

Before Starting the Special CoC Application

You must submit both of the following parts in order for us to consider your Special NOFO Consolidated Application complete:

1. the CoC Application, and
2. the CoC Priority Listing.

The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

- Special Notice of Funding Opportunity to Address Unsheltered and Rural Homelessness
- 24 CFR part 578
- Special NOFO CoC Application Navigational Guide
- Section 3 Resources
- Frequently Asked Questions

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

1. The Special Notice of Funding Opportunity (Special NOFO) for specific application and program requirements.
2. The Special NOFO Continuum of Care (CoC) Application Detailed Instructions for Collaborative Applicants 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.

CoC Approval is Required before You Submit Your CoC's Special NOFO CoC Consolidated Application

- 24 CFR 578.9 requires you to compile and submit the Special NOFO CoC Consolidated Application 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 the [Specific Attachment Name] attachment to the 4A. 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

The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

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1A-1. CoC Name and Number: UT-500 - Salt Lake City & County CoC

1A-2. Collaborative Applicant Name: Salt Lake County Government

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Utah Office of Homeless Services

1A-5.	New Projects	
	Complete the chart below by indicating which funding opportunity(ies) your CoC applying for projects under. A CoC may apply for funding under both set asides; however, projects funded through the rural set aside may only be used in rural areas, as defined in the Special NOFO.	
1.	Unsheltered Homelessness Set Aside	Yes
2.	Rural Homelessness Set Aside	No

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

The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

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1B-1.	Web Posting of Your CoC Local Competition Deadline–Advance Public Notice. (All Applicants)	
	Special NOFO Section VII.B.1.b.	
	You must upload the Local Competition Deadline attachment to the 4A. Attachments Screen.	
	Enter the date your CoC published the deadline for project application submission for your CoC's local competition.	08/11/2022

1B-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. (All Applicants)	
	Special NOFO Section VII.B.1.a.	
	You must upload the Local Competition Scoring Tool attachment to the 4A. Attachments Screen.	
	Select yes or no in the chart below to indicate how your CoC ranked and selected new project applications during your CoC's 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

1B-3.	Projects Rejected/Reduced–Notification Outside of e-snaps. (All Applicants)	
	Special NOFO Section VII.B.1.b.	
	You must upload the Notification of Projects Rejected-Reduced attachment to the 4A. Attachments Screen.	
	1. Did your CoC reject or reduce any project application(s)?	Yes
	2. Did your CoC inform the applicants why their projects were rejected or reduced?	Yes
	3. If you selected yes, for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, list the latest date of any notification. For example, if you notified applicants on 6/26/22, 6/27/22, and 6/28/22, then you must enter 6/28/22.	09/14/2022

1B-3a.	Projects Accepted–Notification Outside of e-snaps. (All Applicants)	
	Special NOFO Section VII.B.1.b.	
	You must upload the Notification of Projects Accepted attachment to the 4A. Attachments Screen.	
	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New Priority Listings in writing, outside of e-snaps. If you notified applicants on various dates, list the latest date of any notification. For example, if you notified applicants on 6/26/22, 6/27/22, and 6/28/22, then you must enter 6/28/22.	09/14/2022
1B-4.	Web Posting of the CoC-Approved Special NOFO CoC Consolidated Application. (All Applicants)	
	Special NOFO Section VII.B.1.b.	
	You must upload the Web Posting–Special NOFO CoC Consolidated Application attachment to the 4A. Attachments Screen.	
	Enter the date your CoC posted its Special NOFO CoC Consolidated Application on the CoC’s website or affiliate’s website–which included: 1. the CoC Application, and 2. Priority Listings.	10/12/2022

2A. System Performance

The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

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

(limit 2,500 characters)

1. The CoC determines risk factors based upon data & research including income less than 50% FPL, mental health, substance abuse, chronic health problems, education, & history of incarceration. Risk factors are evaluated through data collection & analysis with the HMIS team. PHAs work to identify risk factors for potential eviction. Our SPM indicate that the amount of people entering our system who are considered homeless for the first time have decreased from the previous reporting period. We are successfully diverting or preventing homelessness for members of our community.

2. Our strategy includes comparing annual numbers to understand trends, strengthening our prevention & diversion programs, & sharing risk factor data with partner systems, such as state employment, mainstream resources, eviction data, food pantries, housing authorities, & others who can target resources to those at risk of homelessness. We are also working more closely with the jail and others to ensure connections are made with resources as individuals are discharged. Local programs include:

- * Prioritizing rehouses/housing stability
- * YWCA provides DV survivors with flexible financial assistance to help avoid homelessness by obtaining or maintaining housing, & other support services
- * VA Supportive Services for Veteran Families helps people stay housed
- Service providers reduce/eliminate barriers to services with supportive employment services
- * Landlord Tenant Mediation to prevent evictions & ensure tenants understand their rights
- * SLCo Jail treatment program which aims to identify those at risk of homelessness & connect with treatment
- * Expanded access to detox beds & inpatient substance abuse treatment which provide immediate diversion from shelter
- * Utilizing ARPA resources such as EHV's to quickly connect individuals with housing

3. While our steering committee is responsible for overseeing the CoC's strategy to reduce the number of individuals & families experiencing homelessness for the first time, our Crisis Response & Client Focus core function groups recommend strategies. These groups are led by Randy Chappell, Director, Basic Needs, Catholic Community Services of Utah; Kristina Olivas, Urban Affairs Manager, Downtown Alliance SLC; Michelle Flynn, Executive Director, The Road Home; Jennifer Campbell, Executive Director, Utah Domestic Violence Coalition Agencies and provide data, which is tracked in HMIS, & reports are pulled to show progress on SPM which include first time homeless.

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

(limit 2,500 characters)

1. The CoC uses a Housing First approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing. In addition, the CoC aims to increase Rapid Re-Housing (RRH) programs each year targeting at-risk populations (youth, mental illness, substance use disorders, etc.) and offering increased case management and housing navigation resources. This includes mental health support and employment programs, many of which pay first month rent, credit damage, child care, etc. for vulnerable populations such as Domestic Violence (DV) survivors. In addition, our CoC focuses on reducing barriers to get housing, including employment, job training, expungement, and even things as simple as help getting IDs and birth certificates. Our Coordinated Entry System is working to streamline the pathways into housing, including directly from the street, with a goal of getting individuals housed as quickly as possible.

2. The CoC identifies and houses households with the longest lengths of time homeless through analyzing data and through coordinated entry activities. The CoC service providers coordinate three weekly triage meetings using by-name lists pulled from HMIS. Priority ranking is based on those with the longest lengths of time homeless and high SPDAT scores. A prioritization overlay was added during the pandemic, and continues to prioritize those over age 55. When analyzing data more closely, it was learned that those staying in Emergency Shelter the longest, are those who are oldest. In addition, we've seen an increase in chronic homelessness. To help address this, more Permanent Supportive Housing (PSH) units are coming online, as well as deeply affordable housing. To address the need for housing for those who are older, new deeply affordable housing units are being developed for those experiencing homelessness and are over age 55. There are also increased efforts to reduce the time between voucher issue and unit rental.

3. While the Salt Lake Valley Coalition to End Homelessness steering committee is responsible for overseeing the CoC's strategy to reduce the length of time households remain homeless, they look to Core Function Groups, including Housing and Coordinated Entry, to recommend strategies. Agencies provide data through HMIS, and reports are pulled to show progress on System Performance Measures, including length of time homeless.

2A-3.	Successful Permanent Housing Placement or Retention. (All Applicants)	
	Special NOFO Section VII.B.2.d.	

Describe in the field below how your CoC will increase the rate that individuals and persons in families residing in:

1.	emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations; and
2.	permanent housing projects retain their permanent housing or exit to permanent housing destinations.

(limit 2,500 characters)

1. Our CoC trains, ranks, & monitors Housing First practices. Increased emphasis is placed on resource coordination through Coordinated Entry & providers' use of Progressive Engagement. There has been an increase in housing navigator staff to connect clients with the right housing & strengthen relations with existing landlords, as well as work to build relationships with new landlords.. Housing plans are encouraged upon entry to the homeless resource centers, supported by increased availability of housing case management services, & supportive services are available as participants exit resource centers. This includes having treatment providers onsite to conduct assessments for substance use disorder & mental health treatment. The CoC looks to leverage other resources, including AmeriCorps members, who help to connect individuals with housing units.
2. CoC strategy uses landlord liaisons to prevent eviction as well as the Emergency Rental Assistance provided through ARPA. Liaisons offer support, funding for repairs or deposits, negotiations, & work with case managers to educate clients to maintain housing.. Other strategies include:
 - CoC monitoring & assistance to support program evaluation & process improvement, goal progress, documentation, & CES participation.
 - Training with partners like Utah Housing Coalition & Utah Community Action on barrier reduction & rental assistance.
 - Continual increase in the number of PSH units & using Low Income Tax Credits to develop new PSH.
 - Prioritize those at risk of losing their housing & use progressive engagement & Move On strategies to help clients exit programs without jeopardizing stability.
 - The Health/Wellness Core Function Group works to develop strategies that address primary & behavioral healthcare issues that impede a person obtaining/retaining permanent housing.
 - EHVs & additional ARPA funds/resources to connect individuals with housing.

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

(limit 2,500 characters)

1. The CoC identifies persons who return to homelessness through a variety of methods, including data management, interviews with individuals and families at intake, increased case management, utilizing “progressive engagement” to help understand individuals & families’ housing plans, and PHA monitoring exits from housing to homelessness. We are also working more closely to understand those who may leave a public institution, including jail or a hospital, who may be returning to homelessness.

2. Strategies to reduce rates of returns to homelessness include:
- Increased Rapid Re-Housing (RRH) efforts & beds using diverse funding sources including TANF, CoC & ESG dollars for both household and landlords
 - Increased case management services which extend beyond the time of exit
 - Increased support of prevention programs, including those provided by Utah Community Action
 - Increased Permanent Supportive Housing (PSH) projects & the use of SPDAT assessment
 - Expanded efforts of diversion
 - Focusing on connecting individuals to supportive services & resources, including mainstream benefits
 - Increased job training and connections with potential employers. Our CoC is working closely with programs that support employers who hire those experiencing homelessness
 - Utilizing federal resources such as emergency rental assistance
 - Coordinated Entry prioritization of households who need to be rehoused/a different type of housing assistance to prevent returns to homelessness
 - Landlord outreach and education, as well as mediation and incentives
 - Rental assistance, which was available through CARES funding and administered by Utah Community Action
 - Increased connection with those leaving the SLCo Jail, through the Resource and Reentry program

3. While the Salt Lake Valley Coalition to End Homelessness steering committee is responsible for overseeing the CoC’s strategy to reduce the rate individuals and persons in families return to homelessness, they look to the Core Function Groups, including Housing, Crisis Response and Client Focus (and Landlord Engagement Task Group) to recommend strategies. Agencies provide data, which is tracked in HMIS, and reports are pulled to show progress on System Performance Measures which include returns to homelessness.

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

(limit 2,500 characters)

1. DWS has employment counselors that go on-site to the Homeless Resource Centers (HRCs) and also host job fairs, in person and virtually. Upon intake, clients are connected with employment counselors. Agencies work closely with employers and job training programs to connect clients. In addition, the VA works to connect veterans with veteran employment providers. Mentorship & educational opportunities are provided and the CoC works with Peer Specialists to coordinate employment activities. Employers and service providers are developing vocational training sites like The Green Team Farm Project, which focuses on agriculture and urban gardening. The St. Vincent De Paul soup kitchen launched a new culinary training program for homeless adults, providing an opportunity to gain skills and experience. Utah Community Action’s Saute culinary job training has now expanded into the HRC’s including the Youth Resource Center to provide training to individuals pursuing employment within the culinary field. Youth employment programs have been established to ensure youth have job skills and opportunities. The Employment Core Function Group of the SLVCEH recruits employers to participate in the coalition and shares best practices for reducing barriers to employment in an effort to advocate for hiring those experiencing homelessness.

2. Department of Workforce Services (DWS) and other partners, including the VA, work extensively to connect individuals with employment, enroll in temporary assistance benefits, and education to increase cash income. DWS Employment Counselors help connect individuals to other DWS training programs in order to increase education and opportunities for employment. The CoC works with the VA to connect with the Utah veteran-specific tax credit as well in addition to the Work Opportunity Tax Credit.

3. While the SLVCEH steering committee is responsible for overseeing the CoC’s strategy to increase jobs and income from employment, the Coalition looks to the Employment Core Function Group to establish strategies, which is co-led by Brooke Coster, Metro Employment Center Manager, Utah Department of Workforce Services and Rob Ferris, CEO, Advantage Services provides focus and discussions on connecting individuals to income that supports housing. Agencies provide employment data, which is tracked in HMIS, and reports are pulled to measure progress on System Performance Measures as well as other data points.

	2A-5a. Increasing Non-employment Cash Income—Strategy. (All Applicants)	
	Special NOFO Section VII.B.2.f.	
	Describe in the field below:	
	1. the strategy your CoC has implemented to increase non-employment cash income;	
	2. your CoC’s strategy to increase access to non-employment cash sources; and	

	3. provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase non-employment cash income.
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(limit 2,500 characters)

1. The CoC coordinates with the Department of Workforce Services (DWS) to link clients with non-employment benefits, including TANF, SNAP, general financial assistance (GA), and Medicaid. The Utah legislature expanded Targeted Adult Medicaid benefits to include case management and housing as billable activities. The codes for those activities have not been released yet but the CoC is planning on hosting a training to educate service providers to expand access to additional resources. All CoC funded projects refer to DWS services offered at resource centers as well as other program sites, including permanent supporting housing. Homeless Youth providers refer to WIOA, which allows youth to continue their education, seek employment, and gain skills. Providers serving Veterans also refer to VA employment programs and supportive employment (e.g., IPS). Homeless individuals who are eligible for social security disability income will be linked with SOAR. Information on benefits, including ARPA related tax credits, are shared through newsletter and via social media.
2. The CoC works with service providers and stakeholders to promote access to and effective utilization of mainstream programs by homeless individuals and families. Not only do most of the providers transport clients to mainstream benefit appointments, most also provide on-site case management for access to food stamps, Medicare/Medicaid, and Social Security. They also provide single application forms for multiple mainstream programs and provide annual followup. DWS has deployed eligibility workers to each homeless resource center.
3. While the Salt Lake Valley Coalition to End Homelessness steering committee is responsible for overseeing the CoC's strategy to increase non-employment cash income, the Coalition looks to Core Function Groups, including Employment and Education, to recommend strategies. Leadership includes a representative from DWS. Agencies provide employment and income data, which is tracked in HMIS, and reports are pulled to show progress on System Performance Measures which include non-employment income.

2B. Coordination and Engagement–Inclusive Structure and Participation

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2B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry. (All Applicants)	
	Special NOFO Sections VII.B.3.a.(1)	
	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 of CoC Board Members	Participated in CoC’s Coordinated Entry System
1.	Affordable Housing Developer(s)	Yes	Yes	Yes
2.	Agencies serving survivors of human trafficking	Yes	Yes	Yes
3.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
4.	CoC-Funded Victim Service Providers	Nonexistent	No	No
5.	CoC-Funded Youth Homeless Organizations	Yes	Yes	Yes
6.	Disability Advocates	Yes	Yes	Yes
7.	Disability Service Organizations	Yes	Yes	Yes
8.	Domestic Violence Advocates	Yes	Yes	Yes
9.	EMS/Crisis Response Team(s)	Yes	Yes	Yes
10.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
11.	Hospital(s)	Yes	Yes	No
12.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent	No	No
13.	Law Enforcement	Yes	Yes	Yes
14.	Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ+) Advocates	Yes	Yes	Yes
15.	LGBTQ+ Service Organizations	Yes	No	Yes
16.	Local Government Staff/Officials	Yes	Yes	Yes
17.	Local Jail(s)	Yes	Yes	No
18.	Mental Health Service Organizations	Yes	Yes	Yes
19.	Mental Illness Advocates	Yes	Yes	Yes

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

2B-2.	Open Invitation for New Members. (All Applicants)	
	Special NOFO Section VII.B.3.a.(2), V.B.3.g.	

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

(limit 2,500 characters)

1. New members are encouraged to join the CoC/Salt Lake Valley Coalition to End Homelessness (SLVCEH) at all times. On average, 15-20 new members join each month. An invitation and membership form is posted on the homepage of the SLVCEH website. Invitations to join are included in the bi-weekly newsletter & on social media. Accommodations to address any potential barriers to become a member are provided. On-going outreach to new members, including those with lived experience, is done by support agency staff, Steering Committee members, & members.
2. Effective communication is ensured through partnerships with agencies that serve individuals with disabilities. Accommodations are available including receiving materials electronically and joining meetings by phone. Closed captioning is available during meetings. The CoC utilizes SLCo Accessibility Checker software to ensure accessible content. Accommodations are offered upon request including translation, assistance completing the membership form, & receiving materials in an electronic/printed format. Meeting agendas, notes, minutes, recordings and items for review are posted on the website and emailed.
3. Invitations to join are included in all calendar invites of SLVCEH meetings. Steering Committee & membership prioritizes outreach and invitation to potential members, including those with lived expertise. Support agency staff reach out to & meet with potential members. Case managers personally invite clients to attend meetings. A compensation policy for those with lived expertise has been implemented. The CoC welcomes comments & input on all CoC/SLVCEH activities.
4. Information is shared with SLCo divisions including Youth, the Offices of New Americans, Diversity and Inclusion, & Housing & Community Development. These offices disseminate information to their partner organizations, including Pacific Islander Knowledge and Action Resource, Asian Association of Utah, The Disability Law Center, and others. Partnerships with cultural organizations who work with every cultural segment of the SLCO population were established. Each meeting begins with a statement on inclusion, equitable participation, and respect for all perspectives as a strategic priority aimed at broadening the scope of solicited opinion, expertise, & perspectives.

2B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness. (All Applicants)	
	Special NOFO Section VII.B.3.a.(3)	

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

(limit 2,500 characters)

1. The Salt Lake Valley Coalition to End Homelessness (SLVCEH) solicits and considers opinions from a broad array of organizations and individuals with a knowledge of homelessness. Eight Core Function Groups and numerous task groups function to encourage a wide range of issues, expertise, and perspectives in conversations and strategies. Potential members are encouraged to attend meetings and are invited to subscribe to the biweekly newsletter. Meetings begin with a statement on inclusion, equitable participation, and respect for all perspectives as a strategic priority aimed at continually broadening the scope of solicited and considered opinion, expertise, and perspective provided by organizations and individuals. On-going outreach to new members, including those with lived experience, is done by support agency staff, the steering committee, and members.
2. The CoC communicates information about membership, core function, and task group meetings, via the e-newsletter, on the website and social media. Meeting agendas are posted in advance and emailed. Meeting notes, minutes, recordings and items for review are posted on the website and emailed. Meetings are held either virtually or hybrid, are recorded, and posted publicly. Information presented in meetings is accessible by members and they are encouraged to share.
3. The CoC actively seeks comments and input on all CoC/SLVCEH activities and issues. The input is encouraged during all task group and core function meetings. The last item on regular meeting agendas includes an open roundtable opportunity for attendees to share comments and updates. In virtual meetings, chat functions are utilized as well. Input is gathered through surveys, and discussed and presented in meetings with members and the steering committee. Input helps to inform recommendations for steering committee members to incorporate in strategies, policies, and activities that are aimed to improve approaches to prevent and end homelessness.

2B-4.	Public Notification for Proposals from Organizations Not Previously Funded. (All Applicants)	
	Special NOFO Section VII.B.3.a.(4)	

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

(limit 2,500 characters)

1. The CoC notified the public that the local competition was open, and encouraged proposals from entities that have not previously received CoC program funding. Examples of notices include: Public posting of RFP on CoC website & an announcement of RFP in bi-weekly CoC e-newsletter membership email list of approximately 550, including organizations that have not previously received funding. Our newsletter is publicly available on our website to non-subscribers.
2. Other than HUD eligibility, there are no limits to what organizations may apply for project funding. If the agency has not been active as part of our CoC, the Ranking Committee evaluates their experiences delivering homeless housing or services, housing to very low income individuals and families, or other special populations.
3. The CoC publishes information about the funding opportunity and instructions on how to apply. Our process is for applicants to complete and submit a PDF form via Smartsheets & submit attachments related to financials & housing eligibility policies. Applicants are also required to submit an eSNAPS application for review. The CoC hosted training for potential applicants, geared towards first time applicants. The slides & a recording of the training were posted on the CoC website for those unable to attend.
4. The CoC publishes scoring materials used for new applications when the notices to apply are posted. The Ranking Committee reviews & scores all applications that have met the submission requirements & uses the approved scoring matrix to assign a score to each project. Projects are ranked in order of score & the ranking is reflected in the Project Priority Listing. The ranking committee considers HUD & local priorities as it makes ranking decisions, & prioritized SSO projects for unsheltered persons by ranking them first (in order of score received) because there is a great need for additional projects. All other projects were ranked in order of score received after the SSO projects, until the funding limit amount was reached. This resulted in a reduction to the lowest ranked project.
5. An accessibility checker available through Adobe is used to identify any readability issues related to contrast, structure, and fonts to assist those who utilize screen readers, etc. The CoC website includes information on requesting accommodations for individuals with disabilities or language interpretation services as well as TTY resources for those who are deaf or hard of hearing.

2C. Coordination / Engagement—with Federal, State, Local, Private, and Other Organizations

The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

- Special Notice of Funding Opportunity to Address Unsheltered and Rural Homelessness
- 24 CFR part 578
- Special NOFO CoC Application Navigational Guide
- Section 3 Resources
- Frequently Asked Questions

2C-1.	Coordination with Federal, State, Local, Private, and Other Organizations. (All Applicants)	
	Special NOFO Section VII.B.3.b.	
	In the chart below:	
	1. select yes or no for entities listed that are included in your CoC’s coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or	
	2. select Nonexistent if the organization does not exist within your CoC’s geographic area.	

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with Planning or Operations of Projects
1.	Funding Collaboratives	Yes
2.	Head Start Program	Yes
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Yes
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Yes
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving 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.		

2C-2.	CoC Consultation with ESG Program Recipients. (All Applicants)	
	Special NOFO Section VII.B.3.b.	

Describe in the field below how your CoC:	
1.	consulted with ESG Program recipients in planning and allocating ESG 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 to address homelessness within your CoC's geographic area so it could be addressed in Consolidated Plan update.

(limit 2,500 characters)

1. The CoC consults with ESG Program recipients in planning and allocating funds by inviting city, county, and state ESG funders to serve on the CoC project ranking committee. Members receive training on performance standards, evaluation, and HUD CoC reports, which includes Annual Performance Reports (APR), Point In Time (PIT) counts, Housing Inventory Chart (HIC), and System Performance Measure (SPM) level data. The CoC participates in monthly grants and program coordination with funders, including ESG, to align policies, assess needs, etc. ESG and ESG-CV funds were committed by State, City, and County funders for emergency shelter, rapid rehousing, and outreach projects.
2. CoC Collaborative Applicant participates in a Grants Coordination Committee with all Entitlement Cities in Salt Lake County as well as State partners. This group coordinates grant processes and monitoring, strategies, goals and outcomes, and shares updates regarding performance. Salt Lake County Housing & Community Development ensures that ESG funds support activities which positively impact the system measures and consider the priorities of the CoC. Programs funded with ESG demonstrated measurable outcomes that reflected the system goals of reduced returns to homelessness and increased exits to permanent housing.
3. System level PIT and HIC data are provided to State, City, and County recipients to be included in the Consolidated Plan along with narrative addressing the objectives for reducing and ending homelessness in the CAPER.
4. The CoC ensures local homelessness information is communicated and addressed in the Consolidated Plan updates by submitting local information to City and County ESG funders for their plans and by inviting ESG funders to participate in CoC activities. ESG funders are members of the Salt Lake Valley Coalition to End Homelessness, and actively participate in the Core Function Groups as well as the Coordinated Entry Task Group.

2C-3.	Discharge Planning Coordination. (All Applicants)	
	Special NOFO Section VII.B.3.c.	

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

2C-4.	CoC Collaboration Related to Children and Youth–SEAs, LEAs, School Districts. (All Applicants)
	Special NOFO Section VII.B.3.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

2C-4a.	CoC Collaboration Related to Children and Youth–SEAs, LEAs, School Districts–Formal Partnerships. (All Applicants)
	Special NOFO Section VII.B.3.d.

Describe in the field below:

1.	how your CoC collaborates with the entities checked in Question 2C-4; and
2.	the formal partnerships your CoC has with the entities checked in Question 2C-4.

(limit 2,500 characters)

1. Our CoC collaborates with youth education providers through various ways, including through our Education Core Function Group, which is co-led by a McKinney-Vento liaison, and the Director of Utah Community Action, an early childhood education provider. Education providers, including several additional McKinney Vento liaisons, are members of the CoC and also participate in the Core Function Group. The Executive Director of the organizations that owns and operates the VOA Youth Resource Center serves on the steering committee of the CoC. Our CoC collaborates with the State Education Agency through the Utah Homeless Network, in which we coordinate at least every other week, on issues related to homelessness in our region, and throughout the state.

2. Formal partnerships exist between youth education providers, McKinney-Vento LEA, school districts, and more. Members of the CoC work with partners such as United Way to further the efforts of community schools, preparing children for kindergarten, and increasing high school graduation rates. They also work closely to connect those experiencing homelessness through a formal partnership with Utah Community Action (UCA), who manages a new phone line as part of the “no wrong door” approach to homelessness services. UCA has a School Outreach Program for families with children in the Salt Lake City School District who are homeless or doubled up. Services can be accessed at any of the UCA locations. UCA staff can also connect clients with any of their other services: HEAT, Weatherization, Adult Education, Head Start and Early Head Start, and Nutrition, including our food pantries. Our CoC collaborates with the State Education Agency through the Utah Homeless Network, in which we coordinate at least every other week on issues related to homelessness in our region and throughout the state

While a formal partnership does not exist with the SEA, the CoC has worked closely with them in our efforts in developing strategies to address youth homelessness. In addition, the CoC collaborated directly with LEAs and other partners to update our policies to clearly identify the roles of each partner, including the LEAs.

2C-4b.	CoC Collaboration Related to Children and Youth—Informing Individuals and Families Experiencing Homelessness about Eligibility for Educational Services. (All Applicants)	
	Special NOFO Section VII.B.3.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)

A CoC Educational Assurance Policy was developed and approved with service providers, including Utah Community Action (UCA), The Road Home, and liaisons. CoC engages liaisons, plans meetings, and encourages providers to adopt related policies. Providers educate staff on the rights of homeless students, maintain relationships with schools, encourage parental involvement, and refer to after school programs. McKinney-Vento school liaisons help with waivers, provide transportation, and work to ensure that M-V entitlements are communicated to families. Individuals and families are informed on eligibility and services through a variety of ways. Public notices of the educational rights of students experiencing homelessness are placed in locations that may be frequented by parents and unaccompanied youth including schools, libraries, shelters, motels, food pantries, and other high traffic areas.

The CoC directly works with UCA in making sure that homelessness is not a barrier to education. By leveraging the UCA School Outreach Program, we are better able to understand households at risk of homelessness and intervene quickly. Through this outreach program, services are easily accessible at a number of locations along with direct staff contact with families to ensure necessary knowledge of resources available. The outreach program also helps with other concerns such as nutrition, health, extreme weather, and even adult education. We recognize the importance of not just education, but the lived experiences of the youth, and work to ensure that homelessness does not prevent a strong education.

For additional resources, the Salt Lake County Homeless Service website is easily accessible and provides a service directory including access and links to educational resources. It also includes a widget to search resources via 2-1-1. The website includes food pantry sites, day center information, crisis nursery and day care centers, adult education/GED and ESL resources, and more. For youth experiencing homelessness who dropped out of high school, Horizonte Instruction and Training Center offers an alternative public school within the Salt Lake City School District for youth to complete their high school diplomas or obtain a GED with the flexibility and pace needed by youth. UCA's Sauté program expanded into the homeless resource centers, including the Youth Resource Center, to provide culinary training to individuals interested in pursuing employment within culinary fields.

2C-5.	Mainstream Resources—CoC Training of Project Staff. (All Applicants)	
	Special NOFO Section VII.B.3.e.	

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

	Mainstream 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	Yes

2C-5a.	Mainstream Resources—CoC Collaboration with Project Staff Regarding Healthcare Organizations. (All Applicants)	
	Special NOFO Section VII.B.3.e.	

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 to assist program participants with enrolling in health insurance;
3.	provides assistance to project staff with the effective use of Medicaid and other benefits; and
4.	works with projects to promote SOAR certification of program staff.

(limit 2,500 characters)

1. The CoC systematically provides updated information on mainstream resources available for program participants through partnerships with Utah Department of Workforce Services (DWS) and Fourth Street Clinic to distribute information through the bi-weekly member e-newsletter & Health and Wellness Core Function Group meetings. Program staff receive training opportunities and access to conferences, such as Utah NAHRO, Utah Housing Coalition, & Annual Homelessness Summit. DWS staff train at resource centers & project-based PSH sites on resources available for program participants. All CoC-funded projects refer to DWS services offered at resource centers & program sites, including permanent supporting housing. DWS's designated case manager works closely with specialized substance use programs & providers. Homeless youth providers refer to WIOA, allowing youth to continue their education, seek employment, & gain skills. Providers serving Veterans refer to VA employment programs & supportive employment (e.g., IPS). Homeless individuals eligible for Social Security disability income are linked with SOAR. Benefits information, including ARPA-related tax credits, are shared through newsletter and social media.

2. The CoC works with project staff to collaborate with healthcare organizations, including substance abuse treatment & mental health treatment, to assist participants with receiving healthcare services in a variety of ways. The CoC has prioritized projects that create & build upon the strengths of our partners, including healthcare partners, who are able to provide onsite services, and allow for a more holistic way to address the wellbeing of individuals.

3. Providers transport clients to mainstream benefit appointments and provide on-site case management for access to food stamps, Medicare/Medicaid, & Social Security. Providers use single application forms for multiple mainstream programs and provide annual follow up. DWS deploys eligibility workers to each homeless resource center. Utah Health Policy Project and Take Care Utah work to assist with health insurance enrollment. DWS eligibility workers connect individuals with those who can help them enroll. DWS links clients with non-employment benefits, including TANF, SNAP, GA, & Medicaid.

4. The CoC works with projects to promote SSI/SSDI Outreach, Access, and Recovery (SOAR) certification. Seven of the 13 housing projects we are submitting for funding have had staff trained via SOAR in the last year.

3A. New Projects With Rehabilitation/New Construction Costs

The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

- Special Notice of Funding Opportunity to Address Unsheltered and Rural Homelessness
- 24 CFR part 578
- Special NOFO CoC Application Navigational Guide
- Section 3 Resources
- Frequently Asked Questions

3A-1.	Rehabilitation/New Construction Costs–New Projects. (Rural Set Aside Only). Special NOFO Section VII.A.	
If the answer to the question below is yes, you must upload the CoC Letter Supporting Capital Costs attachment to the 4A. Attachments Screen.		
Is your CoC requesting funding for any new project(s) under the Rural Set Aside for housing rehabilitation or new construction costs?		No

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

The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

- Special Notice of Funding Opportunity to Address Unsheltered and Rural Homelessness
- 24 CFR part 578
- Special NOFO CoC Application Navigational Guide
- Section 3 Resources
- Frequently Asked Questions

3B-1.	Designating SSO/TH/Joint TH and PH-RRH Component Projects to Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes. (Rural Set Aside Only)	
	Special 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
--	----

3B-2.	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes. (Rural Set Aside Only)	
	Special NOFO Section VII.C.	
	You must upload the Project List for Other Federal Statutes attachment to the 4A. Attachments Screen.	
	If you answered yes to question 3B-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. Attachments Screen For All Application Questions

Please read 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 and reduces file size. 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. | Open attachments once uploaded to ensure they are the correct attachment for the required Document Type. |

Document Type	Required?	Document Description	Date Attached
1B-1. Local Competition Announcement	Yes	UT-500 Local Comp...	10/07/2022
1B-2. Local Competition Scoring Tool	Yes	UT-500 Local Comp...	10/07/2022
1B-3. Notification of Projects Rejected-Reduced	Yes	UT-500 Notificati...	10/07/2022
1B-3a. Notification of Projects Accepted	Yes	UT-500 Notificati...	10/07/2022
1B-4. Special NOFO CoC Consolidated Application	Yes		
3A-1. CoC Letter Supporting Capital Costs	No		
3B-2. Project List for Other Federal Statutes	No		
P-1. Leveraging Housing Commitment	No	UT-500 Leveraging...	10/10/2022
P-1a. PHA Commitment	No	UT-500 PHA Housin...	10/10/2022
P-3. Healthcare Leveraging Commitment	No	UT-500 Healthcare...	10/10/2022
P-9c. Lived Experience Support Letter	No	UT-500 Lived Expe...	10/11/2022
Plan. CoC Plan	Yes	UT-500 CoC Plan	10/10/2022

Attachment Details

Document Description: UT-500 Local Competition Deadline

Attachment Details

Document Description: UT-500 Local Competition Scoring Tool

Attachment Details

Document Description: UT-500 Notification of Projects Rejected-
Reduced

Attachment Details

Document Description: UT-500 Notification of Projects Accepted

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: UT-500 Leveraging Housing Commitment

Attachment Details

Document Description: UT-500 PHA Housing Commitment

Attachment Details

Document Description: UT-500 Healthcare Leveraging Commitment

Attachment Details

Document Description: UT-500 Lived Experience Support Letter

Attachment Details

Document Description: UT-500 CoC Plan

Submission Summary

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

Page	Last Updated
1A. CoC Identification	10/07/2022
1B. Project Review, Ranking and Selection	10/10/2022
2A. System Performance	10/07/2022
2B. Coordination and Engagement	10/07/2022
2C. Coordination and Engagement–Con't.	10/07/2022
3A. New Projects With Rehab/New Construction	No Input Required
3B. Homelessness by Other Federal Statutes	10/07/2022
4A. Attachments Screen	Please Complete
Submission Summary	No Input Required

Local Competition Deadline

UT-500 Documentation

	Date Posted	Page
Application Instructions and Notice-NEW Projects 2022	08/11/2022	2
Posting of Notice to Salt Lake Valley Coalition to End Homelessness Website		6

Salt Lake City & County Continuum of Care

August 10, 2022

Notice: Application Process for NEW projects related to the FY2022 HUD CoC Competition and the response to the Supplemental NOFO

I. OVERVIEW

The Salt Lake Valley Coalition to End Homelessness is responsible for oversight of the Salt Lake City & County Continuum of Care and Salt Lake County Government is the Collaborative Applicant. In compliance with HUD requirements, the CoC intends to evaluate projects and make funding decisions based on HUD and local priorities and project performance. The Ranking Committee will review the performance of existing CoC renewal projects. The Committee will further evaluate new project funding applications and determine if they are to be included as part of the CoC Application to HUD.

For the FY2022 HUD CoC grant competition and the response to the Supplemental NOFO, projects seeking first-time funding through the Continuum of Care are hereby notified that **the project application will be a two-part process; Part I: Local Application (Smartsheets) and Part II: HUD (E-snaps) Application.**

Funding available for our community in the Supplemental NOFO is no more than \$6,497,190 over three years.

For the Annual CoC NOFO the maximum available for reallocation (\$9,519,739) represents the Continuum's Annual Renewal Demand, or the amount needed to fund all existing renewal projects for one year. This is funding available for renewal and new projects created through reallocation. *For more information on reallocation, see section VII of this notice.*

Bonus Funding available is limited to \$TBA. CoC's are eligible to apply for bonus funding "provided it has demonstrated the ability to reallocate lower performing projects to create new higher projects." The Ranking Committee, as it determines rank and tier placement, will determine whether to classify new project applications as recipients of bonus or reallocation funding.

Additionally, \$TBA is available for the Domestic Violence (Bonus) which will provide housing and services to survivors of domestic violence, dating violence, and stalking.

Projects passing minimum threshold requirements will be evaluated by the Ranking Committee for possible ranking and tiering placement and submitted with the CoC Application to HUD.

II. ELIGIBLE APPLICANTS

Eligible project applicants for the CoC Program Competition are, under [24 CFR 578.15](#), nonprofit organizations, States, local governments, instrumentalities of State and local governments, Indian Tribes and TDHE (as defined in section 4 of the Native American Housing Assistance and Self-Determination Act of 1996 (25 U.S.C. 4103) (TDHEs)). Public housing agencies, as such term is defined in [24 CFR 5.100](#), are eligible without limitation or exclusion. **For-profit entities are not eligible to apply for grants or to be subrecipients of grant funds.**

III. ELIGIBLE PROJECT TYPES

As indicated by the NOFOa the following projects types are eligible to receive funding as new projects:

1. Permanent housing-permanent supportive housing (PH-PSH) projects (Not DV Bonus eligible)
2. New permanent housing-rapid rehousing (PH-RRH) projects
3. New Joint TH and PH-RRH component projects
4. Dedicated HMIS project
5. Supportive services only (SSO-CE) project to develop or operate a centralized or coordinated assessment system
6. Supportive Services Only (Supplemental Only)
7. Expansion projects which would increase the number of units, persons served, services provided to existing program participants, or to add additional activities to HMIS and SSO-Coordinated Entry projects.

The NOFO encourages project applicants and communities to partner with Housing, Health, and Service Agencies to provide resources to those experiencing homelessness. As you develop your project application, consider how those the project will serve will be linked to housing, healthcare, and employment opportunities and demonstrate that in your responses.

IV. APPLICATION PROCESS

The application process is comprised of two parts. Part I will be submitted via Smartsheets; Part II will be submitted via e-Snaps.

Our CoC has implemented a standard naming convention for project applications. As you create your application, please follow this formula:

Agency Acronym, Project Name, HUD Competition Year
e.g. **SLCO CH Housing project FY2022 or SLC CH Housing Project Supp2022**

It is critical that this is followed within E-snaps as you setup your application.

A number of reference documents will be provided on the [Salt Lake Continuum of Care Competition](#) page:

1. This Notice
2. New Scoring Guidelines as approved by the Ranking Committee
3. Housing Inventory Chart 2022
4. Point in Time Count 2022 Data
5. Federal Regulations re: CoC Program
6. Rank and Review Policies and Procedures

Part I Application is made up of the following:

1. **Program Summary**: Basic application information, including contact information.
2. **Threshold Certification**: A list of certifications that must be agreed to before access will be granted to the full application.
3. **Application Questions**: Content related to Organizational Experience and Capacity, Unmet Need, Timeliness, Supportive Services and Housing First, and DV Experience.

4. **Attachments:**

- a. Complete copy of your most recent **independent financial audit (not just the management letter)**
- b. Copy of recent monitoring letters from HUD, SLC CoC, and/or HMIS
- c. Copy of agency's accounting policy and procedures
- d. For new housing projects: Copy of proposed program's eligibility and termination policies and procedures

Part II of the Application is the e-Snaps application as produced by HUD:

Note: Applicants applying for new "Expansion Projects" should use at least a portion of the existing renewal project name when naming the expansion project, and add the word "Expansion" at the end of the name.

5. **Project Description:** The e-Snaps application requires a detailed project description. In addition to ensuring that the response meets the HUD requirements as outlined in the detailed instructions (target population(s), the plan for addressing the identified needs/issues of the target population(s), projected outcome(s), and coordination with other sources/partners, etc.), applicants must also include information as required by our local process. Narrative should include points itemized below and as part of the scoring documentation.

- a. New Housing Projects
 - i. How Housing First principles will be utilized within the new program
 - ii. For DV Bonus Projects: How the needs of survivors of domestic violence, dating violence, sexual assault, or stalking will be met with trauma-informed and client-centered policies
- b. SSO for Coordinated Assessment
 - i. Narrative about an inclusive plan for coordination w/ stakeholders
 - ii. System design that is accessible for all persons seeking information regarding homelessness assistance
 - iii. Strategy for advertising the program to reach homeless persons with the highest barriers
 - iv. Standardized assessment process (use of VI-SPDAT)
 - v. Plans to ensure that program participants are directed to appropriate housing and services
 - vi. For DV Bonus Projects: How the needs of survivors of domestic violence, dating violence, sexual assault, or stalking will be met with trauma-informed and client-centered policies
- c. New HMIS
 - i. For DV Bonus Projects: How the needs of survivors of domestic violence, dating violence, sexual assault, or stalking will be met with trauma-informed and client-centered policies

6. **Budget** The e-Snaps application requires detailed budget information. The Ranking Committee reserves the right to ask for updates to budget amounts and grant terms based on funding availability.

V. SUBMISSION

Submission of Part I will be managed via SmartSheets.

- [Access the 2022 CoC New Application Form](#)
- [Access the SmartSheets submission form](#)

Submission of Part II will be managed via e-Snaps.

For updates and information about the CoC competition, please subscribe to the [SNAPS Competitions](#) and [SNAPS Program Information](#) listserv updates.

Many of the HUD's CoC Program Competition resources for the Project Applications related to esnaps have not yet been made available. In the meantime, the FY 2021 Detailed Instructions and FY 2021 Navigation Guides can provide some information about what you will find once e-snaps open, as long as you understand that there may be changes in e-snaps functionality, forms, and questions since last year. You will be able to distinguish between the FY 2021 and FY 2022 resources by noting the "Date Published" on the page and by the fiscal year on the cover of the documents.

[HUD CoC Program Competition Resources](#)

For local competition updates, please check the [Salt Lake Continuum of Care Competition](#) page frequently.

VI. TRAINING

Salt Lake County will hold a training via Webex on Wednesday, August 17 from 10:00am-11:00pm to review NOFO information and outline the process and timeline for our local competition.

[Please RSVP for the Training here](#)

VII. DEADLINE

The application is due via SmartSheets and e-snaps by **Friday, August 26, 2022 by 5:00 PM**

VIII. REALLOCATION

Reallocation refers to the process by which a CoC shifts funds in whole or in part from existing CoC funded projects that are eligible for renewal to create one or more new projects. For a CoC to receive funding for a new project, other than through reallocation, the CoC must demonstrate that all project applications are evaluated and ranked based on the degree to which they improve the CoC's system performance.

IX. CONTACT INFORMATION

Mayor's Office of Programs and Partnerships
Salt Lake County
2001 South State Street, Suite N4-930
P.O. Box 144575
Salt Lake City, UT 84114-4575

Tarra McFadden

Special Projects and Grants Coordinator
Phone: 801-923-3080
Email: tmcfadden@slco.org

Katherine Fife

Director, Programs and Partnerships
Phone: 385-468-7143
Email: kfife@slco.org

E-mail contact is preferred so that issues may be documented and common issues can be used to create an FAQ document if necessary.



Full-Screen Stop

COORDINATED ENTRY

Notices

New Projects

- Application Instructions and Notice-NEW Projects 2022 (Posted 8/11/2022)
- 2022 Salt Lake County CoC Application Form (Narrative) (Posted 8/11/2022)
- SLC CoC Competition Scoring for NEW Projects 2022 (Posted 8/10/2022)
- Smartsheets submission form (Posted 8/10/2022)

Renewal Projects

HMIS and Planning Projects

Training

Resources

- Rank and Review Policies and Procedures (Posted 8/10/2022)
- 2022 Salt Lake County CoC Point in Time Count Report (Posted 8/10/2022)
- 2022 Salt Lake County CoC Housing Inventory Count Report (Posted 8/10/2022)
- CoC Program Federal Regulations (24 CFR Part 578 (up to date as of 8-08-2022))

Local Competition Scoring Tool

UT-500 Documentation

Page

Scoring Tool for New Projects	2-5
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**Local Scoring Guidelines: New Projects
Supplemental and Annual NOFO**

Approved August 8, 2022

Threshold Requirements:

- Project will be administered by an eligible organization
- Match at 25% for eligible activities (all budget line items, except leasing)
- As applicable, participate in the most recent PIT, HIC, and LSA
- Agrees to participate in HMIS
- Agrees to have all referrals for proposed project routed through Coordinated Entry
- Meet all requirements listed in the Supplemental or Annual NOFO (part of esnaps review)

Projects which meet all of the above threshold requirements will be scored according to the following guidelines:

New Housing Projects

- Permanent Housing – Permanent Supportive Housing
- Permanent Housing – Rapid Re-housing
- Joint Transitional Housing and Permanent Housing – Rapid Re-housing

WEIGHT	CATEGORY	EVALUATION CRITERIA
20	Organizational Experience and Capacity	<ul style="list-style-type: none"> • No/minor past audit or monitoring findings or concerns (fiscal or program) from HUD or independent auditors • Grant management system in place for complying with government grants • Involvement in the local homeless housing and services system or local low-income housing and services system. (DV bonus-History of serving DV clients) • Effective record of administering government funded housing programs for homeless persons or housing for low-income persons.
20	Unmet Need	<ul style="list-style-type: none"> • Target population • Demonstrate need using data from Housing Inventory Chart and Point in Time Count • Impact on community performance related to HUD system performance measures • Address racial disparities to ensure equity
15	Timeliness	<ul style="list-style-type: none"> • Timeline for project implementation • Plan to fully expend HUD funds within grant operating period

**Local Scoring Guidelines: New Projects
Supplemental and Annual NOFO**

Approved August 8, 2022

WEIGHT	CATEGORY	EVALUATION CRITERIA
35/(25 for DV)	Supportive Services and Housing First	<ul style="list-style-type: none"> • Utilization of Housing First <ul style="list-style-type: none"> ○ Rapidly securing housing for clients and support housing retention ○ No preconditions such as sobriety, service participation, or minimum income • Plan to assist clients with employment/other income • Plan to coordinate with other mainstream health, social services and employment programs • Leveraging healthcare resources • Utilizing lived expertise in planning programming and services
10 (DV Only)	DV Experience, Plan and Outcomes (DV Projects Only)	<ul style="list-style-type: none"> • (DV) Trauma-informed and client-centered policies
10	Application/Budget Quality	<ul style="list-style-type: none"> • Followed instructions • Submitted on time, with all required attachments • Responses provide sufficient detail and are appropriate for the type of project and target population • Is cost effective, meets matching requirements, leverages support from other partners

New Coordinated Assessment Project

WEIGHT	CATEGORY	EVALUATION CRITERIA
20	Organizational Experience and Capacity	<ul style="list-style-type: none"> No/minor past audit or monitoring findings or concerns (fiscal or program) from HUD or independent auditors Grant management system in place for complying with government grants Involvement in the local homeless housing and services system or local low-income housing and services system. (DV bonus-History of serving DV clients) Effective record of administering government funded housing programs for homeless persons or housing for low-income persons.
20	Unmet Need	<ul style="list-style-type: none"> Target population Demonstrate need using data from Housing Inventory Chart and Point in Time Count Impact on community performance related to HUD system performance measures Address racial disparities to ensure equity
15	Timeliness	<ul style="list-style-type: none"> Timeline for project implementation Plan to fully expend HUD funds within grant operating period
35/(25 for DV)	Supportive Services	<ul style="list-style-type: none"> Inclusive plan for coordination with stakeholders System design that is accessible for all persons seeking information regarding homelessness assistance <ul style="list-style-type: none"> (DV) Trauma-informed and client-centered policies Strategy for advertising the program to reach homeless persons with the highest barriers Standardized assessment process Ensuring that program participants are directed to appropriate housing and services
10 (DV Only)	DV Experience, Plan and Outcomes (DV Projects Only)	<ul style="list-style-type: none"> (DV) Trauma-informed and client-centered policies
10	Application/Budget Quality	<ul style="list-style-type: none"> Followed instructions Submitted on time, with all required attachments Responses provide sufficient detail and are appropriate for the type of project and target population Is cost effective, meets matching requirements, leverages support from other partners

**Local Scoring Guidelines: New Projects
Supplemental and Annual NOFO**

Approved August 8, 2022

New HMIS Project

WEIGHT	CATEGORY	EVALUATION CRITERIA
<i>Because only the HMIS Lead is eligible to apply for funds, capacity will be weighted at 15% rather than 20%</i>		
15	Organizational Experience and Capacity	<ul style="list-style-type: none"> No/minor past audit or monitoring findings or concerns (fiscal or program) from HUD or independent auditors Grant management system in place for complying with government grants Involvement in the local homeless housing and services system or local low-income housing and services system. Effective record of administering government funded housing programs for homeless persons or housing for low-income persons.
25	Unmet Need	<ul style="list-style-type: none"> Impact on community performance on HUD system performance measures Timeline for project implementation Plan to fully expend HUD funds Demonstrate need using data related to current HMIS staffing and ability to meet current demands Detailed work plan for use of funds Address racial disparities to ensure equity
15	Timeliness	<ul style="list-style-type: none"> Timeline for project implementation Plan to fully expend HUD funds within grant operating period
35/(25 for DV)	System Design	<ul style="list-style-type: none"> How the HMIS funds will be expended in a way that is consistent with the CoC's funding strategy for the HMIS and furthers the CoC's HMIS implementation. The HMIS collects all Universal Data Elements as set forth in the HMIS Data Standards. The ability of the HMIS to un-duplicate client records. The HMIS produces all HUD-required reports and provides data as needed for HUD reporting (e.g., APR, quarterly reports, data for CAPER/ESG reporting) and other reports required by other federal partners.
10 (DV Only)	DV Experience, Plan and Outcomes (DV Projects Only)	<ul style="list-style-type: none"> (DV) Trauma-informed and client-centered policies
10	Application/Budget Quality	<ul style="list-style-type: none"> Followed instructions Submitted on time, with all required attachments Responses provide sufficient detail and are appropriate for the type of project and target population Is cost effective, meets matching requirements, leverages support from other partners

Notification of Projects Rejected- Reduced UT-500 Documentation

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E-mail sent to all applicants including Housing Connect	2
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Screenshot of Posting to Salt Lake Valley Coalition to End Homelessness Website	13
Final Project Listings posted publicly	14

Tarra McFadden

From: Tarra McFadden
Sent: Wednesday, September 14, 2022 7:30 PM
To: mflynn@theroadhome.org; 'Janice Kimball' (jjkimball@housingconnect.org); Katherine Fife; Kathy.bray@voaut.org; janida@fourthstreetclinic.org; Baylee White; Krysta Niemczyk (kniemczyk@housingconnect.org); Charly Swett; emily.strong@voaut.org; staci@fourthstreetclinic.org; Michelle Eining (meining@theroadhome.org); Zach Bale (zbale@housingconnect.org); sue.ativalu@voaut.org; Blake Fessler
Cc: Tarra McFadden
Subject: FY2022 Supplemental NOFO CoC Competition-Applicant Notice
Attachments: FY2022 UT-500 Supplemental NOFO Applicant Notice.pdf

Dear Supplemental NOFO Applicant:

Thank you for submitting a project application(s) for consideration in the FY2022 HUD Supplemental NOFO Competition for the Salt Lake City and County Continuum of Care.

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The committee has completed their work for the FY2022 competition. Please find the following enclosed:

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Sincerely,

Tarra McFadden

Special Projects and Grants Coordinator

Mayor's Initiatives and Special Projects

Salt Lake County



September 14, 2022

Jennifer Wilson

Mayor

Darrin Casper

Deputy Mayor &
Chief Financial Officer

Catherine Kanter

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3	FSC Medical Street Outreach Team	SSO/Outreach	91.57	\$527,500	\$527,500	\$ 2,571,338
4	Salt Lake County Coordinated Entry System Navigator	SSO-CE	95.14	\$600,000	\$600,000	\$ 3,171,338
5	TRH Rapid Re-housing with Outreach for Families FY2022	Permanent Housing-RRH	93.43	\$1,075,422	\$1,075,422	\$ 4,246,760
6	TRH PSH for Unsheltered Families FY2022	Permanent Housing-PSH	94.00	\$1,242,978	\$1,242,978	\$ 5,489,738
7	HC COCU Unsheltered PSH FY2022	Permanent Housing-PSH	92.43	\$3,762,660	\$1,007,452	\$ 6,497,190




Supplemental NOFO

- Salt Lake County CoC Eligible to apply for up to **\$6,497,190** over 3 years (\$2,165,730 per year)
- Much more competitive than previous NOFOs and annual CoC Competition
 - Awards will be all or nothing
 - Focus is on housing and services for unsheltered population
 - Can fund Outreach, Housing, Coordinated Entry, HMIS, and Planning Grants



Funding Outlook

- For a CoC to receive funding for a new project, other than through reallocation, the CoC must demonstrate that all project applications are evaluated and ranked based on the degree to which they improve the CoC's system performance.
- Impacted by overall CoC score

		Final Funding Recommendation			
Project Name	Total Score	Project Type	Amount Requested	Amount Recommended	Running Total
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FSC Medical Street Outreach Team	91.57	Supportive Services Only	\$527,500	\$527,500	\$2,571,338
Salt Lake County Coordinated Entry System Navigator	95.14	SSO for Coordinated Assessment	\$600,000	\$600,000	\$3,171,338
TRH PSH for Unsheltered Families FY2022	94	Permanent Supportive Housing	\$1,242,978	\$1,242,978	\$4,246,760
TRH Rapid Re-housing with Outreach for Families FY2022	93.43	Rapid Re-housing	\$1,075,422	\$1,075,422	\$5,489,738
HC COCU Unsheltered PSH FY2022	92.43	Permanent Supportive Housing	\$3,762,660	\$1,007,452	\$6,497,190



Application Rank and Review Process

Salt Lake City and County Continuum of Care

FY2022 Supplemental NOFO CoC Competition

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Final Scoring Explanation	6
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Application Rank and Review Timeline

Ranking Committee-New Scoring Guidelines approved	8-Aug
New scoring guidelines posted to CoC Competition Website	10-Aug
RFP for New Projects Released, Scoring Guidelines & Ranking Committee Procedures available as part of the application package and posted to CoC Competition Website	11-Aug
New Application Training held; materials posted to CoC Competition Website	17-Aug
Ranking Committee Meeting-Application Review Orientation	1-Sep
Ranking Committee Meeting-Final Ranking/Funding Decision	12-Sep
Applicants notified of Final Ranking/Funding Decision	14-Sep
Final Ranking/Funding Decision posted to CoC Competition Website	14-Sep

Salt Lake City & County Continuum of Care

Homeless Assistance Grants

Rank and Review Policies and Procedures

Eligible proposals will be prioritized for inclusion in the CoC's coordinated application by the Ranking Committee acting as the rank and review group. Applications not scoring high enough will not be placed on the project funding request as part of the Consolidated Application (Formerly Exhibit 1).

Salt Lake County, as the designated Collaborative Applicant, recruits Ranking Committee members, prioritizing members who have served as members in the past or who have other relevant experience. The Ranking Committee will be composed of representatives from a cross-section of groups which might include: Faith-based and non-profit providers of homeless services and housing; city representatives; county employees; mental health; substance abuse; veteran's services; and consumers.

- Ranking Committee members must declare that they have no conflict of interest.
- Members must be appointed every year and their eligibility verified.
- Members must be able to dedicate time for application review and committee meetings.
- Ranking Committee members are given an orientation which includes:
 - Information regarding homeless activities, needs, services, definitions and other issues that are pertinent to the SLVCEH
 - A background of McKinney Vento and the local process
 - The role of the Ranking Committee
 - Review of the scoring tools, applications, and resources

Ranking Committee members receive eligible application proposals and scoring matrix.

Prior to the Ranking meeting, all Ranking Committee members review all applications over an appointed period. Members read projects, preliminarily score them, and note any questions/comments to follow-up with applicants.

If the SLVCEH support agency staff have any knowledge that could lead HUD to deny granting funds to a project, they will share that information with the Ranking Committee. SLVCEH support agency staff will discuss this information with applicants as part of technical assistance provided to assist project development.

The Ranking Committee meets to review and discuss each application together and to individually score them. SLVCEH support agency staff is present at the Committee meeting to record decisions of the Committee and any comments/ recommendations they have for applicants.

The Ranking Committee discusses the merits of each proposal, scores the applications, and turns in score sheets to staff.

- Overall raw scores are calculated by SLVCEH support agency staff.
- The Committee considers adjustments for such issues HUD incentives or requirements.
- The Committee considers proposal changes or project budget adjustments that may be required to meet community needs.
- The Committee determines the rank and funding levels of all projects considering all available information.

- During deliberation, SLVCEH support agency staff will provide technical assistance by responding to questions of the Committee members, correcting technical inaccuracies if they arise in conversation, and reminding the Committee members of their responsibilities if they step outside their purview.
- Scoring results are delivered to applicants with a reminder about the appellate process.
- Each applicant receives copies of their proposals with technical edits made by SLVCEH support agency staff. Applicants are asked to correct their applications and send them back to SLVCEH support agency staff before final submission to HUD.
- Applications which do not meet the threshold requirements will not be included in the Priority Listing as part of the Consolidated Application, and therefore will not be forwarded to HUD for consideration.
- If more applications are submitted than the SLVCEH has money to fund, the lowest-ranked applications will not be included in the Priority List as part of the Consolidated Application, and therefore will not be forwarded to HUD for consideration.

Penalties

Applicants may correct a curable deficiency with timely action. To be curable the deficiency must: not be an applicant eligibility requirement and be remedied within the time frame specified in the notice of deficiency.

If the corrections are remedied within the time frame specified, no loss of points will result.

If the Committee finds that an applicant has intentionally misrepresented information, the application may be rejected, or a penalty may be assessed.

Where there is a staff (SLCO or HUD) documented issue that impacts the ability of applicants to access electronic application systems (E-snaps, Smartsheets), the Committee reserves the right to adjust the penalty submission deadline accordingly.

Policy for Appeals of Rating/Ranking

Eligible Appeals:

- The application of any applicant agency which a) is unranked, or b) receives decreased funding may appeal.
- Applicants that have been found not to meet the threshold requirements are not eligible for an appeal.
- Appeals cannot be based upon the judgment of the Ranking Committee.
- Applicants may appeal if they can:
 - prove their score is not reflective of the application information provided; or
 - describe bias or unfairness in the process, which warrants the appeal.

All notices of appeal must be based on the information submitted by the application due date. No new or additional information will be considered. Omissions to the application cannot be appealed.

Per 24 CFR 578.35(b), project applicants that believe they were not allowed to participate in a fair and open process and that were rejected by the CoC may appeal the rejection directly to HUD by submitting as a Solo Application prior to the application deadline. Additional appeal information may be found in the Notice of Funding Opportunity (NOFO).

Ranking Committee Members

FY2022 Supplemental NOFO CoC competition for Salt Lake City and County Continuum of Care

Committee members documented conflicts of interest and recused themselves from scoring per policy.

Member	Stakeholder Group	Disclosed Conflict w/ Agency
Daniel Tinsdale, Salt Lake County	Salt Lake County ESG	None
Dillon Hase, Salt Lake City	Salt Lake City ESG	None
Liz Marie Santiago Otero, UDVC		None
Mina Koplín, Section Manager	Youth Services	None
Pete Caldwell, Division of Substance Abuse and Mental Health	Behavioral Health Services	None
Robert Wesemann, NAMI, Utah	CoC Board / Outreach Experience	None
Russell Goodman, Department of Workforce Services	State ESG	None
Shailey Ovard, Utah Formerly Homeless Board	Lived Experience / Utah Homeless Network member	None

Final Scoring Explanation

Application Scoring

- The Committee scored the complete application which was worth 100 points.
- Requests for funding exceeded funding availability.
- The committee chose to prioritize outreach projects that have connections to healthcare and housing given the priorities outlined in the Notice of Funding Opportunity and considering other funding sources and opportunities available to other types of activities. While prioritizing outreach activities, the committee also recommended the creation of a Coordinated Entry navigator, and additional housing programs to support those experiencing unsheltered homelessness.
- The following projects were recommended for funding:
 - VOA Adult Outreach Project
 - Youth Experiencing Homelessness VOA Outreach Team
 - FSC Medical Street Outreach Team
 - Salt Lake County Coordinated Entry System Navigator
 - TRH Rapid Re-housing with Outreach for Families FY2022
 - TRH PSH for Unsheltered Families FY2022
 - HC COCU Unsheltered PSH FY2022 (reduced to fit into available funding)



community response and the project applications for submission to HUD by the deadline of October 20, 2022.

Documents for Public Review

FY22 HUD CoC NOFO Competition

- [UT-500 CoC Planning Grant Application FY2022 \(Posted 9/2/2022\)](#)
- [FY2022 UT-500 Applicant Notice-Final Ranking Recommendation \(Posted 9/13/2022\)](#)
- [FY22 Competition Final Ranking Recommendations \(Posted 9/13/2022\)](#)

FY22 Supplemental NOFO Competition

- [FY2022 UT-500 Supplemental NOFO Applicant Notice \(Posted 9/14/2022\)](#)
- [FY22 Supplemental NOFO Final Ranking Recommendations \(Posted 9/14/2022\)](#)

Notices

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Notification of Projects Accepted

UT-500 Documentation

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Packet sent to all Agencies	3
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Final Project Listings posted publicly	14

Tarra McFadden

From: Tarra McFadden
Sent: Wednesday, September 14, 2022 7:30 PM
To: mflynn@theroadhome.org; 'Janice Kimball' (jjkimball@housingconnect.org); Katherine Fife; Kathy.bray@voaut.org; janida@fourthstreetclinic.org; Baylee White; Krysta Niemczyk (kniemczyk@housingconnect.org); Charly Swett; emily.strong@voaut.org; staci@fourthstreetclinic.org; Michelle Eining (meining@theroadhome.org); Zach Bale (zbale@housingconnect.org); sue.ativalu@voaut.org; Blake Fessler
Cc: Tarra McFadden
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Mayor's Initiatives and Special Projects

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September 14, 2022

Jennifer Wilson

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		Final Funding Recommendation			
Project Name	Total Score	Project Type	Amount Requested	Amount Recommended	Running Total
VOA Adult Outreach Project	92.29	Supportive Services Only	\$1,045,186	\$1,045,186	\$1,045,186
VOA Youth Experiencing Homelessness Outreach Team	92	Supportive Services Only	\$998,652	\$998,652	\$2,043,838
FSC Medical Street Outreach Team	91.57	Supportive Services Only	\$527,500	\$527,500	\$2,571,338
Salt Lake County Coordinated Entry System Navigator	95.14	SSO for Coordinated Assessment	\$600,000	\$600,000	\$3,171,338
TRH PSH for Unsheltered Families FY2022	94	Permanent Supportive Housing	\$1,242,978	\$1,242,978	\$4,246,760
TRH Rapid Re-housing with Outreach for Families FY2022	93.43	Rapid Re-housing	\$1,075,422	\$1,075,422	\$5,489,738
HC COCU Unsheltered PSH FY2022	92.43	Permanent Supportive Housing	\$3,762,660	\$1,007,452	\$6,497,190



Application Rank and Review Process

Salt Lake City and County Continuum of Care

FY2022 Supplemental NOFO CoC Competition

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Application Rank and Review Timeline

Ranking Committee-New Scoring Guidelines approved	8-Aug
New scoring guidelines posted to CoC Competition Website	10-Aug
RFP for New Projects Released, Scoring Guidelines & Ranking Committee Procedures available as part of the application package and posted to CoC Competition Website	11-Aug
New Application Training held; materials posted to CoC Competition Website	17-Aug
Ranking Committee Meeting-Application Review Orientation	1-Sep
Ranking Committee Meeting-Final Ranking/Funding Decision	12-Sep
Applicants notified of Final Ranking/Funding Decision	14-Sep
Final Ranking/Funding Decision posted to CoC Competition Website	14-Sep

Salt Lake City & County Continuum of Care

Homeless Assistance Grants

Rank and Review Policies and Procedures

Eligible proposals will be prioritized for inclusion in the CoC's coordinated application by the Ranking Committee acting as the rank and review group. Applications not scoring high enough will not be placed on the project funding request as part of the Consolidated Application (Formerly Exhibit 1).

Salt Lake County, as the designated Collaborative Applicant, recruits Ranking Committee members, prioritizing members who have served as members in the past or who have other relevant experience. The Ranking Committee will be composed of representatives from a cross-section of groups which might include: Faith-based and non-profit providers of homeless services and housing; city representatives; county employees; mental health; substance abuse; veteran's services; and consumers.

- Ranking Committee members must declare that they have no conflict of interest.
- Members must be appointed every year and their eligibility verified.
- Members must be able to dedicate time for application review and committee meetings.
- Ranking Committee members are given an orientation which includes:
 - Information regarding homeless activities, needs, services, definitions and other issues that are pertinent to the SLVCEH
 - A background of McKinney Vento and the local process
 - The role of the Ranking Committee
 - Review of the scoring tools, applications, and resources

Ranking Committee members receive eligible application proposals and scoring matrix.

Prior to the Ranking meeting, all Ranking Committee members review all applications over an appointed period. Members read projects, preliminarily score them, and note any questions/comments to follow-up with applicants.

If the SLVCEH support agency staff have any knowledge that could lead HUD to deny granting funds to a project, they will share that information with the Ranking Committee. SLVCEH support agency staff will discuss this information with applicants as part of technical assistance provided to assist project development.

The Ranking Committee meets to review and discuss each application together and to individually score them. SLVCEH support agency staff is present at the Committee meeting to record decisions of the Committee and any comments/ recommendations they have for applicants.

The Ranking Committee discusses the merits of each proposal, scores the applications, and turns in score sheets to staff.

- Overall raw scores are calculated by SLVCEH support agency staff.
- The Committee considers adjustments for such issues HUD incentives or requirements.
- The Committee considers proposal changes or project budget adjustments that may be required to meet community needs.
- The Committee determines the rank and funding levels of all projects considering all available information.

- During deliberation, SLVCEH support agency staff will provide technical assistance by responding to questions of the Committee members, correcting technical inaccuracies if they arise in conversation, and reminding the Committee members of their responsibilities if they step outside their purview.
- Scoring results are delivered to applicants with a reminder about the appellate process.
- Each applicant receives copies of their proposals with technical edits made by SLVCEH support agency staff. Applicants are asked to correct their applications and send them back to SLVCEH support agency staff before final submission to HUD.
- Applications which do not meet the threshold requirements will not be included in the Priority Listing as part of the Consolidated Application, and therefore will not be forwarded to HUD for consideration.
- If more applications are submitted than the SLVCEH has money to fund, the lowest-ranked applications will not be included in the Priority List as part of the Consolidated Application, and therefore will not be forwarded to HUD for consideration.

Penalties

Applicants may correct a curable deficiency with timely action. To be curable the deficiency must: not be an applicant eligibility requirement and be remedied within the time frame specified in the notice of deficiency.

If the corrections are remedied within the time frame specified, no loss of points will result.

If the Committee finds that an applicant has intentionally misrepresented information, the application may be rejected, or a penalty may be assessed.

Where there is a staff (SLCO or HUD) documented issue that impacts the ability of applicants to access electronic application systems (E-snaps, Smartsheets), the Committee reserves the right to adjust the penalty submission deadline accordingly.

Policy for Appeals of Rating/Ranking

Eligible Appeals:

- The application of any applicant agency which a) is unranked, or b) receives decreased funding may appeal.
- Applicants that have been found not to meet the threshold requirements are not eligible for an appeal.
- Appeals cannot be based upon the judgment of the Ranking Committee.
- Applicants may appeal if they can:
 - prove their score is not reflective of the application information provided; or
 - describe bias or unfairness in the process, which warrants the appeal.

All notices of appeal must be based on the information submitted by the application due date. No new or additional information will be considered. Omissions to the application cannot be appealed.

Per 24 CFR 578.35(b), project applicants that believe they were not allowed to participate in a fair and open process and that were rejected by the CoC may appeal the rejection directly to HUD by submitting as a Solo Application prior to the application deadline. Additional appeal information may be found in the Notice of Funding Opportunity (NOFO).

Ranking Committee Members

FY2022 Supplemental NOFO CoC competition for Salt Lake City and County Continuum of Care

Committee members documented conflicts of interest and recused themselves from scoring per policy.

Member	Stakeholder Group	Disclosed Conflict w/ Agency
Daniel Tinsdale, Salt Lake County	Salt Lake County ESG	None
Dillon Hase, Salt Lake City	Salt Lake City ESG	None
Liz Marie Santiago Otero, UDVC		None
Mina Koplín, Section Manager	Youth Services	None
Pete Caldwell, Division of Substance Abuse and Mental Health	Behavioral Health Services	None
Robert Wesemann, NAMI, Utah	CoC Board / Outreach Experience	None
Russell Goodman, Department of Workforce Services	State ESG	None
Shailey Ovard, Utah Formerly Homeless Board	Lived Experience / Utah Homeless Network member	None

Final Scoring Explanation

Application Scoring

- The Committee scored the complete application which was worth 100 points.
- Requests for funding exceeded funding availability.
- The committee chose to prioritize outreach projects that have connections to healthcare and housing given the priorities outlined in the Notice of Funding Opportunity and considering other funding sources and opportunities available to other types of activities. While prioritizing outreach activities, the committee also recommended the creation of a Coordinated Entry navigator, and additional housing programs to support those experiencing unsheltered homelessness.
- The following projects were recommended for funding:
 - VOA Adult Outreach Project
 - Youth Experiencing Homelessness VOA Outreach Team
 - FSC Medical Street Outreach Team
 - Salt Lake County Coordinated Entry System Navigator
 - TRH Rapid Re-housing with Outreach for Families FY2022
 - TRH PSH for Unsheltered Families FY2022
 - HC COCU Unsheltered PSH FY2022 (reduced to fit into available funding)



community response and the project applications for submission to HUD by the deadline of October 20, 2022.

Documents for Public Review

FY22 HUD CoC NOFO Competition

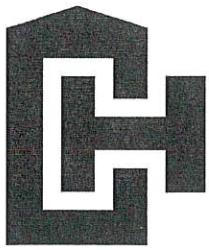
- [UT-500 CoC Planning Grant Application FY2022 \(Posted 9/2/2022\)](#)
- [FY2022 UT-500 Applicant Notice-Final Ranking Recommendation \(Posted 9/13/2022\)](#)
- [FY22 Competition Final Ranking Recommendations \(Posted 9/13/2022\)](#)

FY22 Supplemental NOFO Competition

- [FY2022 UT-500 Supplemental NOFO Applicant Notice \(Posted 9/14/2022\)](#)
- [FY22 Supplemental NOFO Final Ranking Recommendations \(Posted 9/14/2022\)](#)

Notices

Local Rank	Application Title	Project Type	Committee Score	Amount Requested	Rec. Funding Amount	Running Total
1	VOA Adult Outreach Project	SSO/Outreach	92.29	\$1,045,186	\$1,045,186	\$ 1,045,186
2	Youth Experiencing Homelessness VOA Outreach Team	SSO/Outreach	92.00	\$998,652	\$998,652	\$ 2,043,838
3	FSC Medical Street Outreach Team	SSO/Outreach	91.57	\$527,500	\$527,500	\$ 2,571,338
4	Salt Lake County Coordinated Entry System Navigator	SSO-CE	95.14	\$600,000	\$600,000	\$ 3,171,338
5	TRH PSH for Unsheltered Families FY2022	Permanent Housing-PSH	94.00	\$1,242,978	\$1,242,978	\$ 4,414,316
6	TRH Rapid Re-housing with Outreach for Families FY2022	Permanent Housing-RRH	93.43	\$1,075,422	\$1,075,422	\$ 5,489,738
7	HC COCU Unsheltered PSH FY2022	Permanent Housing-PSH	92.43	\$3,762,660	\$1,007,452	\$ 6,497,190



**HOUSING
CONNECT**

📍 3595 South Main Street,
Salt Lake City, UT 84115

🌐 www.housingconnect.org

📞 O: 801-284-4400
TDD: 801-284-4407

F: 801-284-4406

Reasonable Accommodations:
801-284-4439

October 10, 2022

Zach Bale
Chief Programs Officer
Housing Connect
3595 South Main Street
Salt Lake City, Utah 84115

RE: Letter of PHA Commitment of HC COCU Unsheltered PSH FY2022 Application

Dear Zach:

On behalf of the Housing Authority of the County of Salt Lake (doing business as Housing Connect), I am submitting this letter of commitment in support of the Salt Lake County Continuum of Care Supplemental Application to Address Unsheltered and Rural Homelessness. Housing Connect is a Public Housing Authority serving residents of Salt Lake County. Our mission is to connect people and communities to quality affordable housing opportunities while promoting self-sufficiency and neighborhood revitalization.

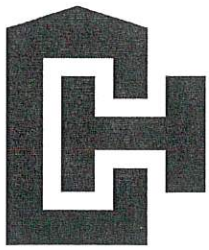
In order to leverage housing resources, Housing Connect commits to providing a voucher match for Housing Connect's COCU Unsheltered PSH application. This program will provide housing and case management to a minimum of 28 households with a history of unsheltered homelessness in Salt Lake County. In total, Housing Connect is requesting \$1,007,452 from HUD for a three-year grant. Housing Connect commits to provide 14 Housing Choice Vouchers to support this project, which will be filled through Coordinated Entry. These 14 vouchers will be paired with COC funding from the COCU Unsheltered PSH project to provide essential supportive services that support households in securing and maintaining affordable housing. This project fills a gap in the Salt Lake Valley system to address unsheltered homelessness among households with a medical vulnerability, and Housing Connect will work with Coordinated Entry to establish a prioritization plan to ensure that these households are able to access housing. These households are among the most in need in our community and are the least likely to access existing resources that will lead them to permanent housing.

We look forward to our continued partnership with the Salt Lake County Continuum of Care in ensuring that members of our community have access to high quality, affordable housing with case management and supportive services.

Sincerely,


Janice Kimball
Chief Executive Officer





**HOUSING
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3595 South Main Street
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Dear Zach:

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In order to leverage housing resources, Housing Connect commits to providing a voucher match for Housing Connect's COCU Unsheltered PSH application. This program will provide housing and case management to a minimum of 28 households with a history of unsheltered homelessness in Salt Lake County. In total, Housing Connect is requesting \$1,007,452 from HUD for a three-year grant. Housing Connect commits to provide 14 Housing Choice Vouchers to support this project, which will be filled through Coordinated Entry. These 14 vouchers will be paired with COC funding from the COCU Unsheltered PSH project to provide essential supportive services that support households in securing and maintaining affordable housing. This project fills a gap in the Salt Lake Valley system to address unsheltered homelessness among households with a medical vulnerability, and Housing Connect will work with Coordinated Entry to establish a prioritization plan to ensure that these households are able to access housing. These households are among the most in need in our community and are the least likely to access existing resources that will lead them to permanent housing.

We look forward to our continued partnership with the Salt Lake County Continuum of Care in ensuring that members of our community have access to high quality, affordable housing with case management and supportive services.

Sincerely,


Janice Kimball
Chief Executive Officer



Healthcare Leveraging Commitment

P-3 UT-500 Documentation

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Letter from First Step House in support of RRH for Unsheltered Housing	3
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Letter from Fourth Street Clinic in support HC COCU Unsheltered PSH FY2022 Application	5



Meaning • Purpose • Recovery

440 S 500 E, Salt Lake City, Utah 84102

P 801-359-8862

F 801-359-8860

firststephouse.org

Salt Lake Valley Coalition to End Homelessness
2001 S State Street N4-930, PO Box 144575
Salt Lake City, UT 84114-45758

October 6, 2022

Dear Salt Lake Valley Coalition to End Homelessness,

First Step House is pleased to provide this letter of support and commitment for The Road Home's Continuum of Care Permanent Supportive Housing (PSH) for Unsheltered Families.

First Step House provides evidence-based behavioral health treatment and in the Salt Lake Valley. We serve low-income and homeless individuals, veterans, and families who struggle with high-severity substance use disorders, mental illness, and chronic health issues. Our evidence-based programs include residential and outpatient substance use disorder treatment, permanent supportive housing, transitional supportive housing and recovery residences, and wraparound supportive services: primary care, employment, peer support services, long-term recovery support, and case management. Last year, FSH served 1,483 individuals.

The Road Home and First Step House work hand-in-hand to provide housing, substance use treatment, and health care services to individuals and families experiencing homeless within Salt Lake County. Currently, First Step House partners with The Road Home to provide substance use treatment and behavioral health services in emergency homeless shelters. Additionally, First Step House provides case management services to a number of households enrolled in The Road Home's other Continuum of Care programs.

If this project is selected for funding, First Step House will provide services to the program's housing participants valued at \$310,745 per local rate for services not funded through this program. This will be accomplished through our outpatient programs, which primarily operate out of our treatment center at 434 South 500 East in Salt Lake City, Utah. These services will be available to the program's participants during the three-year period of performance determined by the Department of Housing and Urban Development and The Road Home. Eligibility for the Continuum of Care program will be managed by The Road Home in accordance with fair housing requirements and not restricted by First Step House in any way. The substance use treatment and behavioral health services committed to this program are not currently funded through the Continuum of Care or Emergency Solutions Grants programs.

Please let me know if you have any questions or need any additional documentation. We appreciate the opportunity to support this critical program and ensure families experiencing homelessness have access to housing and health care resources.

Sincerely,

Shawn M. McMillen

Executive Director

801-359-8862 x2114

smcmillen@firststephouse.org

Board of Directors

Kerry Bate

Jacob C. Smith CPS

Ayle Jensen

Kennette Fleckenstein MS, PhD

Patricia Galt

Joe Culbertson

Brandy Farmer

Charles W. Talcott

Supported By

SALT LAKE COUNTY



Meaning • Purpose • Recovery

440 S 500 E, Salt Lake City, Utah 84102

P 801 359 8862

F 801 359 8810

firststephouse.org

Salt Lake Valley Coalition to End Homelessness
2001 S State Street N4-930, PO Box 144575
Salt Lake City, UT 84114-45758

October 6, 2022

Dear Salt Lake Valley Coalition to End Homelessness,

First Step House is pleased to provide this letter of support and commitment for The Road Home's Continuum of Care Rapid Re-Housing (RRH) for Unsheltered Families.

First Step House provides evidence-based behavioral health treatment and in the Salt Lake Valley. We serve low-income and homeless individuals, veterans, and families who struggle with high-severity substance use disorders, mental illness, and chronic health issues. Our evidence-based programs include residential and outpatient substance use disorder treatment, permanent supportive housing, transitional supportive housing and recovery residences, and wraparound supportive services: primary care, employment, peer support services, long-term recovery support, and case management. Last year, FSH served 1,483 individuals.

The Road Home and First Step House work hand-in-hand to provide housing, substance use treatment, and health care services to individuals and families experiencing homeless within Salt Lake County. Currently, First Step House partners with The Road Home to provide substance use treatment and behavioral health services in emergency homeless shelters. Additionally, First Step House provides case management services to a number of households enrolled in The Road Home's other Continuum of Care programs.

If this project is selected for funding, First Step House will provide services to the program's housing participants valued at \$268,856 per local rate for services not funded through this program. This will be accomplished through our outpatient programs, which primarily operate out of our treatment center at 434 South 500 East in Salt Lake City, Utah. These services will be available to the program's participants during the three-year period of performance determined by the Department of Housing and Urban Development and The Road Home. Eligibility for the Continuum of Care program will be managed by The Road Home in accordance with fair housing requirements and not restricted by First Step House in any way. The substance use treatment and behavioral health services committed to this program are not currently funded through the Continuum of Care or Emergency Solutions Grants programs.

Please let me know if you have any questions or need any additional documentation. We appreciate the opportunity to support this critical program and ensure families experiencing homelessness have access to housing and health care resources.

Sincerely,

Shawn M. McMillen

Executive Director

801-359-8862 x2114

smcmillen@firststephouse.org

Board of Directors

Terri Bate

Jarvis Smith CPA

Kyle Jensen

Annette Fickelstein MS PhD

Parisa Cold

Joe Culbertson

Brandi Farmer

Charles W. Tarcott

Supported By

SALT LAKE COUNTY



Date: October 6, 2022

To: Zach Bale
Chief Programs Officer
Housing Authority of the County of Salt Lake dba Housing Connect
3595 South Main Street
Salt Lake City, Utah 84115

RE: Match Commitment of HC COCU Unsheltered PSH FY2022 Application

Dear Zach:

On behalf of Valley Behavioral Health, I am submitting this letter of commitment for **Housing Connect's COCU Unsheltered PSH application**. This program will provide case management to a minimum of 28 households with a history of unsheltered homelessness in Salt Lake County. In total, Housing Connect is requesting **\$1,007,452** from HUD.

Valley Behavioral Health commits to provide a minimum in-kind service match of **\$239,587** to participants served during this 3-year program period: 9/1/2023 - 8/31/2026. This commitment is based on:

Service	Provider	Amount/Unit
Case Management, Non-Targeted SUD (H0006)	Certified Case Manager and above licensure	\$20.09/15 min
Case management, Targeted MH (T1017)	Certified Case Manager and above licensure	\$20.09/15 min
Personal Services (H0046)	Certified Case Manager and above licensure	\$37.28/15 min
PRS Individual (H2014)	Certified Case Manager and above licensure	\$18.26/15 min
PRS Group (H2017)	Certified Case Manager and above licensure	\$4.99/15 min
PsychoEd Group or Individual (H2027)	Certified Case Manager and above licensure	\$6.00/15 min

We look forward to our continued partnership with Housing Connect and the Salt Lake County Continuum of Care in ensuring that members of our community have access to high quality, affordable housing with case management and supportive services.

Sincerely,

Preston L. Cochrane

Preston L. Cochrane
Vice President of Housing & Support Services
Valley Behavioral Health

Let's deal with it together.



October 6, 2022

Zach Bale
Chief Programs Officer
Housing Authority of the County of Salt Lake dba Housing Connect
3595 South Main Street
Salt Lake City, Utah 84115

RE: Match Commitment of HC COCU Unsheltered PSH FY2022 Application

Dear Zach:

On behalf of Wasatch Homeless Health Care, Inc. dba Fourth Street Clinic, I am submitting this letter of commitment for **Housing Connect's COCU Unsheltered PSH application**. This program will provide case management to a minimum of 28 households with a history of unsheltered homelessness in Salt Lake County. In total, Housing Connect is requesting **\$1,007,452** from HUD for a three-year grant.

Wasatch Homeless Health Care, Inc. dba Fourth Street Clinic commits to provide a minimum in-kind service match of **\$42,500** to participants served in this 3-year program period: 9/1/2023 - 8/31/2026. This commitment is based on 65 hours of primary medical care per year (includes medical services, behavioral health, and dental) conducted by licensed clinicians at \$219 per visit.

We look forward to our continued partnership with Housing Connect and the Salt Lake County Continuum of Care in ensuring that members of our community have access to high quality, affordable housing with case management and supportive services.

Sincerely,

Janda Emerson
CEO

October 3, 2022

U.S. Department of Housing and Urban Development
451 7th Street, S.W., Washington, DC 20410

Dear HUD,

On behalf of the Salt Lake Valley Coalition to End Homelessness' Lived Experience Task Group, we are pleased to provide this letter of support for the Continuum of Care Supplemental NOFO to Address Unsheltered and Rural Homelessness to Salt Lake County's Continuum of Care. The Lived Expert Task group is a working group composed of those with lived experiences serving both SLVCEH and the Salt Lake County CoC.

The Lived Expert Task Group is composed of 9 members with direct experience in homelessness. The task group works to advise coalition policy, strategy, and funding. Task group members are committed to ensuring the voices of those with lived expertise are lifted, prioritized, and brought to all tables. The task group meets at least once a quarter but more frequently as needed to provide valuable expertise to the Coalition and CoC practices and policy. Members also regularly participate in other Coalition meetings. Three task group members sit on the Steering Committee of the Coalition and hold voting rights.

The Salt Lake Valley Coalition to End Homelessness is dedicated to all avenues to make homelessness brief, rare, and non-recurring, and supports a Housing First approach. The Coalition strives to provide valid resources to those that need it most. We, as the Lived Expert Task Group, support this approach.

Again, this letter certifies the support of the Salt Lake Valley Coalition to End Homelessness's Lived Expert Task Group of the Supplemental NOFO application and narrative.

Sincerely,

Steffine Amodt
Herbert Elliott
Natalie Clark

Yixiao Burke
Lawrence Horman
Shailey Ovard

Robert Ferris
Shawn McMillen
Maygan Martinez



UT-500 CoC Plan for Serving Individuals and Families Experiencing Homelessness with Severe Service Needs

P-1c. Landlord Recruitment.

1. current strategy your CoC uses to recruit landlords, and their units, in which to use tenant-based rental assistance including:

Our CoC hosts a Landlord Outreach Task Group that meets monthly. The task group distributed a survey to local landlords, which has provided our CoC with valuable continuous feedback, and has led to identifying new units for our community. The CoC further strategizes with landlords through Landlord Liaisons, who are individuals that our providers use to prevent evictions. To support local landlords, we were able to disseminate information regarding the ARPA Emergency Rental Assistance, so that they could receive financial assistance.

In addition, the CoC leverages landlord outreach through the US Department of Veteran Affairs (VA). The VA has strategically met with Landlord groups throughout Fiscal year 2022 (October 2021-September 30, 2022) to identify housing resources available to Veterans. These groups include the Utah Apartment Association, The Housing Authority SLC, Housing Connect, Utah Housing Corporation, Utah Housing Coalition, Utah Non-profit Housing Corporation, The Other Side Village, Switchpoint, The Ville Properties, Salt Lake County Aging Services, The Road Home, and many others. These meetings focus on outreach to veterans who otherwise have not utilized resources historically.

The CoC works with local municipalities who create and host programs that support tenants and landlords with resources and programs. We will continue to look for opportunities to make recommendations to those who participate in “Good Landlord” programs, and have also helped inform efforts connected with the emergency rental assistance programs, and tenant/landlord mediation programs.

The CoC works with partners to look for ways in which barriers to housing, such as expungement, can be reduced. SLCo provides resources, such as an on-line expungement tool, which can help providers and individuals with expunging their criminal record. Furthermore, the Salt Lake County’s assessor’s office has sent information to landlords regarding education of programs and resources available and PHAs provide funding for landlords through incentives such as double deposits.

a. how well this strategy works in identifying units across your CoC’s entire geographic area; and

The efforts of the Landlord Engagement Task Group, and the housing locators have been helpful, but need to be amplified. The Landlord Engagement Task Group will continue to improve its other strategies of engaging with landlords through surveys and monthly meetings, providing information on funding sources, and advocacy to engage more landlords in our CoC.

The outcomes of VA meetings have led to the VA being included in Veteran set-aside units at The Point, and community partners such as Switchpoint focusing housing efforts to meet the needs of seniors, particularly Veterans. Switchpoint is opening a 98 room repurposed hotel with the goal of housing seniors and Veterans. The VA has been provided with LIHTC properties with Veteran set-aside units, previously unknown to the VA. The VA has worked with the Ville Properties regarding Veteran specific low barrier housing needs, and property will be coming online in the near future. The Utah Non-profit Housing Corporation has identified units available to Veterans from 30-80% AMI to assist with all areas of housing needs. Other examples just like this have occurred.

The VA’s partnership outreach, led through coordinated entry efforts, has demonstrated to be an effective program given the newly accessible units available to Veterans. This has also been incorporated throughout the state of Utah with the same outcome.

b. how well this strategy works in identifying units in areas where the CoC has historically not been able to identify units.

Our CoC has worked hard to identify units where they have historically not been able to do so. The CoC has informed funding and policy at the state level, which has helped to support efforts of other partners, such as the Preservation Fund, who are focused on preserving and creating affordable housing units. Our CoC created a report, HousingNow, that describes the number and types of units needed, immediately, and in the future. This

report has served to inform the need for housing at all levels of government and has been used to inform conversations and advocacy in the Salt Lake Valley Coalition to End Homelessness.

Our CoC partnered with the Council of Mayors, and Council of Governments this year to establish a winter overflow plan. Pivotal to that planning process, the need for additional housing was discussed as part of a strategy to identify and create inputs in areas the CoC has historically not been able to. Additional affordable housing units in these areas will serve as a prevention method for the need for overflow in years to come. Centered in education and partnership, this strategy is showing promise.

2. identify any new practice(s) your CoC has implemented to recruit landlords in the past 3 years and describe the lessons learned from implementing those practices; and

By leveraging landlords and local organizations committed to Housing First practices, the Salt Lake Valley Coalition to End Homelessness has identified a need for more than 3,000 additional housing units, including an immediate need for 450 units of permanent supportive housing as has been identified as part of the HousingNow report. The Landlord Outreach Task Group also works to identify affordable units within the County and connect clients to them through the Coordinated Entry System.

In 2022, the Salt Lake City Housing Authority was awarded the “Moving to Work” status under the Landlord Incentive Cohort. With the program, they will be testing landlord incentives to determine how to best strengthen existing relations and build new relationships with landlords who can benefit from being a part of the HCV program. Participation in the Landlord Incentive Cohort study shows commitment from partners to evaluate and test landlord incentives, and ultimately introduce more landlords to rental assistance programs.

Furthermore, the VA hired a coordinated entry specialist to work specifically with community partners and organizations to address community-level needs, and implement strategies to address the needs of unsheltered Veterans. Coordinated entry focuses within the SLVCEH on working individually with Landlords throughout the valley and providing in-depth education about HUD-VASH and SSVF programs, including the case management benefits of the programs. The Coordinated entry specialist attends housing conferences, CoC meetings and housing events to network and build relationships. The VA had previously not engaged in this level of networking, and it will continue to lend itself to providing low barrier housing.

In order to assist the unsheltered population within Salt Lake County there is a need to provide more outreach support. The current teams are receiving calls for service that they do not have the capacity to respond to. Currently we have a waitlist for outreach case management, as we do not have enough case management to support those in need of case management services. Our shelter system for both individuals and families is at capacity, resulting in increased demand for street outreach services.

3. describe how your CoC will use data, including the specific data points that will be used, to update its landlord recruitment strategy.

The CoC will continue to use the feedback of landlords, collected through surveys, to improve upon recruitment strategies. The last survey conducted with landlords within our CoC identified a desire and need for landlords to connect to each other and have a strong line of communication with the CoC. Efforts are currently underway in the Landlord Engagement Task Group of the Salt Lake Valley Coalition to End Homelessness to plan and host a landlord discussion group and a meet and greet between case managers and landlords. The Landlord Engagement Task Group is also looking into opportunities to present at the next Utah State Property Management Summit in an effort to educate and engage new landlords.

The CoC is currently updating the HousingNow campaign, which identifies specific housing needs, and will share with landlords, community leaders, and policy makers, to inform decision making. We will also continue to identify and share best practices, training, and provide additional resources to service providers and landlords, to secure additional units. We will continue to work closely with the HMIS team to review and understand data, including the number of individuals who are homeless for the first time, length of time homeless, and barriers to finding units. Understanding more about the lingering impacts of the pandemic, economic impacts such as housing costs and evictions, and anticipating the end of pandemic related rental support programs and how they may still impact homeless systems, will continue to be explored by the CoC.

P-3 Current Strategy to Identify, Shelter, and House Individuals and Families Experiencing Unsheltered Homelessness.

A. Describe your CoC’s current strategies to regularly engage individuals and families experiencing unsheltered homelessness in the locations where they reside and connect them to low barrier shelter, temporary housing, or permanent housing

The CoC is proud to offer more outreach opportunities than ever before. The CoC tailors outreach to those least likely to request assistance by focusing on areas under highway passes, the foothills, motels, along the Jordan River, places not meant for human habitation, etc. and by working to better understand, connect, and establish relationships, leading to services and housing.

For easy access, Access Points into the Coordinated Entry System are found throughout Salt Lake County, based upon a “no wrong door” model, including resource centers. Access is also possible via a phone line for those who are unable to physically get to an Access Point. The CoC values accessibility and equitable resources for all homeless individuals. The phone line is operated by Utah Community Action, who manages diversion and coordinated intake at each of the homeless resource centers. Street Outreach teams work to ensure that services are available to those unsheltered individuals and households who are least likely to apply for services. Known as a “mobile” access point into Coordinated Entry, Outreach teams are trained to conduct screenings and housing needs assessments (SPDAT) for those who are unsheltered. Since many unsheltered and chronically homeless people will initially decline assistance, mobile outreach teams will engage with these individuals over an extended period in an effort to get them connected with services.

Learning from our COVID-19 response, the CoC providers work closely with the local Health Department (including community health workers) and 4th Street medical outreach to ensure that we are meeting the health needs of those who are unsheltered.

Our partnerships with smaller organizations and advocates has led to a better flow of information, through trusted sources, in culturally appropriate ways.

Our municipal partners, including SLC and South Salt Lake, who dedicate a full office response to support additional outreach efforts and work to address the needs of the community, including businesses, individuals, and families. They work with law enforcement, mental health providers, and service providers.

P-3.a Current Street Outreach Strategy.

A. identify evidence-based practices your CoC uses to conduct street outreach;

In order to ensure that we are locating those in need of outreach services, our teams go out into the community looking for encampments; receive reports from community members, businesses, municipalities; and are contacted directly by those experiencing unsheltered homelessness. The CoC focuses on areas under highway passes, the foothills, motels, along the Jordan River, etc.

The individuals who live in these areas are often at risk of being least likely to reach out for support. Street Outreach is conducted Mon-Fri during business hours, and at night during extreme weather. Law enforcement as well as advocates are available after hours to assist the unsheltered in accessing shelter. Street Outreach frequently coordinates with law enforcement, municipalities, and service providers to locate all unsheltered individuals and engage quickly to provide basic needs and connect to housing services.

1. ensure that outreach teams are coordinated;

The Salt Lake Valley Coalition to End Homelessness hosts a Street Outreach Task Group meeting each month, to bring those who are conducting street outreach together, and coordinate efforts. In addition to coordination, outreach teams share resources and information, learn best practices from one another, and identify needs as well as gaps in services. Currently our outreach services coordinate and refer clients based on service needs. We have family focused (TRH), individual focused (VOA), and Veteran focused (VA & SSVF) outreach efforts, in order to meet the needs of our community.

2. ensure that outreach is frequent, by describing the days and times outreach is conducted each week;

Street Outreach coordinates with law enforcement, municipalities, and service providers to locate all unsheltered individuals and engage quickly to provide basic needs and connect to housing services. Outreach teams go out frequently, understanding that building consistency is key.

The current Street Outreach covers 100% of the Salt Lake County CoC’s geographic area. Street Outreach is conducted Mon-Fri during business hours, and at night during extreme weather. After hours, law enforcement and advocates help those who are unsheltered access shelter. In addition, advocate based programs

have been established to provide resources to the unsheltered on weekends. Advocates and volunteers tend to go out on the weekends, and also during times of extreme weather.

First responders, including law enforcement, are trained on de-escalation, and have established co-responder models, which include social workers and are designed to help individuals who are in a crisis. Partnerships between first responders and service providers are being strengthened, to help ensure that law enforcement is able to reach out to the trusted organizations/advocates/case managers that individuals are working with, in order to best help the individual.

3. help people exit homelessness and unsheltered homelessness;

All organizations involved are dedicated to connecting unsheltered individuals to housing services, as well as providing education, relationships, and leading to permanent housing solutions. Outreach Case Management works with clients to develop goals/service plans that will help them overcome homelessness, and identify and address barriers to obtaining/maintaining housing. Outreach teams provide client centered care, using the housing first and progressive engagement models.

A Point in Time Count (PIT) is conducted annually to estimate the number of people experiencing homelessness. Through this process, we can organize and prioritize the diverse services needed to achieve a lower rate of those entering and remaining homeless. The PIT count also serves to help unhoused individuals in connecting effectively with medical and housing services.

Outreach involves multiple initial contacts that allow for the development of rapport and trust with outreach workers. After initial positive contact, motivational interviewing techniques will be employed and information collected to determine immediate and long term needs. All projects being put forward will utilize the Housing First model in delivering rental assistance and case management. The Coordinated Entry System Navigator will facilitate the process for clients to be prioritized; housing teams will work with participants to quickly obtain and maintain housing stability. Services will be voluntary, person centered, and trauma informed.

4. ensure the specific engagement strategy will engage individuals and families experiencing homelessness with the highest vulnerabilities and will use culturally appropriate strategies;

The current CoC strategy to providing resources and engaging those who are high vulnerability and are also experiencing literal homelessness in that they are residing in place not suitable for human habitation (i.e.. park benches, streets, alleys). Service providers coordinate three weekly triage meetings using By-Name Lists pulled from HMIS. Priority ranking is based on those with the longest lengths of time homeless and high VI-SPDAT scores. These populations are especially prioritized during the colder months.

To prevent homelessness effectively, the CoC determines risk factors based upon data and research including income less than 50% FPL, mental health, substance abuse, chronic health problems, education, and history of incarceration. Risk factors are evaluated through data collection, analysis with the HMIS team, and PHA potential eviction identification.

Furthermore, the CoC compares annual numbers to understand trends, strengthen our prevention and diversion programs, and share risk factor data with partner systems, such as state employment, mainstream resources, eviction data, food pantries, housing authorities, and others, who can target resources to those at risk of homelessness. We are also working more closely with the jail and others to ensure connections are made with resources as individuals are discharged.

Using the risk factors of concern, Street Outreach teams work to ensure that services are available to those unsheltered individuals and households who are least likely to apply for services. Outreach teams are assigned geographic areas so that all areas of the CoC are covered. Known as a “mobile” access point into CE, Outreach teams are trained to conduct screenings and housing needs assessments (SPDAT) for those who are unsheltered. Since many unsheltered and chronically homeless people will initially decline assistance, mobile outreach teams will engage with these individuals over an extended period in an effort to get them connected with services. Street outreach teams further emphasize the distribution and use of sanitary supplies to the unsheltered population.

Outreach teams are trained on how to engage with those experiencing unsheltered homelessness. Using Trauma Informed Care, Motivational Interviewing, with the understanding that it may take multiple engagements in order to build trust and rapport. Consistency, communicating your intention, transparency, clear communication, and focusing on client centered care, in a culturally appropriate way, allowing the client to

dictate their level of engagement and following their lead is needed in order to build rapport with those who may not use traditional homeless services.

5. use the outreach teams to connect individuals and families experiencing unsheltered homelessness to permanent housing; and

Street Outreach coordinates with law enforcement, municipalities, and service providers, and advocates, to locate unsheltered individuals and engage quickly to provide basic needs and connect to housing services. Street outreach is conducted by the following teams:

1. VOA Street Outreach-medical & behavioral health, shelter, detox, DV counseling, housing case management, & more
2. 4th Street Clinic/Medical Outreach Services Team (MOST)-acute medical and links to other supports, housing & services
3. Library Engagement Team/SLC libraries-connections to services, housing, NARCAN
4. Salt Lake City (SLC) Outreach Team-SLC street outreach in the city
5. Downtown Ambassador Program street outreach-a partnership between The Downtown Alliance, SLC, and Visit Salt Lake
6. Advocate-led nonprofits, such as Unsheltered Utah and Nomad Alliance, conduct regular outreach to connect individuals to resources and housing.
7. The VA has an outreach team who responds to at-risk and homeless Veterans within the community. Staff meets Veterans at the VA, community shelter, homeless camps, libraries, and anywhere Veterans congregate who are without shelter
8. Community Connection Center (CCC)-case workers liaise between front line police, service providers, and households experiencing homelessness; correspond with law enforcement, triage, coordinate & connect with services; provide case management
9. New street outreach teams created during the pandemic include Soap2Hope, Valley Behavioral Health, and additional VOA teams, including a youth outreach team and a vaccine outreach team, to provide education and vaccinations. A new The Road Home outreach team connects families/households with children under age 18 to shelter or motel vouchers, if no shelter capacity, housing navigation/location services, vital documents, case management, or referrals to other services are available.
10. The Salt Lake City Kayak Court (SLC Justice Court) sets out monthly on the Jordan River, reaching individuals who are unsheltered and not well connected with the system, in an effort to meet them where they are, and help to reduce legal barriers for individuals to access housing, employment, and more.

6. hire people with lived expertise of unsheltered homelessness to conduct street outreach.

Recognizing that credibility can be built when someone who has been through it talks to someone who is going through it, our CoC recognizes the importance of including those with lived expertise, including hiring lived experts to conduct all sorts of critical functions, including street outreach. Examples of partners within the CoC who hire those with lived expertise include our needle exchange partners, peer support specialists, and community health workers. Treatment Partners, including Odyssey House, hire program graduates.

Our CoC established a policy to compensate those with lived expertise who participate in CoC activities. Lived experts help with policy review, education, strategy and funding recommendations.

Our CoC has started engaging lived-experience experts with the planning and execution of the annual PIT Count, which results in data and survey responses from those who are unsheltered. Lived experts have also contributed to winter overflow planning, which prioritize those who are sleeping on the streets. Specifically, they have helped to identify barriers in accessing services and shelter for those who are sleeping on the streets. This information has helped to identify priority populations for overflow, including couples, families, those over age 55, and those who are more medically vulnerable.

P-3.b. Current Strategy to Provide Immediate Access to Low-Barrier Shelter and Temporary Housing.

1. describe your CoC's current strategy;

The CoC strongly prioritizes Housing First. The CoC has used housing vouchers for the past 3 years and prioritized individuals who would not otherwise have access to this care, especially those who are unsheltered. We are able to identify high priority individuals through Street Outreach, PIT counts, and observation of racial disparities in our communities to understand why individuals may or may not access these resources due to

racial and cultural motivations. The Salt Lake Valley Coalition to End Homelessness works to align multiple funding streams for efforts to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities; promotes access to and effective utilization of mainstream programs by homeless individuals and families; optimizes self-sufficiency among individuals and families experiencing homelessness; reinforces an overall system planning effort, which includes all resources, stakeholders, and funding; and provides multiple opportunities for client input.

The CoC also provides county facilities with access to heat and A/C to provide temporary and low-barrier relief to those in need. The facilities are free to access, provide water stations, and are an opportunity for community members to learn about other resources available.

Our community continues to operate three low barrier Homeless Resource Centers. They are designed to address the emergency shelter needs of those experiencing homelessness and provide connections to housing, employment, and health care. In addition to the emergency shelter options, several providers offer transitional housing for youth, persons experiencing family violence, those involved in substance abuse treatment programs, and veterans. These programs provide targeted services for the populations they serve.

2. describe how well your CoC's current strategy performs at providing access to low-barrier and culturally appropriate temporary accommodations (e.g., emergency shelter, especially non-congregate shelter, transitional housing) to all individuals and families experiencing unsheltered homelessness; and

It is a community goal to keep stays in shelter and transitional housing brief and make connections to permanent housing a priority. Our most recent System Performance Measures indicate that those staying in emergency shelter and transitional housing are staying in these homeless projects for more time than they were in the previous year. We believe this is due to challenges with local housing affordability and limited opportunities for those being served to move to permanent housing options. Our System Performance Measures indicate that those who exit our system to a permanent housing destination or those who retain their permanent housing do so at the rate of 95%. The data also indicates that the number of people entering our system, who are considered homeless for the first time, has decreased from the previous reporting period. We are successfully diverting or preventing homelessness for members of our community.

There has been a continual increase in the number of PSH units and the use of Low Income Tax Credits to develop new PSH. The CoC prioritizes those at risk of losing their housing and uses progressive engagement and Move On strategies to help clients exit programs without jeopardizing stability. The Health/Wellness Core Function Group works to develop strategies that address primary & behavioral healthcare issues that impede a person obtaining/retaining permanent housing. Furthermore, Emergency Housing Vouchers and additional ARPA funds/resources are frequently used to connect individuals with housing.

We have also adopted the use of VI-SPDAT assessment as one part of the procedure for placing chronically homeless persons in housing. We are looking to replace this tool with one which considers racial disparities. The CoC is working with other partners on a state-wide level to address other issues that impact individuals who are experiencing homelessness. Those partners, who have all shown a commitment to reducing the barriers to obtain and retain housing include: private and public state-wide funders, mental health providers, legislators and other elected officials and policy makers, those in criminal justice, health care providers, and housing advocates and developers. We also partner with organizations and community health workers, who are trusted, and help individuals and households navigate systems. Community Health workers also help to identify barriers and inform ways to make services and resources more culturally appropriate, and accessible.

An example of the CoC's success in investing in stable housing is the GPD program called Valor House, located on the campus of the SLCo VA. This program allows Veterans who are approved for HUD VASH (Veteran Affairs Supportive Housing) or SSVF (Supportive Services for Veteran Families) to bridge from literal homelessness for three months while getting into housing. Furthermore, the Valor House uses a case management only model that assists Veterans for 6-9 months with case management support to get them into permanent and stable housing. The Valor House also supports a model in which veterans who need more clinical support can get into transitional housing for up to two years and receive clinical and case management support. Veterans within the clinical program model are then supported into permanent and stable housing.

3. identify any new practices your CoC implemented in its geographic area over the past 3 years and the lessons learned from implementing those practices.

In the past three years, our CoC has been able to establish new outreach teams through community partners to specifically serve families, increase outreach coverage with a Salt Lake City specific team, and added a team to provide temporary Covid-19 vaccination-specific services. Salt Lake City also added a team to mitigate concerns regarding homelessness, regardless of whom they impact, including working with unsheltered and sheltered community residents, business owners, police departments, and more. COVID also taught us to diversify our shelter options to include a non-congregate format which we utilized during the pandemic.

Our CoC has experienced an influx in smaller advocacy and volunteer groups addressing the needs of homeless individuals. Over time, our CoC has come to recognize the importance of these small groups, in addition to our long term providers and partners. These community groups have brought valuable insights to our discussions to find immediate and long term solutions. Our CoC also recognizes our current need for more capacity during extreme weather (i.e.. high and low temperatures).

The VA recently opened HUD-VASH (Veteran Affairs Supportive Housing) for the HUD-VASH expansion program (per congress vote), which allows for VA healthcare ineligible Veterans to utilize VA housing support through HUD-VASH. HUD-VASH is lifetime as long as Veterans meet the program criteria.

P-3.c Current Strategy to Provide Immediate Access to Low Barrier Permanent Housing for Individuals

1. CoCs current strategy

a. how your CoC utilizes a Housing First Approach in implementing its current strategy, and

b. how the strategy is connected to the permanent housing resources identified in the CoCs response to “Leveraging Housing Resources” portion of the CoC Plan for Serving Individuals and Families

Experiencing Homelessness with Severe Service Needs (Special NOFO Section VII.B.4.a);

a. The CoC operates with a Housing First strategy at every level from ranking for housing placement to service delivery once housed. There are no prerequisites for participating in any housing program operated by CoC funding. In addition, the CoC implements the following strategies to reduce the length of time households remain homeless: increase RRH programs each year targeting at-risk populations (youth, mental illness, substance use disorders, etc.) and offering increased case management. This includes mental health support and work programs, many of which pay first month rent, credit damage, child care, etc. for vulnerable populations such as domestic violence victims. While the Salt Lake Valley Coalition to End Homelessness steering committee is responsible for overseeing the CoC’s strategy to reduce the length of time households remain homeless, they look to Core Function Groups including Housing, and Coordinated Entry, to recommend strategies. Agencies provide data through HMIS, and reports are pulled to show progress on System Performance Measures, including length of time homeless.

b. There is increased emphasis on resource coordination through Coordinated Entry (CES) and providers’ use of Progressive Engagement. There has been an increase in housing navigator staff to connect clients with the right housing and strengthen relations with landlords. Housing plans are encouraged upon entry to the homeless resource centers, supported by increased availability of housing case management services, and supportive services are available as participants exit resource centers. This includes having treatment providers on site to conduct assessments for SUD and mental health treatment.

The community assessment process prioritizes households in most need by using information gathered from the housing needs assessment tool (VI-SPDAT). Additionally, three weekly housing prioritization meetings are held with providers to review the CoC’s By-Name List and facilitate prioritization for housing. Our System Performance Measures indicate that those that exit our system to a permanent housing destination or those that retain their permanent housing do so at the rate of 95%.

If awarded, the housing projects connected with this application will provide 34 TBRA units matched with an additional 14 HCV, providing 78 permanent supportive housing beds in our system. The RRH project will support 12 units and 24 beds of TBRA for families experiencing unsheltered homelessness. Housing Connect has also applied for additional Stability Vouchers to expand PH capacity and continue the collaboration with the CoC.

2. demonstrate how the CoCs current strategy performs at providing low-barrier and culturally appropriate access to permanent housing to individuals and families who have histories of unsheltered homelessness;

In response to research indicating that the VI-SPDAT is not a racially equitable tool, and in accordance with guidance from the tool’s creators that it no longer be utilized, our system is in the process of transitioning from the VI-SPDAT to the full-SPDAT for housing prioritization. Due to the added thoroughness of this tool when considering vulnerability and assigning a corresponding score, we are hopeful that this tool will better capture the vulnerabilities of underserved populations in our community, including people of color and the unsheltered. To go along with this transition, our system is also incorporating cultural competency training into our SPDAT training, to help improve local score equity among race groups. This score data will be monitored to watch for continued or new score discrepancies, and staff training will be adjusted accordingly.

Regarding inclusivity internally, resources within SLCo, including Youth Services, the Offices of New Americans, Diversity and Inclusion, and Housing & Community Development, all help to provide connections, training, and outreach to new organizations and communities, in culturally appropriate ways. Providers engage in their own DEI work at the agency level, which for example, is leading to a 3-year strategic plan for Housing Connect. Strategies include 1) work to ensure the make-up of staff reflects the population served; 2) provision of on-going DEI training; 3) review and modification of policies and procedures to address racial disparities; and 4) training on language access plan, fair housing, renters, rights, and available tools. The CoC reviews policies on an annual basis, including its CoC-wide anti-discrimination policy, and makes updates, as needed.

Our System Performance Measures indicate that the amount of people entering our system who are considered homeless for the first time have decreased from the previous reporting period. We are successfully diverting or preventing homelessness for members of our community.

3. provide the evidence that supports the use of the CoCs current strategy; and

The CoC participated in a Coordinated Entry (CE) racial equity workshop, which provided guidance for analyzing local racial equity data, and re-evaluating CE processes accordingly. As a result of this workshop, and other TA received, the CoC’s CE Task Group is now in the process of reevaluating our housing prioritization criteria, with the intent of reconciling racial discrepancies in our data. We have also increased our efforts around including persons with lived experience at decision making tables within the CoC, as a known best practice to improve system equity. In the coming months, the SLVCEH will be investigating best practices for evaluation and establishment of an equity focused core function group. When determining how our community would use the Emergency Housing Vouchers we were awarded, racial equity was kept at the forefront of the decision making process. We prioritized populations based, in part, on those that we know are disproportionately made up of people of color, people exiting incarceration, people fleeing DV and trafficking, and families. In addition, many providers in our CoC have initiated internal efforts to improve racial equity and representation. Efforts include creation of racial equity-focused staff committees, adjusting policies and procedures to be more equitable, and providing education for staff around implicit bias, white privilege, and systemic racism.

4. identify new practices the CoC has implemented across its geographic area in the past three years and the lessons learned from implementing those practices.

Three years ago, our CoC experienced a major shift in how and where individuals access shelter. Three new smaller resource centers came on line, as the one large shelter closed. This scattered site model has provided shelter beds throughout a larger part of the geographic area. Using a “no wrong door” approach, a centralized phone line and a transportation shuttle were both implemented to reduce barriers to access. These new resource centers increased access to shelter for women. They operate 24 hours a day, allow pets, have case management, and have support for employment and housing.

Our CoC has learned more about the importance of building trust and having the flow of information and resources occur in a culturally appropriate way, by organizations and individuals (including community health workers) who are trusted.

We’ve learned that smaller partner organizations who are well connected with communities often don’t have the bandwidth to access resources such as federal funding, etc. Strengthening partnerships, and providing training, mentoring, and resources to smaller organizations/advocacy groups, will help to better reach underserved and marginalized communities

By increasing connections with educational institutions, and providing training, resources and mentorship, we can create more pathways to permanent housing solutions for households who are unsheltered.

We understand the importance of working with schools, and specifically, McKinny Vento liaisons, to provide low-barrier access for families and students experiencing homelessness. By leveraging resources, best practices, and coordinating more closely with our liaisons, our efficiencies have improved.

In evaluating our housing prioritization criteria, the CE task group made the decision to transition away from the VI-SPDAT, which has been used for housing prioritization in our community for several years, to the full SPDAT. This decision was made due to the proven racial inequities the VI creates, and local data indicating that people of color score lower on the VI. Our local full SPDAT data also indicates that people of color score lower than white people, but to mitigate this problem, our CoC is currently working with DEI experts from local homeless service agencies to incorporate cultural humility training into our existing SPDAT training. As this transition is implemented, SPDAT score data will be monitored for racial inequities, and training will be adjusted as needed to fix inequities.

P-4. Updating the CoC's Strategy to Identify, Shelter, and House with Data and Performance.

1. For street outreach:

a. How data, performance, and best practices will be utilized to improve the performance of and expand street outreach within the CoC,

b. street outreach activities are connected to coordinated entry or HMIS, and

c. how your CoC will incorporate new partners (e.g., business owners, law enforcement, healthcare providers) into its street outreach strategies.

a. Data will inform system planning regarding unmet housing and service needs. Additional outreach teams will increase data collection opportunities. While our PIT identified only one household experiencing unsheltered homelessness, outreach teams encountered a significantly higher number of households with families. Forty percent of households experiencing homelessness report their prior living situation as homeless on the street, showing a great need for connecting unsheltered individuals with housing resources.

The proposed Coordinated Entry Navigator will assist in the collection and analysis of data about how those experiencing unsheltered homelessness are able to access housing which meets their needs. Currently, the unsheltered are not getting equitable access to the already scarce housing opportunities.

Volunteers of America Utah has undergone significant process changes for collecting exit data for unsheltered individuals encountered on street outreach and served by the Youth Resource Center. These processes have led to improvements in data collection for the agency's street outreach programs. These refined data processes, as well as additional resources directed to Street Outreach, will help increase the number of successful housing placements and reduce the amount of time persons remain homeless.

System Performance measures will be reviewed to ensure that with the utilization of new resources our Exits to Housing from Streets are increasing. The programs submitted for funding will also improve performance measure Successful SO Exits by providing additional case managers to engage with households enrolled in street outreach programs. Once unsheltered homeless individuals and families have moved to permanent housing, programs will work with them to increase income opportunities and connections to health care support. Providing client-centered services, onsite support, and low barrier access to health care will increase housing retention and reduce returns to homelessness. These connections from street outreach to housing will also improve the length of time persons remain homeless.

Best practices will be utilized to improve the performance of, and expand street outreach in, our CoC. The Salt Lake County Coordinated Entry system holds weekly housing prioritization meetings. These are community meetings open to homeless service providers, where individuals and households experiencing homelessness are connected to housing options for families, veterans, and those experiencing chronic homelessness. CES-approved prioritization standards are utilized, including a SPDAT assessment to determine vulnerability, and prioritized clients are pulled from the By-Name List created via the HMIS Coordinated Entry enrollment. The new Navigator will enhance community access to the existing pathway to housing and other services, without adding any additional regulations or eligibility requirements.

The proposed program from 4th Street Clinic utilizes outreach to support the healthcare needs of unsheltered individuals. A Community Health Worker (CHW) Housing Specialist and a Behavioral Health Specialist will assist our community's medically vulnerable street population in entering the coordinated entry

housing system within Salt Lake County. They will accompany our medical team to encampments, build rapport and assess clients. This will also eliminate the barrier of transportation from healthcare access. Therapies may be provided in person until the individual is housed and can be transitioned to telehealth services once housed as appropriate. Once housing is attained, patients will continue to be followed by the Behavioral Health Specialist for up to 12 months to ensure success. Long-term access to behavioral health, medical, dental, and pharmacy services will continue to be available at FSC.

Volunteers of America Utah also has multiple Certified Peer Support Specialists and staff with lived experience within the agency who help provide programmatic perspectives and work directly with clients. Certified Peer Support Specialists utilize their lived experience in recovering from mental illness and/or substance use disorder to provide individualized support with the goals of 1) assisting clients to achieve or maintain stability and independence; 2) providing assistance accessing resources to help clients meet their housing and other needs; and 3) providing expertise about the recovery process.

b. All households will be prioritized through the Coordinated Entry process. We use the agreed-upon tools such as the VI-SPDAT to determine severity of need. Outreach teams or other service provider staff will discuss the household at the appropriate community triage group to determine which households are most in need of services through this and other permanent supportive housing programs. Households experiencing unsheltered homelessness will be connected with an emergency shelter bed when possible while they search for a unit that meets their needs. Housing navigation teams will work to bring additional units from the market into our landlord pool and increase the total number of units available to program participants. All programs will be required to utilize HMIS, and a concerted effort to improve upon the data entry and reporting of street outreach in HMIS is a CoC priority. Our CoC data shows that successful outreach exits are well below the national average (9.7% vs. 32.9%). If funded, these programs could support more households in successfully exiting outreach to housing.

c. The CoC will utilize and build upon existing partnerships, as well as create new partnerships with additional health care providers such as Utah Partners for Health, Utah Aids Foundation, and the Martindale Clinic as well as with business owners and law enforcement, to best serve the needs of the clients. These new partnerships will include strong connections for education, training, and referrals for service. More law enforcement, including first responders, are creating co-responder teams that will work closely with these new street outreach teams.

A new receiving center is being built in SLCo. The street outreach partners will work closely with law enforcement and mental health partners to best serve those who are unsheltered, and connect them with the resources they need, and avoid jail, if possible. As these resources are received and deployed, our CoC will work with partners to alert communities, including business owners, law enforcement, and others, to ensure they are aware of the additional resources available to them, and those experiencing unsheltered homelessness. In addition, street outreach teams will work with expanded partnerships on outreach efforts, coordinating appointments, making referrals, and providing harm reduction education and supplies.

Participants in all housing programs are connected to an extensive network of resources through case management teams. Households experiencing unsheltered homelessness will be referred to emergency shelter providers for available beds, wherever possible, to address immediate safety concerns. Those not connected with the Department of Workforce Services for benefits, such as Medicaid and Food Stamps, can be transported to the offices to complete the eligibility process. Individuals needing medical treatment will be supported through 4th Street Clinic, Donated Dental, and other low-cost service providers. Households in need of behavioral health treatment or substance abuse services can be referred to Valley Behavioral Health, First Step House, or Odyssey House to access treatment services. Unsheltered families and individuals may face additional barriers to accessing traditional services, as they may not have vital documents or a mailing address to list to receive notices. Across our providers, staff understand the unique needs that those who have experienced unsheltered homelessness may face and know how to quickly connect each person with services to support their housing stability.

The CoC will utilize and build upon existing partnerships, as well as create new partnerships with additional health care providers such as Utah Partners for Health, Utah Aids Foundation, and the Martindale Clinic as well as with business owners and law enforcement, to best serve the needs of the clients. These new partnerships will include strong connections for education, training, and referrals for service. More law

enforcement, including first responders, are creating co-responder teams that will be able to work closely with these new street outreach teams.

A new receiving center is being built in SLCo, and the street outreach partners will work closely with law enforcement and mental health partners to best serve those who are unsheltered, and connect them with the resources they need, and avoid jail, if possible.

As these resources are received and deployed, our CoC will work with partners to alert communities, including business owners, law enforcement, and others, to ensure they are aware of the additional resources available to them, and those experiencing unsheltered homelessness. In addition, street outreach teams will work with expanded partnerships on outreach efforts, coordinating appointments, making referrals, and providing harm reduction education and supplies.

2. For low-barrier shelter and temporary accommodations:

a. How data, performance, and best practices will be used to improve access to low barrier shelter and temporary accommodations,

b. How data, performance, and best practices will be used to expand, as necessary, low barrier shelter and temporary accommodations, and

c. Any new practices and activities that will be funded through an award under this competition.

a. The CoC will review HUD system performance measures, and consider best practices regarding how to utilize coordinated entry and connect individuals with the right housing and supportive resources.

Our low barrier shelters in our CoC are currently operating at nearly 100% capacity. Although no new shelter or temporary accommodations will be funded through an award through this competition, it is anticipated that these new projects will increase efficiency of the utilization of shelter and temporary accommodations.

b. Our CoC will continually review data and update strategies to identify shelter and temporary accommodations for individuals and families experiencing unsheltered homelessness. As the projects are implemented, strategies will be explored, including the potential use of temporary or short-term emergency lodging accommodations, to best serve those who are unsheltered.

c. Salt Lake County has proposed a new project to provide extra staffing at access points to better serve those who are homeless. This will also serve as a pathway into the coordinated entry system and provide access to housing resources. This project will fill a major gap in providing access to the CE system to the general public, and as part of this project, funding will help remove barriers in order to ensure individuals are housed quickly.

3. For permanent housing:

a. How data, performance, and best practices will be utilized to improve the CoCs ability to rapidly house, in permanent housing, individuals and families with histories of unsheltered homelessness, and

b. How data, performance, and best practices will be utilized to expand the CoCs ability to rapidly house, in permanent housing, individuals and families with histories of unsheltered homelessness.

a. The additional street outreach efforts, and coordinated entry navigator will both enhance and improve the CoC's ability to rapidly house individuals experiencing unsheltered homelessness. Tracking outcomes in HMIS, and reviewing system performance measures, will allow for us to understand how quickly individuals are connected with housing directly from the streets, and based upon best practices, our CoC will continuously work with partners to evaluate and improve upon the efforts to get individuals and families housed as quickly as possible, in ways that support their wellbeing.

b. If awarded, Housing Connect will receive funding for 14 tenant-based rental assistance PSH units. This project will collaborate with 4th Street Clinic to provide medical services. Furthermore, 14 units of COC will be matched with 14 Housing Choice Vouchers. This project focuses on those experiencing or with a history of unsheltered homelessness, as well as medical vulnerabilities. This project can serve both singles and families.

The Road Home (TRH) has proposed 2 new projects to provide PH to families with children under 18. The RRH program will directly provide housing subsidies to persons experiencing unsheltered homelessness. Most households will receive 4-12 months of assistance. Case management will work with the family to increase income from employment and other sources and access public benefits, with the goal of maintaining housing stability and avoiding returns to homelessness. The PH program will utilize the Street Outreach team to engage with families experiencing unsheltered homelessness and help these families obtain housing as quickly as possible. The goal of this program is for households to move directly from unsheltered homelessness into

permanent supportive housing. If a direct move is not possible, street outreach teams will help the family access available emergency shelter beds while searching for housing. The goal across programs is to move families into housing within 30 days of engagement and assessment.

Our community is dedicated to operating our system using Housing First principles. Households experiencing unsheltered homelessness will engage with street outreach teams, who will connect them with housing opportunities as quickly as possible. There are no prerequisites to participating and no eligibility requirements outside of what is required by funding regulations. Our goal is to screen people into, not out of, programs so that we can quickly end their homelessness. Individuals interested in other resources, such as substance use treatment or employment, will be connected with these supports, but refusal to participate in these activities will not disqualify anyone from receiving support.

All units need to be determined rent reasonable prior to move-in to ensure the unit is more affordable to low-income families than the general market inventory. Staff work with landlords and property management staff to mediate issues as they arise and help families understand their rights and responsibilities as tenants. Self-determination is a primary concept in our housing and shelter programs. We believe that households know best what their needs and priorities are. Households have the right to choose which unit they move into and which services they participate in.

P-5. Identify and Prioritize Households Experiencing or with Histories of Unsheltered Homelessness.

1. your CoC's strategy for ensuring that resources provided under this Special NOFO will reduce unsheltered homelessness;

The resources applied to through this NOFO will help reduce unsheltered homelessness in many ways. First, the resource will increase the amount of street outreach that is available in our CoC, reaching more households, in a more frequent and strategic way. In addition, a Coordinated Entry System Navigator will be funded, to serve as an access point, for those experiencing homelessness who are unsheltered and not otherwise connected with a service provider, helping improve housing outcomes, and reduces unsheltered homelessness.

Additionally, the resources provided through this NOFO will add additional housing units specifically for individuals and families experiencing unsheltered homelessness. Bringing more units on-line and streamlining the pathway into housing are all ways in which the resources provided through this NOFO will reduce unsheltered homelessness.

Data collection improvements have been made, including youth served at the Youth Resource Center Drop-in Center. The data refinement process, as well as additional resources directed to street outreach will help increase the number of housing pavements and reduce the amount of time persons remain homeless.

Our CoC regularly reviews our system performance measures, and discusses with members, agencies, and the steering committee to ensure that progress is being made in reducing unsheltered homelessness. Our CoC data shows that successful outreach exits are well below the national average (9.7% vs. 32.9%). If funded, these programs could support more households in successfully exiting outreach to housing.

2. how your CoC will adopt:

a. program eligibility processes that reduce unsheltered homelessness;

b. coordinated entry processes that reduce unsheltered homelessness;

a. Utilizing Housing First, our CoC will work with providers to develop and educate on program eligibility, and develop policies that will outline eligibility processes. Overall, providers minimize barriers to program entry so participants can receive housing assistance regardless of income, sobriety, compliance with treatment, or "housing readiness." At entry and throughout their time in the project, persons with disabilities are offered the opportunity to request reasonable accommodations.

b. Building off of the current efforts, including those of the Coordinated Entry Task Group, our CoC will work with providers, to quickly connect those who are unsheltered with resources, including housing and supports.

Our Coordinated Entry (CE) system is engaged in an ongoing process of reassessing how we are prioritizing for housing, and refining that process to ensure that pathways are equally accessible to unsheltered populations and those staying in shelter. The CE System Navigator role we are hoping to add to our system with special NOFO funding would allow us to create a pathway connecting unsheltered folks to CE in a way that does not currently exist in our community. This position, in tandem with the addition/expansion of community

outreach teams via this funding source, will greatly increase the number of CE access points for unsheltered folks, improving connections to housing and thereby reducing unsheltered homelessness.

As a CoC and in the CE task group, we will regularly discuss the prioritization process, and look to make improvements and consider other approaches, including an overlay for specific encampment resolution.

3. how your CoC will use street outreach to connect those living in unsheltered situations with housing resources; and

The resources provided through this special NOFO will be used to build upon the foundation of successful street outreach to reduce unsheltered homelessness in our CoC. Outreach teams place special emphasis on identifying needs and connecting the unsheltered to meaningful services to meet those needs, including case management and housing. These funds will amplify those efforts by building teams for the unmet needs of youth and the medically vulnerable in our population experiencing homelessness.

The outreach teams that will leverage this Special NOFO funding and work closely with the CE system navigator, also funded through this Special NOFO, to efficiently and effectively connect those living in unsheltered situations with available housing resources that meet their housing and service needs.

4. additional steps your CoC is taking to ensure that people who are unsheltered or have histories of unsheltered homelessness can access housing and other resources in the community, including steps to:

a. increase access to identification;

b. provide housing navigation services; and

c. provide access to health care and other supportive services.

a. The Salt Lake County Office of Criminal Justice Initiatives (CJI) operates a Government ID work group, in which the CoC participates, to work towards sustainable solutions to government ID access. One product of this work group is a recently launched new website as a hub for information and access to state issued ID cards. The website contains information and resources to both obtain or replace an ID card. CJI presented this new website at the Digital Inclusion Task Group of the SLVCEH. This website will serve as a tool for case managers to be able to help link their clients experiencing homelessness to ID cards and reduce that barrier to housing. In addition, providers and advocates work tirelessly to help individuals get access to IDs, birth certificates, and other vital documents. A waiver program was established by the state, so approved providers can help individuals obtain their ID, at no cost.

b. Several service providers employ housing locators, who work with individuals to connect with housing. Specifically, The Road Home navigation team completes an HQS physical inspection of every unit prior to move-in, to ensure housing is safe. During assessment, staff ask about needs for housing, such as an accessible unit or proximity to transit. Housing navigators work to mediate issues as they arise, and help families understand their rights and responsibilities as tenants.

Housing Connect currently has one housing locator who assists households with a voucher to quickly locate and secure a home. In addition, this Special NOFO funding will support 2 FTE case managers through Housing Connect who will work closely with households from the point of prioritization to find and secure a unit by providing transportation, housing location support, and assistance with negotiating with landlords as well as facilitating communication between the housing voucher and the landlord.

c. Our CoC is taking significant steps to ensure that individuals can access healthcare who are unsheltered and/or have a history of medical vulnerability. Our community believes that housing is healthcare; therefore, our efforts on this subject are highly collaborative and coordinated. Through this special NOFO, the 4th St Clinic's medical outreach team will be fortified and VOA's outreach teams will gain more capacity. As outreach is working with unsheltered people, having a housing option to connect them with is critical. Both of these outreach teams will serve as a referral source for the joint housing venture between Housing Connect and the 4th St Clinic to provide medically supportive housing. The CE navigator will help ensure that these organizations, as well as other resource providers, are connecting to the most vulnerable in our CoC. This planned collaboration is just one example of the impact our community hopes to leverage with these Special NOFO funds.

Our CoC is also continuing to research best practice surrounding bringing access to services, such as case management and housing, to unsheltered individuals in encampments.

P-6. -Involving Individuals with Lived Experience of Homelessness in Decision Making– Meaningful Outreach.

A. In this section of the narrative, you must demonstrate that your CoC meaningfully includes individuals with lived experience of homelessness in the decision making and service delivery activities of your CoC.

The Salt Lake Valley Coalition to End Homelessness (SLVCEH) solicits and considers opinions from a broad array of organizations and individuals with a knowledge of homelessness. Eight Core Function Groups function to encourage a wide range of issues, expertise, and perspectives in conversations and strategies. Potential members are encouraged to attend meetings and are invited to subscribe to the biweekly newsletter. Each meeting begins with a statement on inclusion, equitable participation, and respect for all perspectives as a strategic priority aimed at continually broadening the scope of solicited and considered opinion, expertise, and perspective provided by organizations and individuals. On-going outreach to new members, including those with lived experience, is done by support agency staff, Steering Committee members, and other members.

Three members of the SLVCEH steering committee are lived experts, and one steering committee member holds a voting position, representing youth lived experience.

The CoC highly values those with lived experiences and recognizes the healing and dedication it takes to get healthy and stay healthy. As such, the Steering Committee and membership prioritizes outreach and invitation to potential members, including those with lived expertise. Support agency staff reach out to and meet with potential members. Case managers personally invite clients to attend meetings. A policy has been implemented that outlines compensations for those with lived expertise who participate in SLVCEH/CoC meetings and activities to encourage attendance and repay those with lived experiences for their feedback.

B. include information about the ability of the working group comprised of individuals with lived expertise of homelessness to influence local policy and priorities that impact those experiencing homelessness and may also include other information about how people with lived expertise are meaningfully and intentionally integrated into the CoC’s decision making structure (e.g., their inclusion on working groups, their ability to have input on the local competition, any voting authority provided to individuals with lived expertise of homelessness).

Internally, the CoC has added voting members to the Steering Committee who have lived expertise, as well as additional voting members to the State UHMIS Steering Committee. The Youth Advisory Board, which is composed of those with lived expertise, serves as an official task group of the SLVCEH/CoC and thoughtfully informs the work of the CoC. Many of our community engagement teams employ those with lived experiences to ensure best practices. This special focus on youth led to the creation of a new task group in our CoC structure focused specifically on youth experiencing homelessness. That task group has since identified a need for a new youth needs assessment to help inform interventions targeted for youth in our CoC (our last youth needs assessment was conducted in 2011). The task group is coordinated in a joint effort between the state office of homeless services and youth lived experts.

A Lived Experience Task Group has been established to provide direct feedback on CoC policy, strategy, and funding. The group was created to include representation of underserved and representative populations. Group membership includes 3 voting members of the Coalition Steering Committee who hold voting rights. As such, the input of the task group directly impacts local policy and priorities. This group meaningfully advises the CoC to ensure best practices are used to thoughtfully provide services to the community.

The SLVCEH includes a Client Focused Core Function Group whose stated purpose is to include and elevate the voice of those with lived experience of homelessness to effectively influence local policy, priorities, and practice. Over the course of the last year, this task group, with drafting input from a working group of lived experts, has written a lived experience compensation policy that has been approved by the Steering Committee of the SLVCEH and added as an official policy.

P-7. Supporting Underserved Communities and Supporting Equitable Community Development.

1. your CoC’s current strategy to identify populations in your CoC’s geography that have not been served by the homeless system at the same rate they are experiencing homelessness.

Our CoC works closely with partners to identify those who have not been served by the homeless services system, including providers and advocates, community health workers, and volunteers. The CoC further utilizes HMIS and the HUD CoC Analysis tool to identify racial and ethnic disparity analysis for clients enrolled in CoC projects. This information is then reported, using the STELLA analysis system to accurately identify any racial and ethnic disparities found in the HMIS data.

2. how underserved communities in your CoC’s geographic area interact with the homeless system, including a description of those populations; and

Underserved communities mainly interact with the homeless system through CoC meetings, and through organizations that attend those meetings. Outreach and invites occur through the CoC website, newsletter, and social media. CoC staff, steering committee, and members help spread the word through community meetings, events, and through other outreach efforts. In addition, trusted partners inform underserved communities, and some even bring individuals who are unsheltered to various meetings.

Each year, our CoC conducts an analysis of those interacting with the homeless system, to better understand disparities that may exist.

The following is a summary of populations by race interacting the homeless services:

1. Individuals identifying as Black, African American, or African make up 11.0% of those receiving homeless services, and only 2.3% of the total population.
2. Individuals identifying as American Indian, Alaska Native, or Indigenous make up 5.5% of those receiving homeless services, and only 1.5% of the total population.
3. Individuals identifying as Native Hawaiian or Other Pacific Islander makeup 3.3% of those receiving homeless services, and only 1.9% of the total population.
4. Individuals identifying as multi-racial makeup 4.2% of those receiving homeless services, and only 3.1% of the total population.
5. Individuals identifying as Hispanic or Latinx make up 24.4% of those receiving homeless services, & only 19.3% of the total population. This population is 1.3 times larger than expected.

The destinations of these individuals who identify as Black, African American, or African and American Indian, Alaska Native, or Indigenous are varied & ethnic/racial disparities were identified:

1. Individuals identifying as Asian or Asian American, Black, African American, or African, Multi-racial, and Native Hawaiian or Pacific Islander make up a higher percentage of those exiting to permanent situations than expected based on the demographics of those accessing services.
2. Individuals identifying as Native Hawaiian or Pacific Islander and Multi-Racial make up a disproportionately high percentage of those indicated as exiting to a temporary destination when compared to the percentage of those receiving services.

3. your CoC’s current strategy to provide outreach, engagement, and housing interventions to serve populations experiencing homelessness that have not previously been served by the homeless system at the same rate they are experiencing homelessness.

Over the last few years, our outreach teams have doubled in size, increasing our ability to reach populations that have not previously been connected with the homeless service system. Additionally, advocates and volunteers have also increased efforts to reach individuals not previously served.

The CoC has included additional partners in outreach efforts, including the SLCo Health Department, 4th Street Clinic’s street medicine team, and others, to educate and provide basic health care, as well as connect individuals with additional needed resources.

Our CoC prioritized populations for EHV’s that haven’t been historically served, which included individuals connected with the criminal justice system, DV survivors, and others. We connected with organizations who had not traditionally had made referrals, and created a pathway for referrals. These relationships, and the referral pathways created, are being expanded beyond just this one housing resource.

Building off of the success our CoC has had with EHV’s, we will leverage the supplemental stability vouchers with this funding, to further support the efforts to house those who are unsheltered.

Resource Fairs are hosted by our local municipal partners, SLC, who work with a variety of partners, to increase access, and engagement with those experiencing homelessness.