

Before Starting the CoC Application

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

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

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

1. The FY 2022 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2022 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It
- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2022 CoC Program Competition on behalf of your CoC.

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

Answering Multi-Part Narrative Questions

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

Attachments

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

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

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

1A. Continuum of Care (CoC) Identification

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

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

1A-1. CoC Name and Number: 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

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

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

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

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

17.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	Yes
18.	Organizations led by and serving LGBTQ+ persons	Yes	Yes	Yes
19.	Organizations led by and serving people with disabilities	Yes	Yes	Yes
20.	Other homeless subpopulation advocates	Yes	Yes	Yes
21.	Public Housing Authorities	Yes	Yes	Yes
22.	School Administrators/Homeless Liaisons	Yes	Yes	Yes
23.	State Domestic Violence Coalition	Yes	Yes	Yes
24.	State Sexual Assault Coalition	Yes	Yes	Yes
25.	Street Outreach Team(s)	Yes	Yes	Yes
26.	Substance Abuse Advocates	Yes	Yes	Yes
27.	Substance Abuse Service Organizations	Yes	Yes	Yes
28.	Victim Service Providers	Yes	Yes	Yes
29.	Domestic Violence Advocates	Yes	Yes	Yes
30.	Other Victim Service Organizations	Yes	Yes	Yes
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Homeless Organizations	Yes	Yes	Yes
33.	Youth Service Providers	Yes	Yes	Yes
	Other: (limit 50 characters)			
34.				
35.				

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

(limit 2,500 characters)

1)The 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. The YAB has a Facebook page to recruit new members. 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. The CoC has made web-based training on digital accessibility available to all CoC funded project staff and local CoCs. The CoC has also distributed written guidance on creating accessible electronic documents. 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). 3) The Statewide CoC Coordinator has had several discussions with representatives of the Blackfeet Nation and Chippewa Cree tribes encouraging them to become CoC members and to apply for funds. The CoC also successfully recruited Transvisible MT, an organization serving transgender, non-binary, and two-spirit Montanans and the Montana Gender Alliance to serve on the YHDP Executive Committee. Local CoCs outreach to organizations serving culturally specific communities experiencing homelessness to encourage them to join their local CoC. For example, the NW MT CoC invited the Glacier Queer Alliance (GQA) to participate in CoC & CES meetings, & they are partnering w/the local CoC to better serve LGBTQ+ identified people. Targeted outreach has also resulted in the following organizations participating in their local CoCs: All Nations Health Center, Native American Wellness Center, Summit Independent Living Center, 406 Pride, Native American Development Corporation, & Billings Urban Indian Health Center. Helena Indian Alliance & MT Racial Equity Project are members of the Statewide CoC. Montana is predominantly white/not Latinx. Native Americans are by far the most significant nonwhite population. Local & Statewide CoC member organizations serve all populations & where organizations serving culturally specific communities exist, efforts to invite them to participate in the CoC continue.

1B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.	
	NOFO Section VII.B.1.a.(3)	
	Describe in the field below how your CoC:	
	1. solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;	
	2. communicated information during public meetings or other forums your CoC uses to solicit public information; and	
	3. took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.	

(limit 2,500 characters)

1) 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 conferences. Ten CoC Board members are chosen by local CoCs, four are elected at-large & six 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. The Statewide CoC convened a 2-day strategic planning event to get input from local CoCs & other stakeholders on topics, including centering the voices of people w/lived experience, diversifying the Board, enhancing Tribal partner engagement, & enhancing project outcomes tracking 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, video conferences, emails and phone 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. Based on feedback from strategic planning, the CoC established strategic priorities w/target dates & is implementing its strategic plan.

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

(limit 2,500 characters)

- 1)The CoC notified the public that the FY 2022 NOFO competition was open, applications were being accepted in 4 ways:
 - A notice was posted on 8/9/22 to the MT CoC website announcing the opening and that project applications were being accepted.
 - An email notice with the same information was sent on 8/9/22 to the CoC mailing list of more than 175 contacts, including all homeless providers across the state and other potentially interested stakeholders that have not previously received CoC funding.
 - The local CoC's were able and encouraged to distribute the same information at local meetings and local networks throughout their communities.
 - The announcements distributed by email and posted to the CoC's website stated that the competition was open to new projects.
- 2)Each announcement contained links to instructions, including submission deadline and application instructions.
- 3)Each announcement contained a link to the scoring criteria used by the Grants Review Panel to select project applications for inclusion in the CoC's Consolidated Application.
- 4)The public 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.

1C. Coordination and Engagement

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

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

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

18.		
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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 2,500 characters)

1)The CoC consults with the MT Dept of Health and Human Services (DPHHS) on planning & allocation decisions regarding ESG & ESG-CV funds. DPHHS is the ESG recipient, a founding member of the MT CoC & has worked with the CoC to establish the following strategies to ensure constant consultation among DPHHS, 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 households, including ESG-CV, for referrals 2) The CoC reviews the DPHHS HUD ESG CAPER for project performance, utilization, resource targeting, data quality, and costs per household and provides feedback to DPHHS. DPHHS/CoC conduct bi-monthly CoC & ESG RRH conference calls that include review of RRH project performance data & 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 sexual orientation and gender identity:

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, School Districts.	
	NOFO Section VII.B.1.d.	

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

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

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

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

(limit 2,500 characters)

MT CoC written policies & procedures codify partnerships with SEA/LEA/school districts/youth education providers by requiring every grantee agency & encouraging all other homeless services providers to adopt 9 measures. These ensure that participants are informed of their educational rights & that children are enrolled in school & connected to services (e.g., early childhood education, Head Start, Part C of the Individuals with Disabilities Education Act & the McKinney-Vento education services). These measures include designating a staff person who will: maintain a current list of local contacts for these programs, the local homeless education liaisons for all school districts, & the State Coordinator of Education of Homeless Children; contact each of these programs to request and receive a briefing on their programs; establish a working-relationship with the contacts; develop processes for coordinating services to clients; within 72 hours of project entry, contact the local LEA to arrange a briefing w/the family about all available education programs, coordinate assistance for enrollment & transportation to the school of origin or the local school, & make referrals to educational services; follow-up w/the family within 3 days of contacting the local homeless education liaison to ensure the child has been enrolled in school; & contact the SEA to request further assistance if needed. The Statewide CoC's written Monitoring Guide includes a standard that assesses if the grantee has: designated such a staff person to fulfill these & other responsibilities; and adopted written policies & procedures that require such coordination with the LEA/ SEA/school district/youth education providers. The Statewide CoC's written Monitoring Guide also includes a monitoring standard that assesses subrecipient agreements to ensure inclusion of the requirements for subrecipients to: establish the required educational policies and procedures; & to designate a staff person to fulfill the responsibilities to coordinate with the LEA, SEA & school districts, & youth education providers described above. Membership in the SW MT CoC for the local school district and Head Start provider are codified in writing. Membership in the NW MT CoC for the local school district homelessness liaison and youth education providers (e.g., the Early Childhood Coalition of Flathead Valley, Glacier Boys and Girls Club) are codified in writing.

1C-4b.	Informing Individuals and Families Experiencing Homelessness about Eligibility for Educational Services.	
	NOFO Section VII.B.1.d.	

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

(limit 2,500 characters)

MT CoC Policies and Procedures require every grantee agency and encourages all other homeless services providers to adopt 9 measures ensuring a staff person informs project participants 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 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.

The Statewide CoC's written Monitoring Guide includes a standard that assesses if the grantee has designated such a staff person to fulfill these responsibilities and if subrecipient agreements codify the requirement to designate such a staff person.

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

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

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

1C-5.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors—Collaborating with Victim Service Providers.	
	NOFO Section VII.B.1.e.	
	Describe in the field below how your CoC regularly collaborates with organizations who help provide housing and services to survivors of domestic violence, dating violence, sexual assault, and stalking to:	
1.	update CoC-wide policies; and	
2.	ensure all housing and services provided in the CoC are trauma-informed and can meet the needs of survivors.	

(limit 2,500 characters)

1)The Statewide CoC Board is responsible for updating CoC-wide policies. The Board includes representatives from 3 agencies that provide services to people who meet the category 4 definition of homelessness (i.e., SAFE in Ravalli county, YWCA of Missoula, and YWCA of Billings). All three representatives are active members in the Montana Coalition Against Domestic and Sexual Violence, which is the State DV (MCADSV) and sexual assault coalition. All three have also served on the board of MCADSV. These 3 CoC Board members, in partnership with other Board members and CoC staff, help to ensure that the CoC regularly collaborates with organizations who provide housing and services to survivors to update CoC-wide policies; 2) These 3 CoC Board members, in partnership with other Board members, and CoC staff also help to ensure that the CoC regularly collaborates with organizations who provide housing and services to survivors to ensure all housing and services provided in the CoC are trauma-informed and can meet the needs of survivors. The Missoula Local CoC works closely with the YWCA Pathways Program to ensure people fleeing DV have access to culturally competent & trauma-informed services & to overcome barriers to access for this population. The SW MT Local CoC partners with the Community Action Team to advance a community-wide effort to ensure a trauma-informed approach for adults and youth. SAFE is a leader of the Ravalli County CoC & provides training & supports to help other providers to implement trauma-informed practices that meet the needs of survivors. The Helena CoC partners with the Friendship Center via weekly calls to provide training & resources to ensure a trauma-informed approach. NW MT CoC includes representatives from CAP RRH for survivors & Abbie Shelter on their leadership committee. District 4 HRDC, which operates a Victim Services Program, is the lead agency for the Hill County CoC. Other collaborations include: Great Falls CoC/YWCA Mercy Home.

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

	2. Coordinated Entry staff that addresses best practices (e.g., trauma informed care) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually).
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(limit 2,500 characters)

1)DV training for project staff on best practices including trauma-informed & survivor centered approaches and safety and planning protocols in serving survivors occurs at a minimum annually. Examples include: The YWCA Pathways Program provides DV training for the Missoula Local CoC project staff; SAFE is a leader of the Ravalli County CoC & provides training & supports to help other providers' staff to implement trauma-informed practices and safety protocols that meet the needs of survivors. The Friendship Center provides DV training to Helena CoC project staff. The MT Coalition Against Domestic and Sexual Violence provides DV training to staff in the Hill County CoC. Some local CoC project staff receive this training quarterly. 2) Local Coordinated Entry (CES) Zones do not employ paid staff. Those efforts rely on leveraged staff resources at Local CoC member agencies. Training for partner staff who coordinate the Local CES Zones on best practices including trauma-informed & survivor centered approaches, safety and planning protocols in serving survivors occur at a minimum annually. Examples include: The YWCA Pathways Program provides DV training for the Missoula Local CES; SAFE is a leader of the Ravalli County CoC & provides training & supports to help other CES staff to implement trauma-informed practices and safety protocols that meet the needs of survivors. The Friendship Center provides DV training to Helena CES staff. Opportunities Inc manages the Great Falls CES Zone, and those staff also receive DV training. Some local CES staff receive this training quarterly.

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

Describe in the field below:

1.	the de-identified aggregate data source(s) your CoC uses for data on survivors of domestic violence, dating violence, sexual assault, and stalking; and
2.	how your CoC uses the de-identified aggregate data described in element 1 of this question to evaluate how to best meet the specialized needs related to domestic violence and homelessness.

(limit 2,500 characters)

1)Victim Service Providers submit HUD Annual Performance Report (APR) summaries (containing statistics but no client level information) and System Performance Measure (SPM) data to the Continuum of Care and HMIS Lead following the end of each Federal Fiscal Year. CoC also uses data from the following data sources to assess specialized needs of survivors: PIT Survey, Annual Domestic Violence Counts Report issued by the National Network to End Domestic Violence, Other data from local DV providers, including from the comparable databases, and a MT DPHHS survey conducted twice a year of DV clients. 2) Data from the APR and SPM 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 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 additional data sources listed above to assess specialized needs of survivors as follows: A) PIT Survey counts 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; B) 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; C) Data from other local DV providers, including from the comparable databases, is shared in local CoC planning to help determine the level of unmet need; D) 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-5c.	Communicating Emergency Transfer Plan to Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	
	Describe in the field below how your CoC communicates to all individuals and families seeking or receiving CoC Program assistance:	
	1. the emergency transfer plan policies and procedures; and	
	2. the process for individuals and families to request an emergency transfer.	

(limit 2,500 characters)

1) 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. The statewide CoC has also adopted a policy that requires each Coordinated Entry Referral Zone, including the Rural Coordinated Entry System Call Center, and all CoC funded projects to inform all individuals and families seeking or receiving CoC Program assistance, regardless of known survivor status, of their rights under the emergency transfer plan. The statewide CoC is making available a brief, user friendly notice that clearly explains the emergency transfer plan policies and procedures. Each Coordinated Entry Referral Zone and all CoC funded projects are required to briefly explain the transfer policy and provide the notice upon application for assistance, at project intake, and at annual recertification. 2) The statewide CoC has also adopted a policy that requires each Coordinated Entry Referral Zone, including the Rural Coordinated Entry System Call Center, and all CoC funded projects to inform all individuals and families seeking or receiving CoC Program assistance, regardless of known survivor status, of the emergency transfer process. The statewide CoC is making available a brief, user friendly notice that clearly explains the emergency transfer process. Each Coordinated Entry Referral Zone and all CoC funded projects are required to briefly explain the transfer process and provide the notice upon application for assistance, at project intake, and at annual recertification.

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

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

(limit 2,500 characters)

Montana includes large rural areas where DV survivors can be hours away from the nearest service provider. To ensure access to housing & services, the CoC uses CES Referral Zones that mirror the state's community action agency districts. DV providers are CES front-doors in every area & members on CES case conferencing teams. Survivors experiencing a housing crisis in a rural area can also access the Montana Rural Coordinated Entry System Call Center. Referrals are made within the zone where someone reaches out for services, but CES can also accommodate referrals across zones. Similarly, the MT Coalition Against Domestic & Sexual Violence has members in each of 5 regions across MT with 24-hour crisis hotlines available in each region. This decentralized approach helps to ensure that survivors, regardless of their location, have access to housing & services through Victim Service Providers, CoC funded projects, & non-CoC funded programs serving people experiencing homelessness. Outreach teams in each CES zone assist by maintaining & documenting contact, building rapport, & helping the person connect to services of their choice. CES triage asks each person, do you feel safe? If at any time a safety concern emerges: A) Household is referred to the local DV provider or crisis helpline/center. B) An assessment conducted by a provider specializing in DV 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 another appropriate local program for a hotel voucher. C) The shelter case manager completes a CES common assessment within the 1st week. D) A unique identifier is assigned & entered into the By Name List. E) DV agencies attend CES case conferencing to ensure people with unique identifiers are discussed and prioritized per policy, guaranteeing integration with the CES. In rural areas, where there are few providers, warm handoffs may substitute for case conferencing to ensure access to all available housing/services. Each CES referral zone has inventoried & entered into the HMIS-CES all available housing opportunities, including CoC, ESG, DOJ & HHS funded programs & more. All clients are asked about their choice in housing, & CES provides referrals accordingly. Households fleeing DV have equal access to both DV specific & non-DV housing & services & can determine which available services best fit their individual needs.

1C-5e.	Including Safety, Planning, and Confidentiality Protocols in Coordinated Entry to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	

	Describe in the field below how your CoC's coordinated entry includes:
1.	safety protocols,
2.	planning protocols, and
3.	confidentiality protocols.

(limit 2,500 characters)

1) Coordinated Entry System (CES) includes safety protocols 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 policy, guaranteeing integration with the CES. F) 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 CES safety protocols. 2) CES includes planning protocols as follows: A) 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. Inventory data and CES generated information on preferences, referrals, and survivor choices enable each community CES to identify gaps and needs and determine priorities for new housing and service development. Local CoC representatives serve on the Statewide CoC Board and contribute this information from their local CES processes to statewide CoC planning discussions. 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 and Queer+—Anti-Discrimination Policy and Training.	
	NOFO Section VII.B.1.f.	

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

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

	Describe in the field below:
1.	whether your CoC updates its CoC-wide anti-discrimination policy, as necessary, based on stakeholder feedback;

2.	how your CoC assisted providers in developing project-level anti-discrimination policies that are consistent with the CoC-wide anti-discrimination policy ensuring that LGBTQ+ individuals and families receive supportive services, shelter, and housing free from discrimination;
3.	your CoC's process for evaluating compliance with your CoC's anti-discrimination policies; and
4.	your CoC's process for addressing noncompliance with your CoC's anti-discrimination policies.

(limit 2,500 characters)

1) In 2018 the CoC adopted a CoC-wide anti-discrimination policy. In 2022 the CoC reviewed a sample policy from a different CoC that includes robust guidance for provider agencies on ensuring a safe, healthy, affirming and discrimination-free environment for persons identifying as LGBTQIA+. That policy includes guidance on topics including terminology, requirements around professionalism/staff conduct, confidentiality/privacy, chosen titles/pronouns, gender separated facilities/services, safety, healthcare, and dress codes. It also describes sanctions and penalties for violations and a grievance process. The CoC circulated the sample policy among members and sought feedback, then adopted a local version of the policy to supplement the existing 2018 anti-discrimination policy. 2) The CoC provided a sample project-level anti-discrimination policy that is consistent with both the original and new supplemental CoC-wide anti-discrimination policies. The sample project-level CoC policy ensures that LGBTQIA+ individuals and families receive supportive services, shelter, and housing free from discrimination. In September 2022, the CoC provided an overview of both the updated CoC-wide and the project-level anti-discrimination policies during a webinar for provider agencies. The webinar was led by an LGBTQIA+ identified trainer and provided an opportunity for questions about implementation of the sample project-level policy. 3) The CoC's monitoring program evaluates project compliance with anti-discrimination and Equal Access requirements by reviewing, for example, recipient/subrecipient policies, participant handbooks, case notes, and by interviewing project staff. 4) Failure to adhere to anti-discrimination requirements results in a finding. The monitoring team makes specific recommendations to correct the finding. CoC staff/consultants are available to answer questions and provide support as agencies work to correct findings. If subsequent monitoring indicates that a project is unable or unwilling to make the necessary changes, the project could risk being reallocated.

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

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

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

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2021 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
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Missoula Housing Authority	25%	Yes-Both	Yes
Helena Housing Authority	47%	Yes-Both	Yes

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

Describe in the field below:

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

(limit 2,500 characters)

1.The CoC has strong relationships with PHAs and leverages PHA resources to end homelessness. For example, the two largest PHAs in the CoC's geographic area both have homeless admission preferences in the Housing Choice Voucher program and Public Housing. 25% of new admissions from for Missoula and 47% of new admissions for Helena were people experiencing homelessness at entry between September 2021 and August 2022. Five PHA executive directors (4 local and 1 statewide) are all CoC board members, serving as board president, vice-president, and chair of the HMIS oversight committee. This level of involvement has created a high level of PHA-CES collaboration 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	Yes
2.	PHA	Yes
3.	Low Income Housing Tax Credit (LIHTC) developments	Yes
4.	Local low-income housing programs	Yes
	Other (limit 150 characters)	
5.		No

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

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

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

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

1.	Did your CoC coordinate with a PHA(s) to submit a competitive joint application(s) for funding or jointly implement a competitive project serving individuals or families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other programs)?	No
		Program Funding Source
2.	Enter the type of competitive project your CoC coordinated with a PHA(s) to submit a joint application for or jointly implement.	

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

	Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	No
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1C-7e.1.	List of PHAs with Active MOUs to Administer the Emergency Housing Voucher (EHV) Program.	
	Not Scored—For Information Only	

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

PHA
Missoula Housing ...

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

Name of PHA: Missoula Housing Authority

1D. Coordination and Engagement Cont'd

1D-1.	Discharge Planning Coordination.	
	NOFO Section VII.B.1.h.	

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

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

1D-2.	Housing First—Lowering Barriers to Entry.	
	NOFO Section VII.B.1.i.	

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2022 CoC Program Competition.	12
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2022 CoC Program Competition that have adopted the Housing First approach.	12
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, SSO non-Coordinated Entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in the FY 2022 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

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

Describe in the field below:

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

(limit 2,500 characters)

1)The CoC requires all projects to use a Housing First approach. The CoC evaluates Housing First implementation as follows. The CoC's Score Card is used to evaluate and rank all projects. All projects may admit only applicants referred via Coordinated Entry & may not reject eligible applicants due to criminal history, substance use, lack of income, poor credit, eviction history, reluctance to engage in services or other barriers. The Coordinated Entry System assesses whether projects are adhering to Housing First commitments.

2) The CoC uses the following factors/performance indicators when evaluating compliance with HF: days from project entry to move-in to ensure prioritization of rapid housing placement; 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. Coordinated Entry monitors referrals & exits to ensure that eligible applicants are admitted, housed and stabilized promptly and not exited for impermissible reasons.

3) 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.

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

(limit 2,500 characters)

1) Street outreach provided through shelters, SSVF, PATH & Coord Entry (CES) identifies & engages people living unsheltered. CES outreach teams strengthen coordination among existing & new outreach projects, e.g., Missoula provides best practices & coordination to help teams meet unique needs (e.g., Transition Aged Youth) & has a Mobile Support Team dispatched through 911 to respond to behavioral health crises. Ravalli County outreach visits local campgrounds & coordinates with the US Forest Service to identify & engage people on forest lands & in campgrounds. Bozeman has a street outreach program that uses peer support and partners with police & drop-in/warming/mental health centers to enhance safety & connections to housing & services. The Salvation Army, Good Samaritan Ministries, local churches, veterans 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) Outreach workers use motivation building strategies to engage those least likely to seek services and help them to accept assistance. Coordinated Entry 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 for those least likely to request assistance. 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 organizations serving high concentrations of racial/ethnic/religious minorities, and/or people with disabilities. The CoC's monitoring program evaluates compliance with HUD requirements on affirmatively furthering fair housing. The CoC Scorecard evaluates the extent to which Local CoCs are taking actions to ensure Affirmative Outreach that furthers fair housing, including to persons with limited English proficiency.

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

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

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

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

		2021	2022
	Enter the total number of RRH beds available to serve all populations as reported in the HIC—only enter bed data for projects that have an inventory type of "Current."	326	402

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

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

	Resource	CoC Provides Annual Training?
1.	Food Stamps	Yes
2.	SSI—Supplemental Security Income	Yes
3.	TANF—Temporary Assistance for Needy Families	Yes
4.	Substance Abuse Programs	Yes
5.	Employment Assistance Programs	Yes
6.	Other (limit 150 characters)	
		No

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

Describe in the field below how your CoC:

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

(limit 2,500 characters)

1)The statewide CoC provides local CoCs & grantees with mainstream benefits updates from state & federal agencies. Local Offices of Public Assistance (OPAs) are active participants in local CoC meetings, provide guidance on enrollment in their programs & assist local CoC providers to troubleshoot barriers to enrollment. Community Action Agencies (CAAs) in each community are also TANF operators, including 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 MT Department of Public Health & Human Services (DPHHS), which administers SNAP, TANF, WIC, Medicaid, Healthy MT Kids, health insurance marketplace tax credits, childcare assistance, LIEAP, etc. held office hours at the statewide Housing Conference. 2) The Statewide CoC has partnered with a foundation on an HMIS data integration project to facilitate Medicaid enrollment. Health insurance navigators assist with health insurance enrollment. CoC providers coordinate with SHIP counselors to assist in applying for & navigating health insurance. Examples from Local CoCs include: Yellowstone County CoC is working with the Unified Health Command & Substance Abuse Connect Coalitions; multiple healthcare organizations participate in Missoula CoC general meetings, case conferencing, and oversight committee meetings to provide guidance on and ensure access to their services; the Helena CoC collaborates with nearly every healthcare, substance use disorder (SUD) & mental health (MH) care provider in their area and ensures access during weekly case conferencing calls; through the FUSE initiative at a local hospital the Helena CoC is working with medical, SUD & MH providers to impact social determinants of health; NW MT CoC members include the local health officer, behavioral health office, MH providers, hospital, & SUD clinics, & through weekly CES meetings these partners are problem solving roadblocks to access 3) Missoula CoC collaborates with Partnership Health Center to train new staff on SOAR. NW MT CoC is working to enhance the number of SOAR certified staff beyond those they currently have at CAP, PATH, and VOA. Helena CoC has identified multiple SOAR certified workers, refers to them during case conferencing, and does trainings/updates for new staff on SOAR.

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

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

(limit 2,500 characters)

Because needs & resources differ widely across urban, suburban, rural & frontier areas of Montana, sheltering strategies are determined, implemented and adjusted at the local CoC level. Examples of how the CoC is increasing its capacity to provide non-congregate shelter include: In the Ravalli County CoC, a capital campaign is underway to double the number of emergency shelter bedrooms and provide en-suite bathrooms and enlarged kitchen space to enable distancing. The plans also enable two rooms to be isolated from the rest of the shelter. In the Helena CoC, several alternative sheltering options that would increase the number of non-congregate shelter units have been presented to the City and County. The local CoC is working with local government to find a workable solution. The NW MT CoC, has worked with local shelter partners to establish quarantining plans and to provide non-congregate shelter alternatives for people who are immunocompromised or COVID positive. Several Local CoCs, including Billings accessed COVID 19 funding to support use of motels for sheltering. The Billings CoC is working to secure alternative funding for a property that would co-locate several projects, operated by multiple providers, thereby reducing costs through economies of scale and shared operations. This strategy would enable non-congregate sheltering.

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

(limit 2,500 characters)

Because needs & resources differ widely across urban, suburban, rural & frontier areas of Montana, infectious disease prevention efforts and response policies & procedures are established & implemented at the local CoC level. 1) Local CoCs (e.g., Helena, Missoula, & SWMT) participate in Community Organizations Active in Disaster (COAD) planning bodies. COADs are a structured way for local CoCs to coordinate with their City/County Health Departments, County Offices of Emergency Management, local non-profits, private and public health/behavioral healthcare organizations, etc., to support effective policies/procedures to respond to infectious disease outbreaks and other type of emergencies. COADs meet regularly to prepare and mobilize a coordinated response, to share lessons learned, and to continuously build local capacity, including establishing & updating policies/procedures. Local CoCs (e.g., NWMT) also work regularly with their City/County Health Departments to ensure that all policies/procedures to prevent and respond to infectious disease outbreaks, are current and appropriate per State/County regulations. For example, policies and procedures on quarantine, isolation and referral were established/updated & are now being leveraged to respond to the Monkey Pox outbreak. 2) Local CoCs are also working with their COADs and City/County Health Departments to prevent infectious disease outbreaks among people experiencing homelessness (PEH). For example, the local health department provided training and protocols for Great Falls CoC programs to follow, and the Helena CoC works with their local health department to help member agencies alter their models of care and adjust in response to infectious diseases. The Missoula CoC works closely with public health agencies to gather the most up to date information about prevention of and response to outbreaks and share it widely via word of mouth, flyer, and emails with member organizations. Shelter staff are trained to disseminate updates to residents, and outreach teams share information with people who are unsheltered. The Yellowstone County CoC has a seat on its Unified Health Command (UHC). Local CoCs, in partnership with their City/County health departments, COADs, UHC, work to ensure cooperation, communication, coordination, and collaboration to prevent infectious disease outbreaks among PEH.

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

(limit 2,500 characters)

Because needs & resources differ widely across urban, suburban, rural & frontier areas of Montana, strategies to most effectively equip providers to prevent or limit infectious disease outbreaks are established & implemented at the local CoC level. 1) Local CoCs (e.g., Helena, Missoula, SWMT, Yellowstone County) participate in Community Organizations Active in Disaster (COAD) and/or Unified Health Command (UHC) planning bodies. COADs/UHCs are a structured way for local CoCs to obtain current and accurate information about public health measures and to ensure that those measures are responsive to the needs of people experiencing homelessness (PEH). Homeless services staff at all levels are part local homelessness COADs/UHCs. This includes healthcare professionals, nonprofit directors, outreach staff, case managers, and others. This enables efficient communication across all levels of the system and ability to share information quickly both with providers serving PEH and participants. Local CoCs share this information via general membership and committee meetings, case conferencing, email, social media, flyers, staff training, & word of mouth. 2) COADs/UHCs are comprised of dozens of public and private agencies across the state, including public health agencies and homeless services providers. They meet regularly to identify client and provider needs, overcome barriers and promote best practices related to preventing/limiting infectious disease outbreaks. These efforts ensure communication and coordination structures are in place that can be quickly leveraged during current and future public health emergencies to: monitor and disseminate information from public health authorities; train staff in shelter, outreach, and housing programs; ensure the continuation of services and stakeholder coordination using videoconferencing technology; deconcentrate shelter; rapidly stand-up non-congregate beds; ensure access to basic hygiene for people living unsheltered; expedite housing placement; secure and disseminate PPE and disinfecting products; promote precautions among staff and clients; and partner with health care providers to promote vaccine confidence among and ensure convenient vaccine access for project staff and clients.

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

(limit 2,500 characters)

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) CES implementations in each zone follow standardized assessment processes. The entire CoC uses the HUD Pre-Screen tool as an entry assessment into CES. The state now also uses the MAP (Matching Appropriate Placement) to score clients and determine their level of need and which local resources would be of best use to them. Case conferencing is done slightly differently across local CoC CES implementations, but in all cases they have a system in place to use all the information and assessment tools cited above to prioritize all active clients on their By Name List and determine which local resources should be paired with their clients. 3) Local CES Implementations are supported by a monthly statewide CES call, where participating projects provide feedback, share best practices and problem solve challenges. Statewide CES policies and procedures and Local CoC CES implementations are updated based on that feedback.

1D-9a.	Program Participant-Centered Approach to Centralized or Coordinated Entry.	
	NOFO Section VII.B.1.p.	

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

(limit 2,500 characters)

1)MT includes large rural areas where homeless persons can be hours away from the nearest service provider. The CoC uses CES Referral Zones that mirror the state's community action agency districts. People in rural areas can access the Rural CES Call Center. This decentralized approach helps to ensure that vulnerable people, who are least likely to apply, have access regardless of location. Decentralization also enables local people who understand the demographics, barriers, and language needs in their area to determine the best approach to market CES to those least likely to apply & to develop a targeted outreach approach & materials that affirmatively further fair housing. Based on local assessments of the marketing needs, outreach teams in each zone focus on identifying & connecting the people least likely to seek assistance to the CES. When persons decline to engage (e.g., due to substance use, disabling mental illness, language barriers, etc.), 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. 2) Each Referral Zone uses the MAP (Matching Appropriate Placement) tool to assess clients' current living situation, risk factors, and needs. Case conferencing is done slightly differently across local CoC CES implementations, but, in all cases, they prioritize those with the most significant needs. The information collected on the MAP assessment is used in conjunction with case notes collected while working with clients to make informed decisions during case conferencing about which clients should be prioritized for different types of housing. 3) The MAP tool explores participants preferences, which are heavily weighted in referral decisions. Each local CoC monitors the by-name list to ensure that high need tenants are served promptly in accordance with their preferences. The CoC evaluates days from project entry to move-in to ensure rapid housing placement subsequent to referral. Local CoCs monitor referrals & housing placements to ensure that eligible applicants are admitted, housed and stabilized promptly. 4) The CoC recently discontinued use of the VI-SPDAT & developed a new assessment tool. The new tool helps to ensure a streamlined process, that asks for the least amount of information necessary & minimizes invasiveness. For clients unable/unwilling to travel to designated access points, outreach workers assist.

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

1.	Has your CoC conducted a racial disparities assessment in the last 3 years?	Yes
2.	Enter the date your CoC conducted its latest assessment for racial disparities.	09/19/2022

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

Describe in the field below:

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

(limit 2,500 characters)

1) In September 2022, the CoC Lead agency examined enrollment and outcomes data to detect any potential racial disparities in the provision or outcomes of CoC funded homeless assistance, in addition to assistance funded through other sources. Specifically, the analysis looked at exit data for participants served between 9/1/21 and 8/31/22. The analysis used two data sources: 2022 PIT Count Data, and HMIS data. The analysis includes graphic representations of the data to ensure usability, key findings and recommendations for next steps to address the identified disparities. The CoC also has a Data Dashboard that provides real-time, publicly accessible, web-based data that analyzes racial disparities in the provision and outcomes of homeless assistance (including but not limited to CoC funded assistance). For example, the dashboard includes the number of participants, percent of exits to permanent housing and average days from intake to housing by race. Data can be filtered by provider and by prior living situation. The data source for the dashboard is HMIS. 2) Racial disparities identified by the CoC include: participants identifying as African American/Black, Native American/Alaskan Natives and Native Hawaiian/Pacific Islander had lower rates of positive exit outcomes (includes PH & TH), while those identifying as Asian, White, and mixed race had higher rates of positive exit outcomes compared to the aforementioned groups. Those who identified as Black/African American and Native American/Alaskan Natives were less likely to obtain permanent housing than Whites. Those who identified as Native Hawaiian/Pacific Islander had the lowest rate of obtaining permanent housing. Households identifying as mixed race took the least amount of time to obtain housing. In comparison, it took Blacks/African Americans 27.8 days longer to obtain housing than those identifying as mixed race, and 17.1 days longer than Whites. Those identifying as Native American/Alaska Native fell in the middle. People of Hispanic/Latino heritage and those who identified as Non-Hispanic/Latino had very similar rates of obtaining permanent housing, but Hispanic/Latino clients were able to find housing 16.27 days sooner on average than those who identified as Non Hispanic.

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

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

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	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.	No
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.		

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

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

(limit 2,500 characters)

There are disproportionate numbers of tribal members experiencing homelessness in the CoC. This past year, to address these disparities, the CoC's new Exec Dir has worked to engage tribal communities throughout the state. With the assistance of the state HUD rep, planning is underway to facilitate a series of meetings between tribal & CoC leadership. Through this partnership, CoC leadership has invited tribal participation in the statewide & local CoCs to help ensure that resources are targeted at meeting the needs of these communities. Engagement of tribal leaders also ensures that: tribal communities are aware of CoC funding opportunities; & existing CoC projects, the CoC Board, & local CoCs are knowledgeable about & responsive to the needs of indigenous people experiencing homelessness (PEH) & accountable for reducing homelessness among & strengthening service outcomes for this population. The MT CoC Leadership Council is an advisory group comprised of PEH. Through this Council, the MT CoC is working to ensure, not only engagement of those w/lived experience in the governance of the CoC, but targeted efforts to ensure a voice for people with lived expertise who can advise CoC funded projects, the CoC Board & local CoCs on how best to address the known disparities revealed in the CoC's most recent race equity assessment. The CoC has implemented continuous quality improvement (CQI) strategies led by a CQI subcommittee for its YHDP projects, including: a publicly accessible, web-based data dashboard that includes multiple measures used to understand & address disparities in the provision & outcomes of homeless assistance (e.g., the dashboard includes the number of participants, percent of exits to permanent housing and average days from intake to housing by race). Via grantee roundtables strategies to address disparities are identified & advanced. Additionally, Montana's Youth Action Board continues to make significant strides to address known racial disparities. Through outreach to community stakeholders, regular meetings with YHDP providers, and presenting at Montana's statewide Housing Conference the YAB has raised awareness of the disparities among youth experiencing homelessness. The YAB is currently developing a training for providers on how to better engage youth from disparaged communities and working with YHDP providers to develop programmatic benchmarks and policies to ensure YHDP programming continues to effectively address know disparities.

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

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

(limit 2,500 characters)

The CoC has a Data Dashboard that provides real-time, publicly accessible, web-based data on multiple measures used to track progress on preventing and eliminating disparities in access to and outcomes of homeless assistance. For example, the dashboard includes the number of participants, percent of exits to permanent housing and average days from intake to housing by race, gender (male, female, nonbinary, transgender, male transgender, female transgender, questioning), and sexual orientation (heterosexual, bisexual, gay questioning, lesbian). Data can be filtered by provider and by prior living situation. The Data Dashboard also provides inflow and outflow data for each local Coordinated Entry Zone by race, age, gender, and disabling condition. CoC staff monitor data and compare to national statistics to identify opportunities and strategies to prevent and eliminate disparities. The CoC Scorecard, which establishes evaluation metrics for new and renewal project applications, gathers information useful in tracking progress on preventing or eliminating disparities in provision or outcomes of homeless assistance. For example, it requires submission of a narrative used to assess and score the extent to which applicants have identified inequities in housing and service access in their area, taken actions to address those inequities, and/or have established plans to take such actions. In addition, the Scorecard requires submission of a narrative used to assess and score the extent to which applicants have integrated culturally specific and responsive programming and/or have established plans to do so.

1D-11.	Involving Individuals with Lived Experience of Homelessness in Service Delivery and Decisionmaking—CoC's Outreach Efforts.	
	NOFO Section VII.B.1.r.	
<div>Describe in the field below your CoC's outreach efforts (e.g., social media announcements, targeted outreach) to engage those with lived experience of homelessness in leadership roles and decision making processes.</div>		

(limit 2,500 characters)

The YAB has a Facebook page and a page on the statewide CoCs website to inform the public of their efforts and recruit new YAB members. The YAB also conducted outreach via a presentation at the Montana Statewide Housing Conference, where young people with lived experience of homelessness shared their expertise via personal stories related to housing insecurity and homelessness and where they addressed stigma, authentic support and adultism. Local CoCs use a range of outreach strategies to engage people with lived experience of homelessness (PLEH) in leadership roles and decision-making processes. In the NWMT CoC one agency takes the lead on following up with all clients served by CoC and/or ESG programs to receive updates on their situation and feedback on how to improve services. This enables both gathering critical information to inform continuous quality improvements and recruiting PLEH to join the CoC. In the Missoula CoC, a group of staff focused on equity within Coordinated Entry held focus groups with lived experts who are Black and Brown to gather insights about their experiences accessing housing resources. Those insights are being used to inform decisions related to Coordinated Entry. The SW MT CoC meets monthly at their local emergency shelter to intentionally ensure that PLEH have easy access to CoC decision-making. Local CoCs (e.g., Great Falls) partner with service providers who identify leaders among PLEH and recruit them as participants in the CoC. Local CoCs (e.g., Missoula, Helena) have member agencies that employ PLEH in roles including outreach workers, case managers and peer support specialists. These staff participate in their local CoCs, help to recruit other PWLEH, and help to inform and guide CoC decision-making. Local CoCs (e.g. Gallatin County) also use an in-reach approach to identify and engage in their CoC PWLEH, for example, current and former shelter residents and housing tenants. In addition to other strategies mentioned above, the Hill County Local CoC conducts outreach via public service announcements and radio and print advertisements.

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

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

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included and provide input that is incorporated in the local planning process.	20	12
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	19	11
3.	Participate on CoC committees, subcommittees, or workgroups.	17	11
4.	Included in the decisionmaking processes related to addressing homelessness.	20	12
5.	Included in the development or revision of your CoC's local competition rating factors.	12	10

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

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

(limit 2,500 characters)

The Statewide CoC provides a range of professional development opportunities to people with lived experience of homelessness (PLEH) via its YAB. YAB members get paid experience (\$25/hour) as experts in homelessness and consult on a range of program and system level decisions. YAB members participated in formal facilitation training and have multiple opportunities to practice facilitation and presentation skills. For example, a YAB member worked with a national consultant to co-facilitate an Adultism Training, and several YAB members presented at the Montana Statewide Housing Conference. In addition, YAB members gain valuable experience in group processes and coalition building through their participation in YHDP meetings. Other professional development strategies utilized by YAB include having a young person with lived expertise co-write a successful grant application and engaging YAB members in a review of: policies and procedures for YHDP grantees, a staff training curriculum, and client intake forms. These opportunities not only help PLEH to develop employment skills, but also provide critical exposure to potential employers. In the SWMT local CoC, one member of the Homeless Advisory Committee leveraged that experience to secure a seat on the board of the local Community Action Agency. CoC member agencies across the state also provide professional development opportunities (e.g., Supportive Employment, Supportive Education, skills-based training, internships, and continuing education). Member agencies also provide mentorship opportunities for staff with lived expertise to partner with staff who have other types of expertise.

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

Describe in the field below how your CoC:

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

(limit 2,500 characters)

1)The Statewide CoC routinely gathers feedback from people experiencing homelessness & CoC/ESG project participants via a range of strategies. YAB members leverage their experience receiving homeless assistance to provide guidance & expertise to YHDP grantees & others. For example: Youth with lived experience participated in all meetings with a YHDP grantee to understand & address their under-performance; the YAB reviewed policies/procedures for YHDP grantees; the YAB reviewed a training curriculum for a YHDP grantee; and the YAB actively participated in anti-racism training to help build shared language, develop baseline understandings of how inequality operates within the human services sector, & build inclusive programs & workplaces. Local CoCs also routinely gather feedback from people experiencing homelessness & CoC/ESG project participants via a range of strategies. They provide that feedback to the statewide CoC. For example, in the NWMT CoC one agency takes the lead on following up with all clients served by CoC and/or ESG programs to receive updates on their situation and feedback on how to improve services. This enables both gathering critical information to inform continuous quality improvements and recruiting PLEH to join the CoC. In the Missoula CoC a group of staff focused on equity within Coordinated Entry held focus groups with lived experts who are Black and Brown to gather insights about their experiences accessing housing resources. Those insights are being used to inform decisions related to Coordinated Entry. Local CoCs (e.g., Missoula, Helena) have member agencies that employ PLEH in roles including outreach workers, case managers and peer support specialists. These staff provide feedback about the experience of homelessness to their local CoCs. The SWMT CoC is currently conducting focus groups among people with lived experience to get feedback on the design and location for permanent supportive housing. The Yellowstone CoC has conducted surveys and interviews to gather feedback from PLEH. 2) All suggestions provided by YAB from their review of client intake forms used by all YHDP grantees were incorporated. As a result of feedback from their Homeless Advisory Committee, the SWMT CoC began needle exchange and is working to develop PSH. Feedback from PLEH helped the Helena CoC to establish an agenda that includes: expanding Housing First, affordable housing development, & zoning reform.

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

(limit 2,500 characters)

1) The Statewide CoC works with the MT Housing Partnership, a collaboration between MT Housing and Neighbor Works MT. This partnership is leveraging resources from more than 20 public and private organizations across the state to advance affordable housing. For example, a Land Use Working Group is reviewing requirements for local growth policies & planning and zoning statutes to offer recommendations for legislative changes endorsed by the Montana League of Cities and Towns. Zoning and land use policies differ widely across urban, suburban, rural & frontier areas of Montana & are predominantly determined at the local level with local constituents & organizations being best positioned to build support for and secure reforms. Consequently, much of this work is being done at the local CoC level. For example, the Ravalli County Local CoC works closely with the City of Hamilton to promote zoning changes that would allow for Accessory Dwelling Units. The Helena local CoC met with the new City Planning Director and met multiple times with the city and county commissions to identify needs, and possible solutions to zoning/land use barriers. They are creating a Housing Task Force to engage a broader group of stakeholders (e.g., builders, landlords, contractors, etc.) to increase their impact on local elected officials and policies in order to secure zoning/land use reforms that enable more affordable housing development. Leaders of the NWMT CoC and partnering providers have made numerous appearances at City Council, the County Commission, and public meetings to lobby for the reformation of zoning and land use policies. 2) Through its involvement in MT Housing Partnership, the statewide CoC is working with partners to promote the State's critical role in housing affordability. This includes working with veteran legislators who have championed housing legislation in the Montana Legislature, with the Montana League of Cities and Towns; & with the business community to reduce regulatory barriers to affordable housing development. In addition, local CoCs are engaged in this work. For example, the Ravalli County Local CoC is educating its city council regarding infrastructure fees and the impediments they create for affordable housing development).

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

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

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

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

	Enter the date your CoC published the deadline for project applicants to submit their applications to your CoC's local competition.	08/09/2022
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1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question and the response in Question 1E-2a along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
	NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	

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

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

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

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

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

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

1.	What were the maximum number of points available for the renewal project form(s)?	89
2.	How many renewal projects did your CoC submit?	12
3.	What renewal project type did most applicants use?	PH-RRH

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

Describe in the field below:

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

(limit 2,500 characters)

1) % of exits to PH & % of persons remaining in or moving to PH are scored factors in renewal evaluation & ranking. Data are collected in HMIS & analyzed in Excel & the CoC data dashboard, which tracks, for example, exit destinations for all CoC funded projects by Coordinated Entry Zone, provider, Veteran and Chronic Status, gender, race, sexual orientation & prior living situation. Retention in PH is a scored factor in renewal evaluation & ranking. 2) Time from entry to move-in is a scored factor in renewal evaluation & ranking. Data are collected in HMIS & analyzed in Excel & the CoC data dashboard, which tracks median days to housing by exit destination, CES Zone, provider, & Veteran/Chronic status & average days to housing by gender, race, sexual orientation, & prior living situation). 3) 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, >1 disability, 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 efforts to reduce barriers for people with severe needs. 4) 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 demonstrating a strong Housing First implementation efforts to reduce barriers to access; 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, such as, whether a project is the only one in its geographic area that serves particular high need/vulnerable populations.

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

(limit 2,500 characters)

1.The COC's Scorecard Committee includes a Latinx and Anishinaabe member. That committee determines the criteria & points used to rate & review new & renewal project applications. The CoC has identified which races are over-represented in the local homelessness population & is working to bring them more fully into the process of determining the review the rating factors used to score project applications.

2.The input from persons of different races, including those over-represented in the local homelessness population resulted in inclusion of race equity measures on the CoC Scorecard. For example, applicants are required to submit a narrative about & are scored on the extent to which they have: identified inequities in housing and service access in their area; taken actions to address those inequities; and/or have established plans to take such actions. The Scorecard also requires submission of a narrative about & applications are scored on the extent to which applicants have integrated culturally specific & responsive programming &/or have established plans to do so.

3.The COC's Scorecard Committee currently includes a Latinx and Anishinaabe member. That committee sets the criteria used by the Grants Review Panel and the CoC Board to score and rank project applications. The CoC has also identified which races are over-represented in the local homelessness population & is working to bring them more fully into the process of reviewing, selecting, & ranking projects. Under new executive leadership, the CoC has established plans to strengthen efforts to promote race equity in its competition review and ranking process (e.g, by adding additional BIPOC to the Grants Review Committee and CoC Board).

4.The CoC Scorecard, which establishes evaluation metrics for new and renewal project applications requires submission of a narrative used to assess and score the extent to which applicants have identified inequities in housing and service access in their area, taken actions to address those inequities, and/or have established plans to take such actions. In addition, the Scorecard requires submission of a narrative used to assess and score the extent to which applicants have integrated culturally specific and responsive programming and/or have established plans to do so.

1E-4.	Reallocation—Reviewing Performance of Existing Projects.	
	NOFO Section VII.B.2.f.	
	Describe in the field below:	
	1. your CoC's reallocation process, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed;	
	2. whether your CoC identified any projects through this process during your local competition this year;	
	3. whether your CoC reallocated any low performing or less needed projects during its local competition this year; and	
	4. why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.	

(limit 2,500 characters)

1) The CoC's 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. 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 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 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. 2)The CoC did not identify any projects for reallocation in the 2022 competition. 3) The CoC did not reallocate any projects in the 2022 competition. 4) The CoC has applied for and not received funding for new projects for multiple years. The application process is onerous and consumes scarce resources. Project applicants are reluctant to continue investing time, and, as a result, the CoC did not receive any new project applications in 2022. The CoC is taking steps to improve competitiveness on the CoC application score and to generate interest among potential new project applicants for 2023.

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

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2017 and FY 2022?	No
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1E-5.	Projects Rejected/Reduced–Notification Outside of e-snaps.	
	NOFO Section VII.B.2.g.	
	You must upload the Notification of Projects Rejected-Reduced attachment to the 4B. Attachments Screen.	

1.	Did your CoC reject or reduce any project application(s)?	No
2.	Did your CoC inform applicants why their projects were rejected or reduced?	
3.	If you selected Yes for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2022, 06/27/2022, and 06/28/2022, then you must enter 06/28/2022.	

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

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

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

	Enter the date your CoC posted the CoC-approved Consolidated Application on the CoC's website or partner's website–which included: 1. the CoC Application; and 2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings.	
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You must enter a date in question 1E-5c.

1E-5d.	Notification to Community Members and Key Stakeholders that the CoC-Approved Consolidated Application is Posted on Website.	
	NOFO Section VII.B.2.g.	
	You must upload the Notification of CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application has been posted on the CoC's website or partner's website.	
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You must enter a date in question 1E-5d.

2A. Homeless Management Information System (HMIS) Implementation

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

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

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

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

	Select from dropdown menu your CoC's HMIS coverage area.	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 2022 HIC data into HDX.	05/02/2022
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2A-4.	Comparable Database for DV Providers—CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.	
	NOFO Section VII.B.3.b.	

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

(limit 2,500 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. 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 HMIS Lead analyzes reports submitted to the Continuum of Care by VSPs for indications that a provider's system may not be in compliance with HUD's comparable database requirements. The HMIS Lead also provides information to providers to help them work with their vendors to resolve any compliance related issues that are found. 2) The CoC is compliant with the 2022 HMIS Data Standards.

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

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

Project Type	Total Beds 2022 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	1,514	305	818	67.66%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	479	92	150	38.76%
4. Rapid Re-Housing (RRH) beds	402	127	275	100.00%
5. Permanent Supportive Housing	902	0	233	25.83%
6. Other Permanent Housing (OPH)	4	0	0	0.00%

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

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

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

(limit 2,500 characters)

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) HOMES data were received by the VA for HUD-VASH in August 2022, and VASH is now fully participating in HMIS. 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. OPH: 1) In 2022 there were a small number of Emergency Housing Vouchers (EHV) in use (4 beds). The CoC is working with the MT State Housing Authority (MTSHA) to ensure that all EHVs in use are participating in HMIS. 2) The CoC will meet/communicate with and provide technical assistance to MTSHA to implement these steps. In addition: ES/TH/PSH/OPH: CoC/HMIS Lead will regularly monitor # of beds added to assess progress towards the targeted participation 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 February 15, 2022, 8 p.m. EST?	Yes
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2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

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

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

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

	Enter the date your CoC conducted its 2022 PIT count.	01/27/2022
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2B-2.	PIT Count Data—HDX Submission Date.	
	NOFO Section VII.B.4.b	

	Enter the date your CoC submitted its 2022 PIT count data in HDX.	04/20/2022
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2B-3.	PIT Count—Effectively Counting Youth.	
	NOFO Section VII.B.4.b.	

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

(limit 2,500 characters)

1) Each local CoC worked with any agencies in their area that work with youth to devise strategies for locating and identifying homeless youth during the count. Several YHDP grantees were involved with planning and implementing the PIT. 2) YAB members assisted regional planning groups and/or participated in the actual count. In several communities, youth volunteers and students assisted their local PIT coordinators with count planning. 3) These YHDP grantees, YAB members and youth volunteers with lived experience helped local unsheltered PIT coordinators to identify places where homeless youth were most likely to be on the night of the count.

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

(limit 2,500 characters)

1) The 2021 sheltered PIT count employed survey methodology using a survey tool that included all the HUD minimum question requirements. Due to the ongoing pandemic, each sheltered site manager or lead filled out all the survey information on behalf of the clients staying at their shelter on the night of the count. For the 2022 count, each client was surveyed individually. Questions were either recorded by a shelter staff member while interviewing each client, or the clients filled out the survey on their own. The 2022 count also used a digital survey tool for the first time instead of paper surveys. Some sites still elected to use paper surveys, but the vast majority of the sites in the CoC used the digital version. 2) The 2021 unsheltered count employed observational methodology (again due to the ongoing pandemic), and the 2022 count went back to full survey methodology. The 2022 Unsheltered count also used a digital survey tool along with paper surveys where requested. 3) The methodology changes from the 2021 count to the 2022 count resulted in more accurate data for both the unsheltered and sheltered counts in 2022. The changes were especially noticeable for the unsheltered count, where the one-time use of observational methodology most likely resulted in a large overcount of homeless persons. We also postulate that the observational methodology employed in 2021 resulted in unreliable racial, ethnicity, and age category data. 4) Not Applicable - The CoC conducted a 2022 unsheltered count and made changes as described above.

2C. System Performance

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

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

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

(limit 2,500 characters)

1)Principal risk factors from national literature were compared to MT CES & PIT data to identify the following risk factors: lack of affordable housing, income, health, escaping violence & racial inequities. 2) The publicly accessible, web-based CoC data dashboard ensures that relevant data are easily available & fully transparent. It tracks, for example, system inflow data & coordinated entry diversion outcomes by Local Coordinated Entry (CES) Zones & cost. The CoC provides diversion training to CES stakeholders to support a problem-solving approach to assist those at risk of homelessness. CES connects at-risk households to affordable housing, workforce services, & other mainstream benefits & services. The CoC is working w/MT Legal Services on strategies to provide more legal & landlord mediation services. The CoC is working to expand affordable housing options via a coalition promoting state funded tax credits & through advocacy for homeless set-asides/preferences when awarding federal tax credits. A participation agreement w/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 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. The CoC has implemented continuous quality improvement (CQI) strategies led by a CQI subcommittee for its YHDP projects, including: a publicly accessible, web-based data dashboard; grantee roundtables to discuss data and plan strategies to improve performance; focus groups with project participants to identify opportunities to improve; data-driven oversight of projects (e.g. monthly data reports & baseline data comparison); and quarterly reports shared with the YAB & YHDP Executive Committee. The YHDP CQI initiative serves as a model to expand across the CoC 3)David O’Leary, Director MT CoC

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

(limit 2,500 characters)

1) Time from entry to move-in is a scored factor in renewal evaluation & ranking. The CoC data dashboard ensures that relevant data are easily available & fully transparent (tracks median days to housing by exit destination, CES Zone, provider, & Veteran/ Chronic status & average days to housing by gender, race, sexual orientation, & prior living situation). Other strategies used to reduce length of homelessness include a significant expansion of outreach to identify, assertively engage & 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, & the CoC is using these data to identify opportunities to expedite the process. Through a Strategic Planning initiative funded by the MT Healthcare Foundation & facilitated by CSH, the CoC is expanding the use of housing navigators to reduce the time it takes to gather necessary documents & 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 & to provide light touch services to house persons that will not likely be prioritized for RRH or PSH. 2)The CoC identifies & 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 & local prioritization policies establish people experiencing chronic homelessness as the highest priority. Housing Navigators & case managers are assigned to assist with housing search and move-in. The CoC has implemented continuous quality improvement (CQI) strategies led by a CQI subcommittee for its YHDP projects, including: a publicly accessible, web-based data dashboard; grantee roundtables to discuss data and plan strategies to improve performance; focus groups with project participants to identify opportunities to improve; data-driven oversight of projects (e.g. monthly data reports & baseline data comparison); and quarterly reports shared with the YAB & YHDP Executive Committee. The YHDP CQI initiative serves as a model to expand across the CoC. 3)David O'Leary, Director MT CoC

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

(limit 2,500 characters)

1. % of exits to PH is a scored factor in renewal evaluation & ranking. The web-based CoC data dashboard ensures that relevant data are easily available & fully transparent. It tracks, for example, exit destinations by Coordinated Entry Zone, provider, Veteran and Chronic Status, gender, race, sexual orientation & prior living situation. The CoC's is increasing exits to PH from ES, TH, & RRH (CoC has no SH) by expanding the use of housing navigators (HNs) & providing HNs & case managers w/training & supports. This strategy will advance use of a strengths-based, housing-focused case management approach & an effective light-touch model to house persons not prioritized for RRH or PSH. The CoC w/MT Dept of Commerce (DoC): has provided refresher training on the use of the an app, which inventories & matches renters with landlords; & is assessing options to improve connections w/property managers. 2) Retention in PH is a scored factor in renewal evaluation & ranking. To promote retention in & exits to 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. To increase PH retention, the CoC is: collaborating w/the MT Medicaid Waiver program to enhance tenancy supports; working w/PSH providers on a service model that builds client trust, improves engagement, increases retention & reduces exits to homelessness; working with Community Mental Health Centers to monitor clients for signs of change & expedite delivery of case management, clinical, & recovery services; & working with MT Legal Services to expand legal and landlord mediation services to prevent negative exits. The CoC has implemented continuous quality improvement (CQI) for its YHDP projects, including: a publicly accessible, web-based data dashboard; grantee roundtables to discuss data and plan strategies to improve performance; focus groups with project participants to identify opportunities to improve; data-driven oversight of projects (e.g. monthly data reports & baseline data comparison); and quarterly reports shared with the YAB & YHDP Executive Committee. The YHDP CQI initiative serves as a model to expand across the CoC 3)David O'Leary, Director MT CoC

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

(limit 2,500 characters)

1)The CoC uses 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. The CoC data dashboard tracks system inflow data & coordinated entry diversion outcomes by Local Coordinated Entry (CES) Zones & cost. 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. The CoC has implemented continuous quality improvement (CQI) strategies led by a CQI subcommittee for its YHDP projects, including: a publicly accessible, web-based data dashboard; grantee roundtables to discuss data and plan strategies to improve performance; focus groups with project participants to identify opportunities to improve; data-driven oversight of projects (e.g. monthly data reports & baseline data comparison); and quarterly reports shared with the YAB & YHDP Executive Committee. The YHDP CQI initiative serves as a model to expand across the CoC 3) David O'Leary, Director MT CoC

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

(limit 2,500 characters)

1) The CoC uses an employment income metric to rate & rank projects. MT Dept of Labor (DOL) & CoC have a Participation Agreement to enhance coordination & increase incomes of persons experiencing homelessness (PEH) & RRH/PSH participants. A DOL rep is on the CoC board, & the agreement includes: data sharing, access to WIOA for youth, developing a cross referral process, cross training between job services & local CoCs, & targeting employment services to PEH w/the highest needs. Via the Innovative Accelerator Program, the CoC is working w/State partners to broaden Medicaid tenancy supports to ensure enrollment in mainstream employment services. Trainings on inclusive hiring/hiring for lived experience held in 2022 support efforts to hire program participants. YAB provides opportunities for young PEH to build employment skills, e.g. training on & experience in facilitation & grant-writing. The CoC has implemented continuous quality improvement (CQI) strategies for its YHDP projects, including: a publicly accessible, web-based data dashboard; grantee roundtables to discuss data and plan strategies to improve performance (e.g., employment income); focus groups w/project participants to identify opportunities to improve; data-driven oversight of projects (e.g. monthly data reports & baseline data comparison); & quarterly reports shared with the YAB & YHDP Executive Committee. 2) Mainstream employment organizations, such as Community Action Partnership, Opportunities Inc. and Kalispell/Flathead Job Services, are local CoC members & 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 shelter. Local CoCs have implemented Family Self-Sufficiency & the Supported Employment & Education Program (SEP). SEP staff partner with local education, Job Service, Vocation Rehabilitation, university, etc. to identify hiring needs & connect clients to mainstream employment services. The YHDP CQI initiative serves as a model to expand across the CoC 3) David O'Leary, Director MT CoC

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

(limit 2,500 characters)

1) The CoC uses a non-employment cash income metric to rate & rank projects. The CoC analyzes HMIS data to identify opportunities to increase nonemployment cash income among participants. Analysis revealed that 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 its 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 Coordinated Entry zones provide training and information to CoC projects to help ensure receipt of cash benefits. Community Action Agencies (CAAs) in each community are very active in their local CoCs and assist other programs to increase participants' benefit income. 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. The CoC has implemented continuous quality improvement (CQI) strategies for its YHDP projects, including: a publicly accessible, web-based data dashboard; grantee roundtables to discuss data and plan strategies to improve performance; focus groups w/project participants to identify opportunities to improve; data-driven oversight of projects (e.g. monthly data reports & baseline data comparison); & quarterly reports shared with the YAB & YHDP Executive Committee. The YHDP CQI initiative serves as a model to expand across the CoC 2) David O'Leary, Director MT CoC

3A. Coordination with Housing and Healthcare

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

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

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

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

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

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

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

3B. New Projects With Rehabilitation/New Construction Costs

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

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

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

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

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

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

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

(limit 2,500 characters)

not applicable

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

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

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

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

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

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

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

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

(limit 2,500 characters)

Not applicable

4A. DV Bonus Project Applicants

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

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

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

	Did your CoC submit one or more new project applications for DV Bonus Funding?	No
Applicant Name		
This list contains no items		

4B. Attachments Screen For All Application Questions

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

1.	You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.
2.	You must upload an attachment for each document listed where 'Required?' is 'Yes'.
3.	We prefer that you use PDF files, though other file types are supported—please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.
4.	Attachments must match the questions they are associated with.
5.	Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.
6.	If you cannot read the attachment, it is likely we cannot read it either. . We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time). . We must be able to read everything you want us to consider in any attachment.
7.	After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include.

Document Type	Required?	Document Description	Date Attached
1C-7. PHA Homeless Preference	No	PHA Homeless Pref...	09/26/2022
1C-7. PHA Moving On Preference	No	PHA Moving On Pre...	09/26/2022
1E-1. Local Competition Deadline	Yes	Local Competition...	09/21/2022
1E-2. Local Competition Scoring Tool	Yes	Local Competition...	09/21/2022
1E-2a. Scored Renewal Project Application	Yes	Scored Forms for ...	09/27/2022
1E-5. Notification of Projects Rejected-Reduced	Yes	Notification of P...	09/21/2022
1E-5a. Notification of Projects Accepted	Yes	Notification of P...	09/21/2022
1E-5b. Final Project Scores for All Projects	Yes		
1E-5c. Web Posting—CoC-Approved Consolidated Application	Yes		
1E-5d. Notification of CoC-Approved Consolidated Application	Yes		
3A-1a. Housing Leveraging Commitments	No		

3A-2a. Healthcare Formal Agreements	No		
3C-2. Project List for Other Federal Statutes	No		

Attachment Details

Document Description: PHA Homeless Preference MT-500

Attachment Details

Document Description: PHA Moving On PreferenceMT 500

Attachment Details

Document Description: Local Competition Deadline

Attachment Details

Document Description: Local Competition Scoring Tool

Attachment Details

Document Description: Scored Forms for One Project MT-500

Attachment Details

Document Description: Notification of Projects Rejected or Reduced

Attachment Details

Document Description: Notification of Projects Accepted

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/14/2022
1B. Inclusive Structure	09/22/2022
1C. Coordination and Engagement	09/27/2022
1D. Coordination and Engagement Cont'd	09/27/2022
1E. Project Review/Ranking	Please Complete
2A. HMIS Implementation	09/27/2022
2B. Point-in-Time (PIT) Count	09/22/2022
2C. System Performance	09/27/2022
3A. Coordination with Housing and Healthcare	09/21/2022
3B. Rehabilitation/New Construction Costs	09/22/2022
3C. Serving Homeless Under Other Federal Statutes	09/22/2022

4A. DV Bonus Project Applicants	09/22/2022
4B. Attachments Screen	Please Complete
Submission Summary	No Input Required



September 19, 2022

David O'Leary
Executive Director
Montana Homeless Continuum of Care Coalition

RE: Helena Housing Authority Homeless preferences

Dear David:

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

August 31, 2022

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, totaling 342 units. 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, thirty-one percent (31%) 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



Missoula
Housing
AUTHORITY
Your way home.

1235 34TH ST. • MISSOULA, MT 59801
(406) 549-4113 • FAX: (406) 549-6406 TTY 771
MISSOULAHOUSING.ORG



EQUAL HOUSING OPPORTUNITY • EQUAL OPPORTUNITY EMPLOYER

August 25, 2022

David O'Leary

Montana Continuum of Care

The Missoula Housing Authority has had a limited admission preference for homeless household since 2005 in the form of project-basing vouchers for those experiencing homelessness. MHA has project-based Section 8 vouchers into projects serving the homeless, including "FUSE" clients (homeless individuals that frequently use services), homeless veterans and homeless victims of domestic violence. Those separate project-based waiting lists each have site-specific preferences for those homeless populations. They also come through Coordinated Entry System.

MHA also has MOUs with the Continuum of Care to implement its Foster Youth Initiative (FYI) and Emergency Housing Voucher (EHV) programs. We also have a Move on preference for our Mainstream vouchers.

Last year, 25% of our new admissions into the Housing Choice Voucher program were homeless.

Sincerely,

Jim McGrath

Director of HUD Programs



September 19, 2022

David O'Leary
Executive Director
Montana Homeless Continuum of Care Coalition

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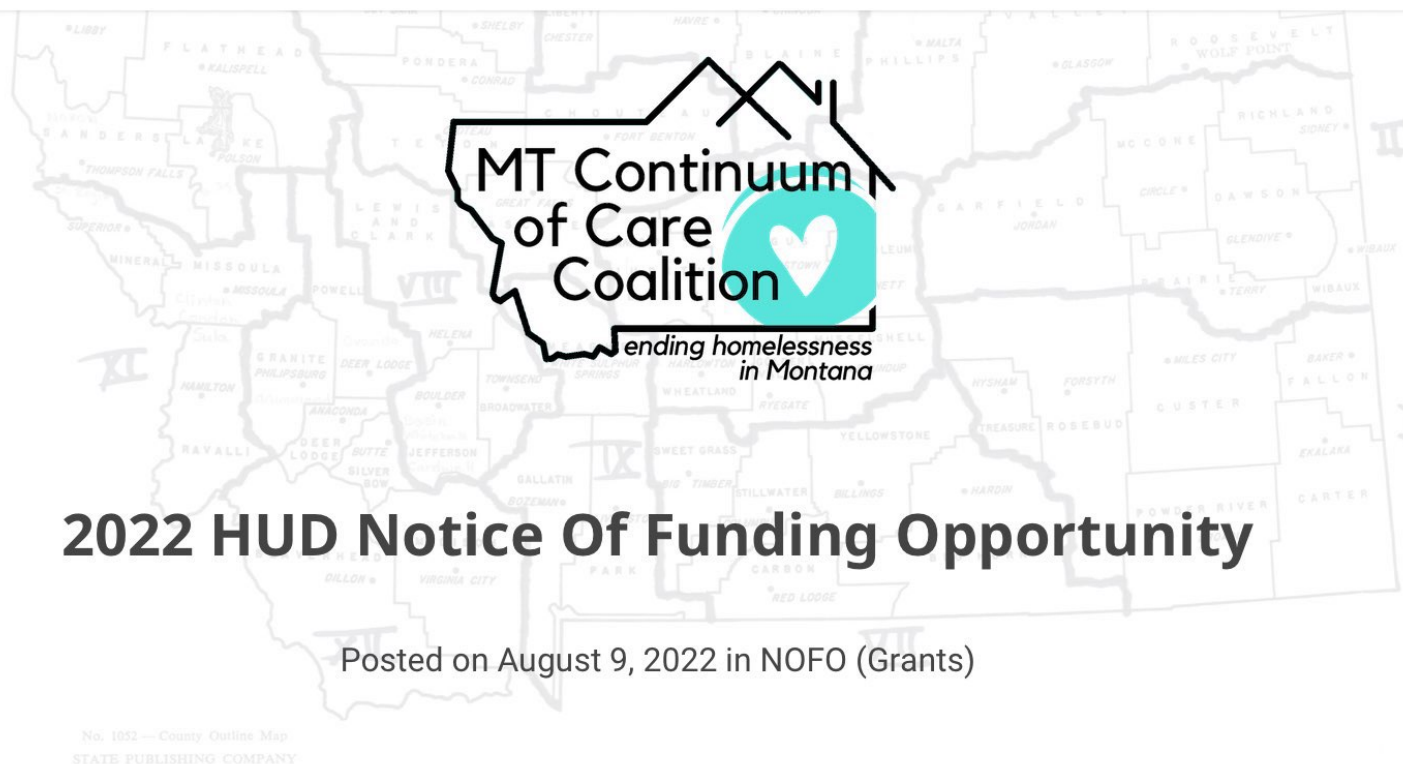
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Sincerely,

Jim McGrath

Director of HUD Programs



2022 HUD Notice Of Funding Opportunity

Posted on August 9, 2022 in NOFO (Grants)

HUD released the Notice of Funding Opportunity (NOFO) for the Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants on August 1, 2022. This is the Annual CoC Program Competition for funds and will be referred to as the "Regular NOFO" in 2022. HUD's deadline for the Regular NOFO is September 30, 2022.

https://www.hud.gov/program_offices/comm_planning/coc/competition

[Final-Montana-Continuum-of-Care-FY-2022-Project-Rankings](#)

Download

Approximately \$2,794,000,000 is available nationwide in the 2022 NOFO, including approximately \$80,000,000, available for non-competitive YHDP renewal and replacement expiring grants, and at least \$52,000,000 available for Domestic Violence, Dating Violence, Sexual Assault, and Stalking Bonus (DV Bonus) projects.

New project applicants are welcomed and are encouraged go through a Local CoC process in order to



New project applicants are welcomed and are encouraged go through a Local CoC process in order to submit an application. Find information on your local CoC Lead here:

<https://www.mtcoc.org/wp-content/uploads/2021/10/2021-Local-CoC-Coordinators.pdf>

THE FY 2022 NOFO SCORING CRITERIA:

The Montana Continuum of Care Board of Directors has approved the Scoring Criteria for Renewal and New Projects.

[2022-Renewal-Scoring-and-Ranking-Criteria](#)

Download

[2022-New-and-First-Time-Scoring-and-Ranking-Criteria](#)

Download

Supplemental Applications for both Renewal and New Project are due September 6th – email your Supplemental Application and a PDF of your project application from eSNAPS to david@mtcoc.org

[New-Project-Supplimental-Application2](#)

Download

[Renewal-Project-Supplimental-Application](#)

Download

Latest Updates

HUD Supplemental Notice of Funding Opportunity

August 22, 2022

2022 HUD Notice of Funding Opportunity

August 9, 2022



From: david@mtcoc.org <david@mtcoc.org>

Date: Tuesday, August 9, 2022 at 1:50 PM

To: David OLeary <david_oleary@icloud.com>

Cc: 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 <anngodslope@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@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@florencecrittenton.org>, Cary Krager <carykrager@yahoo.com>, cassidy kipp <ckipp@capnwmt.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>, Keegan Flaherty <keegan@flahertyconsult.com>, 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>, Jenifer Gursky <jenifer@ywcahelena.org>, Jennifer Olson <jeolson@mt.gov>, Jenny Eck <jenny.e@thefriendshipcenter.org>, Jerramy Dear-Ruel <jerramy.dear-ruel@sparrowsnestnwmt.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@ywcahelena.org>, Kate Ybarra <kmj@hrcxi.org>, Kayla Talbert <ktalbert@missoulacounty.us>, Kendall Clifton-Short





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Subject: HUD CoC NOFO Update

2022 HUD Notice of Funding Opportunity

HUD released the Notice of Funding Opportunity (NOFO) for the Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants on August 1, 2022. This is the Annual CoC Program Competition for funds and will be referred to as the "Regular NOFO" in 2022. HUD's deadline for the Regular NOFO is September 30, 2022.





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>, Keegan Flaherty <keegan@flahertyconsult.com>

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<https://www.mtcoc.org/wp-content/uploads/2021/10/2021-Local-CoC-Coordinators.pdf>

Important dates to note:

- September 2nd - Project Application submitted into HUD's eSNAPS application system.
- September 6th - A supplemental application submitted to the MT CoC

The 2022 Scoring Criteria will be distributed via email and posted to Montana Continuum of Care Coalition's website shortly.

Please do not hesitate to contact me with any questions!

David O'Leary

Executive Director

Montana Continuum of Care Coalition

Phone: [218-576-6015](tel:218-576-6015)

david@mtcoc.org



LOCAL COMPETITION SCORING TOOL

Organization						
Project Name						
Project Type						
Population Served						
Date of Review						
Reviewed By						
PERFORMANCE MEASURES						
CRITERIA	RRH PTS	PSH PTS	DV PTS	DATA SOURCE	DATA REFERENCE	SCORE
Time from entry to move-in * # (RRH ONLY)	5		5	Most recently completed APR	APR 22.c	
% Of persons moved to Permanent Housing (RRH ONLY) * #	20		20	Most recently completed APR	APR Q 23a&b	
% Of persons remaining in or moving to Permanent Housing (PSH ONLY) * #		25		Most recently completed APR	APR Q 5a.8 & 23a&b	
% Of adults with increased earned * # income at last assessment or at exit	5	5	5	Most recently completed APR	APR 19a.33	
% Of adults with increased other (non- employment) income at last assessment or at exit * #	15	15	15	Most recently completed APR	APR 19a.3	
SERVE HIGH NEEDS POPULATIONS						
Number of high barrier persons served * + See page 5 for specific barriers	5	5	5	Applicant completes table	HMIS, CES assessments or client files	
DATA QUALITY						
Data Quality *	15	15	15	Scoring of # of 15 Data Quality Items with 5% or less error rates	APR Q 6a, b&c	

* Notes Objective Criteria

Notes System Performance Measure Criteria

+ Notes Severe Barriers Criteria

RRH = Rapid Rehousing Program/PSH = Permanent Supportive Housing/DV = Domestic Violence Program or Shelter

Note: Where the data source column indicates APR, data are from a comparable database for Victim Services Providers

COMPARABLE DATA BASE (DV PROJECTS ONLY)						
How did you improve safety of your clients and how did you use data or other information to track and document improved safety? +			10	Narrative response in Supplemental Application	Supplemental Application Q 8	
COST EFFECTIVENESS						
Project cost effectiveness *	5	5	5	Cost of a specific RRH or PSH program is compared against other similar program per person costs	APR Q 5a # served & eLOCCS expenditure for grant completed in 2020 and adjust for local FMR. Compared to similar project average.	
LOCAL COORDINATION AND ENGAGEMENT						
Identify which activities your community has addressed and describe each in 100 words or less + See page 6 for specific barriers	5	5	5	Local CoC and project applicants may need to collaborate to produce the narrative and complete the list	Supplemental Application Q 10	
Local CoC participation	5	5	5	Same as above	Supplemental Application Q 11	
Needs and Gaps Analysis/Project Prioritization	5	5	5	Identify what gap in your local Needs & Gaps Assessment your project fills of how this project reflects your local Needs & Gaps Assessment	Supplemental Application Narrative Q 12	
BONUS POINTS						
Addressing inequities to housing access	2	2	2	Supplemental Application	Q 13	

MT 500 –2022 NOFO Renewal Project Scoring & Ranking Criteria

Integrating culturally specific or culturally responsive programming	2	2	2	Supplemental Application	Q 14	
TOTAL POINTS AVAILABLE	89	89	89	PROJECT SCORE		

RRH = Rapid Rehousing Program/PSH = Permanent Supportive Housing/DV = Domestic Violence Program or Shelter

FY 2022 Guide for Renewal Project Applicants
Supplemental Application for Scoring
Email to: david@mtcoc.org

Deadline Dates:

- HUD Project Application 1st Submission deadline into eSNAPS – September 2 (email PDF version or your project application to david@mtcoc.org)
- Supplemental Montana CoC application information due – September 6
Email to david@mtcoc.org

Sources of Scoring Criteria Information:

Project applications will be scored on information from the following sources and as provided in the table below:

1. Your project application submitted into eSNAPS.
2. Your most recently submitted APR.
3. Other narratives or information provided in this Supplemental Application.

Renewal Project Scoring Criteria			
	<u>Criteria</u>	<u>APPLICANT PROVIDES</u>	<u>SOURCE</u>
PERFORMANCE MEASURES			
1	Time from Entry to Move-in – RRH ONLY	Data comes from most recently completed APR	APR 22.c
2	% of Persons moved to Permanent Housing – RRH ONLY	Data comes from most recently completed APR	APR Q 23a&b
3	% Persons remaining in or moving to Permanent Housing - PSH ONLY	Data comes from most recently completed APR	APR Q 5a.8 + 23a&b
4	% of adults with increased earned income at last assessment or at exit	Data comes from most recently completed APR and points will be assigned but NOT SCORED.	APR 19a.3
5	% adults with increased other (non-employment) income at last assessment or at exit	Data comes from most recently completed APR	APR 19a.3
SERVE HIGH NEEDS POPULATIONS			
6	Number high barrier persons served	Applicant completes Table (below)	Data can come from HMIS, CES assessments or client files.
DATA QUALITY			
7	Data Quality	Scoring is the # of 15 Data Quality items with 5% or less error rates.	APR Q 6 a,b&c.
COMPARABLE DATA BASE (DV Projects Only)			
8	Improved Safety for DV clients and documentation.	How did you improve safety of clients and how was data or other information used to document improved safety?	Narrative to Supplemental Question #Q8, below.
COST EFFECTIVENESS			

9	Project is cost effective in comparison to other same-program projects	Data comes from most recently completed APR and HUD Utilization Report. If operating period ended in past 3 months (May-July), total # served will be drawn from HMIS but agency will need to provide budget amount spent.	APR Q5a.1 and HUD Utilization report or agency provided budget spent
LOCAL COORDINATION & ENGAGEMENT			
10	.Identify which activities your community has address and describe each in 100 words or less 9b. Using table, identify local participants	Local CoC and project applicants may need to collaborate to produce the narrative and complete the list.	Table and Narrative
11	Local CoC Participants List	Using table provided, identify local participants in your local CoC	Table
12	Needs and Gaps Analysis/Project Prioritization	Identify what gap(s) in your local Needs & Gaps Assessment your project fills and how this project reflects your local CoC Needs& Gaps Assessment	Narrative
13	Addressing inequities to housing access	Identify inequities to accessing housing in your service area and what actions steps is your program taking to address them	Narrative
14	Integrating culturally specific or culturally responsive programming	Explain your program integrate culturally specific and/or culturally responsive programming	Narrative

Question #6. SERVING HIGH BARRIER POPULATIONS

Using the sample table below, complete a table for your own agency indicating which high barrier (aka severe needs) were identified for each newly enrolled client during your most current, completed operating year (same as most recent APR). The score is calculated by indicating a 1 for each need, adding the number of needs in the total column and dividing by the total number of all clients served for an average. **DO NOT** use names in the client column. Sources of data can be HMIS, client files or CES assessments. The categories are:

- **L/N:** Low or no income (low income is 30% or < of AMI)
- **> 1 Disab.:** More than 1 disability
- **DV:** Escaping violence or history of victimization
- **Crim:** Criminal History (with exceptions for state mandates)
- **CH:** Chronically Homeless

	L/N Inc	> 1 Disab	DV	CRIM	CH	TOTAL
Client 1	1	0	0	1	1	3
Client 2	1	1	0	0	0	2
Client 3	1	1	0	1	1	4
Client 4	1	0	0	1	0	2
Client 5	0	0	0	0	0	0
Client 6	1	0	0	0	1	2
Client 7	1	0	0	0	1	2
Client 8	0	1	0	1	0	2
						17
Total Clients	8					
						Average: 17/8 = 2.125

Question #8. DV Only- Comparable data base and client safety

Describe how you improved the safety of your clients and how you used data or other information to track and document improved safety? (Suggested maximum of 200 words or less).

Question #9. Cost Effectiveness.

Project applicants need to confirm the amount expended for their most recently completed operating period. Please refer to the 6/30/2021 Quarterly Spending Report provided to you on 10/5/2021. **If the Total Balance (unspent) in LOCCS on the yellow highlighted line is not correct, please provide the correct amount.**

A project's cost per client is calculated using the grant award amount expended in the most recently completed operating period divided by the number of clients served (APR Q 5a) for the same period. This amount is then adjusted for local FMR rates. A project's cost per client is then compared against the total cost average cost per client for all similar projects.

Question #10. Local Coordination and Engagement

Identify which of the following activities your community addressed and for each one describe in 100 words or less how your community provided or addressed that activity or increased service to that subpopulation. It is not anticipated that communities address all of these.

1. Inclusive Structure
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

Question #11. Participants List:

Using the table below, identify local members who represent any of the following organizations or subpopulations by inserting the person's name and organization. An individual may represent more than 1 group, but he/she must be actively engaged in that group as well as the local CoC.

Organization/Person Categories	Name of Individual & Organization
Local Government Staff/Officials	
CDBG/HOME/ESG Entitlement Jurisdiction	
Law Enforcement	
Local Jail(s)	
Hospital(s)	
EMT/Crisis Response Team(s)	
Mental Health Service Organizations	
Substance Abuse Service Organizations	

Affordable Housing Developer(s)	
Disability Service Organizations	
Disability Advocates	
Public Housing Authorities	
CoC Funded Youth Homeless Organizations	
Non-CoC Funded Youth Homeless Organizations	
Youth Advocates	
School Administrators/Homeless Liaisons	
CoC Funded Victim Service Providers	
Non-CoC Funded Victim Service Providers	
Domestic Violence Advocates	
Street Outreach Team(s)	
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	
LGBT Service Organizations	
Agencies that serve survivors of human trafficking	
Other homeless subpopulation advocates	
Homeless or Formerly Homeless Persons	

Question #12. Needs and Gaps Analysis / Project Prioritization.

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 (suggested maximum of 100 words or less).

Question #13. Addressing Inequities to Housing Access.

What are inequities to accessing housing in your service area and what actions steps is your program taking to address them? If your organization does not currently address inequities to accessing housing, what is your plan to do so in the future? (Suggested word count: 100-250 words):

Question #14. Integrating Culturally Specific or Culturally Responsive Programming. *

How does your program integrate culturally specific and/or culturally responsive programming? If your program does not currently integrate culturally specific and/or culturally responsive programming, what is your plan to do so in the future? (Suggested word count: 100-250 words):

*Culturally Responsive Care Definition: Cultural responsiveness means being open to new ideas that may conflict with the ideas, beliefs, and values of your own culture, and being able to see these differences as equal...It means being respectful of everyone's backgrounds, beliefs, values, customs, knowledge, lifestyle, and social behaviors. It helps you provide culturally appropriate care and support, so people are empowered to manage their own health. Cultural responsiveness involves continuous learning, self-exploration, and reflection. It draws on several concepts, including cultural awareness, cultural sensitivity, and cultural competence Cultural responsiveness is important for all social and cultural groups, including:

- Indigenous and tribally enrolled people
- People from culturally and linguistically diverse backgrounds

- Refugees or displaced migrants
- People at all life stages, including end of life
- People with different abilities
- Lesbian Gay Bisexual Transgender Queer Intersex Asexual Two Spirit (LGBTQIAS2+ people)

**Montana Statewide CoC (MT-500) Final Project Scores
FY 2022 CoC Competition**

MT-500 PROJECT RANKING 2022			
RENEWAL PROJECTS – TIER 1			
RANK	PROJECT NAME	AMOUNT	SCORE
1	MHA PSH Renewal 2022	\$1,063,971	81
2	YWCA Missoula Rapid Rehousing Program	\$334,050	76.7
3	Domestic Violence Housing Assistance	\$175,834	76.3
4	CAPNM Shelter Plus	\$77,404	75.5
5	Helena Housing PSH	\$343,656	75.5
6	Action Inc. Rapid Rehousing	\$94, 277	71.5
7	PHA Butte Permanent Supportive Housing	\$116,176	68.5
8	CAPNM RRH	\$61,078	67.5
9	CAPNM Permanent Supportive Housing	\$30,880	63.5
10	HRDC IX RRH	\$122,665	62
11	YWCA Billings Rapid Re-Housing	\$263,700	58
12	HMIS Renewal FY2022	\$157,332	N/A
RENEWAL PROJECTS – TIER 2			
RANK	PROJECT NAME	AMOUNT	SCORE
13	SAFE FY 22 TH-RRH	\$146,952	51.9

NOTE: The MT CoC did not receive any new project applications.

MT 500 –2022 NOFO Renewal Project Scoring & Ranking Criteria

Organization	Action Inc					
Project Name	Action Inc RRH					
Project Type	Rapid Re-housing					
Population Served						
Date of Review	September 12, 2022					
	Keegan Flaherty, Logan Smith, Kari Boiter, Ashlie Wise, Sara Donoghue, Sandi Filipowicz					
PERFORMANCE MEASURES						
CRITERIA	RRH PTS	PSH PTS	DV PTS	DATA SOURCE	DATA REFERENCE	SCORE
Time from entry to move-in (RRH ONLY)	5		5	Most recently completed APR	APR 22.c	5
% Of persons moved to Permanent Housing (RRH ONLY)	20		20	Most recently completed APR	APR Q 23a&b	20
% Of persons remaining in or moving to Permanent Housing (PSH ONLY)		25		Most recently completed APR	APR Q 5a.8 & 23a&b	N/A
% Of adults with increased earned income at last assessment or at exit	5	5	5	Most recently completed APR	APR 19a.3	1
% Of adults with increased other (non-employment) income at last assessment or at exit	15	15	15	Most recently completed APR	APR 19a.3	2
SERVE HIGH NEEDS POPULATIONS						
Number of high barrier persons served	5	5	5	Applicant completes table	HMIS, CES assessments or client files	5
DATA QUALITY						
Data Quality	15	15	5	Scoring of # of 15 Data Quality Items with 5% or less error rates	APR Q 6a, b&c	15

RRH = Rapid Rehousing Program/PSH = Permanent Supportive Housing/DV = Domestic Violence Program or Shelter

COMPARABLE DATA BASE (DV PROJECTS ONLY)						
How did you improve safety of your clients and how did you use data or other information to track and document improved safety?			10	Narrative response in Supplemental Application	Supplemental Application Q 8	N/A
COST EFFECTIVENESS						
Project cost effectiveness	5	5	5	Cost of a specific RRH or PSH program is compared against other similar program per person costs	APR Q 5a # served & eLOCCS expenditure for grant completed in 2020 and adjust for local FMR. Compared to similar project average.	5
LOCAL COORDINATION AND ENGAGEMENT						
Identify which activities your community has addressed and describe each in 100 words or less	5	5	5	Local CoC and project applicants may need to collaborate to produce the narrative and complete the list	Supplemental Application Q 10	5
Local CoC participation	5	5	5	Same as above	Supplemental Application Q 11	5
Needs and Gaps Analysis/Project Prioritization	5	5	5	Identify what gap in your local Needs & Gaps Assessment your project fills of how this project reflects your local Needs & Gaps Assessment	Supplemental Application Narrative Q 12	4.5
BONUS POINTS						
Addressing inequities to housing access	2	2	2	Supplemental Application	Q 13	2

MT 500 –2022 NOFO Renewal Project Scoring & Ranking Criteria

Integrating culturally specific or culturally responsive programming	2	2	2	Supplemental Application	Q 14	2
TOTAL POINTS AVAILABLE	89	89	89	PROJECT SCORE		71.5

Actual Objective Criteria points awarded: 53

Actual System Performance Criteria Points Awarded: 23

Actual Severe Barriers Points Awarded: 10

Data from Comparable Database: N/A
Not a Victim Services Provider

Statement:

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



From: david@mtcoc.org <david@mtcoc.org>

Date: Wednesday, September 14, 2022 at 8:35 PM

To: jmcgrath@missoulahousing.org <jmcgrath@missoulahousing.org>, rstordahl@buttehousing.org <rstordahl@buttehousing.org>, Alisa Reich <areich@ywcaofmissoula.org>, Michael O'Neil <moneil@hhamt.org>, Stacey Umhey <sumhey@safeinthebitterroot.org>, Kim Patterson <kim.p@thefriendshipcenter.org>, Erin Lambert <erin@ywcabillings.org>, William Matson <William.matson@pcni.org>, adam.toland@tumbleweedprogram.org <adam.toland@tumbleweedprogram.org>, kpartrid@mtlsa.org <kpartrid@mtlsa.org>, rut@hrcxi.org <rut@hrcxi.org>, kchambers@action-inc.org <kchambers@action-inc.org>, ckipp@capnwmt.org <ckipp@capnwmt.org>, kpontet-stroop@allianceforyouth.org <kpontet-stroop@allianceforyouth.org>, kmarquardt@hrdc7.org <kmarquardt@hrdc7.org>, housing@thehrdc.org <housing@thehrdc.org>, Gina Boesdorfer <gina.b@thefriendshipcenter.org>, Tracy Diaz <tdiaz@capnwmt.org>

Subject: MT-500 FY2022 Project Rankings

To all MT-500 FY2022 Project Applicants,

The Montana Continuum of Care Board of Directors voted on 9/13/2022 to accept all applications that were submitted for FY2022 and approved the following final project ranking. **No applications were rejected or reduced.**

The final Rankings are:

MT-500 PROJECT RANKING 2022			
RENEWAL PROJECTS – TIER 1			
RANK	PROJECT NAME	AMOUNT	SCORE
1	MHA PSH Renewal 2022	\$1,063,971	81
2	YWCA Missoula Rapid Rehousing Program	\$334,050	76.7
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MT-500 FY2022 Project Rankings



11	YWCA Billings Rapid Re-Housing	\$263,700	58
12	HMIS Renewal FY2022	\$157,332	N/A
RENEWAL PROJECTS – TIER 2			
RANK	PROJECT NAME	AMOUNT	SCORE
13	SAFE FY 22 TH-RRH	\$146,952	51.9

Additional grants to be included in the FY2022 Consolidated Application that are not required to be ranked include:

YOUTH HOMELESSNESS DEMONSTARION PROJECT	
RENEWAL PROJECTS 2022	
PROJECT NAME	AMOUNT
Action Inc. YHDP System Navigation & Crises Response	\$83,230
Action Inc. YHDP Transitional Housing	\$112,990
YHDP North Central MT Project	\$100,000
aisspoommootsiyo•p YHDP	\$178,645
YDHP CAPNM	\$51,617
Fy2020_YHDP_Dawson Promise	\$40,222
Hays/Lodge Pole System Navigator Project	\$102,870
YHDP Renewal Project FY2021	103,150
HRDC IX MYHDP Diversion Project	\$60,321
HRDC IX MYHDP Systems Navigator Project	\$110,005
HRDC IX MYHDP Permanent Supportive Housing Project	\$55,253
HRDC IX MYHDP RRH Project	\$36,935
HRDC IX YMHDP TH/RRH Project	\$131,776
HRDCXI YHDP	\$234,376
YYA Legal Housing Project	\$100,000
Tumbleweed System Navigator	\$104,685

Thank you for all your hard work!

David O'Leary

Executive Director

Montana Continuum of Care Coalition

