

Before Starting the CoC Application

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

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

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

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

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

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

Answering Multi-Part Narrative Questions

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

Attachments

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

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

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

1A. Continuum of Care (CoC) Identification

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

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

1A-1. CoC Name and Number: WA-500 - Seattle/King County CoC

1A-2. Collaborative Applicant Name: King County Regional Homelessness Authority

1A-3. CoC Designation: CA

1A-4. HMIS Lead: King County Regional Homelessness Authority

1B. Coordination and Engagement–Inclusive Structure and Participation

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

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

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

17.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	Yes
18.	Organizations led by and serving LGBTQ+ persons	Yes	Yes	Yes
19.	Organizations led by and serving people with disabilities	Yes	Yes	Yes
20.	Other homeless subpopulation advocates	Yes	Yes	Yes
21.	Public Housing Authorities	Yes	No	Yes
22.	School Administrators/Homeless Liaisons	Yes	No	No
23.	State Domestic Violence Coalition	Yes	No	No
24.	State Sexual Assault Coalition	No	No	No
25.	Street Outreach Team(s)	Yes	Yes	Yes
26.	Substance Abuse Advocates	Yes	Yes	Yes
27.	Substance Abuse Service Organizations	Yes	Yes	Yes
28.	Victim Service Providers	Yes	Yes	Yes
29.	Domestic Violence Advocates	Yes	Yes	Yes
30.	Other Victim Service Organizations	Yes	Yes	Yes
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Homeless Organizations	Yes	Yes	Yes
33.	Youth Service Providers	Yes	Yes	Yes
	Other: (limit 50 characters)			
34.	Native-led; Immigrant and Refugee Advocates/Service Orgs	Yes		Yes
35.	VA; Philanthropy; Faith Communities; Health Insurance Providers	Yes		Yes

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

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

(limit 2,500 characters)

- 1) CoC solicited new members actively. New in 2022, CoC Board comprised more than half of membership of people with lived experience. Staff & committee co-chairs conducted regular review to assess need for new representation. Interested partners can: a) contact CoC at any time; b) at turnover, CoC may target invites to specialized groups for broad representation in alignment w/ CoC charter; or issue open invite. New members solicited through social media, email, CoC website, word of mouth by sitting members, and by CoC staff with strong emphasis on lived experience and historically marginalized and disproportionately impacted, esp. Indigenous & Black. Board/committees affirm all new members.
- 2) CoC staff trained in event accessibility follow all federal & local ADA requirements. CoC communicates ability for meeting accommodations up front in materials & notices: video conferencing with closed captioning; sign-language as requested; physical locations available and selected w/accessibility in mind; HMIS & CES docs in Braille; HMIS training videos with ASL. All CoC materials available online in PDF; all materials reviewed for formatting & reading comprehension.
- 3) Equity and inclusion of organizations serving culturally specific communities a CoC priority, with emphasis on racial equity. KCRHA Staff including Sub-Regional Outreach staff prioritize meeting with culturally specific communities. EHV distribution prioritizes inclusion of orgs. serving communities over-represented in homelessness eg, Black, Indigenous, particularly by/for orgs not previously involved.

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

(limit 2,500 characters)

1) CoC solicits and considers opinions from CoC Board & Committees (CE, System Perform) who is intentionally recruited to represent a broad array of knowledgeable/interested persons/orgs: lived experience (LE), regional funders, local jurisdictions, PHAs, VA Health, prevention/homeless service providers, CBOs (immigrant/refugee, AI/AN, unsheltered, LGBTQ, DV, YYA, HCHN, FBO). Convened monthly, agendas hold time for public comment, member input, two-way info sharing. CoC solicits and collects input from service providers and community members actively throughout the year via a Request for Information posted online and widely published to better inform strategy to address and prevent homelessness. Active partnership with the Lived Experience Coalition to both develop and improve strategy. Targeted outreach to orgs and individuals not represented in regular feedback mechanisms - e.g outreached Pacific Islander Community Association of WA (PICA) when noticeable absence of NHOPI interested were not being represented.

2) Information/feedback solicited thru: a) CoC-specific meetings (Annual CoC Convening, CoC Advisory, CE and SysPM), b) presentations to councils, regional homeless & regional planner meetings; c) stakeholder meetings; d) base building spaces for a given topic, e.g., prevention, rapid rehousing, transitional housing; e) community engagement sessions around the King County Regional Homelessness Authority's 5-Year Plan. Since COVID, all public meetings are virtual (all accessible) with designated time for community input. CoC also solicits input via online surveys/email

3)Stakeholder input is critical to CoC planning/decision-making, especially LE and pops disproportionately represented in homelessness. CBO feedback regarding disproportionate access to housing resources resulted in equity-based distribution process for EHV as well as reflective rating and scoring criteria within the local application process. Resultant equity-targeted access enabled small CBOs to connect communities of differing cultures, languages, and abilities to EHV leading to above national average lease up rate.

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

(limit 2,500 characters)

1. Announced in August 2022, CoC-specific bonus process opened to PSH housing projects. CoC applications submitted through the local processes throughout the year, including from orgs not previously HUD CoC funded. Need of operating/services funding screened & identified through prior CoC and non-CoC housing RFP processes. Affirmed by CoC Advisory Committee, HUD CoC dollars target new PSH for high need/CH meeting HUD requirements. Additional outreach via publicly accessible community engagements which were posted online and recorded for public viewing to call for new applicants for both CoC Bonus and DV Bonus dollars, led to three new organizations to apply for CoC Program funding.
2. Apps accepted electronically/paper depending on funding opportunity. Participation waivers for small/BIPOC available for submittal type; some processes include interviews; application TA increasingly available. All apps reviewed for eligibility, capacity, feasibility, population priority, sub-regional priority & screened for alignment w/ CoC values & priorities. Project funding (HUD CoC, PHA, healthcare, veteran, local levies) coord/leveraged amongst funders & fund sources (public/private). Meeting w/ agencies year-round for pre-application guidance re: plans, priority populations, service models, project budgets & allocation of HUD CoC/other dollars that best match project need/scope
3. New projects identified for CoC funding ranked & then affirmed by CoC Advisory Committee (includes LE) based on project readiness, target population, CoC gaps/needs, HUD priorities, system priorities of racial equity, & fund availability. The CoC also took consideration funding organizations not previously funded in order to expand both the organizations receiving funding and the unique populations those new orgs serve. This aligned with our equity principles and will expand the geographic coverage of our CoC programs. Further emphasis was placed on projects leveraging healthcare - both physical and behavioral health - supports to participants.
4. CoC follows federal/local requirements in ADA, communicates ability for accommodation in all materials / workshops. Meeting sites selected for accessibility, including closed captioning for online meetings, materials reviewed for formatting/reading comprehension & available online in PDF.

1C. Coordination and Engagement

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

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

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with the Planning or Operations of Projects?
1.	Funding Collaboratives	Yes
2.	Head Start Program	Yes
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Yes
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Yes
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Yes
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.	VAVA Health; local/state DV; DD; DCYF; AI/AN led orgs	Yes
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1C-2.	CoC Consultation with ESG Program Recipients.	
	NOFO Section VII.B.1.b.	

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

(limit 2,500 characters)

1) CoC WA-500 active ESG/ESG-CV recipients are: Seattle, King County (KC), and WA Statewide (Auburn, Bellevue, Burien, Federal Way, Kent, Kirkland, Redmond, Renton, Shoreline). Recipients participate in planning / allocation. ESG distributed via RFP, under CoC requirements & system performance (SPM) framework. ESG recipients represented in planning/review bodies. Local RFPs include ESG, administered by ESG recipient staff (Seattle & KC) who also participate in CoC workgroups. For KC ESG the Joint Recommendations Committee (JRC) (interjurisdictional body includes all above listed jurisdictions) confirms final recommendations on projects funded w/ ESG. ESG-CV procured and distributed as crisis response shelter and RRH per Seattle and JRC approval and ESG-CV TA.

2) ESG & ESG/CV funded projects operate under WA-500 CoC SPM. CoC evaluates & reports performance of ESG recipients & subs. All projects, including ESG and CV-funded included in SPM & dashboards managed by CoC lead KCRHA & posted on CoC website. CoC SPM Committee includes ESG recipient (KC) w/ Seattle & WA also represented. SPM reviews performance/identifies issues. Performance as measured through this process informs RFP scoring and eligibility to apply for ESG & other CoC funds.

3) PIT and HIC data provided to Consolidated Plan jurisdictions within the CoC geographic area. The two largest ESG recipients are close partners in the HIC and PIT process.

4) WA-500 has 6 Consolidated Plan jurisdictions: Auburn, Bellevue, Federal Way, Kent, Seattle, KC. CoC works in close partnership to align planning w/ Consolidated Plan jurisdictions w/ representatives on all CoC planning bodies & workgroups (i.e., Advisory Committee/CoC Board, SPM, PIT, KCRHA Governing Committee and Implementation Board). All jurisdictions participate in annual PIT Count & lead regional teams for unsheltered count (collaborated on identifying best locations for Respondent Driven Sampling (RDS) in 2022). CoC provides regional homeless data & presents to con. plan bodies. All Con. Plans speak to participation in & collaboration w/ CoC & CoC strategic plan

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

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

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

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

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

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

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

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

(limit 2,500 characters)

Majority of formal collaboration between CoC and MKV education, at all levels, focused on COVID impacts on schools/students ensuring equitable response/recovery and safe return to the classroom. CoC convened Pre-K-12 Schools and Childcare Task Force as cross-departmental/multidisciplinary team (public health, communication/ed specialists, Puget Sound Educational Service District, Office of the Superintendent of Public Instruction, CoC, and stakeholders (districts/school staff, providers). Taskforce key contact/primary leader for all issues related to K-12, especially homeless students/families. Partnered w/ Seattle Council Parent Teacher Student Association on multiple fronts. a) Youth ed: CoC, King County School Districts, KC PHA collaborated with Highline, Tukwila & Renton school districts on pilot connecting housing and educational achievement for homeless students. Formal partnership: Student Homelessness Workgroup (SHW) collaboration of funders, philanthropy, providers, school personnel. Suspended; during COVID monitored on-going work. b) State-Local Ed: CoC, MKV liaisons, district personnel shared school level practices, identified strategies/tools on diversion skills for school specific training. Formal partnership: SHW /MKV school liaisons/CoC, OHY, WA Office of Public Instruction; OHY on CoC YHDP Team c) School Districts: Under NIS, took a regional approach to cross system interventions re: schools, connection to crisis system, criminal justice. Formal partnerships: A regional by invitation collaboration between NIS, King County & Snohomish CoCs partnered with schools, DCYF, YYA providers.

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

Describe in the field below written policies and procedures your CoC adopted to inform individuals and families who become homeless of their eligibility for educational services.
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(limit 2,500 characters)

The Education Services Policy is included in the CoC Interim Policies. Written procedures require programs serving families w/ children & school-aged youth & young adults to: inform families & youth experiencing homelessness of their eligibility for MKV services during intake; cannot require school enrollment as a condition of program entry; cannot prohibit children from remaining in their school of origin; must develop relationships with colleges to access Higher Education Services; must designate a staff person to ensure children are enrolled in school & connected to education services. Programs are additionally required to ask participants to sign verification of their receipt of MKV Act eligibility. The Seattle/King County Coalition on Homelessness hosted virtual training on 10/21/21 and 9/22/22: Helping Homeless Students: McKinney-Vento 101, attended by both school personnel and homeless service providers. The Coalition also produces “Understanding Educational Rights for homeless and unstably housed students – a guide for parents, students, teachers and social workers”, which outlines homeless student rights, and provides McKinney-Vento contacts for each King County school district. The brochure is made available to providers, libraries, schools & is posted on the Coalition website. Education Leads Home and Building Changes created flyer visually highlighting key information: how to get in touch with the nearest liaison, and the rights and services available for students experiencing homelessness for use in multiple languages.

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

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

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

1C-5.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Collaborating with Victim Service Providers.	
	NOFO Section VII.B.1.e.	

	Describe in the field below how your CoC regularly collaborates with organizations who help provide housing and services to survivors of domestic violence, dating violence, sexual assault, and stalking to:
1.	update CoC-wide policies; and
2.	ensure all housing and services provided in the CoC are trauma-informed and can meet the needs of survivors.

(limit 2,500 characters)

- 1) CoC assists providers on updating and improving project-level policies related to serving and supporting survivors of domestic violence, dating violence, sexual assault, and stalking throughout the year. During annual monitoring, KCRHA reviews each policy & provides recommendations to better align with survivor-centered language and practice. The CoC looks at ensuring that organizations are thoughtfully and mindfully supporting survivors and that each project's policies and practices reflect this. Should project-level issues arise in our Ombuds Office, the complainant and eventually project staff are supported to review and re-evaluate policies and practices to ensure survivor experience is accounted for in policy updates.
- 2) CoC closely collaborates with the Coalition on Ending Gender-Based Violence (CEGBV) as well as the Washington State Coalition Against Domestic Violence (WSCADV), DV partners (LifeWire, New Beginnings, YWCA, Solid Ground) to provide CoC-wide training on trauma-informed care from a DV perspective that is offered to all providers both with and without CoC funding. A training was held in August 2022 through KCRHA Regional Access Point Base Building Space and recorded for wide viewing.

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

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

(limit 2,500 characters)

1) Project Staff Training: CoC-funded CE-DV Housing Systems Manager leads safety and best practice & collaborates with & trains project & CE Regional Access Point staff on domestic violence (DV) advocacy, resources, and best practices including: a) Co-facilitate with HMIS how to best serve DV survivors while keeping privacy /confidentiality in data /record-keeping (annual); b) Convened space for HMIS admin & DV HMIS agencies to connect, answer questions, get clarity on data /reporting requirements; c) Trained family shelter staff (i.e. Fusion, Mary's Place) and youth services (i.e. Youthcare, New Horizons) at their request in 2021 & continued to provide ongoing consultation with Mary's Place teams on various issues related to serving DV survivors; d) Co-convene bi-monthly DV shelter/family shelter meeting to cross-train staff, build connections and share info to streamline services and close gaps for DV survivors; e) Convene DV RRH providers bimonthly for collaboration, info sharing/speakers & training in re: RRH implementation. Additionally, WA State Coalition Against DV provides online training modules on DV and safety planning fundamentals that can be accessed any time. New DVHopeline offers 24/7 access to info and DV advocacy via phone or chat can be accessed by survivors or by anyone across the CoC to consult on all matters regarding DV. DV Housing Systems Manager provided three days housing specific training to DVHopeline advocates on how to better support DV survivors experiencing homelessness and housing instability. This was done in collaboration with CoC CE. Coalition staff continued to collaborate and provide consult in training throughout 2022 and into 2023.

2)2) CE Specific: DV Housing Systems Coord available for ongoing consult with CE staff, attending staff meetings as needed and in regular contact to inform best practices in serving survivors in the CE system through a trauma-informed lens; Provided annual training for CE Regional Access Point site staff on best practices related to serving DV survivors, with plans to offer more targeted training based on needs in 2023; DV Housing Systems Coordinator, CE staff and HMIS admin collaborated to change HMIS interface to better respond to safety needs of survivors.

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

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

(limit 2,500 characters)

1) A primary CoC source of de-identified aggregate data used to assess special needs related to DV, sexual assault, & stalking is the nationally recognized WA State Coalition Against Domestic Violence (WSCADV) Domestic Violence Housing First (DVHF) Demonstration along with HMIS.

2) DVHF focuses on moving survivors into stable housing quickly & then providing the necessary support as they rebuild their lives. Key components of DVHF include survivor-driven, trauma-informed mobile advocacy; flexible financial assistance; & community engagement DVHF collected detailed info about survivor backgrounds, economic status, housing & safety obstacles & examines the match between needs & service provided in a comparable database. Looking at changes in housing stability, safety, health, & well-being of survivors & their children, researchers are documenting special needs related to DV, & the impact of the DVHF approach, to include community-based advocacy & flex/tailored services & financial assistance. Four KC DV providers (including New Beginnings, & Lifewire – both partners in CoC Regional RRH for DV Consolidation and Expansion) participate in DVHF Early findings point to DV-specific needs – advocacy over a longer period of time, & mental health support related to PTSD for adults & children (74% PTSD symptomatic). The response also needs to be truly flexible with trauma informed & mobile advocacy & totally flexible funding in a survivor-driven context. This supports survivors where they are – both in terms of location & safety as they define it. With more than 2,500 disbursements to over 1,400 survivors, the average disbursed was only \$340, with 93% < \$1,000 – it is not the amount, but the flexibility We look forward to having even more data next year to inform & improve our system response with 1) DV CE beginning to collect more data elements for analysis, and 2) the new regional consolidated DVHopeline now in service & collecting de-identified data about callers & their needs

1C-5c.	Communicating Emergency Transfer Plan to Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	
	Describe in the field below how your CoC communicates to all individuals and families seeking or receiving CoC Program assistance:	
	1. the emergency transfer plan policies and procedures; and	
	2. the process for individuals and families to request an emergency transfer.	

(limit 2,500 characters)

- 1) Households are potentially eligible for Mobility Transfer regardless of how they were referred to their current placement: eligibility is not limited to those who were referred via Coordinated Entry prioritization. Current and former residents of housing programs that accept referrals from CE are eligible for mobility transfer. Several categories are eligible for Mobility Request including - Imminent Safety Risk: when a household is at risk of violence and needs to be moved to a different location. Mobility Requests under this category will be prioritized.
- 2) CE protocols include an emergency transfer plan policy that aligns with VAWA and prioritizes households for referral to other housing if they experience an imminent safety issue and wish to relocate. As soon as CE / DVCE identifies survivors, it prioritizes quick connection to DV system/services/ housing programs. Survivors are prioritized and CE can expedite emergency transfers when/if safety is an issue. CE also added dedicated DVCE Housing System Coordinator to further streamline priority access

** **

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

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

(limit 2,500 characters)

CoC prioritizes safety as paramount to addressing the needs of households fleeing or attempting to flee DV, dating violence, sexual assault or stalking. Written policies include a DV policy that reinforces compliance with VAWA, including but not limited to confidentiality, Housing First, client choice, & informing survivors of their rights. As the CoC lead, King County Regional Homelessness Authority conducted a landscape analysis from late 2021-2022 of all programs - both funded and not funded by CoC - to get a detailed picture of regional access to all program types, including DV/SA specific resources. This work will continue to ensure expanded capacity for DV survivors to access all housing options available. Currently, DV providers are educated and made readily aware of all services in the homelessness and housing system in order to offer robust and tailored services to all survivors. This aligns with belief that all services must be person-centered in order to best meet the needs of each unique household.

Survivors are not excluded from non-specific DV provider resources and made actively aware of their options outside of specialized DV services in order to ensure their program, geographic, and personal autonomy needs are met.

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

Describe in the field below how your CoC's coordinated entry includes:

- | | |
|----|-------------------------|
| 1. | safety protocols, |
| 2. | planning protocols, and |

3.	confidentiality protocols.
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(limit 2,500 characters)

1. CoC prioritizes safety as paramount to addressing the needs of households fleeing or attempting to flee DV, dating violence, sexual assault or stalking. Written policies include a DV policy that reinforces compliance with VAWA, including but not limited to confidentiality, Housing First, client choice, & informing survivors of their rights. Assessors & CE staff adhere to all related policies, including confidentiality and HMIS consent.
2. CE protocols include an emergency transfer plan policy that aligns with VAWA and prioritizes households for referral to other housing if they experience an imminent safety issue and wish to relocate. As soon as CE / DVCE identifies survivors, it prioritizes quick connection to DV system/services/ housing programs. Survivors are prioritized and CE can expedite emergency transfers when/if safety is an issue. CE also added dedicated DVCE Housing System Coordinator to further streamline priority access
3. CE follows explicit policies regarding safety and confidentiality including: a) sending non-consenting household info to CE for purposes of making a housing referral ensuring households who are de-identified in HMIS have equal access to housing resources; b) emergency transfer policy which prioritizes households for referral to other housing if they experience an imminent safety issue and wish to relocate; c) a client refusal policy which values client choice in housing referral and does not limit eligible households in the number of resources they can refuse and works to connect people with the resources they want (pending eligibility and capacity). CE participating agencies are trained in engaging with and soliciting the goals and needs of each person and follow the client's lead

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

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

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

Describe in the field below:

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

(limit 2,500 characters)

1) When stakeholder feedback is both solicited & provided to the CoC regarding the current anti-discrimination policies, recommendations are discussed & drafted with the CoC Advisory Committee (AC). The AC then votes on any proposed changes to implement CoC-wide. The policy is reviewed & updated as needed through this process.

2) CoC assists providers on updating and improving project-level policies throughout the year. During annual monitoring, KCRHA reviews each policy & provides recommendations to better align with CoC-wide language and practice. The CoC looks at ensuring that LGBTQ+ folx receive supportive services, shelter, and housing free from discrimination as well as how each project has effectively implemented Equal Access Final Rule and Gender Identity Final Rule. Assistance provided should project-level issues arise in our Ombuds Office. Via Ombuds process, project staff supported to review & re-evaluate anti-discrimination policies & practices to ensure participant experience accounted for in policy updates.

3) Through annual review process, CoC evaluates project level anti-discrimination policies to ensure alignment. Compliance evaluation occurs on ongoing basis through CE assessment of referrals and households via a review of denials & in coordination with the Ombuds Office.

- KCRHA Ombuds Office receives inquiries and complaints from
- Community members served by a KCRHA provider or contracted program
 - Residents of shelter, transitional housing, or permanent supportive housing
 - Providers who contract with KCRHA
 - Employees or contractors of KCRHA

We assist the above groups by providing information and referrals to resources, helping KCRHA constituents navigate a problem or issue, and investigating more serious concerns.

4) If a constituent raises an issue related to discrimination, we use the above process to determine what would be best method to resolve complaint. For example, Ombuds Office may refer a discrimination matter to the Office of Civil Rights or start an investigation if we have jurisdiction to address the alleged conduct. At the end of an investigation, if the evidence demonstrates that anti-discrimination policies have been violated, Ombuds Office will make recommendations to all parties on how to best prevent and address discrimination in the provision of homeless services. For continued incidents of discrimination, KRCHA will implement performance improvement plan & consider ending contracted services with provider

1C-7.	Public Housing Agencies within Your CoC's Geographic Area--New Admissions--General/Limited Preference--Moving On Strategy.
	NOFO Section VII.B.1.g.
	You must upload the PHA Homeless Preference\PHA Moving On Preference attachment(s) to the 4B. Attachments Screen.
	Enter information in the chart below for the two largest PHAs highlighted in gray on the FY 2021 CoC-PHA Crosswalk Report or the two PHAs your CoC has a working relationship with--if there is only one PHA in your CoC's geographic area, provide information on the one:

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2021 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Seattle Housing Authority	56%	Yes-Both	No
King County Housing Authority	62%	Yes-Both	Yes

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

Describe in the field below:

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

(limit 2,500 characters)

1. The two largest PHAs in WA-500 are King County Housing Authority (KCHA) and Seattle Housing Authority (SHA). Both KCHA and SHA are Moving to Work Housing Authorities. Each PHA has a Homeless Preference for both Public Housing and Housing Choice Vouchers and has for some years. Both KCHA and SHA are actively involved in the CoC participating in workgroups and the CoC governance structure. PHAs partner effectively with CoC Lead in extremely successful Emergency Housing Voucher program, including leasing in other PHA owned housing. KCHA & SHA programs address the varied & diverse needs of CoC's most vulnerable homeless populations – those experiencing chronic mental illness; exiting the criminal justice system; homeless YA & former foster youth; homeless students & their families; veterans experiencing homelessness; & people escaping DV. Many of these households need supportive services to stabilize their housing that traditional housing subsidy programs lack. The PHAs partner with the CoC. PHAs are actively part of CE & BNL efforts, there is a process for allocating Mainstream and VASH vouchers to the development of PSH units, & vouchers contributed to CoC Move On. Data sharing agreements in place w/ both PHAs allowing for households experiencing homelessness that receives HCV or Public Housing to be documented in HMIS. Both PHAs adopted portability policies & prioritized homeless households in their recent Mainstream NOFA applications. KCHA used HMIS data matching / CE case conference to ID households on HCV waitlist & enrolled in CoC program for voucher prioritization.

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

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

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

1C-7c.	Include Units from PHA Administered Programs in Your CoC's Coordinated Entry. NOFO Section VII.B.1.g.	
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In the chart below, indicate if your CoC includes units from the following PHA programs in your CoC's coordinated entry process?

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

1C-7d.	Submitting CoC and PHA Joint Applications for Funding for People Experiencing Homelessness. NOFO Section VII.B.1.g.	
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1.	Did your CoC coordinate with a PHA(s) to submit a competitive joint application(s) for funding or jointly implement a competitive project serving individuals or families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other programs)?	Yes
		Program Funding Source
2.	Enter the type of competitive project your CoC coordinated with a PHA(s) to submit a joint application for or jointly implement.	FUP Voucher Application

1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including Emergency Housing Voucher (EHV). NOFO Section VII.B.1.g.	
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	Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes
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1C-7e.1.	List of PHAs with Active MOUs to Administer the Emergency Housing Voucher (EHV) Program.	
	Not Scored—For Information Only	

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

PHA
Seattle Housing A...
King County Housi...
Renton Housing Au...

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

Name of PHA: Seattle Housing Authority

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

Name of PHA: King County Housing Authority

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

Name of PHA: Renton Housing Authority

1D. Coordination and Engagement Cont'd

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

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

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

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

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2022 CoC Program Competition.	54
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2022 CoC Program Competition that have adopted the Housing First approach.	54
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, SSO non-Coordinated Entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in the FY 2022 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

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

Describe in the field below:

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

(limit 2,500 characters)

1. The principle of Housing First (HF) is embedded in all work of CoC and aligned across the entire homeless response system at every intervention. CoC actively committed to a Crisis Response System that is low/no barrier with rapid service connections. Outreach engages directly with CE for quick connection. HF is formalized in CoC policies/procedures and commitment to HF is minimum funding expectation. Agencies required to speak to HF implementation in all funding applications including CoC Program. CoC relies heavily on work of CE, KCRHA Ombuds Office, and case conferencing to observe, evaluate and respond immediately to evidence of referral delays and program resistance. While all agencies commit, HF is not firmly embedded in all agencies - vigilance and technical assistance is required. CE and/or the Ombuds Office intervenes when patterns of non-compliance/or passive HF adoption emerge. Will elevate problems w/ the Program Performance Team (PPT) and coordinate intervention. Weekly meetings between CE and funder contract managers allow for issues to be raised early, and arm the PPT with on-the-ground information to inform conversations with agencies. The PPT regularly meets w/ providers to have a better understanding of the real work of the crisis response system, and to monitor system and agency behavior. They regularly perform program and client file monitoring to specifically look for signs that HF is being instituted and followed correctly. The system uses HMIS generated data to track length of time from CE referral to program enrollment for system evaluation and is working on a tool to evaluate program data regularly. This information allows the CoC to continuously refine the system and remove roadblocks to rapid housing. It should be noted that CoC projects requested and used CoC Waivers to support a Housing First Approach and not setting-up unnecessary obstacles to housing access.

2. Factors and performance indicators used to evaluate HF: 1) Program entry requirements including documentation requirements, 2) Termination policies and actual termination reasons including demographics, 3) CE Mobility request rates - both acceptance, denials, and number from programs.

3. KCRHA as the CoC implements annual monitor of all projects, including a review of program policies and practices. This review allows for a thorough evaluation of HF principles in practice and allows for TA to be provided to projects that may be drifting from HF fidelity

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

(limit 2,500 characters)

1)Field Outreach coord. schedules, case conference w/ BNL, connect HH to shelter & CE. CoC coord w/ CBO/FBO who provide ongoing engagement & basic care (Op. Nightwatch, Union Gospel Mission, SVdP RV outreach & Facing Homelessness). Outreach staff deployed w/ focus on specific regional needs& specialist capabilities- gen. outreach in reg. deployment to address encampments & unsheltered HH, w/ specific focus on outreach to address the unique needs of vehicular HH, & service providers with specializations to address needs of historically marginalized or highly vulnerable pops, including cultural competency for AI/AN pops & Black/AA unsheltered ppl, & behavioral health specialist outreach for ppl with severe & persistent mental illness & SUD, YYA specialists, & family specialists. Role of outreach is to connect w/ unsheltered to ensure that their needs known & connect them w/ other available resources. Outreach staff also provide communication about public safety, public access, ADA compliance & other municipal requirements for unsheltered people & dwelling places. During severe weather conditions, outreach staff provide harm reduction supplies & basic necessities such as food & water, & information about severe weather shelters, cooling centers, clean air centers & other facilities coordinated w/ emergency response

2)CoC provides outreach/engagement across region, with w/ staff resources spread thin in outlying areas. Outreach targeted in areas w/ highest % unsheltered: Seattle (67%), SW county (20%). Outreach increased by local jurisdiction resources in NE KC, collaborates with CoC and CE. Where outreach presence thin, 1st responders partner w/ service agencies/FBO to ID/support unsheltered.

3)CoC outreach conducted during daylight hours (outreach teams, HCHN, street & mobile medical). Overnight/weekend outreach occurs thru CBO/FBO who communicate w/ CoC outreach to coordinate care & address needs.

4)CoC works to ensure outreach is person-centered/trauma-informed w/ harm reduction lens. Outreach agencies encouraged to hire those with lived experience. Interpreters engaged to facilitate communication w/ printed materials in multiple languages. Population focused outreach offers specialized engagement to AIAN people, YYA, Vets, Families, persons w/ disabilities, persons living in vehicles. Outreach teams meet people where they are, in settings best for the client. This includes access at free meal programs, food banks & encampments throughout the CoC.

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

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

		Ensure Homelessness is not Criminalized	Reverse Existing Criminalization Policies
1.	Engaged/educated local policymakers	Yes	Yes
2.	Engaged/educated law enforcement	Yes	Yes
3.	Engaged/educated local business leaders	Yes	Yes
4.	Implemented community wide plans	Yes	Yes
5.	Other:(limit 500 characters)		

Continued efforts to prevent the criminalization of homelessness: implementation of Seattle Fair Chance housing ordinance, which prohibits landlords from looking at peoples' criminal or arrest histories when making decisions about who to rent to; encampment and safe parking efforts throughout the CoC. During COVID, ordinances on the books such as 72-hour limit or no-overnight parking, which have a criminalizing effect were suspended in favor of shelter in place for isolation.	Yes	Yes
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1D-5.	Rapid Rehousing—RRH Beds as Reported in the Housing Inventory Count (HIC).	
	NOFO Section VII.B.1.I.	

		2021	2022
	Enter the total number of RRH beds available to serve all populations as reported in the HIC—only enter bed data for projects that have an inventory type of "Current."	1,207	1,463

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

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

	Resource	CoC Provides Annual Training?
1.	Food Stamps	Yes
2.	SSI—Supplemental Security Income	Yes
3.	TANF—Temporary Assistance for Needy Families	Yes
4.	Substance Abuse Programs	Yes
5.	Employment Assistance Programs	Yes
6.	Other (limit 150 characters)	

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

Describe in the field below how your CoC:

- 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;
- works with project staff to collaborate with healthcare organizations, including substance abuse treatment and mental health treatment, to assist program participants with receiving healthcare services; and
- works with projects to promote SSI/SSDI Outreach, Access, and Recovery (SOAR) certification of program staff.

(limit 2,500 characters)

- 1) CoC pivoted to virtual connections to meet needs during the pandemic and utilized existing partnerships to keep programs and HH systematically updated. Local Homelessness Coalition provided up to date public benefits information via flyers, meetings and trainings, kept informed of opening schedules for local DSHS service, hosted Child Care Resources and Anti-Hunger & Nutrition Coalition for updates on homeless child care / family resources including King County American Rescue Plan and SNAP benefits; Solid Ground Benefit Legal Assistance offered special training on how to access state benefits during COVID; King County Accountable Communities of Health (ACH) trainings/forums and “Unite Us” platforms facilitated referrals to behavioral /physical health, benefits, services.
- 2) Homeless Coalition with Solid Ground Benefits Legal Assisatance put on a training on Medicaid and Medicare to educate service providers on how to help their clients access and maintain medical benefits.
- 3) There are a number of organizations with the CoC that have staff trained in SOAR and CoC sends out information to partners regarding the online training available for staff to complete. Regular communication with programs on importance of both engaging with participants to access SSI/SSDI and ensuring staff are SOAR certified.

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

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

(limit 2,500 characters)

CoC capacity for non-congregate shelter (NCS) has been increased through 3 strategies: 1) motel/hotel acquisition, using State Rapid Acquisition funding, CoC partner County Health thru Housing program has acquired 10 properties with 980 units for non-congregate shelter and emergency supportive housing, 2) RFP for new NCS through increased local funding, adding 173 units in 4 projects, including THV and hotel; 3) increased capacity for local funded existing NCS programs, adding 75 units in THV at 2 locations (Camp Second Chance & Friendship). NCS capacity extended and infectious disease transmission reduced by Isolation & Quarantine motel facilities for Covid positive & symptomatic persons operated by County PH dept.

ID-8.	Partnerships with Public Health Agencies–Collaborating to Respond to and Prevent Spread of Infectious Diseases.	
	NOFO Section VII.B.1.o.	

Describe in the field below how your CoC effectively collaborates with state and local public health agencies to:

1. develop CoC-wide policies and procedures to respond to infectious disease outbreaks; and
2. prevent infectious disease outbreaks among people experiencing homelessness.

(limit 2,500 characters)

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

(limit 2,500 characters)

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

(limit 2,500 characters)

1) Coordinated Entry (CE) serves households experiencing homelessness across 100% of King County. In addition to 500+ community-based assessors situated across the CoC, 5 Regional Access Points (RAPs) are site-based entry points to CE. RAPs each have a catchment area, which together cover the whole of King County. Households experiencing homelessness can access any RAP, not just the one they are located nearest. Coordinated Entry refers to resources located throughout Seattle/King County.

2) The Coordinated Entry System enrollment in HMIS captures homelessness history, disability status, and income; a standardized Housing Triage Tool (HTT) within HMIS serves as the CE assessment. Per COVID-19 guidance issued by HUD and Washington State Department of Commerce the Coordinated Entry Policy Advisory Committee approved a COVID Prioritization (CoPri) Policy effective October 12th, 2020. CE uses Priority Pools to consider those with highest need for available units. To quickly house people experiencing homelessness at high risk for developing serious and life-threatening health complications from COVID-19, CoPri prioritizes households for each Priority Pool who are most disproportionately impacted by COVID-19, using risk factors determined in partnership with Seattle/King County Public Health using CDC guidelines. Combinations of the following risk factors are used to create prioritization tiering: 1) Pre-existing health conditions that put one at higher risk of mortality from COVID. Data analysis allows HMIS IDs to be associated with public health and Medicaid medical records. Absence of any medical record also counted as indication of lack of medical access and/or quality of medical care; 2) pregnancy; 3) age; 4) membership in a racial and/or ethnic groups over-represented in both homeless and high risk of COVID-19

3) CE solicits opinion from CoC Board & Committees intentionally recruited to represent broad array of knowledgeable/ interested persons/orgs: lived experience (LE), regional funders, local jurisdictions, PHA, VA Health, prevention/ homeless service providers, CBOs (immigrant/refugee, AI/AN, unsheltered, LGBTQ, DV, YYA, HCHN, FBO). Convened monthly, agendas hold time for public comment, member input, two-way info sharing. a) CoC-specific meetings (CoC Advisory, CE), b) presentations to councils, regional homeless & regional planner meetings; c) stakeholder meetings; d) topic specific base building.

1D-9a.	Program Participant-Centered Approach to Centralized or Coordinated Entry.	
	NOFO Section VII.B.1.p.	
	Describe in the field below how your CoC's coordinated entry system:	
1.	reaches people who are least likely to apply for homeless assistance in the absence of special outreach;	
2.	prioritizes people most in need of assistance;	
3.	ensures people most in need of assistance receive permanent housing in a timely manner, consistent with their preferences; and	
4.	takes steps to reduce burdens on people using coordinated entry.	

(limit 2,500 characters)

- 1) Information on CE accessible online and via phone through 211. Community-based assessors spread across agencies, with many concentrated at agencies with a specific focus on outreach and services for those experiencing severe and persistent mental illness who may be difficult to engage. Assessors also in by/for agencies with multiple languages and target pops distrustful of systems. CE supports weekly Case Conferencing meeting specifically for American Indian/Alaska Native provider agencies to resource-share and ensure households are connected to CE.
- 2) Recognizing COVID impacts, CE currently uses COVID prioritization, based on guidelines issued by HUD and Washington State Department of Commerce and Public Health. Households prioritized for CE resources are able to access resources regardless of program type.
- 3) Those prioritized through COVID Prioritization are considered to be most in need of assistance. If not already system-connected they are rapidly connected to navigation supports for basic services, to determine level of service need, interest in/eligibility for given resources, and to provide relational connection to the system. The CoC continues to assertively monitor the average length of time between prioritization and referral with focused on rapid connection to navigation services, leveraging of existing service connections, and housing provider participation in weekly Case Conferencing meetings.
- 4) Working to increase access for communities whose primary language is not English via translation and interpretation services across the region. Partnering with providers serving communities that have not historically accessed CE such as vehicle residents and those unhoused neighbors primarily engaged with the behavioral health system. Increasing CE assessor access to organizations serving unhoused neighbors in their community that have not previously had CE or even HMIS access.

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

1.	Has your CoC conducted a racial disparities assessment in the last 3 years?	Yes
2.	Enter the date your CoC conducted its latest assessment for racial disparities.	06/30/2022

1D-10a.	Process for Analyzing Racial Disparities—Identifying Racial Disparities in Provision or Outcomes of Homeless Assistance.	
	NOFO Section VII.B.1.q.	
	Describe in the field below:	
1.	your CoC’s process for analyzing whether any racial disparities are present in the provision or outcomes of homeless assistance; and	
2.	what racial disparities your CoC identified in the provision or outcomes of homeless assistance.	

(limit 2,500 characters)

1) CoC has and actively uses data. Racial Equity and Equity Review Tool were part of program design, implementation and prioritization for recent initiatives including: COVID Eviction Prevention and Rent Assistance Program (EPRAP), FUP vouchers, and CE CoPri. Regular evaluation of racial disparities is present in monthly and quarterly updates to our online dashboards, including one that compares head of household race data in HMIS to the 5-year ACS. We also maintain a year-over-year comparison of system performance measures by race and other demographic breakdowns, which can be broken down by full system, or individual intervention areas. Internal reporting allows for regular individual program out review with a racial equity lens.

2) Our CoC sees racial disparities in the number of people experiencing homelessness who identify as American Indian, Alaska Native, or Indigenous; Black, African American, or African; and Native Hawaiian or Pacific Islander. CE CoPri allows for better focusing on housing resources to households who identify with these races. System-wide, we see a spread of exit rates to PH across the system from 49% (Latinx) to 59% (BAA). Other exit rates to PH are: 52% Multi-racial, 55% AIAN, 56% White, 57% Asian or Asian American, 59% Native Hawaiian or Pacific Islander. Our Programs Team evaluates individual program outcomes data with a racial equity lens as well, actively working with agencies with disparate outcomes.

1D-10b.	Strategies to Address Racial Disparities.	
	NOFO Section VII.B.1.q.	
Select yes or no in the chart below to indicate the strategies your CoC is using to address any racial disparities.		

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	Yes
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	Yes
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	Yes
4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	Yes
5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	Yes
6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	Yes
7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	Yes
8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	Yes
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	Yes
10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
Other:(limit 500 characters)		

12.	CoC has and actively uses data. Racial Equity and Equity Review Tool were part of program design, implementation and prioritization for recent initiatives including: COVID Eviction Prevention and Rent Assistance Program (EPRAP), EHV, and CE CoPri. Beyond using the quantitative data from the PIT and HMIS, the CoC collected over 500 qualitative histories, which we are analyzing for greater insight into race and ethnicity, as well as other, disparities within our system. These findings are part of our 5 year planning process.	Yes
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1D-10c.	Actions Taken to Address Known Disparities. NOFO Section VII.B.1.q.	
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Describe in the field below the steps your CoC and homeless providers have taken to address disparities identified in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

When disparate outcomes are identified at the program participant level - for example, in exits to PH, early program exits, and program entry data. The KCHRA Program Performance (PP) team works closely with providers to first highlight the disparity and from there look to solutions to ensure improved direct assistance to program participants. KCRHA carefully reviews PSH terminations to better understand on both a system and program level whether there are disparities in who is being terminated from these programs. We not only look at the data, but ask providers to provide a quarterly narrative listing all terminations, demographics including race and ethnicity, and what led to the termination. This allows us to then directly connect with programs demonstrating disparities or trending toward disparity and to intervene early. We then evaluate their termination process and provide guidance on creating a more equitable, person-centered, and trauma-informed approach to potential termination.

Another way KCRHA as the CoC Lead addresses known disparities is through the program entry and exits to PH data. Regarding program entry, the CE and PP teams partner to evaluate referrals and denials on a monthly basis to determine whether any programs are consciously or unconsciously denying referrals based on a pattern of racial discrimination. Ongoing evaluation allows KCRHA to have open and candid conversations with programs and mandate implicit bias and racial equity training for program staff in order to decrease the likelihood of disparities in direct assistance to program participants.

One program that was seeing disparities in early exits took steps to confer with their participants about why they were leaving early. From this process, they determined that the food offered by the program was not meeting the needs of their culturally diverse participants. The program then determined to changed how they provided food - rather than the program buying food for each family, they gave each family grocery cards to purchase foods they wanted. This led to an increase in engagement and they saw greater parity in program outcomes.

1D-10d.	Tracking Progress on Preventing or Eliminating Disparities. NOFO Section VII.B.1.q.	
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Describe in the field below the measures your CoC has in place to track progress on preventing or eliminating disparities in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

CoC maintains public-facing system-level dashboards with racial breakdown of overall homeless population, service access, and system performance. These include comparing HMIS breakdown to that of the general County population (ACS), and annual year-over-year system performance measures from 2016-2021. These dashboards are updated on a monthly, quarterly, and annual basis depending on the refresh rate of the data. Knowing the limitations to HMIS data collection, we also work with our King County partners who maintain an integrated data hub that connects HMIS-enrolled individuals to other local human services (such as Health Care for the Homeless Network). We have worked with them to identify cross-systems racial disparities that go beyond the provision of CoC programs, but do affect our target population. These connections will be essential to better understand our full prevention and elimination of racial disparities. For HMIS-participating programs, CoC has historically tracked racial disparities in provision and outcome on a program-level for contract monitoring and performance improvement. RHA is adopting and growing on that approach. Further, we conduct an annual evaluation of CE with a deep look into disparities. The use of CoPri during the pandemic has offered stark increases in the number of BIPOC individuals housed through CE.

1D-11.	Involving Individuals with Lived Experience of Homelessness in Service Delivery and Decisionmaking—CoC’s Outreach Efforts.	
	NOFO Section VII.B.1.r.	

Describe in the field below your CoC’s outreach efforts (e.g., social media announcements, targeted outreach) to engage those with lived experience of homelessness in leadership roles and decision making processes.

(limit 2,500 characters)

KCRHA makes it a practice to ask who has the most power and who has the least in shaping systems and meeting the needs. We also ask ourselves "How will it help/harm?" KCRHA is practicing how Community shapes process and co-creates knowledge. We realign priorities based on community vision. Based on our Regional Action Framework (RAF) and founding documents from the National Innovation Service (NIS), the primary goal of King County Regional Homelessness Authority (KCRHA), the CoC Lead, is to "ensure that [our clients] and people with lived experience of homelessness are positioned to inform, vet, and trigger review processes for decision-making related to system operations and policy at all levels of the system" (National Innovation Service. (2019). (rep.). Implementing Action #2: Consolidate Regional Investments King County (pp. 1–188)). Involving persons with lived and living experience (LE) is paramount to our work and KCRHA takes careful measure to recruit and hire those with LE.

Steps we take to outreach include proactive recruitment and standing weekly meetings with the Lived Experience Coalition; web-posting of open positions including a statement on our intention to hire those with LE; community engagement sessions; base building spaces; and in 2022 we completed the Understanding Unsheltered Homelessness Project as a part of the Point in Time Count - much of the findings from this study will be incorporated into our ongoing work.

Furthermore, any significant policy or program decision is first reviewed and vetted with the Lived Experience Coalition to ensure an explicit lens of lived experienced is included. This process is also supported and developed using our Equity-Based Decision Making Framework which includes careful consideration of both who is currently involved and who we need to outreach to bring into the planning and decision-making process.

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

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

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

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

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

(limit 2,500 characters)

The Lived Experience Coalition has participated in the Undoing Institutionalized Racism Workshop by the People's Institute for Survival and Beyond. This workshop is designed to actualize the KCRHA Theory of Change - If we create a homeless response system that centers people with lived experience, then we will be able to focus on responding to needs and eliminating inequities, in order to end homelessness for all - and identify levels of change: Moving from Transactional to Transformative.

This training is designed to move beyond the individual level and toward structural and systems change. Addressing white organizational culture. Even with People of Color with lived experience, it is internalized and we must explore and practice different ways of being. This workshop is a preventive measure. We want to mitigate harm. We want our providers to become skillful in self awareness, disrupting harm and living out our principles. To gain a strong understanding of Power, become systems thinkers, develop shared language around racial equity, build collective power within the organization/coalition/community, enhance community engagement, strengthen our collective equity and social justice footprint. The Lived Experience Coalition has also had a series of trainings centered on Racial Equity and Systemic Oppression.

Members of the LEC are also recruited to be raters for RFP processes - this includes providing robust training about procurement, rating applications, rating matrices and their development, and an orientation which includes a section on implicit bias.

KCRHA allows strives to ensure LE representative among staff and encourages those with lived experience to apply - currently nearly 70% of KCRHA, at all levels - identify as having lived experience. During the Understanding Unsheltered Homelessness Project, members of the LEC also acted as interviewers - they were provided training on how to conduct interviews and paid for their time to participate in the month long study.

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

Describe in the field below how your CoC:

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

(limit 2,500 characters)

1) The KCRHA Ombuds Office's primary function is to routinely solicit and gather feedback from people experiencing homelessness and enrolled in KCRHA funded programs, including CoC and ESG programs. With support from KCRHA, the Lived Experience Coalition developed a participant survey to more deeply engage with people accessing programs to understand their experiences within the Seattle-King County CoC. This is a means to thoughtfully and personally gauge how both how LE views and experiences programs and what improves KCRHA needs to steward to improve how people access and receive assistance across all program types. The KCRHA Sub-Regional Planning Team engaged the Lived Experience Coalition in the design phase of the creation of a regional services database of all homelessness services in King County. Their insight into what programmatic elements to capture in order to convey the reality of our service landscape led to the creation of our most comprehensive dataset evaluating over 30 characteristics from the built environment/design of spaces, to scale and connection to supportive services, and potential barriers. The team will be updating and revising to include and refine components per input from folks with lived experience.

2) The primary mechanism to address challenges raised by people with lived and living experience of homelessness is the KCRHA Ombuds Office. This office was established in 2022 and created in close partnership with the Lived Experience Coalition - including the hiring of all staff within the Ombuds office.

- KCRHA Ombuds Office receives inquiries and complaints from
- Community members served by a KCRHA provider or contracted program
 - Residents of shelter, transitional housing, or permanent supportive housing
 - Providers who contract with KCRHA
 - Employees or contractors of KCRHA

We assist the above groups by providing information and referrals to resources, helping KCRHA constituents navigate a problem or issue, and investigating more serious concerns.

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

(limit 2,500 characters)

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

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

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

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

	Enter the date your CoC published the deadline for project applicants to submit their applications to your CoC's local competition.	08/11/2022
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1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question and the response in Question 1E-2a along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
	NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	
	You must upload the Local Competition Scoring Tool attachment to the 4B. Attachments Screen.	
	Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:	

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

1E-2a.	Scored Project Forms for One Project from Your CoC's Local Competition. We use the response to this question and Question 1E-2. along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below. NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	
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You must upload the Scored Forms for One Project attachment to the 4B. Attachments Screen.
 Complete the chart below to provide details of your CoC's local competition:

1.	What were the maximum number of points available for the renewal project form(s)?	95
2.	How many renewal projects did your CoC submit?	50
3.	What renewal project type did most applicants use?	PH-PSH

1E-2b.	Addressing Severe Barriers in the Local Project Review and Ranking Process. NOFO Section VII.B.2.d.	
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- Describe in the field below:
- | | |
|----|---|
| 1. | how your CoC collected and analyzed data regarding each project that has successfully housed program participants in permanent housing; |
| 2. | how your CoC analyzed data regarding how long it takes to house people in permanent housing; |
| 3. | how your CoC considered the specific severity of needs and vulnerabilities experienced by program participants preventing rapid placement in permanent housing or the ability to maintain permanent housing when your CoC ranked and selected projects; and |
| 4. | considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area. |

(limit 2,500 characters)

1)CoC requested narrative responses related to low barrier practices and termination policies including information on terminations - demographics and why - in order to ascertain program supports to quickly move in participants facing severe barrier along with ultimately maintaining housing for participants. This was reviewed and analyzed in correlation with program entry, occupancy and program exit data to contextualize any outliers along with provide narrative confirmation of practices in reality

2)CE team monitors all referrals & time between initial referral & move-in into programs. Along with the ongoing monitoring, the CoC analyzes RRH move-in timelines specifically - the length of time between referral to a RRH provider & moving into housing. This indicates how supportive providers are in the housing search process in order to decrease the length of time homeless while enrolled in RRH. Particular consideration to market conditions and ability to find units in a timely manner

3)CoC worked diligently to ensure housing programs maintain low barriers to entry - particularly around paperwork & required docs. Throughout COVID, DSHS offices closed to public access, more participants experienced issues getting income information, SSN verification, or other vital docs. Worked with DSHS to improve access for participants to minimize the wait time for income documentation in particular. Advocated for continued adoption of Seattle Fair Change Housing laws to expand throughout KC to decrease likelihood of a criminal background impeding acceptance into private market housing. Each of these components was considered when reviewing each project, the length of time between referral & entry into housing. Consideration for DV providers & need to carefully consider location of housing, which can impact how quickly survivors access housing in locations safe for them

4)In CoC, PSH projects provide housing to hardest to serve population & have demonstrated positive performance outcomes. We ensure to not only review the performance data such as exit rates, income outcomes, & average length of time, but also solicit narrative information to create fuller picture of the services & efforts staff make on the ground to support those with more severe needs. Also give consideration to the % of unknown information provided often times those who are hardest to serve may be more reticent to consent to HMIS &/or have other circumstances causing challenges to recall asked for info

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

(limit 2,500 characters)

1) CoC Advisory Committee made up of majority LE drafts and annually affirms set of local values/priorities that shape the planning, programming & annual evaluation of CoC applications & development of priority listing. These principles strongly center leadership of persons of lived experience (LE) & prioritize equity in access & outcomes for those disproportionately impacted by homelessness (BIPOC & other persons of color). The CoC AC represents the diversity of the CoC with strong emphasis on LE (75%) & BIPOC (50%). The role of LE and the diverse sub-populations (immigrant refugee, AI/AN, LGBTQ, age, disability, race & ethnicity) represented on the CoC Advisory Committee was significantly revised in 2021 & 2022 - enhanced the review & selection of CoC applications. LE representation & voice guided & reflected in the ultimate CoC priority order.

2)CoC Advisory reviews and affirms rating factors included in the CoC Local Application scoring schema against which each project is rated and ranked. These rating factors reflect the priorities in the CoC adopted values. CoC Advisory Committee is intentionally composed of LE and diverse subpopulations (immigrant refugee, AI/AN, LGBTQ, age, disability, race & ethnicity). Their role was built into the review/selection of each rating factor for all projects and their voice reflected in ultimate CoC priority order/ranking process

3)The raters for both renewal and new applicants were majority BIPOC and represented historically marginalized groups. This was an intentional decision to ensure LE and diverse subpopulations drove the rating and ranking process. The raters then collaborated with members of the Advisory Committee to recommend the final rank order based on local values and priorities

4)Each renewal and new application was asked to complete a narrative response about outreach to underserved and harder to serve populations with an emphasis on BIPOC and LGBTQ+ populations. In reviewing responses, raters consider the context and location of each project. Partial points were awarded to projects with clear barriers to outreach, but with a plan or goal to improve their work over the coming year. No projects were rejected due to lack of outreach to underserved communities. In coming year, CoC determined to enhance the process by which we evaluate outreach - particularly to LGBTQ+ pops - to include participant and staff interviews along with narratives in order to obtain more robust information.

1E-4.	Reallocation—Reviewing Performance of Existing Projects.	
	NOFO Section VII.B.2.f.	

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

(limit 2,500 characters)

1)CoC elected to reallocate dollars to new CoC Bonus projects leveraging housing and healthcare in 2022. Reallocation can be voluntary or involuntary. Projects voluntarily notify the CoC through Intent to Renew process, of decision to fully or partially reallocate to better align with HUD/CoC priorities, intent to close, reduce scope, or seek other funding. Local competition scoring tool and resulting performance score identifies candidates for reallocation who consistently rank in the bottom 10 on utilization, spending, & performance. Chosen for deeper scrutiny during the annual NOFO process they are placed on reallocation watch list and at risk. Per CoC, any reallocation must: a) ensure consistency with HUD requirements, guidelines & priorities; b) maximize system performance w/high quality & effective programs; c) ensure reallocation dollars enough to fund effective programs; d) meet housing/service needs of HH. Final decisions made thru CoC values/priorities lens.

2) Two projects were identified for voluntary re-allocation

3) N/A

4) All programs, including lower ranking were deemed important to the serving specific populations - particularly YYA and DV survivors.

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

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

1.	Did your CoC reject or reduce any project application(s)?	Yes
2.	Did your CoC inform 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, enter the latest date of any notification. For example, if you notified applicants on 06/26/2022, 06/27/2022, and 06/28/2022, then you must enter 06/28/2022.	09/09/2022

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

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

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

	Enter the date your CoC posted the CoC-approved Consolidated Application on the CoC’s website or partner’s website–which included: 1. the CoC Application; and 2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings.	09/28/2022
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1E-5d.	Notification to Community Members and Key Stakeholders that the CoC-Approved Consolidated Application is Posted on Website.	
	NOFO Section VII.B.2.g.	
	You must upload the Notification of CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application has been posted on the CoC’s website or partner’s website.	09/28/2022
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2A. Homeless Management Information System (HMIS) Implementation

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

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

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

	Enter the name of the HMIS Vendor your CoC is currently using.	Bitfocus, Inc
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored–For Information Only	

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

	Enter the date your CoC submitted its 2022 HIC data into HDX.	05/04/2022
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2A-4.	Comparable Database for DV Providers–CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.	
	NOFO Section VII.B.3.b.	

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

(limit 2,500 characters)

1) DV housing and service providers use screens and templates through the Clarity software. All screens and templates are in compliance with HUD data standards as they are managed by the same System Administration team that oversees the HMIS.

2) Yes. All screens and templates were updated on 10/1/2021 to meet data standards. Careful review by system administration at Bitfocus, Inc insured compliance. 100% of the operational templates were reviewed and updated at that time.

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

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

Project Type	Total Beds 2022 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	5,396	179	4,793	91.87%
2. Safe Haven (SH) beds	76	0	76	100.00%
3. Transitional Housing (TH) beds	1,942	313	1,381	84.78%
4. Rapid Re-Housing (RRH) beds	1,463	295	1,357	116.18%
5. Permanent Supportive Housing	6,785	0	5,484	80.83%
6. Other Permanent Housing (OPH)	2,848	198	2,635	99.43%

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

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

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

(limit 2,500 characters)

1. a. PSH the rate accounts for the increase in VASH Projects who have 1301 total beds, which increased from last year (827) which moved us from 87% in 2021 81% in 2022. These projects are required to enter the total number of VASH vouchers available in the community, and we will continue to enter them as non-participating each year into the HIC. Otherwise, participation with other PSH projects is at 100% 1b. TH - coverage moved from 70% in 2021 to 84.78% in 2022 due to projects adjusting their inventory due to program and funding changes. These projects continue to be funded locally and operate independently. Our system would need to bring 310 beds into participation in order to meet the threshold of 85%.

2) Continued trend in reduced government investment in TH increases the proportion of TH that is Faith Based, many of which are outside of HMIS. 370 or (66%) of TH beds not included in HMIS are at FBOs (Acres of Diamonds, Jubilee Women’s Center, Plymouth Healing Communities, Vision House, Way Back Inn and UGM) and not otherwise HMIS connected. KCRHA as the new CoC Lead entity is focused on engaging the community and improving CoC data overall. HMIS Lead staff will re-initiate engagement with Seattle’s Union Gospel Mission (UGM) which uses the same database platform as WA-500 HMIS and has 103 non-participating beds to encourage inclusion through data integration with a target Q2 2023. CoC will also engage other FBOs 1:1 regarding HMIS and value of participation. With EHV and intentional inclusion of new, small by/for agencies, CoC developing training /support for HMIS participation which will be leveraged with smaller FBO.

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

Did your CoC submit LSA data to HUD in HDX 2.0 by February 15, 2022, 8 p.m. EST?	Yes
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2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

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

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

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

	Enter the date your CoC conducted its 2022 PIT count.	03/01/2022
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2B-2.	PIT Count Data–HDX Submission Date.	
	NOFO Section VII.B.4.b	

	Enter the date your CoC submitted its 2022 PIT count data in HDX.	05/04/2022
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2B-3.	PIT Count–Effectively Counting Youth.	
	NOFO Section VII.B.4.b.	

Describe in the field below how during the planning process for the 2022 PIT count your CoC:

1.	engaged stakeholders that serve homeless youth;
2.	involved homeless youth in the actual count; and
3.	worked with stakeholders to select locations where homeless youth are most likely to be identified.

(limit 2,500 characters)

- 1) Stakeholders that serve youth and young adults were consulted throughout the 2022 PIT in King County. This included planning and execution of the count. King County received a methods exemption from HUD that allowed for us to try a new sampling methodology that worked in concert with qualitative data collection, as well as conducting our count on a different timeline. While at a different time, our sheltered count was conducted typically this year, with deep engagement with youth providers to ensure accuracy. Youth stakeholders were involved in the planning of our unsheltered count, including sessions focused on developing the qualitative research agenda. While the qualitative research disallowed us from collecting qualitative data from minors, we were even hosted by a youth and young adult-serving provider at one of our research locations.
- 2) Due to the qualitative research component of our unsheltered count, we did not involve homeless youth in the actual unsheltered count, though we did include community members with lived experience as data collectors and researchers.
- 3) Due to the limitations of not being able to interview minors in qualitative research, we only prioritized one of nine research hubs at a youth and young-adult serving location. This was chosen in order to include younger adults in the research as well as being a known location for other community members experiencing homelessness. We used a statistical modeling approach consistent with our methodological exemption to quantify the youth number.

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

(limit 2,500 characters)

- 1) No changes to the methodology or data quality in the sheltered count from 2021 to 2022.
- 2) In 2022 our methodology was Respondent Driven Sampling (RDS) which was used to estimate the total population and demographics of the unsheltered population. the design of the project was purposefully done to be both trauma-informed and to provide high data quality for the purposes of the PIT count. This includes careful work on the length, scale and scope of the data collection period and implementation of the chain referral method for respondent selection. We are confident that our application of the survey methodology and estimation strategy as one that provides higher quality estimates for the overall population under the timing, funding and other practical difficulties of reaching the unsheltered population for the PIT.
- 3) We saw from our community local estimates a more accurate count of the total number of unsheltered individuals, from 5,578 in 2020 (the last year with unsheltered PIT data) to 7,685. Subpopulations remained consistent with the sampling method using prior year's data.
- 4) Not Applicable

2C. System Performance

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

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

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

In the field below:

1.	describe how your CoC determined the risk factors to identify persons experiencing homelessness for the first time;
2.	describe your CoC’s strategies to address individuals and families at risk of becoming homeless; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the number of individuals and families experiencing homelessness for the first time

(limit 2,500 characters)

1) 1) Identification of Risk Factors: Analysis of HMIS inflow data includes CE Assessment, homelessness prevention screening tool, diversion use, PIT survey cause of homelessness question. Regional eviction data used to cross walk eviction & entry to homelessness. CoC part of longitudinal study of homeless families - includes analysis of risk factors (Westat Family Homelessness Initiative/Gates Foundation). Factors included prior homeless, eviction history, DV, illness, age, substance use, rent burden, sudden significant loss of income. Local data shows communities of color (esp. Black/African American & American Indian/Alaska Native) & LGBTQ YYA overrepresented and at higher risk.

2) Targeted prevention: a) research-based prevention screening tool to determine imminent risk, program eligibility, service needs. Causation questions (sudden income loss, DV, eviction history) mirror PIT count survey; b connection to prevention programs, employment/legal supports at CE RAPS/known points of entry help divert HH at risk; c) increased prevention funding thru 3 voter-approved levies, includes BSK investment in communities w/ high rates of poverty/evictions, VSHSL funded legal assistance & UWKC Family Resource Exchanges; d) CoC Student Homeless Partnership strategy for universal screening in King Co schools; e) End Youth Homeless Now focused efforts on YYA prevention and those efforts continue; f) examining cycle of criminalization/homelessness seeking effective early interventions. Use of eviction prevention funds: a) 1-time/short to med term financial assist, mediation/legal/housing stabilization; leverage employment, education, food & utility programs to increase earnings & offset monthly expenses for at risk lowincome renters; 2) employ targeted cross-system diversion w/ flexible funds/client-centered strategies for rapid housing return; 3) Created a decision tree on when it would be appropriate to provide a motel voucher vs other basic needs; 4) CoC & VA work w/SSVF providers to implement new shallow rent subsidy program. KCRHA 5-Year Plan includes implementing direct cash assistance to those at-risk to reduce likelihood of entering homelessness based on evidence from Innovations for Poverty Action studies. Further actions via quality improvement project and guidance - to prioritize assistance to households that may become homeless for the first time (medical fragility, household composition, age)

3) King County Regional Homelessness Authority

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

(limit 2,500 characters)

1. CoC uses a HF approach tw/ all people experiencing homelessness in KC, recognizing that housing with appropriate supports to meet the need is the only durable solution to homelessness. With a high cost, low vacancy housing market, KC lacks sufficient deeply affordable housing alternatives to rehouse ELI households who experience housing instability & homelessness rapidly, or sufficient emergency shelter alternatives to immediately intervene with a bed or unit for all who request it. Regional strategy to address needs folx in the continuum is to deploy a suite of field based & site specific service interventions that meet people where they are & provide connectivity to the full range of housing & service resources available to the continuum.

Reducing LOT continues to be a CoC priority. CoC employs diversion approach systemwide, centralized housing location focused on finding units (Housing Connector) and increased investment in RRH and PSH. CoC plans to expand tenant-based rental assistance systemwide to offer more flexible housing options (evidence from EHV housing rate indicates this method can and will quickly move more households into housing and reduce LOT HH experience homelessness).

2. The CoC utilizes robust HMIS system to accurately collect the numbers/characteristics of people experiencing homelessness to identify & house individuals & families with the longest length of stay in homeless response system. The CoC CE weekly case conferencing, BLN allow referral specialists, assessors & advocates to engage quickly on prioritization factors. Housing Navigators are instrumental in BNL calls & continue to engage with households who are not yet connected to housing to ensure continued household contact/eligibility readiness once housing identified.

The CoC further committed to RRH as a strategy for reducing LOT. Using onetime ESG-CV funding, the CoC designed pilot RRH program to embed program enrollment & support within shelter buildings. The intentional linkag of shelter to RRH programming is designed to produce faster/more successful exits to PH, which will reduce HH length of stay. The CoC also adopted CoC-wide RRH guidelines showing results for fidelity to best practices. Additional TA to YYA RRH providers by Virtual Peer Learnings. CoC TH providers continue to strengthen programming, with some converting to permanent housing to better serve the households.

3. King County Regional Homelessness Authority

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

(limit 2,500 characters)

1) CoC uses public facing data dashboards/system-wide tracking to monitor both the rate of exits to permanent housing and retention in PH by population, project type and evaluates outcomes by race & ethnicity (AI/AN & Black/Af Am) to ensure exits at comparable rates. 1)Efforts to increase the rate of EPH from ES/SH/TH/RRH include: a) Partner with Housing Connector and property developers to identify available rental units; b) Increase resources for housing navigators & enhanced case management at crisis housing to refocus services to PH attainment & RRH; c) effectively utilize award of Emergency Housing Vouchers (EHV) for critical longterm housing subsidies (1,300+); d) Expand legal services to address past debt/eviction; e) Expand housing-oriented flexible funding paired w/ Diversion; f) Focus move-on to RRH for highest-need HH thru progressive engagement; g) employment/education services; h) Increase TA and accountability measures for underperformers.

2) Efforts to increase retention rate for PH include: a) Increased investment in prevention case management for households with previous homeless history; b) added conflict mediation, dispute resolution/family reunification services and training to suite of retention supports; c) new cross sector partnerships with mainstream employment/education services to increase/maintain employment; d) expanded move-on strategy in permanent supportive housing; e) leveraged Medicaid housing supports on-site nursing support thru levies; f) used non-CoC resources for permanent housing when the primary barrier is affordability; g) reinforced strategies to limit evictions related to rule compliance/non-payment of rent; h) expanded use of CE mobility transfer policy to help relocate when all other efforts exhausted; i) increased quarterly review of exits and program terminations to intervene on program-level to identify patterns and provide TA to decrease likelihood HH will be exited for behavioral reasons; j) systemwide increase to eviction prevention assistance to cover arrears or missed payments to due economic constraints related to continued impacts of COVID and prior eviction moratorium.

3) King County Regional Homelessness Authority

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

(limit 2,500 characters)

- 1) 1) CoC identifies HH who return to homelessness by: a) Tracking performance by population, project and program type and analyzing HMIS outflow / return data; b) Using national, state, local research to identify factors/vulnerabilities predictive of return including prior homelessness, past eviction history, illness rent burden, sudden & significant loss of income and PIT survey questions regarding cause of homelessness; c) holding more transparent in case conferencing about what is happening with HH who have exited programs during allowed case management post exit. All mirrored in local research-based prevention tool to assertively target services such as employment assistance, prevention, and general case management to those most likely to return to homelessness.
- 2) CoC strategies to reduce rate of return includes: a) Investment in prevention case management/rental assistance and UWKC Family Resource Exchange/Home Base eviction prevention targeting HH w/ previous homeless history; b) Cross sector partnerships w/ mainstream employment & education services to increase & maintain employment; c) Cross sector partnerships w/ behavioral health; d) Move on strategies for households residing in PSH no longer needing intensive supports & high-need in RRH w/ progressive engagement; e) Using local resources to provide other permanent housing (PH) for HH whose primary need is housing affordability - successful example in connecting HH to EHV; f) Reinforce orientation to Housing First w/ training that emphasizes client engagement strategies to reduce evictions for housing compliance issues; g) strong focus on permanent connections to communities of support, particularly YYA to support long-term housing stability; h) Utilizing mobility transfer policy in PH to relocate to alternative PH if all other efforts to maintain housing have failed and moving to a different site may improve housing outcomes for the household; i) expand Housing Connector for centralized housing search & landlord relationships with risk mitigation funds and piloting funding local landlord incentives to support housing retention; j) shallow rent subsidy through SSVF & local levy; k) beginning stages of implementing direct cash transfers, which have high rate of successfully assisting HH to not return to homelessness.
- 3) King County Regional Homelessness Authority

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

(limit 2,500 characters)

1) To increase employment income: a) Income/employment is covered at first household contact with employment navigators placed at CE access points; b) Cross system training with CoC & Workforce Development Council (WDC) to target homeless job seekers; c) Provide formal job training/employment assistance/job search coordinated through YWCA/TRAC Associates and well as other supported employment providers connect to RRH and PSH programs; d) enroll YYA in RRH & Career Launchpad; e) Connect employment directly to shelters & RRH; f) target local levy dollars to homeless YYA employment (FOY, YouthCare, YMCA); g) Actively engage in efforts to increase access to employment including dedicated staffing/proactive job connections including formal/informal employer partnerships (Vigor Ship Building, Amazon, Best Buy, Starbucks). CCS Mind the Gap - 6-month IT training w/ industry mentors, pre-exa help. Aspiring Social Service Employee Training (ASSET) - employment prep / volunteer internship in social services w/ additional training for janitors

2) WDC is primary mainstream employment organization and oversees local WorkSource one-stop centers: a) CE Access points co-located w/ Worksource one stop; b) CoC, WDC, King County Regional Homelessness Authority participate in Connections Project including CEA RAP: Home & Work to strengthen CoC employment strategy & employer/career pathways; c) WDC & local levies fund employment services coordinated through KC. Additionally, CoC targets local resources to employment including United Way and Raikes Foundation for Youth employment connected to RRH & YDHP and coordinates w/ local agency financial empowerment skill building programs (Solid Ground, YWCA, Neighborhood House). New ARPA-funded King County Jobs and Housing pilot targeting literally homeless provides temp County jobs and employment supports with RRH [target: 300]. Jobs are full-time with benefits; employment supports [through WDC and partner agencies] focus on securing ongoing employment

3) King County Regional Homelessness Authority

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

(limit 2,500 characters)

1) CoC strategies to access non-employment cash income includes: 1) CE uses WA Connections on-line benefit tool to screen & enroll; 2) VA navigators use 12-point assessment, link VETS to available systems; 3)BFET case managers in South KC for benefit enrollment; 4)By-name case conferencing includes mainstream connection for benefit access, navigators assist w/securing ID; 5) WA Medicaid Waiver for Foundational Community Support (FCS) for housing/supported employment for Medicaid eligible w/complex needs: 6) training housing/service staff in FCS to ensure eligible HH access , working to leverage FCS at CE; 7) Non-employment cash income a CoC Program scoring element--100% of progs assist to identify, access, maintain benefits, majority SOAR trained; 8) Partner with Seattle-King County Coalition on Homelessness to provide systemwide training to all homeless and housing service staff on assisting HH to apply for SSI, SSDI, ABD, and TANF; 9) Broadly promote and send out link & information on 20-hour SOAR training that is accessible online. Programs work directly/indirectly with mainstream progs to track referrals, benefits received/renewed, help resolve eligibility screening/benefit denial issues.

2) King County Regional Homelessness Authority

3A. Coordination with Housing and Healthcare

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

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

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

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

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

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

Project Name	Project Type	Rank Number	Leverage Type
FOY - Francis Vil...	PH-PSH	54	Housing
DESC Greenlake	PH-PSH	56	Both

3A-3. List of Projects.

1. What is the name of the new project? FOY - Francis Village Permanent Supportive Housing
2. Enter the Unique Entity Identifier (UEI): JC77V NK7P7D3
3. Select the new project type: PH-PSH
4. Enter the rank number of the project on your CoC's Priority Listing: 54
5. Select the type of leverage: Housing

3A-3. List of Projects.

1. What is the name of the new project? DESC Greenlake
2. Enter the Unique Entity Identifier (UEI): JC77V NK7P7D3
3. Select the new project type: PH-PSH
4. Enter the rank number of the project on your CoC's Priority Listing: 56
5. Select the type of leverage: Both

3B. New Projects With Rehabilitation/New Construction Costs

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

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

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

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

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

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

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

(limit 2,500 characters)

Not Applicable

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

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

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

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

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

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

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

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

(limit 2,500 characters)

Not Applicable

4A. DV Bonus Project Applicants

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

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

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

	Did your CoC submit one or more new project applications for DV Bonus Funding?	Yes
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4A-1a.	DV Bonus Project Types.	
	NOFO Section II.B.11.e.	

Select yes or no in the chart below to indicate the type(s) of new DV Bonus project(s) your CoC included in its FY 2022 Priority Listing.

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

4A-2.	Information About the Project Applicant for the New Support Services Only Coordinated Entry (SSO-CE) DV Bonus Project.	
	NOFO Section II.B.11.(e)(2)	

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

	1. Applicant Name	King County Regional Homelessness Authority
	2. Project Name	WA-500 Coordinated Entry - DV Expansion
	3. Project Ranking on Priority Listing	58
	4. Unique Entity Identifier (UEI)	JC77V NK7P7D3
	5. Amount Requested	\$91,498

4A-2a.	Addressing Coordinated Entry Inadequacies through the New SSO-CE DV Bonus Project.	
	NOFO Section II.B.11.(e)(2)(c)	
	Describe in the field below:	
	1. the inadequacies of your CoC's current Coordinated Entry that limits its ability to better meet the needs of survivors of domestic violence, dating violence, sexual assault, or stalking; and	
	2. how the proposed project addresses inadequacies identified in element 1 of this question.	

(limit 2,500 characters)

1) Currently in the DV-CE System, DV housing assessments are in a fillable PDF format, submitted via secure Dropbox portal. Access to this portal is limited to DV housings programs and relevant Coalition staff, with DV housing staff only having access to assessment submitted directly to them. Deidentified data is manually entered in an Excel spreadsheet and merged via automated process into a master document for ongoing data analysis.

This current process is cumbersome, unsustainable, and subject to inaccuracies and confidentiality breaches. At minimum, a more robust portal and database is needed, that allows for advocates to input housing assessment information directly into a secure portal, where information can be easily accessed by receiving DV housing providers, with the entire process overseen by key Coalition staff.

2) Expansion funds will be used to research, develop, and implement a more secure portal/comparable database to simplify DV housing assessment submission, improve data safety and confidentiality, streamline data collection, and better inform continuous improvement and system enhancements for the DVCE system.

The right solution to address these needs will require consultation, both in choosing a platform to actual development and maintenance. This will require additional staffing support for the DV Housing Systems Manager via Coalition staff and additional contractors. Funding for this vital infrastructure for the DVCE system will provide a clearer picture of who is being served, how well survivors are being served, and inform system improvements. At minimum, streamlining assessment submission will result in more accurate information and a more effective process to match survivors to housing options, contributing to a more trauma-informed approach overall.

4A-2b.	Plan to Involve Survivors in Policy and Program Development in the New SSO-CE DV Bonus Project.	
	NOFO Section II.B.11.(e)(2)(d)	
	Describe in the field below how the new project will involve survivors with a range of lived expertise in policy and program development throughout the project's operation.	

(limit 2,500 characters)

Currently, the Domestic Violence Housing Systems Manager convenes an advisory Workgroup that meets monthly, comprised of representatives from all DV housing programs - many of whom are survivors themselves - that take referrals from the DVCHAP system as well as additional gender-based violence advocacy organizations across King County. Approximately 16 gender-based violence organizations are represented in the workgroup: 9 DV agencies with participating housing services and 7 gender based violence programs that serve historically marginalized communities, including but not limited to: immigrants and refugees, American Indian/Alaskan Natives, African American, and LGBTQ folks. These meetings ensure that service providers and survivors are giving input to the DVCHAP system on a regular basis. The group engages in collaborative decision-making on any adjustments that may need to happen system-wide in order to better serve survivors. Representatives of each agency serve as point persons to bring back input from their teams, who in turn bring back input from survivors they are working with directly. Additionally, the housing assessment includes a narrative block that invites both advocates and survivors to give direct input on their experience with the housing assessment. All of this feedback is brought to and discussed in the DVCHAP Workgroup meetings.

4A-3.	Assessing Need for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects in Your CoC's Geographic Area.	
	NOFO Section II.B.11.(e)(1)(c)	

1.	Enter the number of survivors that need housing or services:	5,442
2.	Enter the number of survivors your CoC is currently serving:	1,827
3.	Unmet Need:	3,615

4A-3a.	How Your CoC Calculated Local Need for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(c)	

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

(limit 2,500 characters)

- 1) Placement = % ES, SH, TH, & RRH exits of DV survivors exiting to PH.
 Retention = % of exits of DV survivors to PH (excluding RRH as a PH destination) that maintained PH for at least 12 months.
- 2) The data source used for the calculation is the CoC HMIS for non-DV projects, and comparable database for DV projects for households with enrollments active between April 1, 2021 and March 31, 2022.
 Data above reflects performance for WA-500, the Seattle-King County Continuum of Care, and King County Regional Homelessness Authority as the project applicant on behalf of the DV Bonus projects submitted for consideration. Sub-recipient performance metrics and performance informed the choice of the DV/SA RRH Program partners - one is a long standing partner who achieved a Placement Rate of 97%; and Retention Rate of 100%., the other is a new partner offering expanded services to an underserved community.
- 3) n/a - we have data to show unmet need and don't need to answer this part.

4A-3b.	Information About Unique Project Applicants and Their Experience in Housing Placement and Housing Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	
	Use the list feature icon to enter information on each unique project applicant applying for New PH-RRH and Joint TH and PH-RRH Component DV Bonus projects—only enter project applicant information once, regardless of how many DV Bonus projects that applicant is applying for.	
Applicant Name		
King County Regio...		

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

4A-3b.	Information About Unique Project Applicants and Their Experience in Housing Placement and Housing Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

Enter information in the chart below on the project applicant applying for one or more New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects included on your CoC's FY 2022 Priority Listing:

1.	Applicant Name	King County Regional Homelessness Authority
2.	Project Name	DV/SA Rapid Rehousing Program
3.	Project Rank on the Priority Listing	57
4.	Unique Entity Identifier (UEI)	JC77V NK7P7D3
5.	Amount Requested	\$1,318,774
6.	Rate of Housing Placement of DV Survivors—Percentage	
7.	Rate of Housing Retention of DV Survivors—Percentage	

You must enter a response for elements 1 through 7 in question 4A-3b.

4A-3b.1.	Applicant Experience in Housing Placement and Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(c)	

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

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

(limit 1,500 characters)

- 1) APR data from 4/1/2021 - 3/31/2022 provided information on housing placement. In that time period, XX% of all enrolled participants were in housing and XX% still searching for a housing placement. During the same time period, the XX% retention rate was calculated based on the total number of people housed and total number of people retaining housing in the period.
- 2) Yes, the rates calculated account for any exits to safe housing destinations
- 3) The data source used for the calculation is the CoC HMIS for non-DV projects, and comparable database for DV projects for households with enrollments active between April 1, 2021 and March 31, 2022.

4A-3c.	Applicant Experience in Providing Housing to DV Survivor for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	
	Describe in the field below how the project applicant:	
1.	ensured DV survivors experiencing homelessness were quickly moved into safe affordable housing;	
2.	prioritized survivors—you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC’s emergency transfer plan, etc.;	
3.	determined which supportive services survivors needed;	
4.	connected survivors to supportive services; and	
5.	moved clients from assisted housing to housing they could sustain—address housing stability after the housing subsidy ends.	

(limit 2,500 characters)

- 1) KCRHA is applicant for CoC. DV/SA RRH Program will grow CoC capacity to quickly move households into PH. Both the YWCA and API Chaya are seasoned & respected DV providers who are active w/ DV CE. CE policies follow VAWA, w/ immediate referral to DV system & DV system to CE for assessment & referral (based on survivor choice/safety). DV CE practices include coordinated access to RRH & other PH for DV survivors experiencing housing instability, regardless of whether they are accessing DV advocacy services or not. Project staff deeply involved in local DV CE emphasizing rapid access to PH interventions
- 2) A soon as CE / DVCE identifies survivors, it prioritizes quick connection to DV system/services/ housing programs. Survivors are prioritized & CE expedites emergency transfers when/if safety is an issue. CE also added dedicated CE DV Housing System Coordinator to further streamline survivor priority access.
- 3) All DV providers are survivor centered and survivor led; meaning the survivor determines what services and supports are best for themselves. Providers also use trauma-informed care and a progressive engagement model which focuses on providing only what the survivor needs.
- 4) CE & DV Coordinator work with all homeless providers to ensure safety & connection to DV services across programs. Ongoing cross-agency collaboration provides seamless service provision to survivors seeking a safe place to stay while fleeing domestic violence and wraparound supportive services, with client choice in mind to help them stabilize and move to permanent housing as quickly as possible
- 5) Quick housing attainment occurs thru mobile advocacy, progressive engagement, tailored/voluntary services, safety planning, & flexible client assistance. DV housing advocacy includes: a) resolving barriers to signing a lease; b) rent readiness, & move-in assistance; c) working & negotiating w/ landlords; d) budgeting/financial planning; e) legal advocacy. This ongoing advocacy & flexible supports resulted in a strong record for YWCA (subrecipient): 98% PH placement w/ 100% retention. The new RRH project will increase available housing by 40+ units to more quickly move HH into PH

4A-3d.	Applicant Experience in Ensuring DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

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

(limit 2,500 characters)

DV partners trained in TIC& strict standards of confidentiality. All staff have private spaces to converse in confidentially. Staff follow lead (e.g time & place) of survivor to ensure safety& confidentiality. Convos held separately w/ members of intact HH so each adult can talk privately. State DV Coalition offers specialized training (attended by DV RRH partners) on serving survivors who wish to remain in relationships&/or where DV is a factor after services begin Prvdrs adhere to survivor-driven, trauma-informed, voluntary services empowerment model. Survivor voice& agency re hsing choice & services offered prioritized. Prvdrs use DVHF approach to eliminate hsing as a reason for survivors to stay in abusive relationship by offering access to hsing options that best fit their needs& offering alternatives as needs change. Options include helping survivor safely stay in home or relocate to safer location& connect to hsing options that may be relevant to survivors at that time. Staff/volunteers trained on concepts of survivor-centered services& to engage& use coaching, MI& other strength-based/person-centered approaches -result: draws out survivor needs for hsing, which staff then address in full

Maintaining confidential location is central to DV work. Prvdrs have initial &ongoing staff/volunteer training& program protocols support confidentiality. At entry& throughout enrollment, participants are expected to maintain location confidentiality for self& other HH, both current& future. This is one of the few "rules" in what are otherwise very low-barrier& housing first oriented programs& is consistently, regularly stressed w/ participants

Safety planning is central to every step& program commitment. All DV-RRH staff complete extensive training at hire& annually per WA State WAC reqs w/ essential focus on confidentiality/safety planning. CoC CEDV staff provide reg training on DV best practices, advocacy, resources, safety; facilitate bi-monthly meetings of partners for training, problem-solving & sharing of best practices;& conduct training for all homeless program service providers& CE staff re DV survivor safety tools& protocols

Advocates offer flexible advocacy& design schedules to work w/ survivors outside of traditional business hours& at locations most accessible to them to ensure safety. W/ safety as priority, advocates work closely with RRH HH to identify hsing options in safe geographic locations& look for units that support survivor' safety.

4A-3d.1.	Applicant Experience in Evaluating Their Ability to Ensure DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

Describe in the field below how the project has evaluated its ability to ensure the safety of DV survivors the project served in the project, including any areas identified for improvement during the course of the proposed project.

(limit 2,500 characters)

New PH-RRH applicants currently participate in HMIS to accurately track housing data outcomes and retention. To ensure safety, agencies we specifically will: (1) Respond to the emotional, psychological, and physical needs of survivors with a culturally-specific and trauma informed lens; (2) Restore a measure of safety, security, and well being for survivors; and (3) Assist survivors to stabilize their lives after abuse by assisting finding secure and permanent housing. They assess and evaluate their progress by regularly conducting assessment towards thier goals. Initial calls are evaluated by the staff asking at the end of the call (when appropriate), "Was this helpful for you?" or, "Did you get what you needed?" or, "Is there any other information that you need?" When they close cases with clients & it is safe to contact them, an anonymous survey is sent regarding the services provided. Client satisfaction is periodically evaluated with surveys and/or phone interviews through a partnership between the agencies and the Univ of WA School of Social Work. Annually, they partner with MSW candidates on program evaluation.

4A-3e.	Applicant Experience in Trauma-Informed, Victim-Centered Approaches for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

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

1.	prioritizing placement and stabilization in permanent housing consistent with the program participants' wishes and stated needs;
2.	establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	providing program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;
4.	emphasizing program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans worked towards survivor-defined goals and aspirations;
5.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;
6.	providing a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

- 1) Our CoC Domestic Violence Housing First (DVHF) approach to quickly connect survivors with safe & stable housing that is coupled with survivor-driven, trauma-informed programming. In alignment with the HUD Notice, the CoC Coordinated Entry (CE) develops & maintains written policies & procedures, & partners with the Washington State Coalition Against Domestic Violence & Coalition Ending Gender Based Violence – KC to offer high-quality tools & trainings to ensure trauma informed practices are employed in all aspects of programming, including screening, assessment, and referrals. Providers adhere to a survivor-driven, trauma-informed, voluntary services empowerment model, in which survivor voice and agency around housing choice and services offered is prioritized. This approach promotes the value of survivor strengths & resiliency & places the highest priority on survivor's feelings of safety, choice, & control. DVHF strives to eliminate housing as a reason for survivors to stay in an abusive relationship by offering rapid access to housing options that best fit their needs at the time & offering alternatives as their needs change. Options include helping the survivor safely stay in their home or relocate to a safer location, connect to RRH, subsidized or PSH, or any combination of housing options that may be relevant to survivors at that time. In alignment with the DVHF approach, providers are also mobile, quickly meeting survivors wherever they feel most comfortable and safe.
- 2) Voluntary services mean that survivors can access as little or as much support as they need in order to reach their self-determined goals. This lends to an environment that fosters authentic relationships & mutual respect, centering the needs of the survivor, rather than one that centers the needs of staff, the program, or funders. Punitive interventions are never used.
- 3) All staff & volunteers are trained on concepts of survivor-centered services, how to deliver trauma informed services, & the importance of self-care. Core training for advocates include an in-depth look at various modalities where impacts of trauma may manifest (physiological, behavioral, emotional, and interpersonal) with tangible ways they can incorporate trauma informed care when providing emotional support & connecting the survivor with resources to help uncover causes & impacts of trauma. As a result, staff & volunteers can fully support survivors understand their trauma, how it can show up in their lives & how to move towards healing & resilience.
- 4) Staff are trained to engage & use coaching, motivational interviewing & other strength-based/person-centered approaches. Housing/economic stability assessment tools are used in partnership with survivors to develop individualized plans that are flexible & adjusted as needed. Survivors take the lead in planning & reviewing their progress towards short- & long-term goals & are offered support as needed.
- 5) Cultural responsiveness & racial equity are incorporated throughout the CoC plan & within all trainings offered to subrecipients. Projects in the CoC have demonstrated experience working with survivors from diverse cultures & backgrounds. Specifically, the DV Coordinated Entry system requires that in order to complete & submit the DVCE Housing Assessment, all advocates must be trained on how to do the assessment within a trauma-informed lens that recognizes that race & identity matter in all aspects of survivors' DV experiences. The Coalition Ending Gender Based Violence oversees the training & continuous improvement of the DVCE system, training & tools, bringing in-house expertise & community partners with expertise in racial justice & its intersections with domestic violence. Mainstream DV agencies maintain good partnerships & work closely with culturally specific sibling agencies & vice versa to ensure that survivors can connect with an advocate of the same racial

or cultural background, if desired. Each project recruits & hires staff of various backgrounds & languages so survivors can better connect with their advocate. When staff of the same racial/cultural background may not be available, interpreters are used.

6) Providers understand that survivors experience extreme isolation from community supports & work actively support survivors to (re)connect to community resources &/or build new natural supports. Survivors are given the opportunity to build connections with community through support groups for adults, youth & children, DV-specific mental health therapy & group counseling, & referrals to relevant culturally and identity-specific resources.

7) Providers have Children & Youth Advocates on staff to offer specialized parenting support & resources, connection to DV-specific mental health therapy for families, children & youth, & connection to childcare resources

4A-3f.	Applicant Experience in Meeting Service Needs of DV Survivors for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

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

(limit 5,000 characters)

King County Regional Homelessness Authority is the applicant for individual programs meeting serving service need of DV survivors. All KCRHA subrecipients (partners) including those in the DV/SA RRH Program use a Domestic Violence Housing First (DVHF) approach to quickly connect survivors with safe and stable housing that is coupled with survivor-driven, trauma-informed programming. The partners bring their knowledge of the community and its resources and long experience in providing services to survivors of domestic violence and their families.

1)Survivors of domestic violence experiencing DV face many challenges that can get in the way of locating safe, stable housing, and becoming financially stable. The partners in this program adhere to a program designed to provide the advocacy services and flexible funding needed to face these challenges. Barriers commonly identified by participants included: being stuck in previous leases with rent arrears, overdue rent, overdue or high utility bills, or past debt; being un/der-employed; having children; mental health issues; a physical disability; and experiencing continued domestic violence. Advocates worked closely with participants to help eliminate or work around these barriers so that they could secure safe, stable housing. There are numerous other concerns that survivors contended with and Advocates individualized their services to clients' needs, and the programs assisted in the following areas: employment, education, financial assistance/budgeting, legal, childcare, counseling, transportation, health care, assistance with issues for children outside of childcare, food, clothing, services or material goods, and increasing social support.

The two partners (API Chaya and YWCA) leveraged a full range of culturally responsive survivor services, mobile advocacy and rich housing expertise/knowledge.

Services began with a trauma-informed assessment of survivor needs/strengths in many domains: child custody; legal service; criminal & credit history; education, training & employment (+45%); physical & mental health; substance abuse use; and childcare/children services (+50%). Driven by client choice, staff were trained in motivational interviewing to build rapport & trust to explore survivor needs/barriers to housing & safety. Implications for survivor safety & housing attainment are always complicated by emotional trauma/action of the abusive partner (financial abuse, stalking at the workplace, limiting survivor access to healthcare). The CoC RRH DV partners used a safety planning framework prioritizing action to improve acute health/safety needs, quickly pivoting to housing attainment while continuing progress in other area identified by the survivor.

Advocates helped the survivors with a rich variety of advocacy services throughout the program that directly and indirectly affected their ability to find safe and stable housing. The most common areas in which advocates helped survivors: negotiating with landlords, searching for housing, and helping with basic necessities. Advocates also assisted with negotiations to terminate old lease agreements, negotiated new lease agreements and move-in costs with the new landlords, assisted with negotiations when the participant did not speak English well. Advocates assisted in cleaning up past debt for participants. In many cases, the debt (such as utility and rental arrears) was directly interfering with the participant obtaining housing. By helping with this, advocates removed barriers participants were experiencing when trying to get into safe, stable housing. The process to get back in housing began early: a) connecting to housing navigator for housing search/landlord advocacy; b) improving economic

stability/income, connection to mainstream benefits, through employment & financial empowerment resources; c) reviewing housing choices for safety/proximity to abuser, etc; f) Survivor stabilization services--counseling, safety planning, etc.; and g) budgeting for post housing expenses i.e. transportation, utilities, & childcare.

Two examples: (a) Advocate helped to obtain bus passes, get car repaired, and improve client self-confidence interacting with people (parenting, negotiating externships, etc.). Result: client completed DV program, moved out on own, turned externship into a part-time job. (b)bi-lingual advocate worked extensively w/ King County Prosecutor’s Office to get false charges dismissed against survivor, got immigration process on track, obtained a work permit, and re-united with children. They are now prospering, feel safe and have enough income for rent and are finding a new apartment using the address protection program.

4A-3g.	Plan for Trauma-Informed, Victim-Centered Approaches for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(e)	

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

1.	prioritize placement and stabilization in permanent housing consistent with the program participants’ wishes and stated needs;
2.	establish and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;
4.	emphasize program participants’ strengths—for example, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans works towards survivor-defined goals and aspirations;
5.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;
6.	provide a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offer support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

- 1) The RRH DV Bonus Project will use a Domestic Violence Housing First (DVHF) approach to quickly connect survivors with safe & stable housing that is coupled with survivor-driven, trauma-informed programming. The partners will bring their knowledge and long experience to this project. The partners DVHF approach is to eliminate housing as a reason for survivors to stay in an abusive relationship by offering access to housing options that best fit their needs at the time and offering alternatives as their needs change. Options include helping the survivor safely stay in their home or relocate to a safer location, connect to RRH, subsidized or permanent supportive housing, or any combination of housing options
- 2) Provide survivor driven, trauma informed, voluntary services empowerment model, which survivor voice & agency for services offered is prioritized. This promotes value of survivor strengths & resiliency & places the highest priority on survivor's feelings of safety, choice, & control. Like the DVHF approach, providers are mobile, they strive to maintain an atmosphere of trust and mutual respect at all levels of interactions. Voluntary services mean that survivors can access as little or as much support as they need in order to reach their self determined goals. This lends to an environment that allows authentic relationships and mutual respect, centering the needs of the survivor, rather than one that centers the needs of staff, the program, or funders
- 3) All staff/volunteers will be trained on concepts of survivor-centered services, how to deliver trauma informed services, and the importance of self-care. Core training for advocates include an in-depth look at various modalities where impacts of trauma may manifest (physiological, behavioral, emotional, and interpersonal) with tangible ways they can incorporate trauma informed care when providing emotional support and connecting the survivor with resources to help uncover the causes and impacts of trauma.
- 4) Staff will place emphasis on participant strengths, engage and use coaching, motivational interviewing and other strength-based/person-centered approaches. As a result, staff/volunteers will fully support survivors to understand their trauma, how it manifests in their lives and how to move towards healing and resilience. Housing/economic stability assessment tools are used in partnership with survivors to develop individualized strength-based plans that are flexible and adjusted as needed. Survivors take the lead in planning and reviewing their progress towards short- and long-term goals and are offered support as needed.
- 5) Cultural responsiveness and racial equity are incorporated throughout the planned DV/SA RRH Program - the YWCA has a strong cultural focus serving the Black community while API Chaya focuses on serving the Asian and Pacific Islander community. The project has staff and demonstrated experience working with survivors from diverse cultures/backgrounds. The DV CE system requires that in order to complete and submit the DVCE Housing Assessment, all advocates must be trained on how to do the assessment within a trauma-informed lens that recognizes that race and identity matter in all aspects of someone's experience of domestic violence. The Coalition Ending Gender Based Violence oversees the training and continuous improvement of the CoC DV CE system, training and tools, bringing in-house expertise and community partners with expertise in racial justice and its intersections with domestic violence. The partners will maintain good partnerships and work closely with culturally specific sister agencies and vice versa to ensure that survivors can connect with an advocate of the same racial or cultural background, if desired. Each partner will recruit and hire staff of various backgrounds with multiple languages represented so survivors can

better connect with their advocate. When staff of the same racial/cultural background may not be available, interpreters are always available.
6) Partners understand that survivors experience extreme isolation from community supports and will work actively to support survivors connect back to community resources and/or build new natural supports through support groups for adults, youth and children, DV-specific mental health therapy and group counseling, and referrals to relevant culturally and identity-specific resources.
7) Partners will have Children and Youth Advocates on staff to offer specialized parenting support and resources, connection to DV-specific mental health therapy for families, children and youth, and connection to childcare resources.

4A-3h.	Plan for Involving Survivors in Policy and Program Development of New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(f)	

Describe in the field below how the new project(s) will involve survivors with a range of lived expertise in policy and program development throughout the project's operation.

(limit 2,500 characters)

The nature of these projects are to provide survivor-centered services, the experience of survivors are always taken into account in the development of new policies and programs. Agencies often hire staff who identify as survivors and/or providers also engage in ongoing survivor-centered program and policy feedback processes. KCRHA also holds Base Building spaces to discuss and develop program models. Survivors and others with lived experience are outreached to engage in these spaces to ensure CoC-level program development is anchored in their voices and experience.