>, Eran Pehan <epehan@ci.missoula.mt.us>, Erika Willis <erika.willis@tumbleweedprogram.org>, Erin Lambert <erin@ywcabillings.org>, Gary Owen <garyowen@uwccmt.org>, Glenn Cockrell <gcockrell@wmmhc.org>, Greg Owens <thegregowens@gmail.com>, Heather Denny <HDenny@mt.gov>, Heather Fink <heather@healthybydesignyellowstone.org>, Heather Grenier <hgrenier@thehrdc.org>, Jackie Haines <jhaines@thehrdc.org>, Jami Hansen <jami.hansen@mt.gov>, Jamie Ogden <jogden@safeinthebitterroot.org>, Jamie Pollard <jpollard237@gmail.com>, Jane Guest <jguest@wordinc.org>, Janice Reichelt <jreichelt_pchospital@hotmail.com>, Jared Sharp <jsharp@voanr.org>, Jason Moore <jjasonmoore@gmail.com>, Jeni Leary <Jeni.Leary@va.gov>, Jennifer Gursky <jennifer@ywcachelena.org>, Jennifer Olson <jeolson@mt.gov>, Jenny Eck <jenny.e@thefriendshipcenter.org>, Jerramy Dear-Ruel <jerramy.dear-ruel@sparrowsnestnwmmt.org>, Jim Kizer <jim.kizer@gfrm.org>, Jim McGrath <jmcgrath@missoulahousing.org>, Jim Morton <jpm@hrcxi.org>, Julianna Crowley <jcrowley@mt.gov>, Julie Flynn <jflynnconsulting@msn.com>, Karla Seaman <kseaman@gfoppinc.org>, Kate McCombs <kate@ywcachelena.org>, Kate Ybarra <kmj@hrcxi.org>, Kayla Talbert <ktalbert@missoulacounty.us>, Kendall Clifton-Short <kcliftonshort@thehrdc.org>, Kiley Gage <kiley@ywcachelena.org>, Kim Spurzem <kim.spurzem@mso.umt.edu>, Kristen Chambers <kchambers@action-inc.org>, Kristin Lundgren <klundgren@uwyellowstone.org>, Larry Gaalswyk <contactteam@teamentoring.org>, Laura Morrison <lmorrison@mt.gov>, "Letendre, Michele" <MLetendre@mt.gov>, Lisa Donnot <lisa@familypromisegf.org>, Lisa Ponfick <lisaponfick@yahoo.com>, Lisa Smith <lsmith@missoulahousing.org>, "Loewen, Sara" <SLoewen@mt.gov>, "Lofftus, Sharon" <sloftus@mt.gov>, Lori Davidson <ldavidson@missoulahousing.org>, Lori Ladas <lladas@rmcd.net>, "Loving, Paula" <ploving@mt.gov>, Mchelle Joyce <mjoyce@action-inc.org>, Marcia Lemon <MLemon@mt.gov>, Maria Porter <mariap.ywca@gmail.com>, Marilyn Thorn <marilyn@parentingplace.net>, Maya Negron <maya.negron@gmail.com>, Meghan Peel <MPeel@mt.gov>, Melissa Hawley <mhawley@ywcaofmissoula.org>, Melissa Richards <mrichards@ywcaofmissoula.org>, Meredith Ruland <tshelp@centric.net>, Merry Lee Olson <ceo@ywcabillings.org>, Michael O'Neil <moneil@hhamt.org>, Michelle Aune <michelle@montanamentallhealth.org>, Michelle Hastings <mhastings@montana.com>, Mick Leary <mleary@mt.gov>, Mindi Askelson <maskelson@mt.gov>, Morgan Ditto <morgan@yapmt.org>, "Olson, Jennifer" <JeOlson@mt.gov>, Pastor Glenn Fournier <gfournier@montanarescuemission.org>, Patti Webster <pattiw@billingsha.org>, Patty Kent <pkenmt@gmail.com>, Patty Murphy <pmurphy@ywcaofmissoula.org>, Quinn Leighton <quinn@pridefoundation.org>, Rachel Jamieson <raj96@me.com>, Ray Reed <myfun51@msn.com>, Rebekah Holgate <rholgate@hhamt.org>, Revonda Stordahl <rstordahl@buttehousing.org>, "Schroeck, John" <JSchroeck2@mt.gov>, Sean O'Neill <soneill@capnwmmt.org>, Shad Barrows <Shad.barrows@va.gov>, Shandy Peterson <shandy_petersen@gfps.k12.mt.us>, Sindie Kennedy <skennedy@co.missoula.mt.us>, Spencer Czech <spencer@empowermt.org>, Stacey Umhey <sumhey@safeinthebitterroot.org>, Stephanie Marquis <smarquis@hrdc7.org>, Steve Fournier <sfournier@hrc12.org>, Tami Adams <tadams@co.missoula.mt.us>, Tasa Beatty <tasa@unitedwaylca.org>, Ted Madden <ted.madden@nthcf.org>, Tess Besaw <mrsbesaw2012@outlook.com>, Tessa Johnson <tessaj@montana.com>, Theresa Ortega <theresa@goodsamministries.org>, Theresa Williams <WilliamsT@ci.missoula.mt.us>, Tina Shay <tshay@safeinthebitterroot.org>, Tracey Shuster <tracey@yapmt.org>, Traci McArthur <tmcarthur@action-inc.org>, Tracy Diaz <tdiaz@capnwmmt.org>, "Twardoski, Christie" <ctwardoski@mt.gov>, Valerie Dvorak <valeried@billingsha.org>, Vanessa Adams <vadams@hrdc6.org>

September 18, 2021



The Montana Continuum of Care Coalition announces the release of the 2021 HUD Notice of Funding Opportunity for the Continuum of Care (CoC) Program Competition.

The MT CoC is now accepting applications and welcomes new projects applicants and renewal projects. New project applicants are strongly encouraged to go through a Local CoC Process by immediately contacting the nearest Local CoC.

Interested applicant are directed to the MT CoC website link below to access all CoC application information, including:

- Contact list for local CoCs
- Links to the HUD application and guides
- A complete timeline with deadlines

- The Scoring Process, Scoring Criteria and Point Values

<https://www.mtcoc.org/>

A couple crucial deadline dates to note here are:

- October 20th - Project Application submitted into HUD's eSNAPS application system.
- October 21st - A supplemental application submitted to the MT CoC

For further assistance, please contact the MT CoC office at 406-586-1572 or email admin@mtcoc.org

Mail Delivery Subsystem <mailer-daemon@googlemail.com>
To: bobbuzzas@gmail.com

Sat, Sep 18, 2021 at 3:53 PM



Address not found

Your message wasn't delivered to **spencer@empowermt.org** because the address couldn't be found, or is unable to receive mail.

[LEARN MORE](#)

The response was:

550 5.1.1 The email account that you tried to reach does not exist. Please try double-checking the recipient's email address for typos or unnecessary spaces. Learn more at <https://support.google.com/mail/?p=NoSuchUser> 145sor3683854ybl.70 - gsmtip

Final-Recipient: rfc822; spencer@empowermt.org

Action: failed

Status: 5.1.1

Diagnostic-Code: smtp; 550-5.1.1 The email account that you tried to reach does not exist. Please try

550-5.1.1 double-checking the recipient's email address for typos or

550-5.1.1 unnecessary spaces. Learn more at

550 5.1.1 <https://support.google.com/mail/?p=NoSuchUser> 145sor3683854ybl.70 - gsmtip

Last-Attempt-Date: Sat, 18 Sep 2021 14:53:09 -0700 (PDT)

----- Forwarded message -----

From: Bob Buzzas <bobbuzzas@gmail.com>

To: Amanda Dellwo <amdellwo@mcps.k12.mt.us>, "Amundson, Erik" <Erik.Amundson@hud.gov>, Amy Ensign <aensign@hrdc7.org>, Amy Hall <ahall@mtlsa.org>, Amy Turnage <mt_amyjo@msn.com>, Angie Meehan <ameehan@parksidefcu.com>, Ann Miller <anngodslove@bresnan.net>, Ashley Champagne <ashleyc@florencecrittenton.org>, Autumn Frey <autumn@yapmt.org>, Autumn Schwenk <aschwenk@montana.com>, Barb Burton <BarbB@florencecrittenton.org>, Barb Pewitt <bpewitt@hrdc7.org>, Barb Watson <Bwatson@montana.edu>, Barbara Mettler <bmettler@scmrhc.org>, Bob Buzzas <bobbuzzas@gmail.com>, Brenda Beckett <beckettb@ci.billings.mt.us>, Brian Guyer <bguyer@thehrdc.org>, Bruce Brensdal <bbrensdal@mt.gov>, Bryce Taylor <btaylor@hhamt.org>, Carilla French <frenchc@hrdc4.org>, Carmen Gonzales <cgonzalez@scmrhc.org>, Carrie Krepps <carriek@florencecrittenton.org>, Cary Krager <carykrager@yahoo.com>, Cassidy Kipp <ckipp@capnwm.org>, Chandler Rowling <chandler@goodsamministries.org>, Cherrie Kelly <cherriek@gfoppinc.org>, Chesa Sullivan <csullivan@mt.gov>, Chris Krager <chris_krager@yahoo.com>, Christa Weathers <christa@openaidalliance.org>, Christy Kramer <ckramer@hrdc7.org>, Cindy Fleshman <cfleshman@thehrdc.org>, Cindy Weese <cweese@ywcaofmissoula.org>, Clarence Salley <clarence.sal@riverstonehealth.org>, Clint Wynne <c.wynne@aemt.org>, Colleen Piluso <colleen@mountainhomemt.org>, Connie Smith <c.smith@aemt.org>, "Cope, Penny" <pcope@mt.gov>, Corky Warwick <warwickcorky@yahoo.com>, Crissie McMullan <crissie@mountainhomemt.org>, "D.J. Lott" <djlottjr@familypromisegf.org>, Dan Aune <dan@mhafmt.org>, Dan Corradini <dcorradini@youthhomesmt.org>, Dan Krause <dankrause1@aol.com>, Dana Grant <grantdana@hotmail.com>, Denise Jordan <djordan@hrdc7.org>, Devin Kelley <dkelley@voanr.org>, Diana Colver-Vanek <DColver@mt.gov>, Ed Saunders <cav1865@yahoo.com>, Edward Sypinski <edwards@adsgc.org>, Elise Watts <ewatts@montana.com>, Eran Pehan <epehan@ci.missoula.mt.us>, Erika Willis <erika.willis@tumbleweedprogram.org>, Erin Lambert <erin@ywcabillings.org>, Gary Owen <garyowen@uwccmt.org>, Glenn Cockrell <gcockrell@wmmhc.org>, Greg Owens <thegregowens@gmail.com>, Heather Denny <HDenny@mt.gov>, Heather Fink <heather@healthybydesignyellowstone.org>, Heather Grenier <hgrenier@thehrdc.org>, Jackie Haines <jhaines@thehrdc.org>, Jami Hansen <jami.hansen@mt.gov>, Jamie Ogden <jogden@safeinthebitterroot.org>, Jamie Pollard <jpollard237@gmail.com>, Jane Guest <jguest@wordinc.org>, Janice Reichelt <jreichelt_pchospital@hotmail.com>, Jared Sharp <jsharp@voanr.org>, Jason Moore <jasonmoore@gmail.com>, Jeni Leary



MTCOC Updates

Contact

2021 HUD Notice of Funding Opportunity

August 26, 2021 in NOFA (Grants)

The U.S. Department of HUD has released the 2021 Notice of Funding Opportunity and the CoC Program Competition is now open. All HUD NOFO materials — including Project Applications and Guides — can be found at:
https://www.hud.gov/program_offices/comm_planning/coc/competition

New project applicants are welcomed and must go through a Local CoC process in order to submit an application. See the sidebar to download the list of local CoC Coordinators for each district. The 2021 Scoring Criteria will be available here shortly.

Here is a schedule of tentative but important deadlines. Please check for updates:

IMPORTANT CoC PROJECT DEADLINE DATE	MT DEADLINE
Scoring Criteria Posted	Sept 10
Suggested completion of local CoC Needs and Gaps Assessment	Sept 15
Local CoC Project Prioritization (for multiple projects)	Oct 12
Initial project applications submitted into eSNAPS	Oct 14
Supplemental Project Applications due to MT CoC	Oct 15

Download and view files:

2021 HUD NOFO and CoC
Project Deadlines

2021 Local CoC Coordinators

All topics:

- Board of Directors
- HMIS / Coordinated Entry
- Membership
- NOFA (Grants)
- Point-in-Time (Data)

This has been added to the Public Comment page <https://housing.mt.gov/Meetings-Events-Training/Public-Comment-Opportunities>, with the direct link to the article here: <https://housing.mt.gov/Meetings-Events-Training/public-comment/Continuum-of-Care>.

CoC Public Notice - ASAP website | Continuum of Care - Montana Housing | Continuum of Care - Montana Housing

housing.mt.gov/Meetings-Events-Training/public-comment/Continuum-of-Care

Doodle - Dashboard | MT CoC Website | eSNAPS | MT CoC PIT Data | HDX 2.0 Homeless... | MT CES Dashboard | U.S. Bank Online Ba... | Pathways MISI Mon... | Reading list

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OFFICIAL STATE WEBSITE

SERVICES AGENCIES LOGIN SEARCH MONTANA.GOV

September 20 2021

The Montana Continuum of Care Coalition announces the release of the 2021 HUD Notice of Funding Opportunity for the Continuum of Care (CoC) Program Competition.

The MT CoC is now accepting applications and welcomes new projects applicants and renewal projects. New project applicants are strongly encouraged to go through a Local CoC Process by immediately contacting the nearest Local CoC.

Interested applicant are directed to the MT CoC website link below to access all CoC application information, including:

- Contact list for local CoCs
- Links to the HUD application and guides
- A complete timeline with deadlines
- The Scoring Process, Scoring Criteria and Point Values

<https://www.mtcoc.org/>

A couple crucial deadline dates to note here are:

October 20th - Project Application submitted into HUD's eSNAPS application system.

October 21st - A supplemental application submitted to the MT CoC

For further assistance, please contact the MT CoC office at 406-586-1572 or [contact here](#).

Desktop 47°F Sunny 10:42 AM 9/21/2021

Project Review & Selection Process

Montana Statewide CoC – MT 500

2021 CoC Application

Scoring Criteria & Point Scales-RENEWAL PROJECTS 9/14/21

PERFORMANCE MEASURES		Pts	RRH	PSH	DV	Data source
1	Time from entry to move-in	5	5		5	
	RRH - On average, clients spent X days from entry to move-in (Goal: 30 days or <)					APR Q. 22.c
	25 or <	5				
	26-30	4				
	31-35	3				
	36-40	2				
	41-50	1				
	51 days or >	0				
2	Exits to Permanent Housing					
	RRH - % persons move to PH (Goals 90%)	20	20		20	APR Q. 23 a & b
	95%-100%	20				
	91%-94%	19				
	90%	18				
	85%-89%	17				
	80%-84%	16				
	75%-79%	14				
	70%-74%	12				
	65%-69%	10				
	60%-64%	8				
	55%-59%	6				
	50%-54%	4				
	49% OR <	0				
						APR. Stayers: Q. 5.a.8 +Leavers: Q. 23 a&b
3	PSH - % persons remain in or move to PH (goal 90%)	25		25		
	95%-100%	25				
	91%-94%	24				
	90%	23				
	85%-89%	21				
	80%-84%	19				
	75%-79%	17				
	70%-74%	15				
	65%-69%	8				
	60%-64%	6				
	59% OR <	0				
	New or Increased Income and Earned Income					
	% adults with increased earned income at last assessment or exit.					
4		0	0	0	0	APR Q. 19a3
	For 2021 NOFO, the Scorecard Committee will collect data and assign points but will not score due to Covid disruptions.					
	51% or >	15				
	46-50%	14				
	41-45%	13				
	36-40%	12				
	31-35%	11				
	26-30%	10				
	21-25%	9				
	16-20%	8				
	11-15%	6				
	5-10%	4				
	1-4%	2				

% adults with increased other (non-employment) income at last assessment or exit.		15	15	15	15	APR Q. 19a3
	55%+	15				
	45-50%	14				
	40-45%	13				
	35-40%	12				
	30-35%	11				
	25-30%	10				
	20-25%	9				
	15-20%	8				
	10-15%	6				
	5-10%	4				
	1-4%	2				
6	Serving High Barrier Populations	5	5	5	5	Supplemental Application / Complete Table Q.6
	a. Serving Chronically Homeless					
	b. Having little or no income (use 30% of AMI)					
	c. # of persons with more than 1 disability					
	d. Having a criminal history with state mandated exceptions					
	e. History of domestic violence					
	All five served	5				
	4 served	4				
	3 served	3				
	2 served	2				
	1 served	1				
	0	0				
7	Data Quality - 15 DQ Items					
	# items w/ error 5% or >		10	10	5	APR Q. 6 a,b & c.
	No errors	10				
	1 data element w/5% or > error rate	9				
	2	8				
	3	7				
	4	6				
	5	5				
	6	4				
	7	3				
	8	2				
	9	1				
	10 or >	0				
	Project is Cost Effective comparing cost per person with program					Data taken directly from 2020 e-LOCCS report and APRs for same period and adjusted for local FMR.
9	specific MT average	5	5	5	5	
	100% of ave cost or less	5				
	101%-110%	4				
	111%-120%	3				
	121%-130%	2				
	131%-140%	1				
	141% or >	0				

LOCAL COORDINATION & ENGAGEMENT

10	Identify the items your community has addressed and briefly describe each in 100 words or less (Participants Table excepted).	5	5	5	5	Supplemental Application Q.#10 Narrative
	1. Inclusive Structure and Participation					
	2. Coordination with Federal, State, local, private and other organizations					
	3. Address the Needs of Victims of Domestic Violence					
	4. Addressing the Needs of LGBT individuals					
	5. Demonstrate Coordination with PHAs					
	6. Coordination with and Assistance in discharge planning efforts					
	7. Housing First and Reducing Barriers					
	8. Street Outreach procedures implemented					
	9. Affirmative Outreach that further fair housing including to persons with limited English					
	10. Strategies to prevent Criminalization of homelessness					
	11. Increase in Rapid Rehousing					
	12. CoC program funds supplemented with Mainstream Benefits and other assistance					
	6 or >	5				
	5	4				
	4	3				
	3	2				
	2	1				
11	Local CoC Participants List (25 listings)	5	5	5		Supplemental Application. Complete Participants Table - See Guide, Q8.b
	75% or >	5				
	50%-74	4				
	25%-49	3				
	<25%	0				
12	Needs and Gaps Analysis / Project Prioritization	5	5	5		
	Identify what gap(s) in your local Needs and Gaps Assessment your project fills or how this project reflects your local needs and gaps assessment.					Supplemental Application. Q # 10.
	Excellent descr.	5				
	Good Desc.	3-4				
	Fair desc.	2				
	Poor description	0-1				
			75	75		

NEW & 1st-Time Renewal PROJECTS Scoring Criteria – 2021			
	<u>Criteria</u>	<u>Points</u>	<u>Source</u>
1	Describe experience in effectively utilizing federal funds and performing the activities proposed in the application and describe the basic organization and management structure of the applicant including evidence of an adequate financial accounting system.	5	Application 2B.1
2	Describe the basic organization and management structure of the applicant including evidence of an adequate financial accounting system.	10	Application 2B.3
3	Will applicant meet Housing First and Low Barrier approaches	10	Application 3B.5
4	Describe the scope of the project.	10	Application 3B.1
5	Describe how participants will be assisted to rapidly obtain and remain in permanent housing	10	Application 4A.2
6	Describe how clients will be assisted to increase earned income, other unearned income and access mainstream services to maximize ability to live independently.	15	Application 4A.3
7	Project is cost effective (comparing projected cost per person to average for similar type program).	10	Application 6J & Supplemental , Application
8a	NON DV Bonus Projects: Chronic Homeless Need 8a.1. Weighted Need Factor 8a.2. % of clients to be served that are CH	10	a. '20 PIT CH Table b. Application 5B
8b	DV BONUS Projects Only: Please describe how you will improve safety of your clients and how you will use data or other information to track and document improved safety.	10	Supplemental App.
9	Serving High Needs Population: Identify subpopulations that will be served.	10	Supplemental App
10	Coordinated Entry. Indicate what percent of enrollments agency will commit to coming from the coordinated entry system.	5	Supplemental App
11	Needs & Gaps Analysis. Describe your local CoC's efforts to analyze needs and priorities and your agency's role in this process.	5	Supplemental Application
	First time renewal projects without operating history	10	

Blue-new language

Scored Renewal Application				
	PERFORMANCE MEASURES			1
	Criteria	Source	Total Pts	Northwest Montana Human Resources CAPNM RRH 1 (MT0043)
1	RRH - On average, clients spent X days from entry to move-in (Goal: 30 days or <)	APRQ.22.c	5	2
				37 days avg
2	RRH - % persons move to PH (Goal: 90%) - See PH tab.	Supplemental App & APR Q.23c & 5a-5	20	20
				100%
3	PSH - % persons remain in or move to PH (goal 90%)	APR. Stayers: Q.5.a1 & 5.a8 +Leavers: Q. 23c	25	
4	% adults with increased earned income at last assessment or exit.	APR Q. 19a1	10	4
				5% & 5%
5	% adults with increased other (non-employment) income at last assessment or exit.	AOR Q.19a3	15	12
				38% & 15%
6	Serving High Needs Population	Supplemental Application / Complete Table Q.6	5	5
				5 of 5
7	Data Quality - 15 DQ Items	APR Q. 6 a,b & c.	10	10
				0
8	DV Projects ONLY: How did you improve safety and use data.	Supp. App. Q#8.	5	
9	Project is Cost Effective comparing cost per person with program specific MT average	2020 e-LOCCS report, APRs for same period, local FMR.	5	10
				46%
10	Identify the items your community has addressed and briefly describe each in 100 words or less (Participants Table excepted).	Supplemental Application Q.#10 Narrative	5	5
				12 of 12
11	Local CoC Participants List (25 listings)	Supplemental Application. Complete Participants Table - See Guide, Q8.b	5	5
				24 of 25 (96%)
12	Identify what gap(s) in your local Needs and Gaps Assessment your project fills or how this project reflects your local needs and gaps assessment.	Supplemental Application. Q # 10. Attach document	5	
			TOTALS	69
With Q.#4. Considered but not scored due to Covid disruptions				73
				CAPNM RRH 1

Note: For #5, Incr. in other income, only scored 1st # which is entry to latest status.

Note: #4, Earned income is included but not scored in totals but included in last total line "w/#4"

MT C of C Project Rankings-2021			
Rank			Score
RENEWAL PROJECTS			
1	NW MT Human Resources_RRH	\$61,738	69
2	Public Housing Authority of Butte	\$120,952	68
3	HRDC of Dist IX	\$125,089	66
4	Missoula Hsing Authority Renewal	\$1,016,115	63
5	NW MT Human Resources_Shelter Plus	\$78,724	62
6	HRC Dist XII RR	\$96,749	57
7	Helena Housing Authority	\$360,072	48
8	YWCA Billings	\$133,486	43
9	SAFE	\$154,968	39
10	HMIS Pathways	\$157,332	na
REALLOCATION PROJECTS			
11	NW MT Human Resources_PSH Reallocation	\$31,529	70.8
12	Missoula County to YWCA Reallocation	\$324,558	69.4
NEW PROJECTS			
13	Great Falls-YWCA PSH / CoC Bonus	\$124,206	81.6
14	HRDC IX - PSH / CoC Bonus	\$93,821	68.2
15	YWCA Billings - DV Bonus	\$129,614	74.6
16	Friendship Center - DV Bonus	\$184,373	72.3

1E-5. PUBLIC POSTING – PROJECTS
REJECTED-REDUCED

Montana Statewide CoC – MT 500

2021 CoC Application

Statement:

No projects were rejected or reduced in the scoring and ranking of new and renewal projects for MT-500

Public Posting – Projects Accepted

(No projects were reduce or eliminated)

Montana Statewide CoC - MT 500

2021 CoC Application



Bob Buzzas <bobbuzzas@gmail.com>

CoC Notice of Project Acceptance, Scoring & Ranking

1 message

Bob Buzzas <bobbuzzas@gmail.com>

Fri, Oct 29, 2021 at 1:54 PM

To: Brian Guyer <bguyer@thehrdc.org>, Cari Yturri <cariy@familypromisegf.org>, Cindy Weese <cweese@ywcaofmissoula.org>, Erin Lambert <erin@ywcabillings.org>, Gina Boesdorfer <gina.b@thefriendshipcenter.org>, Heather Grenier <hgrenier@thehrdc.org>, Jim McGrath <jmcgrath@missoulahousing.org>, Katie Batterbee <kbatterbee@nwgf.org>, Kayla Talbert <ktalbert@missoulacounty.us>, Kim Patterson <kim.p@thefriendshipcenter.org>, Margie Seccomb <mseccomb@action-inc.org>, Maria Porter <mariap.ywca@gmail.com>, Michael O'Neil <moneil@hhamt.org>, Patty Murphy <pmurphy@ywcaofmissoula.org>, Revonda Stordahl <rstordahl@buttehousing.org>, Sean O'Neill <soneill@capnwmmt.org>, Stacey Umhey <sumhey@safeinthebitterroot.org>, Traci McArthur <tmcarthur@action-inc.org>, Tracy Diaz <tdiaz@capnwmmt.org>

To: 2021 MT CoC Project Applicants

I am pleased to inform all 2021 CoC Project Applicants that the Montana Continuum of Care Coalition Board of Directors voted today (10/29/2021) to accept all applications that were submitted for 2021 and to approve the following final project rankings. No applications were rejected.

The final rankings are:

MT C of C Project Rankings-2021			
Rank			Score
RENEWAL PROJECTS – Tier 1			
1	NW MT Human Resources_RRH	\$61,738	69
2	Public Housing Authority of Butte	\$120,952	68
3	HRDC of Dist IX	\$125,089	66
4	Missoula Hsing Authority Renewal	\$1,016,115	63
5	NW MT Human Resources_Shelter Plus	\$78,724	62
6	HRC Dist XII RR	\$96,749	57
7	Helena Housing Authority	\$360,072	48
8	YWCA Billings	\$133,486	43
9	SAFE	\$144,144	39
10	HMIS Pathways	\$157,332	na
REALLOCATION PROJECTS – Tier1			
11	NW MT Human Resources_PSH Reallocation	\$31,529	70.8
12	Missoula County to YWCA Reallocation	\$324,558	69.4
NEW PROJECTS – Tier 2			
13	CoC Bonus: Great Falls-YWCA PSH	\$124,206	81.6
14	CoC Bonus - HRDC IX – PSH	\$93,821	68.2
15	DV Bonus - YWCA Billings	\$129,614	74.6
16	DV Bonus - Friendship Center	\$184,373	72.3

Thank you all for an exceptional field of applications.

Bob Buzzas, Executive Director

MT CoC Coalition (MT-500).



2021 MTCoC Project Rankings

Posted on October 30, 2021 in NOFO (Grants)

2021 CoC Projects

The Montana Continuum of Care Coalition Board of Directors voted on 10/29/2021 to accept all applications that were submitted for 2021 and approved the following final project rankings. No applications were rejected or reduced.

The final rankings are:

MTCoC Project Rankings – 2021	
Rank	Score
RENEWAL PROJECTS – Tier 1	

MTCOC Project Rankings – 2021

1	NW MT Human Resources_RRH	\$61,738	69
2	Public Housing Authority of Butte	\$120,952	68
3	HRDC of Dist IX	\$125,089	66
4	Missoula Hsing Authority Renewal	\$1,016,115	63
5	NW MT Human Resources_Shelter Plus	\$78,724	62
6	HRC Dist XII RR	\$96,749	57
7	Helena Housing Authority	\$360,072	48
8	YWCA Billings	\$133,486	43
9	SAFE	\$144,144	39
10	HMIS Pathways	\$157,332	Na

REALLOCATION PROJECTS – Tier 1

11	NW MT Human Resources_PSH Reallocation	\$31,529	70.8
12	Missoula County to YWCA Reallocation	\$324,558	69.4

NEW PROJECTS – Tier 2

13	CoC Bonus: Great Falls-YWCA PSH	\$124,206	81.6
14	CoC Bonus – HRDC IX – PSH	\$93,821	68.2
15	DV Bonus – YWCA Billings	\$129,614	74.6
16	DV Bonus – Friendship Center	\$184,373	72.3

MT CoC Planning Grant -2021**\$78,262**

Additional grants to be included in the 2021 Consolidated Application that are not required to be ranked include:

YOUTH HOMELESS DEMONSTRATION PROJECT RENEWAL GRANTS

Action Inc. YHDP System Navigation & Crises Response	\$83,320.00
Action Inc. YHDP Transitional Housing	\$112,990.00
HRC XI YHDP	\$231,728.00
HRDC IX Navigator Project	\$110,005.00
HRDC IX YHDP Diversion Project	\$60,321.00
HRDC IX YHDP PSH Project	\$55,997.00
HRDC IX YHDP RRH Project	\$37,763.00
HRDC IX YHDP Th/RRH Project	\$132,256.00
YHDP CAP NM	\$52,303.00
Dist 7 HRDC YHDP Project	\$102,580.00
MT CoC YHDP Planning Grant 2021	\$29,378.00

PDF version

2021 CoC Projects

The Montana Continuum of Care Coalition Board of Directors voted on 10/29/2021 to accept all applications that were submitted for 2021 and approved the following final project rankings. No applications were rejected or reduced.

The final rankings are:

MTCoC Project Rankings-2021			
Rank		Score	
RENEWAL PROJECTS – Tier 1			
1	NW MT Human Resources_FHR	\$21,700	88
2	Public Housing Authority of Butte	\$100,000	88
3	HRCC of CoC CC	\$100,000	88
4	Missoula Housing Authority Renewal	\$1,000,000	88
5	NW MT Human Resources_2020er Plus	\$70,700	88
6	HRCC CoC CC RR	\$80,700	87
7	Helena Housing Authority	\$800,070	88
8	YWCA Billings	\$100,000	88
9	ICFH	\$100,000	88
10	HRCC Billings	\$107,000	86
REALLOCATION PROJECTS – Tier1			
11	NW MT Human Resources_FHR Reallocation	\$81,000	70.0
12	Missoula County Co YWCA Reallocation	\$80,000	69.0
NEW PROJECTS – Tier 1			
13	CoC Barter - Great Falls-YWCA FHR	\$100,000	81.0
14	CoC Barter - HRCC CC - FHR	\$80,000	80.0
15	CV Barter - YWCA Billings	\$100,000	70.0
16	CV Barter - Foundation Center	\$100,070	70.0
MT CoC Planning Board-2021		\$70,000	

Save PDF

Latest Updates

2021 MTCoC Project Rankings

October 30, 2021

2021 NOFO Competition for Renewal Project Applications

September 20, 2021

2021 NOFO Competition for New Project Applications

September 20, 2021

2021 NOFO Process

September 20, 2021

2021 HUD Notice of Funding Opportunity

August 26, 2021

All Topics

NOFO (Grants)



2021 News, 2021 NOFO

Info


Montana Continuum Of Care Coalition

321 E. Main Street, Suite 316

Bozeman, MT 59715

 406-586-1572

 admin@mtcoc.org

 find us on facebook



Contact Us

Updates

2021 MTCOC Project Rankings

October 30, 2021

2021 NOFO Competition for Renewal Project Applications

September 20, 2021

2021 NOFO Competition for New Project Applications

September 20, 2021

Links

[2021 Local CoC Coordinators](#)

[2021 HUD NOFO Project Deadlines](#)

[2021 HUD NOFO Scoring Process](#)

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3A-1a. HOUSING LEVERAGING COMMITMENT

Montana Statewide CoC – MT 500

2021 CoC Application



**BUILDING A
BETTER
COMMUNITY**

thehrdc.org



e: hello@

To whom it may concern:

This letter of commitment confirms that Human Resource Development Council (HRDC) of District IX will be subsidizing residential rents at the Housing First Village development located at 2015 Wheat Drive, Bozeman, MT. HRDC is making this commitment as the Housing Choice Voucher operator for the Montana Department of Commerce and Montana Housing, the statewide Public Housing Authority. HRDC intends to use Housing Choice Vouchers to fund the difference between rents received (30% of tenants' income) and operating costs. Application for Housing Choice Vouchers has been made to the Montana Department of Commerce. Until such time the vouchers are received, HRDC commits to providing this assistance. This commitment is for six of the eventual nineteen units in the Housing First Village project which exceeds the 25% threshold needed for bonus point consideration. This commitment is in conjunction with the rental assistance for six units to receive CoC program funding via the new project application submitted by HRDC IX in the 2021 CoC program competition. (Project Name: Housing First Village)

If awarded, HFV will serve six households who meet the DedicatedPlus eligibility criteria as defined by HUD and who will be referred and prioritized by the applicable Coordinated Entry Network in accordance with the written standards adopted by the Montana Continuum of Care. Participant eligibility for the project is based on HUD CoC Program fair housing requirements and is not restricted by HRDC.

Sincerely,

Heather Grenier
President/CEO

e: hello@thehrdc.org

a: 32 South Tracy
Bozeman, Montana 59715
p: 406.587.4486

a: 111 South 2nd Ave
Livingston, MT 59047
p: 406.333.2537

HRDC
BUILDING A BETTER COMMUNITY
www.thehrdc.org

3A-2a. HEALTHCARE FORMAL AGREEMENT

Montana Statewide CoC – MT 500

2021 CoC Application



COMMUNITY
HEALTH PARTNERS

REAL PEOPLE. REMARKABLE HEALTHCARE.

November 11, 2021

To Whom It May Concern:

This letter of commitment confirms a formal agreement between Community Health Partners (CHP) and HRDC IX of Bozeman (HRDC). CHP will provide supportive services to program participants of the proposed Housing First Village (HFV) project, which has been submitted as part of the Montana Continuum of Care application. The support services provided for the purpose of enhancing the Housing First Village residents' ability to maintain independent living include: medical and psychological case management, benefits advocacy and income support assistance, money management/payee services, nutritional counseling and assistance in obtaining other resources and support for residents such as childcare, transportation, job training and job placement.

CHP will document, at a minimum, \$34,000 annually in supportive services provided to participants of the above named project by HRDC. This amount exceeds the 25 percent of the total funding being requested for the project.

These supportive services will be provided beginning on the grant start date of the project if awarded through the 2021 CoC application process and for the full operating year. CHP will continue to provide these services for the full operating year for each subsequent renewal.

If awarded, HFV will serve six households who meet the DedicatedPlus eligibility criteria as defined by HUD and who will be referred and prioritized by the applicable Coordinated Entry Network in accordance with the written standards adopted by the Montana Continuum of Care. Participant eligibility for the project is based on HUD CoC Program fair housing requirements and is not restricted by HRDC.

Sincerely,

Lander Cooney, MS
Chief Executive Officer
Community Health Partners