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 2023 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2023 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 2023 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) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
   - FY 2023 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

1A-1. CoC Name and Number: MO-604 - Kansas City (MO&KS), Independence, Lee's Summit/Jackson, Wyandotte Counties CoC

1A-2. Collaborative Applicant Name: Greater Kansas City Coalition to End Homelessness

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Greater Kansas City Coalition to End Homelessness

1B. Coordination and Engagement–Inclusive Structure and Participation

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
  - FY 2023 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
  - Frequently Asked Questions

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

	In the chart below for the period from May 1, 2022 to April 30, 2023:	
1.	select yes or no in the chart below if the entity listed participates in CoC meetings, voted–including selecting CoC Board members, and participated in your CoC's coordinated entry system; or	
2.	select Nonexistent if the organization does not exist in your CoC's geographic area:	

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

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

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

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

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

(limit 2,500 characters)

1. MO-604 openly invites new members to join the CoC through public advertisement. The Greater Kansas City Coalition to End Homelessness' (GKCCEH), MO-604's lead agency, website and all social media platform contains general information about the CoC and the membership application. Additionally, GKCCEH staff are available to answer questions individuals may have regarding CoC membership and present and educate at several community events throughout the year.

2. MO-604 is committed to serving all individuals and providing information with dignity and equity, regardless of their abilities. Vital community information is communicated through electronic means, such as CoC wide emails, posts on the GKCCEH website and all social media platforms. Information is also presented in monthly CoC meetings, where all members are invited to attend. Additionally, all meetings presented virtually offer close captioning. GKCCEH has started sending all information presented in the meeting to CoC members directly after the meeting. These allows for individuals that were not able to be present at the meeting to have access to important information shared in the meeting.

Additionally, the CoC has started offering an in-person option again to ensure meetings are accessible to all, including individuals who do not have the electronic means to join.

3. MO-604 is inclusive and invites all organizations to aid in addressing equity concerns. The CoC is committed to creating organizations with diverse staff that reflect the individuals being served. This is done through communication tools such as newsletters, social media, fundraising events, and other platforms to provide research data, stories, and analysis that highlight racial disparities, discuss causes and provide strategies to address the causes and reverse the harm.

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

		Describe in the field below how your CoC:
	1.	solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;
	2.	communicated information during public meetings or other forums your CoC uses to solicit public information;
	3.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats; and
	4.	took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.

(limit 2,500 characters)

1. MO-604 is committed to ensuring that its efforts to prevent and end homelessness are informed by a diverse range of perspectives. One key initiative that reflects this commitment is the collaboration with the City of Kansas City's "ZeroKC" plan. The ZeroKC plan is a comprehensive strategy aimed at preventing and ending homelessness within the city. This plan recognizes that addressing homelessness requires a multi-faceted and community-driven approach. To ensure the input of a broad array of stakeholders, various organizations and individuals who have knowledge of homelessness or a vested interest in its resolution were engaged during the development and implementation of the ZeroKC plan. This plan is based on the Kansas City Community Needs Assessment. The needs assessment included activities that engaged diverse organizations and people for the purpose of seeking perspectives on issues related to homelessness. Four types of outreach were used to gather input: 1. Stakeholder meetings 2. Focus groups (individual adults, unaccompanied youth, LGBTQIA+, and McKinney-Vento families) 3. Street outreach interviews 4. Anonymous surveys.

2. MO-604 utilizes CoC-wide monthly meetings to communicate with the community. These meetings allow the community to be informed of updates and engage in discussions. The community also utilizes this meeting as time for the membership to provide feedback and vote on proposed policies and procedures.

3. Meetings dedicated to the implementation of the ZeroKC plan were held at a geographically-neutral facility where individuals were able to access the meetings easily due to the location. Additionally, a CoC-funded agency was awarded a Technical Assistance grant, which was used to assist the CoC in implementing the ZeroKC plan. This opportunity allowed for various stakeholders (ex: funders, elected officials, social service providers, persons with lived experience, first responders, etc.) to collaboratively create an implementation plan.

4. MO-604 participates in conversations about ending homelessness with outside agencies, local elected officials, law enforcement entities, other social institutions, and most importantly with people with lived experience of homelessness. GKCCEH meets with outside resources regularly to discuss ways to prevent and end homelessness. GKCCEH staff engage in evidence-based practices by studying successful efforts from other CoCs.

	1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
		NOFO Section V.B.1.a.(4)	

		Describe in the field below how your CoC notified the public:
	1.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;
	2.	about how project applicants must submit their project applications–the process;
	3.	about how your CoC would determine which project applications it would submit to HUD for funding; and
	4.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats.

(limit 2,500 characters)

1. GKCCEH encourages and educates the community at large to apply for the local competition and reaches out to organizations serving underserved populations to invite them to apply. Multiple community trainings are offered on both sides of the Continuum's stateline (Wyandotte and Jackson counties) as well as a virtual option for those than cannot or prefer not to attend in person. GKCCEH provides a comprehensive guide for applying for funding and staff are available for questions and assistance. GKCCEH publishes the rating factors for the competition to allow programs insight into what the CoC is looking for.
2. GKCCEH provides all project applicants with detailed instructions for submitting their applications. The CoC is utilizing ZoomGrants, an online application management system, to facilitate the local funding competition. A webinar training and support are available to project applicants who need extra support on the ZoomGrants platform. We also distributed a video demonstrating how to navigate eSnaps. Detailed instructions and general information regarding the competition is communicated through CoC-wide emails, social media, is available on the GKCCEH website, and communicate verbally and written at monthly CoC membership meetings.
3. GKCCEH utilizes a panel of impartial community members to review project applications to submit to HUD for funding. The panel consists of individuals from different social institutions, agencies, as well as PLE. The panel scores projects on rating factors such as adherence to Housing First principles, participation in the CES, and successful exits from programs into permanent housing. Additionally, the CoC uses project scorecards generated from HMIS data to score projects on project performance outcomes. This score is combined with the review panel's scores to produce a composite score for reach project.
4. MO-604 is committed to serving all individuals and providing information with dignity and equity, regardless of their abilities. Vital community information is communicated through electronic means, such as CoC wide emails, posts on the GKCCEH website and all social media platforms. Information is also presented in CoC monthly meetings, where all members are invited to attend. Additionally, all meetings presented virtually offer close captioning. Presentation content is available to anyone who would like it. GKCCEH staff members are available to meet one-on-one with individuals upon request.

1C. Coordination and Engagement

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
   - FY 2023 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

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

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

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

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

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

(limit 2,500 characters)

1.GKCCEH staff actively participate in the planning and allocation of ESG funds in both Wyandotte County, KS and Jackson County, MO. GKCCEH's Executive Director serves on the applicant review committees for annual ESG funding requests in both Wyandotte County, KS and the City of Kansas City, MO. Additionally, GKCCEH staff meet directly with the Unified Government of Wyandotte County/Kansas City, KS (UGW) to assist in determining the most efficient ways to allocate ESG funding. GKCCEH also provides feedback to Missouri Housing Development Commission regarding ESG funding administered through the state of Missouri for Jackson County, MO.
2.While reviewing ESG applications for both Kansas City, KS (Wyandotte County) and Kansas City, MO, GKCCEH staff are asked to offer specific evaluations of any programs also receiving CoC funding, with a particular focus on cost effectiveness and housing outcomes.
3.GKCCEH makes PIT and HIC data available on our website along with completing several community-wide presentations at various community meetings where staff from both the UGW and the City of KCMO are in attendance. Digital copies of all PIT and HIC reports are also sent out via email to all CoC member agencies.
4.GKCCEH has open lines of communication with both the UGW and the City of KCMO. GKCCEH staff communicate via email weekly with contacts from each jurisdiction and regularly offer local housing outcomes, performance measures, and internal strategic planning updates that influence/guide Consolidated Plan updates. GKCCEH began facilitating monthly meetings with the UGW and the City of KCMO to open lines of communications with the different jurisdictions and ensure similar strategic planning is occurring across the geographic area. Additionally, both jurisdictions regularly attend and engage in GKCCEH membership meetings as well as gather and disseminate information to GKCCEH and the MHDC as needed. Several CoC-funded agencies provide input and feedback to the Cities of Blue Springs, Lee's Summit, and Independence, MO, as well as to the State of Missouri, to provide information for their respective Consolidated Plans.

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

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

1.	Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated.	Yes
2.	Conducted optional training for all CoC- and ESG-funded service providers to ensure families are not separated.	Yes
3.	Worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	Yes
4.	Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance.	Yes
5.	Sought assistance from HUD by submitting questions or requesting technical assistance to resolve noncompliance by service providers.	Yes

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

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

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

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

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

(limit 2,500 characters)

Applicant: Kansas City (MO & KS)/Independence/Lee's Summit/Jackson,Wyandotte   MO-604
Counties CoC
Project: MO-604 CoC Registration FY 2023   COC_REG_2023_204717

MO-604 CoC member agencies have significant partnerships with school districts across the continuum. Program staff are provided with training regarding the McKinney-Vento Act and the process school districts are required to implement for children who are in homeless situations as defined by the legislation. Most member agencies, particularly those that serve school aged children, have procedures to ensure individuals and families are made aware of their educational rights under the McKinney-Vento Act as part of intake in a program. Many agencies in the CoC have formal memorandums of understanding (MOU) with school districts in their area that expedite the enrollment process for children in need of educational services. McKinney-Vento Liaisons from various school districts are members of committees within the CoC governance and operational structure. The Kansas City, Missouri Public Schools McKinney-Vento Liaison is a member of GKCCEH's board of directors. Additionally, the Kansas City, Kansas Public Schools McKinney-Vento Coordinator is an active member of the CoC's Administration and Finance committee. These staff members are an integral part of the policy decision making process for the lead agency and the CoC as a whole.

Youth serving organizations within the MO-604 CoC conduct an annual training and overview of services provided through street outreach, youth shelters, and transitional living programs to area school district McKinney-Vento Liaisons, Counselors, Social Workers, and Administrators. This annual meeting provides knowledge to school districts' staff regarding the services available to youth and increases the collaboration between service providers and schools.

There is a current and ongoing regional effort to create a new youth homeless services campus in MO-604 CoC at the former DeLano Kansas City Public School site. Community Development Partner, IFF, brought together partners and youth from across the region to conduct a feasibility plan to rehabilitate this vacant KSPS site. Phase 1, the feasibility plan, is complete. This plan includes community analysis, service need analysis, development recommendations, budget considerations, and operational recommendations. The Community Advisory Committee will move to Phase 2 which will be individual service providers responding to a Letter of Intent/RFP process to begin identifying partners to collaborate on operations and service delivery at the site.

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

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

(limit 2,500 characters)

CoC provider's policies and procedures regarding eligibility for educational services while experiencing homelessness are dictated largely by the McKinney-Vento Act. Upon intake or engagement in services, providers promptly inform the family, youth, and/or individual about their educational rights. Providers give information verbally and in writing to help families understand they have the right to attend their school of origin to continue education progress in that setting. They also have the right to immediately enroll in a school that serves the geographical area of the location the household is staying. Homeless Liaisons are contacted in order to ensure a quick transition into a new education setting in order to limit disruption to the student's educational experience and progress. GKCCEH continues to participate in active MOUs with local organizations in order to establish the "co-creation of strategic interventions." Many such local organizations offer services in multiple languages to allow for clear understanding of local educational services by all households experiencing homelessness. These local organizations and education providers participate in GKCCEH's monthly membership meetings and other relevant planning and service-related activities.

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

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

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

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

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

	Organizations	
1.	state domestic violence coalitions	Yes
2.	state sexual assault coalitions	Yes
3.	other organizations that help this population	Yes

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

	Describe in the field below how your CoC regularly collaborates with organizations indicated in Question 1C-5 to:
1.	update CoC-wide policies; and
2.	ensure all housing and services provided in the CoC's geographic area are trauma-informed and can meet the needs of survivors.

(limit 2,500 characters)

1.MO-604 CoC's Coordinated Entry Governance Committee (CEGC) maintains a robust CE Policies and Procedures manual that includes language and scenarios specific to survivors of DV, dating violence, sexual assault, stalking, and trafficking, and the DV Lethality Assessment Program (LAP) tool is part of the standard CES enrollment. To guide best practices from a DV lens, the CEGC includes two victim service provider (VSP) members and two individuals with lived DV experience who further ensure proposed practices are client-centered. In addition, local DV agencies have partnered with lead agency GKCCEH to implement a DV BNL and prioritization process to further protect the privacy and safety needs of those fleeing and to ensure those clients are able to be equitably prioritized while maintaining anonymity. This CoC-wide policy and procedure was developed in partnership with the MO Coalition Against Domestic and Sexual Violence, the KS Coalition Against DV, and the National Network to End DV. The MO Coalition and its member agencies continue to guide procedure development.

Beyond the CEGC, VSP and PLE serve as leaders and experts on best practices on survivor-centered services. VSP play a key role in multiple CoC workgroups to offer expertise, consultation, and technical assistance around policies/protocols that relate to safety planning and trauma-informed, survivor-centered best practices.

2.GKCCEH coordinates with VSP to ensure all program staff throughout the CoC are competent at addressing safety concerns and implementing best practices when working with DV survivors. One VSP, Rose Brooks Center, partners with GKCCEH to offer an annual DV training to all member agencies, a quarterly training for new CE assessors, and an annual refresher training course for current CE assessors. These trainings cover DV dynamics, safety planning, trauma-informed services, crisis interventions, best practices, LAP, and local resources.

We continue to offer training in areas we see gaps in our system. For example, human trafficking is not the speciality of many funded VSP in our CoC, leaving a major gap in service for those experiencing trafficking. In recognition of this gap, we sought out and partnered with external experts to host a training on trafficking. We also have proactively engaged trafficking organizations to increase their CoC-involvement regardless of CoC-funding. We continue to strive to better serve all survivors of violence in category 4 of homelessn

	1C-5b.	Coordinated Annual Training on Best Practices to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
		NOFO Section V.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.To provide training that addresses best practices, GKCCEH has established a collaborative partnership with a local VSP, Rose Brooks Center (RBC). RBC is an experienced VSP. Annually, RBC offers a training for all project staff that focus on trauma-informed and victim-centered care, as well as safety and planning protocols. This training is designed to provide project staff with the knowledge and skills needed to effectively support survivors of domestic violence while ensuring their safety and well-being. These trainings cover what constitutes DV, the prevalence of DV (including among LGBTQ+, persons of color, and those with disabilities), DV dynamics, safety planning including considerations for persons from marginalized communities, best practices including insights gained from survivor-participants, LAP protocol, and local resources.

This collaborative approach ensures that project staff are consistently updated on the latest best practices and remain committed to delivering trauma-informed, victim-centered services to survivors of domestic violence. MO-604 believes that by prioritizing ongoing training and partnering with experts in the field of domestice violence like RBC, the CoC can better serve survivors in our community and contribute to their safety and healing.

2.All new CE assessors receive 7+ hours of DV training (offered quarterly) conducted by RBC to ensure that they are well-versed in the best practices for serving survivors of domestic violence from the very beginning of their tenure. The CoC also recognizes the importance of continuous learning and improvement. As such, RBC also provides a required annual refresher training to all current CE assessors to maintain their CE assessor certification. These trainings ensure that all CE assessors are well versed in best practices, including safety planning and trauma-informed care. CE assessors implement these best practices when triaging survivors of domestic violence upon entry into the CES.

VSP representatives and survivors of DV serve on the CE Governance Committee which directs and oversees the CES planning process and ensures that all CES policies and procedures are in alignment with ESG- and CoC-Program written standards. A VSP representative serves on the Administration and Finance Committee, which is tasked with setting forth policy regarding the annual CoC funding competition. These Governance Committees each meet twice monthly.

| | 1C-5c. | Implemented Safety Planning, Confidentiality Protocols in Your CoC's Coordinated Entry to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors. | |
| | | NOFO Section V.B.1.e. | |

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

(limit 2,500 characters)

1. Evaluating, responding to, and prioritizing safety of DV survivors is of upmost importance. Therefore, MO-604's safety protocols include screening for DV, implementing upon DV disclosure the research-based LAP protocol as part of the CE common assessment tool, using that tool in the prioritization process for housing assistance, conducting safety planning, taking measures to ensure confidentiality, and using MO-604's Emergency Transfer Policy.

Each of the aforementioned safety protocols incorporate trauma-informed, victim-centered approaches that maximize client choice. Annual DV training to the CoC membership includes safety planning processes, and new CE assessor training includes a full day of DV education, half of which is spent on safety planning education and practice. This training coaches service providers to recognize that safety planning is the number one tool to increase survivor safety and includes much more than just physical safety, to include financial security, children's well-being, psychological health, among others. Training also includes that survivors constantly assess risk and enact safety plans even though they may not know that term or concept. Therefore, providers can help survivors to identify their abuser's patterns and tendencies, evaluate what has worked in the past, learn how to access relevant resources, and make educated plans for the future.

2. Confidentiality is a cornerstone of safety planning and thus confidentiality protocols are woven throughout CE policy, practice, and training. Local VSP, in collaboration with the Lead Agency and in consultation with state and national DV/SA coalitions, have established a de-identified By-Name List and prioritization process. These processes mirror the mainstream process and thereby allow de-identified merging of the DV and mainstream lists to ensure DV survivors assessed by VSP have equitable access to and services from the CES - all while maintaining confidentiality unless or until survivors have signed a written, time-limited, detailed, purpose-specified release of information as required by VAWA. Confidentiality procedures exist, too, for survivors assessed through mainstream access points. Assessors pro-actively discuss confidentiality and safety to gain informed consent to release information or to follow procedures that protect confidentiality.

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

	Describe in the field below:
1.	the de-identified aggregate data source(s) your CoC used 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. MO-604 uses multiple de-identified aggregate sources to gather data on survivors of domestic violence, dating violence, sexual assault, stalking, and trafficking. The CoC's four currently-funded VSPs use one of three databases: Osnium, Apricot, and a standalone version of CaseWorthy. The standalone version of CaseWorthy holds the DV by-name prioritization list for housing assistance. In addition to these sources, MO-604 uses de-identified data entered into its own HMIS and provided by non-CoC funded VSP partners, including DV/SA state coalitions.

2. Since 2019, VSPs and Lead Agency staff have met regularly (initially monthly and now quarterly) as a subcommittee of the CEGC to assess and address the special needs of DV survivors, including collaboratively identifying and addressing trends observed by agency's de-identified aggregate data. This subcommittee provides aggregate data to GKCCEH upon request. In 2022, the subcommittee implemented a process which gives survivors assessed at DV agencies (which cannot enter into HMIS) the choice to enroll in a DV SSO-CE project managed by one of the VSPs, Rose Brooks Center. An alternative process exists for those who choose not to enroll. Rose Brooks Center's comparable database is a stand-alone database from a HMIS vendor and is up to date with HUD Data Standards. Rose Brooks Center is taking on this new data collection responsibility which will help to reduce data duplication between each agency and with the mainstream BNL. It also will allow for deeper data analysis which will further inform the local CoC's understanding of the prevalence of DV and guide best practice responses to those who meet HUD's Category 4 Homeless Definition. Also this year, in preparation for this consolidated application, CoC-funded and non-CoC funded VSPs met together to strategize around the available DV Bonus funds and began to develop responses to the NOFO's DV-related questions, using data from each VSP's respective comparable databases. Despite these successes, how to use de-identified aggregate data to best meet the specialized needs related to DV and homelessness remains a conscious area for growth.

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

	Describe in the field below how your CoC communicates to all individuals and families seeking or receiving CoC Program assistance:	
1.	whether your CoC has policies and procedures that include an emergency transfer plan;	
2.	the process for individuals and families to request an emergency transfer; and	
3.	the process your CoC uses to respond to individuals' and families' emergency transfer requests.	

(limit 2,500 characters)

1. Yes MO-604 has an emergency transfer plan.

2. An individual who is affected by domestic violence, dating violence, sexual assault, stalking, and/or trafficking is eligible for an emergency transfer if the individual reasonably believes that there is a threat of imminent harm from further violence if the individual remains within the same unit. To request an emergency transfer, an individual shall notify the housing provider (HP). The HP will provide any necessary forms to the individual as well as assist in creating a safety plan for the individual. The HP may choose to waive the requirement of documentation for the individual if they are already familiar with the individual's experiences of violence. However, it is then the responsibility of the HP to provide documentation for the request. The HP will provide reasonable accommodations to this policy for individuals with disabilities. For example, if an individual is unable to fill out the form, the HP is responsible for providing a staff member to complete and turn in the form with the individual. Regardless of an individual's abilities, the Emergency Transfer Form will be accepted in written, electronic, or other methods of submission. The individual's written request should include a statement expressing that the individual reasonably believes that there is a threat of imminent harm from further violence if they were to remain in the same dwelling unit, and the general reasons indicating to the individual that there is a threat of imminent harm from further violence.

3. It is the role of GKCCEH to ensure that appropriate policies and procedures are in place to protect the safety of clients, particularly within our CoC, including ESG-funded programs. This policy and procedure, which is included in the CoC's Coordinated Entry Policies & Procedures manual, addresses safety of individuals who are experiencing or have experienced domestic violence, dating violence, sexual assault, and/or stalking. In accordance with the Violence Against Women Act (VAWA) and other entities, MO-604 CoC allows individuals affected by domestic violence, dating violence, sexual assault, and/or stalking to request an emergency transfer from their current unit to another unit. The ability to request a transfer is available regardless of sex, gender identity, or sexual orientation.

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

		Describe in the field below how your CoC:
	1.	ensures that survivors of domestic violence, dating violence, sexual assault, or stalking have safe access to all of the housing and services available within the CoC's geographic area; and
	2.	proactively identifies systemic barriers within your homeless response system that create barriers to safely house and provide services to survivors of domestic violence, dating violence, sexual assault, or stalking.

(limit 2,500 characters)

1. All populations and sub-populations, including survivors of domestic violence, dating violence, sexual assault, stalking, and trafficking have fair and equal access to the CES. Our common assessment tool includes questions regarding violence and its' impact on the client's current housing situation. It further includes the researched-based LAP protocol to assess the degree to which a survivors' experiences indicate risk of further harm and death. GKCCEH continues to outreach to service providers of all types to recognize and support survivors wherever they present to the CoC to increase survivors' access to housing and services.

MO-604 CoC has created a separate process for individuals who would like to remain de-identified through the CE process to increase survivors' safety and protect their confidentiality. Because VSPs are prohibited from entering client-level data into HMIS, this process allows survivors being served by VSPs to have continued access to housing and other services

2. The CoC is dedicated to creating an environment where survivors have the support and resources they need. Here are some of the strategies we employ to identify and address these systemic barriers: a) Engagement with VSPs: We actively engage with organizations specializing in serving survivors of domestic violence, dating violence, sexual assault, stalking, and trafficking. Through ongoing dialogue and collaboration, we seek their input and expertise in identifying systemic barriers that survivors may encounter in accessing housing and services. b) Listening to Survivor Voices: Survivors of domestic violence often have unique insights into the challenges they face when seeking housing and support. We prioritize survivor voices by conducting surveys, focus groups, and interviews to understand their experiences and the barriers they encounter within the homeless response system. Survivors also serve on CoC-wide governance committees and service providers' advisory boards.

By taking a proactive and holistic approach to identifying systemic barriers, the CoC aims to create a more inclusive and responsive homeless response system that is better equipped to meet the unique needs of survivors of domestic violence, dating violence, sexual assault, or stalking. We recognize that this work is ongoing and requires a commitment to listening, learning, and adapting to better serve survivors in our community.

| | 1C-5g. | Ensuring Survivors With a Range of Lived Expertise Participate in Developing CoC-Wide Policy and Programs. | |
| | | NOFO Section V.B.1.e. | |

		Describe in the field below how your CoC:
	1.	ensured survivors with a range of lived expertise are involved in the development of your CoC-wide policy and programs; and
	2.	accounted for the unique and complex needs of survivors.

(limit 2,500 characters)

1.MO-604 has taken intentional steps to ensure that survivors with a range of lived expertise are actively involved in CoC-wide policy and program development:

-Survivors serve on the CE Governance Committee that develops, implements, and evaluate CE policy. At least one member was housed through the CES. Recruitment included advertisement through street outreach workers.

-Survivors serve in paid program and leadership positions at provider agencies. Their input has been valuable in creating security measures and support strategies and facilitating peer mentoring among program participants, with a focus on on minimizing shame for those who may still have contact with their abusers.

-Providers' boards of directors include at least one homeless or formerly homeless individual, including those fleeing DV. This promotes governance strategies that are effective and compassionate toward survivors.

-The CoC lead agency, committees, and member agencies seek feedback and guidance through surveys and advisory boards..

Outside of Board of Directors service, PLE were consistently compensated for their expertise and time; sources vary as does recruitment. Training includes 1:1, small group, and mentoring.

2.The CoC accounts for survivors' unique and complex needs through key strategies:

-The CoC fosters collaboration among service providers, e.g., shelters, legal aid, healthcare professionals, and community organizations so survivors have access to a comprehensive range of services to address survivors' diverse needs efficiently and effectively.

-MO-604 recognizes the importance of cultural competence when supporting survivors, acknowledging that survivors come from diverse backgrounds. Service providers are trained to be culturally responsive, respecting survivors' cultural values and norms.

-CE policy, and training around these policies, address DV and lethality risk among those disclosing DV in its proritization process, safety planning, and emergency transfers.

-MO-604 stays informed about the latest research and best practices and continually adapts its strategies and services based on evolving knowledge and feedback from survivors themselves.

To ensure involvement is meaningful and safe, survivors of all genders are invited. They choose whether or not to disclose to the larger group, a name of their choice, and preferred communication method. Consent is obtained verbally and in writing. Interpreters are available upon request.

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

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

3.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access in Accordance With an Individual's Gender Identity in Community Planning and Development Programs (Gender Identity Final Rule)?	Yes

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

	Describe in the field below:
1.	how your CoC regularly collaborates with LGBTQ+ and other organizations to update its CoC-wide anti-discrimination policy, as necessary to ensure all housing and services provided in the CoC are trauma-informed and able to meet the needs of LGBTQ+ individuals and families;
2.	how your CoC assisted housing and services providers in developing project-level anti-discrimination policies that are consistent with the CoC-wide anti-discrimination policy;
3.	your CoC's process for evaluating compliance with your CoC's anti-discrimination policies; and
4.	your CoC's process for addressing noncompliance with your CoC's anti-discrimination policies.

(limit 2,500 characters)

1. The anti-discrimination policy for the CoC was last reviewed in March 2020 and is queued to be reviewed and updated again by end of 2023. This review process will include persons who identify as LGBTQ+ to ensure compliance with not only federal law, but also best practices. The MO-604 policy provides guidance for agencies to navigate local laws. Once the current policy is reviewed and updated, the CoC will offer a robust training for CoC members.

2. The CoC offers trainings and resources for projects to use to ensure they are consistent with the CoC-wide discrimination policy and federal statutes.

3. Currently, the evaluation process for adherence to CoC policies and procedures is connected to an annual monitoring requirement. Starting in September of 2022, the monitoring process was updated to include a desk audit. In this process, CoC funded agencies are required to electronically submit all required organizational policies for review and evaluation. Reviewing policies in isolation enable Lead Agency staff to closely review and scrutinize agency policies and practices.

4. To date, the COC has not taken punitve measures for non-compliance with policies. Instead, Lead Agency staff have sought to support funded agencies to get their programs into compliance. As mentioned previously, there is evidence to suggest more training and technical assistance would benefit CoC projects.

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

You must upload the PHA Homeless Preference\PHA Moving On Preference attachment(s) to the 4B. Attachments Screen.
Enter information in the chart below for the two largest PHAs highlighted in gray on the current CoC-PHA Crosswalk Report or the two PHAs your CoC has a working relationship with–if there is only one PHA in your CoC's geographic area, provide information on the one:

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2022 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?
Housing Authority of Kansas City Missouri	100%	Yes-HCV	Yes
Housing Authority of Kansas City Kansas	22%	Yes-HCV	No

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

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

(limit 2,500 characters)

There are several Public Housing Authorities (PHA) that fall into our Continuum of Care, however, the two largest are Kansas City, MO Public Housing Authority and Kansas City, KS Public Housing Authority. Both of the Public Housing Authorities work directly with the Continuum of Care on housing for persons that are exiting homelessness. Both PHA's have active requests for proposals for project-based vouchers dedicated to developers who are developing permanent supportive housing. Both PHA's have dedicated project-based vouchers to development to end homelessness, including family homelessness, chronic homelessness, and persons with a severe and persistent mental illness.

In addition, to project-based vouchers for permanent supportive housing, the Kansas City, MO PHA has worked with our local behavioral health system to ensure that vouchers are being streamlined for persons experiencing chronic homelessness. Further, Kansas City, MO- PHA worked with the Continuum of Care to house youth through the FUP program, creating a partnership with Department of Social Services, the court system, and the housing system to ensure transition age youth were being housed in a timely manner.

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

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

1.	Multifamily assisted housing owners	Yes
2.	PHA	Yes
3.	Low Income Housing Tax Credit (LIHTC) developments	Yes
4.	Local low-income housing programs	Yes
	Other (limit 150 characters)	
5.		

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

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

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

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

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

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

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

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

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

PHA
The Housing Autho...

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

Name of PHA: The Housing Authority of Kansas City Missouri

1D. Coordination and Engagement Cont'd

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care
Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal
and Replacement Grants;
  - 24 CFR part 578;
  - FY 2023 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
  - Frequently Asked Questions

1D-1.	Discharge Planning Coordination.	
	NOFO Section V.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 V.B.1.i.	

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2023 CoC Program Competition.	37
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 2023 CoC Program Competition that have adopted the Housing First approach.	37
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 2023 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

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

	You must upload the Housing First Evaluation attachment to the 4B. Attachments Screen.	
	Describe in the field below:	
	1.	how your CoC evaluates every project–where the applicant checks Housing First on their project application–to determine if they are using a Housing First approach;
	2.	the list of factors and performance indicators your CoC uses during its evaluation; and
	3.	how your CoC regularly evaluates projects outside of your local CoC competition to ensure the projects are using a Housing First approach.

(limit 2,500 characters)

1. Each 2023 project applicant was required to complete a MOU with GKCCEH. In this MOU, CoC project applicants commit to adhering to the Housing First approach. During annual monitoring visits of CoC project applicants, GKCCEH staff ask a series of questions to ensure the project's adherence to the Housing First framework. The MOU ensures that the project applicant will operate a Housing First project for the full duration of the project. In the 2021 NOFO competition, all project applicants were required to complete a Housing First evaluation, which was reviewed by the ranking panel. This evaluation is attached.
2. a) Steps the project takes to ensure the admissions process is not overly burdensome to clients (ex: requiring completion of unnecessary paperwork)
b) Steps the project takes to ensure participants can quickly access the type and location of housing they prefer
c) How project ensures services are informed by a harm-reduction philosophy that recognizes that drug and alcohol use and addiction are part of some people's lives
d) How do you ensure the program is inclusive of all persons and that access to programs does not depend on preconditions including:
•Sobriety
•Income or employment/employability requirements
•Possession of ID or other documents
•Poor rental or credit history
•Lack of justice involvement or criminal record
•State of mental or physical health
•Type of disabling condition
•Participation in services
•Family size or composition
•Sexual orientation, gender identity, or expression
•Client's location preference
3. MO-604 evaluates projects adherence to Housing First outside of the local CoC competition through annual monitoring visits by GKCCEH. Thus far, evaluations are completed verbally at monitoring visits- GKCCEH staff ask project staff to answer the questions on the spot. Going forward, the GKCCEH will ensure project applicants complete a housing first assessment in a written format outside of the local funding competition.

1D-3.	Street Outreach–Scope.	
	NOFO Section V.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. The community has greatly increased street outreach efforts and coordination since the onset of the pandemic. Outreach workers, CIT Officers, PATH teams, mobile medical units, neighborhood associations, and other service providers who conduct street outreach meet twice monthly. The CORE (Coordinated, Outreach, Resources and Engagement) meetings are conducted to coordinate strategies and case conference individuals and camps that the community is actively or trying to engage with. Additionally, Project Outreach Connect is held twice monthly with several outreach workers intentionally engaging the camps that have been identified as priority. Outreach engagement is action-focused by having housing-focused problem solving conversations. Four youth services organizations work together in a formal partnership to offer street outreach to youth across the entire CoC. The youth collaboration includes a 24-hour Safe Place response that ensures youth have access to immediate safe housing when requested. Outreach workers attend prioritization and housing solutions meetings to provide assistance with referrals that are challenging to locate. The CoC recently passed outreach policies and procedures to formalize outreach efforts. Additionally, the CoC has implemented Show the Way (STW) app to coordinate Outreach efforts. STW is an innovative app designed specifically for outreach workers to log interactions with individuals experiencing homelessness and encampments using geo-location data. STW allows data to be entered on various levels (outreach workers, first responders, volunteers, etc.) ensuring those who are experiencing unsheltered homelessness an open door approach to the system.
2. Outreach efforts cover the entirety of the CoC geographic area. In the most populous regions of the CoC, local law enforcement, and Parks and Recreation are also engaged in outreach efforts connecting outreach teams to locations that we otherwise would not have access too. The STW app has geo-locating technology, which provides a visual orientation of real time efforts and inform outreach teams of where to devote their attention.
3. Street Outreach workers and mobile medical units are out 7 days a week (day and nighttime shifts) serving a broad geographic area throughout the CoC.
4. Outreach workers partner with faith-based and volunteer-run outreach efforts and local law enforcement to identify persons experiencing homelessness not engaged in traditional services.

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

Your CoC's Strategies	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)		

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

		HIC Longitudinal HMIS Data	2022	2023
	Enter the total number of RRH beds available to serve all populations as reported in the HIC or the number of households served per longitudinal HMIS data, e.g., APR.	HIC	375	332

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

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

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

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

Describe in the field below how your CoC:

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

(limit 2,500 characters)

1. GKCCEH holds monthly meetings which include updates from CoC member agencies throughout the area. Those agencies regularly report out mainstream benefit information including instructions on how to access them. In addition to the reporting, GKCCEH also provide regular email updates, a searchable community resource guide on its website, and collaborates with local libraries who, along with several member agencies, are hubs for mainstream benefit information.

2. The CoC has consistently focused on strengthening collaboration amongst local anchor institutions for healthcare, mental health and substance use treatment. Several of those institutions are members of the CoC and are service providers that have direct collaboration with CoC-funded programs. Additionally, CoC-funded agencies are encouraged to not only collaborate with healthcare institutions, but are asked to have direct, formal agreements in order to ensure true collaboration. Outside of the direct agreements, GKCCEH regularly provides opportunities for training and resource opportunities through it's monthly meetings, website, and newsletter. Recently, a new drop-in center, the Beehive Community Resource Collaborative, opened and is strategically located in an area of high need. The Beehive Community Resource Collaborative was designed as a people-powered response to complex social problems born of the recognition that no one agency can address these issues alone and that relationships are critical to drive lasting change. The goal is to offer holistic housing, healthcare, and social services using an integrated care model.

3. The GKCCEH recognizes and promotes the SOAR process as a best practice in the field, and all CoC funded agencies are encouraged to regularly use SOAR to assist participants with accessing SSI and/or SSDI. As such, the geographic area covered by the CoC remains Missouri's top source of SOAR applications in the state. This is in large part due to the work of CoC member agencies and the promotion of SOAR activities throughout the continuum for both funded and non-funded agencies.

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

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

(limit 2,500 characters)

Kansas City has several shelter offerings available to the houseless population, and none of them are low barrier non-congregate shelters (NCS). The current shelter array, although valuable in general terms, doesn't offer the level of intervention required to meet the needs of the most vulnerable individuals who are currently rough sleeping due to the barriers currently in place. These barriers include traditional shelter policies like religious observance, and group punishment, but also powerful obstacles like time constraints for entry and poor staffing ratios making it nearly impossible for these locations to serve symptomatic individuals. Our Point in Time data reflects this, showing that less than 5% of the chronically homeless population were sleeping in shelter. In 2023, the City of Kansas City applied to HUD for HOME-ARP funds, with the goal of creating Kansas City's only emergency low barrier non-congregate shelter (NCS). Kansas City was awarded $8,397,188 which will be divided in the following ways: Non-Congregate Housing = $4,797,892 Supportive Services = $1,500,000, Nonprofit Operating & Capacity Building = $839,718 Administration = $1,259,578. The RFP for these funds went out in August 2023 with a deadline for applications passed on 9/11/23. Kansas City needs a front door for homeless services, and a NCS will serve as a place where individuals, who have been reluctant to enter higher barrier interventions, feel safe and comfortable to be themselves in a shelter setting that is friendly and accessible.

	ID-8.	Partnerships with Public Health Agencies--Collaborating to Respond to and Prevent Spread of Infectious Diseases.	
		NOFO Section V.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)

1. The pandemic presented unprecedented challenges that in retrospect, afforded the community a unique opportunity to reflect upon how to effectively strategize, share intellectual, and financial resources, and mount a much more targeted response. As silver lining to COVID-19, the COC and its partners have become much more adept at collaborative work and have begun to institutionalize some of the practices and procedures that were implemented out of necessity due to this public health emergency. The pandemic has further entrenched the connection between housing and healthcare in the community and the need for nimble and responsive services to address health, behavioral health, and disease prevention. Strategies implemented during the pandemic include: 1) formal agreements with health providers to create quicker assess to health care; 2) working with health departments and emergency managers within the CoC to be responsive through pandemic and plan for future public health emergencies; 3) providing robust outreach and education to homeless encampments; 4) cross-sector partnerships emphasizing more effective service delivery; and 5) targeted and strategic communication. More specifically, a CoC partner, the Kansas City Health Department (KCHD) is available to provide infectious disease outbreak updates and guidance both nationally and in the KC Metro area to the CoC, including recommended policies, procedures, and best practices. KCHD works closely with MODHSS, KDHE, and CDC to prepare for and address infectious disease outbreaks.

2. One of the CoC sub-recipients/partners is the City of Kansas City Missouri Health Department and the HIV Services Division. The Shelter Plus Care funding the HIV Services Division receives through the CoC provides permanent supportive housing and allows for persons living with HIV to better access and maintain HIV Medical Care and Treatment. Adherence to HIV treatment will help individuals living with HIV achieve viral load suppression and therefore prevent transmission of HIV to others in the community.

Housing is health and providing safe and stable housing is often a first step towards preventing illness and disease. For this reason, the CoC supports a Housing First Model.

The partnership with the Kansas City Health Department gives the other CoC members easy access to resources and education for CoC partners working directly with houseless populations including, condoms, HIV test kits, COVID-19 Test Kits.

ID-8a.	Collaboration With Public Health Agencies on Infectious Diseases.	
	NOFO Section V.B.1.o.	

	Describe in the field below how your CoC:
1.	shared information related to public health measures and homelessness, and
2.	facilitated communication between public health agencies and homeless service providers to ensure street outreach providers and shelter and housing providers are equipped to prevent or limit infectious disease outbreaks among program participants.

(limit 2,500 characters)

1. The Kansas City Health Department (KCHD) serves as lead public health agency in the KC Metro. KCHD provides updates on COVID-19, a recent syphilis outbreak, monkeypox, and any other relevant infectious disease information to GKCCEH members at meetings. Information shared includes the nature of variants/outbreaks, known risk factors, risk groups, treatment, preventive measures, best practices. The information is then distributed back to program participants. For example, when the COVID-19 pandemic began, our community rallied to ensure we had enough personal protective equipment (PPE) for not only staff members, but also program participants. Additionally, our programs were recommended to ensure program participants were given their own space as much as possible to limit the spread of the virus.

2. In 2022, The Housing CoC received an extensive training and overview of HIV Care and Prevention services available to the community through KCHD HIV Services Division and Subrecipient Agencies like KC Care, and Vivent Health. The KCHD Prevention team is also available to provide resources for CoC partners working directly with houseless populations including, condoms, HIV test kits, COVID-19 Test Kits. Additional information can also be communicated to housing providers related to other services provided directly from KCHD including HIV/STI testing, vaccinations (flu, RSV, CV-19, MPOX), Mpox screenings, Tb screenings, and the Healthy Homes program which enforces rental property health and safety standards to ensure tenants are being provided units fit for habitation and do not pose a health hazard or risk. KCHD Shelter Plus Care contract with community Partner SAVE Inc. Includes requirements for the housing partner to participate in monthly Service Coordination Meetings between HIV Care Service agencies and other local HIV Housing partners. These meetings provide a structured environment for front line staff from HIV Care and Housing agencies to receive information and education related to public health services, issues, policies, resources, barriers, and other areas that intersect housing, HIV, and public health.

1D-9.	Centralized or Coordinated Entry System–Assessment Process.	
	NOFO Section V.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. The CoC covers the entirety of both Wyandotte County, Kansas and Jackson County, Missouri. The CES covered 100% of the CoC's geographic area. Community agencies are positioned to cover all local municipalities and serve all individuals throughout the area. To ensure access 24-hours a day, persons in need of assistance can access the CE process through the 2-1-1 phone system, and submit a help request by email.

2. The CoC has incorporated a standardized assessment process across its CES. The same assessment process is used at each access point and across all populations, including the use of a Common Assessment Tool (CAT). The CAT collects sufficient information to assist making consistent prioritization decisions and facilitates access to housing and supportive services across MO-604's service area. MO-604 currently utilizes the Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT) version 2. Three versions of the VI-SPDAT are used based on subpopulation - single adults, families, and youth.

3. MO-604's Coordinated Entry Governance Committee (CEGC) is the governing body of the CES and oversees the CES assessment process. The makeup of this group includes representatives from CE participating projects and people with lived experienced, specifically individuals who have gone through our local CES. The CEGC meets regularly to discuss and decide upon improvements and refinements to the current system, policies and procedures, special cases and broader systems change. This committee relies strongly on feedback from those outside of the committee, including participating projects and households that participated in CE.

	1D-9a.	Program Participant-Centered Approach to Centralized or Coordinated Entry.	
		NOFO Section V.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. The CoC recognizes the need to meet people where they are in the field to ensure connection to homeless assistance. These efforts have led to outreach workers engaging with persons experiencing homelessness who had not previously been engaged with homeless assistance providers and/or those who were reluctant to seek services. Our community has implemented an Assertive Community Treatment Outreach Team focused on one of the city's most dangerous corridors, with the goal of engaging some of the most marginalized individuals living outdoors, many of whom have not effectively accessed traditional services.

2. In addition to the ACT team, the community relies on outreach workers, case managers, and other service providers' input to properly prioritize people who are most in need of assistance. These service providers can submit information regarding a household on the by-name list (BNL). Information submitted typically falls in one or more of the following categories: a) The client's situation has drastically changed since their assessment (ex: new diagnosis that would change their eligibility for programs) b) the client's assessment is not reflective of their current situation (ex: client did not disclose important information to assessor); or c) the client's vulnerabilities are making them particularly susceptible to death or grave harm. This ensures the BNL reflects who is most in need of assistance. The CoC uses the following factors to determine who is most in need of assistance: assessment score, unsheltered homelessness, chronic homelessness, length of time homeless, high lethality assessment protocol (LAP) score, and number of disabling conditions.

3. The CoC ensures households with the highest priority are first to be offered housing opportunities. If the most appropriate resource for an individual (PSH, RRH, TH-RRH) is not available, the highest prioritized household is offered other available resources if appropriate. For example, when a person is prioritized for PSH but only RRH is available, that household may be placed in RRH.

4. The CoC continues to take steps to reduce burdens on people using CE. We have started utilizing our navigators to assist clients through the system more quickly by helping with document readiness, elimination of barriers, and housing location. Additionally, our outreach team has begun being more intentional about targeting encampments that are being decommissioned to get them connected to the necessary resources.

1D-9b.	Informing Program Participant about Rights and Remedies through Centralized or Coordinated Entry–Reporting Violations.		
	NOFO Section V.B.1.p.		

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

(limit 2,500 characters)

1. The CoC employs a comprehensive approach to affirmatively market housing and services within its geographic area, ensuring accessibility to all individuals experiencing homelessness. This multifaceted strategy encompasses the strategic placement of Coordinated Entry assessors, enhanced outreach efforts, and increased collaboration with "hot spots" like libraries and schools.
Strategically Placed CE Assessors: The CoC recognizes the importance of having CE assessors strategically located throughout its entire geographic area. These assessors are positioned in various neighborhoods, shelters, service centers, and areas with high concentrations of homelessness. This ensures that individuals in need have easy access to assessment services, even in remote or underserved regions.
Improved Outreach Efforts: The CoC has intensified its outreach efforts to identify and engage with all persons living unsheltered within its geographic boundaries. This includes employing outreach teams comprised of trained professionals who actively seek out individuals experiencing homelessness in encampments, parks, under bridges, and other hidden areas. These teams establish relationships of trust, conduct assessments, and link individuals to resources.
Collaboration with "Hot Spots": The CoC recognizes the importance of collaborating with locations frequented by individuals experiencing homelessness, such as libraries, schools, community centers, and healthcare facilities. These "hot spots" are often places where individuals seek refuge during the day or access essential services. The CoC collaborates with these institutions to identify and refer homeless individuals to appropriate services and housing options.
2. Program participants are informed of their rights and remedies through:
a) Intake Meetings: participants receive an intake where they are informed about their rights related to fair housing and civil rights laws.
b) Written Materials: articipants receive written materials detailing their rights and the remedies available to them under these laws.
c) Referral to Legal Resources: When necessary, participants are referred to legal resources or agencies specializing in fair housing and civil rights for further assistance.
3. GKCCEH has a grievance procedure that can be completed if a participant feels their rights have been violated. If a grievance is submitted, GKCCEH staff will report the grievance to the appropriate jurisdiction.

| 1D-10. | Advancing Racial Equity in Homelessness–Conducting Assessment. | |
| | NOFO Section V.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. | 01/01/2020 |

	1D-10a.	Process for Analyzing Racial Disparities–Identified Racial Disparities in Provision or Outcomes of Homeless Assistance.	
		NOFO Section V.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. MO-604 addresses racial disparities and outcomes through several initiatives. Organizations are urged to conduct their own racial equity analysis, assessing whether their clients are representative of the served community and identifying outcome disparities. Programs leverage HMIS data in this work to find racial disparities in outcomes. This analysis is a scored component in local project applications. Within the CES, CE staff annually evaluate assessors' work using a scorecard that includes racial demographics of assessments. We have analyzed CE referrals to ensure alignment with the racial demographics on the BNL. The CE committee is starting data analysis of our vulnerability tool, which has revealed racial inequities. The PIT committee examines PIT data annually through a racial equity lens to look for disparities. The HMIS staff has grown in the past year, increasing capacity for data analysis. These analyses enable discussions on underlying factors and strategies to mitigate harm. Service providers highly value the input of PLE in program development and evaluation. 2. GKCCEH staff continue to review and analyze HMIS and other data to look for racial disparities within the homeless system. Local findings have proven consistent with those of other CoCs where there is a dramatic overrepresentation of People of Color in homelessness. The most glaring disparity is seen in the percentage of persons identified as Black/African American who represent roughly 37% of the homeless population but only 22% of the general population in our community. Those who identify as Native American are also over-represented, who are less than .5% of the general population but 2% of the homeless population. Over the past 2 PIT cycles we have seen a sustained 28% increase in the number of homeless Hispanic/Latinx individuals from previous years. These racial disparities are even more pronounced in the youth population. In CE assessments, we have discovered that Black clients receive lower vulnerability scores on average about 1 point. We are looking to replace our vulnerability tool in part because of this. However, in our most recent analysis, the referrals to housing providers by race is proportional to the racial composition of the homeless population. Over time, the CoC Lead Agency has paid increased attention to the issue of race in homelessness and has sought to communicate about and raise awareness of the issue and look for systemic solutions.

	1D-10b.	Implemented Strategies that Address Racial Disparities.	
		NOFO Section V.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.		

1D-10c.	Implemented Strategies that Address Known Disparities.	
	NOFO Section V.B.1.q.	

Describe in the field below the steps your CoC is taking to address the disparities identified in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

MO-604 is doing the following to improve racial equity, improve youth and LGBTQ+ access and outcomes:

-Organizations are focused on staffing diverse teams that are representative of the communities being served with most member agencies reporting diversity as a primary consideration in staffing decisions, including board membership.

-Lead agency and programs provide regular and extensive cultural competency and diversity training.

-Many member agencies have begun or continue to use their influence and access with a broad range of community stakeholders to educate the larger community on racial inequalities and the need to address it across social sectors. This includes utilizing communication tools such as newsletters, social media, fundraising events, and other platforms to provide research data, stories, and analysis that highlight racial disparities, discuss causes and provide strategies to address the causes and reverse the harm.

-There is community-wide commitment to providing trauma-informed services.

-Providers value the expertise of those with lived experience in program development and evaluation. To best understand how effectively clients are being engaged at every level of the system, a robust, comprehensive, and ongoing analysis of the CES is being implemented.

-Data is used to determine points of entry and causes of homelessness and whether outreach, services, and housing opportunities are effectively reaching and engaging people of color.

-As referenced previously, disparities in CES outcomes data have identified the need to consider selection and onboarding of CES assessors and outreach staff working in the field to ensure they share identities and experiences with those seeking assistance at the front door of the homeless system.

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

	Describe in the field below:	
	1.	the measures your CoC has in place to track progress on preventing or eliminating disparities in the provision or outcomes of homeless assistance; and
	2.	the tools your CoC uses.

(limit 2,500 characters)

1. Our CoC acknowledges Kansas City's intricate history of racism and housing segregation, underscoring the importance of addressing disparities in our homeless assistance efforts. We assess disparities at various stages of the homelessness-to-housed transition. During the outreach and assessment, we analyze CE assessments to ensure they align with the demographics and vulnerabilities of the overall homeless population. Our focus extends to identifying any disparities affecting racial groups, those who are chronically homelessness, youth, veterans, LGBTQIA+ and other marginalized communities. We also scrutinize disparities in access to emergency shelter, leveraging data from an additional question incorporated into the PIT count, which undergoes an equity analysis. For referrals to housing programs, we look at whether these referrals align proportionally with the demographics on the BNL to see if there are disparities. Our biweekly prioritization meetings prioritize individuals with the highest vulnerabilities, those experiencing unsheltered homelessness, and those fleeing interpersonal violence. Furthermore, we encourage individual housing programs to conduct their own equity analyses to rectify disparities in housing outcomes. Their efforts are evaluated as part of our annual rank and review process.

2. We employ multiple tools for ongoing monitoring. Recently, during CE Assessor training, we introduced an assessor scorecard featuring racial composition and chronic homeless data for assessed individuals, benchmarked against all assessors. This practice will continue annually. We also continue to look at the questions we ask during our PIT count to measure disparities, such as why people don't go to emergency shelter and who has a housing voucher but are still homeless on the night of the PIT. In our prioritization process, recent policies include a prioritization scheme aimed at mitigating disparities. We have conducted ad hoc analyses of housing referrals to look for disparities in our referrals. We also maintain a community dashboard with aggregated data around who has been assessed, referred, and housed. Additionally, our rank and review process includes questions about racial equity and the involvement of individuals with lived experience. While some disparity analyses have been ad-hoc, we are developing a comprehensive equity analysis tool for regular monitoring and long-term progress tracking, with completion expected within the next year.

1D-11.	Involving Individuals with Lived Experience of Homelessness in Service Delivery and Decisionmaking–CoC's Outreach Efforts.	
	NOFO Section V.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)

Recognizing the value and the critical importance of lived expertise and of using that wisdom to drive systems change, the CoC has engaged persons with lived expertise in a variety of ways. To start, after much more intentionally incorporating this perspective over the past two NOFO competitions, we recognized it is imperative that those who have been there, and who have participated in programs and services, be consulted when deciding how to allocate resources. For this reason, the NOFO Funding Review Committee now consists of half persons with lived experience. This shift has ultimately resulted in much more focused and truthful conversations about the work that is underway in the community - where there are gaps and challenges, what defines success, what defines customer satisfaction, and so on. This exercise has made it abundantly clear, those who have been in a homeless situation in our community are the best and most credible intellectual resource on the subject and so, to not ask them about their experiences - what works/what doesn't, is wasteful and to those who remain disengaged or in the housing queue, harmful in that it makes worse an already dire situation for them by prolonging their experience of homelessness and limiting their ability to successfully engage in and access services. In the beginning, feedback was sought from individuals in programs recruited by service providers. It did not take long to realize though that program participants experience a pressure to "perform," and more importantly, a sense that they might inadvertently disrupt their own housing stability by being "too honest." Fortunately, Lead Agency staff have a great deal of relationship capital amongst stakeholders, including those who continue to live unsheltered. For this reason, identifying individuals who have been on the street, in programs, and who are willing and able to candidly share their opinions has been relatively easy. Invariably, people who know what it is like to be in a homeless situation have a lot to say about that experience. What is missing from the provider perspective and what GKCCEH seeks to sort out is the need to engage folks who are unknown to the system and ways to provide better, more robust training and professional development, as well as longer-term opportunities for individuals to participate at a more "elite" level--in program design, peer mentorship, leadership, and CoC governance.

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

You must upload the Letter Signed by Working Group attachment to the 4B. Attachments Screen.
Enter in the chart below the number of people with lived experience who currently participate in your CoC under the four categories listed:

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included in the decisionmaking processes related to addressing homelessness.	109	23
2.	Participate on CoC committees, subcommittees, or workgroups.	85	15
3.	Included in the development or revision of your CoC's local competition rating factors.	7	1
4.	Included in the development or revision of your CoC's coordinated entry process.	58	14

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

Collaborative efforts among CoC member organizations play a vital role in providing professional development and employment opportunities to individuals with lived experience of homelessness. These initiatives aim to empower individuals by offering various job opportunities and support programs tailored to their needs and aspirations. Here are a few examples:

Drumm Farm's (DF) Banquet Hall: DF provides valuable employment opportunities for youth who have experienced homelessness. These individuals are hired to work in the Banquet Hall, where they can gain essential job skills and work experience. DF pays them a competitive wage of $14 per hour, which helps them build financial stability and self-sufficiency.

CSL's Independence Together: CSL runs the "Independence Together" program, which focuses on providing employment opportunities for individuals with lived experience of homelessness. This program may involve trash pickup services, which not only contribute to community beautification but also offer meaningful work to program participants. CSL ensures that participants receive fair compensation for their work.

IPS (Individual Placement and Support) Program: Community Mental Health Centers collaborate to offer the IPS program, which assists individuals with finding and maintaining competitive employment. This program goes beyond traditional job placement and includes support for job retention. Participants are offered comparable wages to ensure they receive a fair income for their efforts, which helps them rebuild their lives.

Financial Opportunity Center Access Points: CoC membership organizations often establish Financial Opportunity Centers (FOCs) to provide comprehensive support to individuals with lived experience of homelessness. These centers offer financial coaching, job readiness training, and access to various employment-related resources. By equipping individuals with financial literacy and job-seeking skills, FOCs empower them to secure employment opportunities that align with their career goals.

Workforce Development on the KS side of the COC: These programs, often operated in collaboration with government agencies and community partners, offer skill-building workshops, vocational training, and job placement services. Individuals with lived experience of homelessness can access these programs on the Kansas (KS) side to enhance their employability and secure meaningful work.

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

	Describe in the field below:
1.	how your CoC routinely gathers feedback from people experiencing homelessness;
2.	how your CoC routinely gathers feedback from people who have received assistance through the CoC or ESG Programs; and
3.	the steps your CoC has taken to address challenges raised by people with lived experience of homelessness.

(limit 2,500 characters)

1. Gathering feedback from people experiencing homelessness is a critical aspect of the work conducted by the CoC to ensure that services and initiatives align with the needs and perspectives of those directly impacted. The CoC, in collaboration with its member organizations and partners, typically employs several methods to routinely gather feedback from this vulnerable population. Most recently, we gathered feedback during the creation of the ZeroKC strategic plan, which aims to end homelessness in the Kansas City area. The methods used were a) client surveys, b) focus groups, c) outreach events, and d) annual Point-in-Time count surveys and e) rank and review panel.

2. Projects each employ their own methods of gathering feedback from program participants. Most CoC and ESG-funded projects use satisfaction surveys and learning sessions to gather feedback of this type.

3. The CoC takes program participants' feedback very seriously and uses it as an opportunity to make positive change wherever possible.

a) Collaboration among Service Providers: previous feedback has highlighted various opportunities to strengthen collaboration among service provider to ensure services are readily available to program participants (ex: healthcare onsite)

b) Program Adjustments: the CoC makes adjustments to policies and procedures based on the feedback received. This could involve changes in service delivery methods, expansion of services, or modifications to eligibility criteria to better meet the needs of the homeless population.

c) Advocacy and Policy Change: the CoC engages in advocacy efforts to address systemic issues contributing to homelessness, such as affordable housing shortages and economic disparities. MO-604 works with policymakers and community leaders to enact changes that benefit those experiencing homelessness.

d) Resource Allocation: Based on the feedback and identified needs, MO-604 allocates resources strategically to support initiatives that directly address the challenges raised by those experiencing homelessness.

e) The COC NOFO project Rank and Review panel is comprised of 50% of persons with lived experience who take an active leadership role in the process. Their feedback about projects, is both constructive and critical, and has strengthened the COC's ability to utilize its resources to effectively meet the needs of the client population.

Applicant: Kansas City (MO & KS)/Independence/Lee's Summit/Jackson,Wyandotte   MO-604
Counties CoC
Project: MO-604 CoC Registration FY 2023   COC_REG_2023_204717

1D-12.	Increasing Affordable Housing Supply.	
	NOFO Section V.B.1.t.	

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

(limit 2,500 characters)

1. Our Continuum of Care is located in several municipalities. The two largest municipalities cross the state line (KS/MO). The main zoning requirements fall under the Unified Government (UG-KS) and the City of Kansas City, MO. Supportive Housing Developers have provided both cities with information regarding the need for smart housing (Austin, TX Best Practices), by which when developing affordable housing, zoning is unlocked. Neighborhood advocacy continues to be an issue for supportive housing developers, developments have been rejected by local residents and the city council in Grandview and by community members in Lee's Summit, returning over $24 million in tax credits for supportive housing.

The lead agency administration committee continues to advocate for zoning policies that act in the best interest of the residents, including passage of a city ordinance in Kansas City, MO, that requires developers to provide at least 10% of their units at an affordable rate. This ordinance is required for any developer that is using city funds to develop. This ordinance was passed in 2022.

2. As stated above, our Continuum of Care covers several municipalities and two states (KS/MO). Regulatory barriers continue to be an issue in both states and several municipalities. The COC lead agency (Greater Kansas City Coalition to End Homelessness) was a significant force in working with the folks who have lived experience in working with City Council on housing rights, including eviction moratoriums in Kansas City, MO. GKCCEH staff are active members of several City committees in the Unified Government (UG/Kansas City, KS) and Kansas City, MO.

The barrier work that needs to occur throughout the Continuum, includes unlocking zoning, reducing the amount of time for building permits, reducing neighborhood resolutions for developments, and parking requirements. The COC lead agency continues to work with local supportive housing developers to have their voices heard at every level of government.

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) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
  - FY 2023 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 V.B.2.a. and 2.g.	
	You must upload the Web Posting of Local Competition Deadline attachment to the 4B. Attachments Screen.	

1.	Enter your CoC's local competition submission deadline date for New Project applicants to submit their project applications to your CoC–meaning the date your CoC published the deadline.	08/23/2023
2.	Enter the date your CoC published the deadline for Renewal Project applicants to submit their project applications to your CoC's local competition–meaning the date your CoC published the deadline.	08/23/2023

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

	You must upload the Local Competition Scoring Tool attachment to the 4B. Attachments Screen.
	Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:

1.	Established total points available for each project application type.	Yes
2.	At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).	Yes
3.	At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).	Yes

	4.	Provided points for projects that addressed specific severe barriers to housing and services.	Yes
	5.	Used data from comparable databases to score projects submitted by victim service providers.	Yes
	6.	Provided points for projects based on the degree the projects identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.	Yes

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

You must upload the Scored Forms for One Project attachment to the 4B. Attachments Screen.
Complete the chart below to provide details of your CoC's local competition:

	1.	What were the maximum number of points available for the renewal project form(s)?	200
	2.	How many renewal projects did your CoC submit?	31
	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 V.B.2.d.	

	Describe in the field below:
1.	how your CoC analyzed data regarding each project that has successfully housed program participants in permanent housing;
2.	how your CoC analyzed data regarding how long it takes to house people in permanent housing;
3.	how your CoC considered the specific severity of needs and vulnerabilities experienced by program participants preventing rapid placement in permanent housing or the ability to maintain permanent housing when your CoC ranked and selected projects; and
4.	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. The CoC uses project scorecards generated from HMIS data to score projects on project performance outcomes, including exits to permanent housing. VSPs send de-identified data from their comparable data base for the HMIS team to generate a scorecard for their project. Each renewal project received a score for exits to permanent housing. The treshold to receive full points in this area is 90%; meaning 90% of exits to from the project must be to a permanent housing destination to recieve points on their local application.

2. The CoC has made significant strides in this area. With the newly hired position, HMIS CE Administrator, the CoC has been able to focus on the length of time it takes to house people in permanent housing. The HMIS CE Administrator created a CE dashboard using the Tableau platform as well, which includes how long it takes program participants to lease up. The dashboard also allows each project to export the data to use on a program-level. This data is considered during the rank and review process.

3. The CoC understands that program participants may have severe needs and vulnerabilities that make rapid placement difficult. Because of this, the CoC uses an average percentage threshold on project scorecards to ensure longer lengths of time from 'referral to housed' do not negatively impact their opportunity for funding. Additionally, project applicants have an opportunity in their local application to speak to steps they are taking to rapidly place program participants in housing regardless of barriers.

4. Recognizing it is not easy, the CoC places high demands on service providers to focus on those who have the least capacity to self-resolve their homelessness. For the NOFO, projects are rated on their ability to serve those with the most challenges (long homeless history, disabling conditions, zero income, unsheltered vs. sheltered homelessness), with the highest point value assigned to the "high needs" outcome.

1E-3.	Advancing Racial Equity through Participation of Over-Represented Populations in the Local Competition Review and Ranking Process.	
	NOFO Section V.B.2.e.	

	Describe in the field below:	
1.	how your CoC used the input from persons of different races and ethnicities, particularly those over-represented in the local homelessness population, to determine the rating factors used to review project applications;	
2.	how your CoC included persons of different races and ethnicities, particularly those over-represented in the local homelessness population in the review, selection, and ranking process; and	
3.	how your CoC rated and ranked projects based on the degree to which their project has identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.	

(limit 2,500 characters)

1. The CoC recognizes People of Color, and Black men specifically, are overrepresented in homelessness. People who identify as Black make up 13.6% of the total U.S. population (United States Census Bureau), but represent 37% of MO-604's homeless population (PIT 2023 data). Rating factors for projects (for monitoring and the NOFO) are determined in collaboration with the CoC's administration and finance committee, then vetted by PLE working with our community to ensure threshold requirements for the NOFO competition, including questions asked of and guidance provided to applicants aligns with COC priorities and meaningfully addresses the needs of those seeking services. We are fortunate to benefit from strong working relationships with subject matter experts with homeless experience and continue to strengthen those relationships. We are committed to authentic collaboration and to paying individuals for their time and talents.

2. The CoC believes that persons impacted by the issue are closest to the problem, and are thus central to finding the solution. Becaue of this, the CoC aims to always include persons who have experienced homelessness on the NOFO ranking panel. This year, the selection committee was inclusive and representative- with PLE representing various demographics and intersections of age, race, gender, family composition and life experience. Their participation and support of this work has changed the conversation and enabled our community to make much wiser decisions.

3. The local project application assessed these concerns in several ways: 1) "Speak to your understanding of the importance of centering racial equity in homelessness work as it pertains to the needs of individuals who identify as both Black and male." 2) "How might anti-blackness and other systemic issues be a driver of homelessness in this Continuum?" 3) "If funded, what will your project do to affect change in this area and how will you evaluate the accomplishment of related goals?" The questions were designed to challenge applicants to focus more intently on this issue and were assigned a significantly higher point value compared to other more straightforward and standard application questions, and were more closely scrutinized by reviewers due to their importance as a CoC priority and an effective anti-homelessness strategy.

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

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

(limit 2,500 characters)

1. The CoC recognizes reallocation is an important strategy to ensure optimal system performance but one that must be considered carefully. Rating factors utilized in this competition were much more rigorous than in years passed in assessing a project's performance and a project's impact on system performance, specifically returns to homelessness and length of time from referral to housed. This year, applicants were required to submit a formal MOU affirming their commitment to high performance standards and other locally defined priorities. GKCCEH also created, with the help of its HMIS system administrator, a much more sophisticated project scorecard which captures performance data directly from HMIS. Voluntary reallocation happens when, using local data, an agency determines their project: a) is not meeting local needs, b) does not have the capacity to continue the project, and/or c) the reduction of the project would better serve the CoC. CoC-funded project applicants interested in voluntarily reallocating (in whole or part) must notify GKCCEH in writing of their intent to reallocate during the Letter of Intent process.

2. Yes

3. Yes

1E-4a.	Reallocation Between FY 2018 and FY 2023.	
	NOFO Section V.B.2.f.	

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2018 and FY 2023?	Yes

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

1.	Did your CoC reject any project application(s) submitted for funding during its local competition?	Yes
2.	Did your CoC reduce funding for any project application(s) submitted for funding during its local competition?	Yes
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes
4.	If you selected Yes for element 1 or element 2 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2023, 06/27/2023, and 06/28/2023, then you must enter 06/28/2023.	09/08/2023

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

	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2023, 06/27/2023, and 06/28/2023, then you must enter 06/28/2023.	09/08/2023

1E-5b.	Local Competition Selection Results for All Projects.	
	NOFO Section V.B.2.g.	
	You must upload the Local Competition Selection Results attachment to the 4B. Attachments Screen.	

	Does your attachment include: 1. Project Names; 2. Project Scores; 3. Project accepted or rejected status; 4. Project Rank–if accepted; 5. Requested Funding Amounts; and 6. Reallocated funds.	Yes

1E-5c.	Web Posting of CoC-Approved Consolidated Application 2 Days Before CoC Program Competition Application Submission Deadline.	
	NOFO Section V.B.2.g. and 24 CFR 578.95.	
	You must upload the Web Posting–CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC posted the CoC-approved Consolidated Application on the CoC's website or partner's website–which included: 1. the CoC Application; and 2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings.	09/22/2023

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

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	09/22/2023

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) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
   - FY 2023 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.	Caseworthy

2A-2.	HMIS Implementation Coverage Area.	
	Not Scored–For Information Only	

	Select from dropdown menu your CoC's HMIS coverage area.	Single CoC

2A-3.	HIC Data Submission in HDX.	
	NOFO Section V.B.3.a.	

	Enter the date your CoC submitted its 2023 HIC data into HDX.	04/03/2023

2A-4.	Comparable Database for DV Providers–CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.	
	NOFO Section V.B.3.b.	

	In the field below:	
1.	describe actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC collect data in HMIS comparable databases;	

	2.	state whether DV housing and service providers in your CoC are using a HUD-compliant comparable database--compliant with the FY 2022 HMIS Data Standards; and
	3.	state whether your CoC's HMIS is compliant with the FY 2022 HMIS Data Standards.

(limit 2,500 characters)

1.The CoC and HMIS Lead have invited all DV providers to attend all HMIS informational meetings (monthly meetings, refresher trainings, data quality office hours) and Coordinated Entry-related meetings (housing provider meetings and prioritization) to stay informed on all CoC data collection expectation. DV providers also provide de-identified data for quarterly scorecards and for CoC Competition scorecards for program evaluation. After every prioritization session (twice monthly), providers send a de-identified verison of their By Name List to the Coordinated Entry/CoC team for evaluation and merging with the mainstream BNL. Keeping the DV providers informed on CoC data collection has shed light to a large need for more collaboration between the Victim Service Providers and HMIS Lead. This has lead to the conversations necessary to move forward with goals of increased support in HMIS administration by the HMIS Lead.

2.Yes, the DV providers within the CoC are using HUD-compliant comparable databases that are compliant with the current HMIS Data Standards and will be compliant with the upcoming FY24 changes. They have been able to successfuly provide data needed by HMIS Lead for the necessary reporting.

3.Yes. The HMIS used is CaseWorthy which is compliant with the FY 2022 HMIS Data Standards.

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

Enter 2023 HIC and HMIS data in the chart below by project type:

Project Type	Total Year-Round Beds in 2023 HIC	Total Year-Round Beds in HIC Operated by Victim Service Providers	Total Year-Round Beds in HMIS	HMIS Year-Round Bed Coverage Rate
1. Emergency Shelter (ES) beds	1,084	250	231	27.70%
2. Safe Haven (SH) beds	25	0	25	100.00%
3. Transitional Housing (TH) beds	969	24	597	63.17%
4. Rapid Re-Housing (RRH) beds	334	108	226	100.00%
5. Permanent Supportive Housing (PSH) beds	1,724	0	1,407	81.61%
6. Other Permanent Housing (OPH) beds	0	0	0	

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

	For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:
1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,500 characters)

1.We regularly hear from providers that staffing continues to be an issue which likely contributes to the low bed coverage rates for shelters, transitional housing, and our safe haven. For shelters in particular, there are concerns form front-line workers that some of the numbers we got from the shelters were not accurate with regards to actual bed availability. A lot of shelters are also not low-barrier, which could contribute to lower coverage rates. Steps our CoC will take include educating the shelters on the issue of bed coverage and work to make sure the bed capacity they report is the actual bed availability on the night of the PIT. We will also present the shelters with data from the PIT survey around why some people choose not to access shelter. We are using an online learning platform for our PIT/HIC training for the first time this year, which should provide for a more consistent messaging around the important of accuracy of bed coverage reporting. Our CoC is involved in a city-wide homelessness plan called ZeroKC. The shelters are at the table for this plan and have been more open to receiving feedback. Part of the plan is also to help provide funding to increase shelter staffing. Kansas City has also released an RFP to fund a new low-barrier emergency shelter. Cold-weather, low-barrier shelters in our community have high bed coverage. Conversations will continue with the bigger shelters in our CoC to begin using the communities HMIS.

2.Several staff from GKCCEH and many other CoC stakeholders will continue involvement in the ZeroKC initiative, moving forward the steps in the plan to increase bed coverage. GKCCEH staff will spearhead the creation of the HIC/PIT online training for the community to be implemented in the next couple months. HMIS staff have already analyzed the PIT data and made available the report about why people do not access shelter. HMIS staff and Point in Time committee will follow up with shelters about the accuracy of bed availability during HIC reporting.

2A-6.	Longitudinal System Analysis (LSA) Submission in HDX 2.0.	
	NOFO Section V.B.3.d.	
	You must upload your CoC's FY 2023 HDX Competition Report to the 4B. Attachments Screen.	

Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by February 28, 2023, 8 p.m. EST?	Yes

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

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
   - FY 2023 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

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

	Enter the date your CoC conducted its 2023 PIT count.	01/25/2023

2B-2.	PIT Count Data–HDX Submission Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC submitted its 2023 PIT count data in HDX.	04/03/2023

2B-3.	PIT Count–Effectively Counting Youth in Your CoC's Most Recent Unsheltered PIT Count.	
	NOFO Section V.B.4.b.	

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

(limit 2,500 characters)

1. MO-604 has an established and on-going Point-In-Time committee that meets monthly. Unaccompanied youth, through the KC youth action board, Youth 4 Change KC, are engaged to participate in the planning and implementation of the PIT count. Youth providers are invited to be members of the committee and meet as a sub-committee to address plans for engaging and surveying youth. Youth providers host an annual meeting with school MKV Liaisons, counselors, social workers, and administrators to educate them about the point-in-time count and the importance of counting youth. School staff are engaged and recruited to help identify youth who should be counted. In the spring of 2023, Y4CKC and other youth with lived experience led the way in developing and executing a youth specific homelessness survey called, Youth Count 2023. An exclusive PIT count in addition to the annual CoC count was conducted by youth and service providers to gain in-depth insight and information regarding youth experiencing homelessness in the MO-604. A sixteen page report was created in early September 2023 and shared widely with schools, services providers, civic and government leaders, faith leaders, grassroots organizers, and youth with lived experience. The report is also posted on the MO-604 lead agency website and the data will be used in various scheduled public meeting in the late fall of 2023 and spring 2024.
2. The MO-604 PIT youth sub-committee engaged youth and providers in planning through monthly meetings regarding the best locations and times to survey. Y4CKC hosted discussion during monthly meeting to provide the CoC feedback into the locations were youth could be found. Providers worked with school staff to identify and survey unaccompanied youth enrolled in schools. In regards to the 2023 youth-specific count, Y4CKC reviewed previous homelessness surveys and made recommendations for changes that would be beneficial in gaining understanding of what youth experience. Also, youth within a LGBTQ-specific TLP volunteered to review the survey and provided feedback. Y4CKC and other youth with lived experience gave their input on locations where surveys should be conducted to capture more youth.
3. Youth 4 Change KC members and other youth with lived experience were offered the opportunity to participate in the counting process. For the youth that took part, logistical support was provided to ensure they youth were prepared and any barriers were removed for full participation.

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

	In the field below:
1.	describe any changes your CoC made to your sheltered PIT count implementation, including methodology or data quality changes between 2022 and 2023, if applicable;
2.	describe any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2022 and 2023, 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 2023.

(limit 2,500 characters)

1. The 2023 sheltered count implementation remained consistent with the implementation of 2022 sheltered count. The HMIS Lead did complete more outreach to non-HMIS community providers to ensure more data collection across the community.

2. The time of year for our PIT count change from the previous year, from 3/1 in 2022, to 1/28 in 2023. This resulted in a 35-40 degree temperature decrease during the count. This shift cause a decrease in our unsheltered count. Additionally, we modified the count hours from 3 PM - 3 PM to 9 AM – 9 AM. We streamlined volunteer sign-up and management processes by implementing a new online tool, fostering collaboration and efficiency. Furthermore, we used external volunteers as PIT surveyors as well as people with lived experience, in addition to our CoC program staff. In the planning phase, we continued to employ an online map for the third year, but for the first time, we divided it into smaller regional maps. We also met with workers from each of the regions to look at their specific map and plan for outreach during PIT. On the PIT survey this year, we asked a question about why people do not go to emergency shelters as well as if people currently had a housing voucher.

3. Overall, the new volunteer management system was a big improvement and helped increase collaboration and efficiency. Also, the use of outside volunteers and people with lived experience opened of different areas of expertise. The Sheltered PIT count data quality was affected by an increased amount of incomplete data collected from housing providers. This is believed to be due to lack of active participation in training, not enough targeted training, and high staff turnover at time of the count and will be addressed by the next PIT count. The colder temperatures compared to the previous year drove more people to shelters, including cold weather emergency facilities, leading to an increase in the sheltered count and decrease in the unsheltered count. For the unsheltered count, surveyors reported that the improved digital maps and the regional meetings were a huge help in organizing street outreach efforts on the day of the count and helped coordinate surveyors for the different shifts. It also led to a larger geographical reach. The new survey questions allowed for follow-up to individuals with housing vouchers. Data around why people did not go to shelter was analyzed and results distributed to CoC members to influence shelter policies.

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) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
    - FY 2023 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 V.B.5.b.	

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

(limit 2,500 characters)

1.For the first time through evaluation of data on those seeking assistance, the CoC identified risk factors such as medical fragility, large and/or untraditional household composition, and senior status as key risk factors for homelessness. Additionally, a few of our CoC-funded agencies developed a vulnerability assessment and prevention/diversion assessment to assist with articulating what risk factors may cause a household to be at greater risk for becoming homeless for the first time. All of this has influenced the revisions of our prioritization policy.

2.Our community developed an Emergency Rental Assistance Program (ERAP) taskforce to address the risk of individuals and families becoming homeless. This taskforce initiated the developement of a website, www.KCRelief.org, which is a streamlined tool to allow persons to access resources focused on preventing homelessness. This sent a precedent towards working in a transparant, collaborative way amongst all agencies to serve persons at risk of homelessness. In addition, Kansas City passed an ordinance that all persons residing Kansas City, MO has the right to a free attorney. This allows households facing eviction to have representation if they chose to appeal the eviction and has given providers paricipating in the program to engage families on the brink of homelessness episode. Data gathered from these providers has consistently indicated an influx of new people, especially families, seeking assistance and outreach workers and school officials report dramatic increases in families presenting in unsheltered situations, especially sleeping in their vehicles. These emerging trends have pushed the COC to more effectively target its resources to promote housing stability amongst those at risk of homelessness for the first time and to raise awareness of the increased homeless risk amongst all populations when working with community partners and elected officials. Through a local Eviction Prevention Program, housing providers are teaming up with local attorneys and the court system to intersect with households facing legal eviction to provide advocacy and direct financial assistance when possible. By connecting with housholds at this vulnerable time, we can assist in rapidly re-housing and provide other critical supports that prevent future housing disruption.

3.GKCCEH's Director of Programs and the Coordinated Entry Program Manager are responsible for this metric

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

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

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

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

		In the field below:
	1.	describe your CoC's strategy to reduce the length of time individuals and persons in families remain homeless;
	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.MO-604 tracks all clients on referral to housing programs. The Contiuum-wide expectation for target move-in date is 30 days or less. The continuum has bi-weekly Housing Solutions meetings where all housing providers case conference households who have been on referral for the longest length of time that have not yet been housed. This allows for community collaboration to ensure households are accessing housing as quickly as possible.

2.MO-604 recognizes the longer a person is on the street, the more vulnerable the person may become to various types of victimization, to dire health consequences, and even death. MO-604's Coordinated Entry Policies and Procedures are written to ensure that individual's length of time homeless is factored into the prioritization of the by-name list (BNL). The staff member responsible for prioritizing the BNL (Homeless Program Coordinator) is able to export the BNL, which allows them to see the date the household became homeless, enabling them to properly prioritize individuals with the longest time homeless to housing opportunities.

3.GKCCEH's Director of Programs and Homeless Program Coordinator

2C-3.	Exits to Permanent Housing Destinations/Retention of Permanent Housing–CoC's Strategy	
	NOFO Section V.B.5.d.	

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

(limit 2,500 characters)

1.MO-604 has developed a strategy to increase the rate that individuals residing in these project types exit to permanent housing destinations. This strategy aligns with the overarching goals of ZeroKC, a strategic plan aimed at ending homelessness in Kansas City, which is built upon five key pillars:

-Living Outside is Dangerous: MO-604 recognizes that individuals living outside face significant safety risks while living on the streets or in emergency shelters. The CoC focuses on rapid rehousing efforts as a primary intervention to quickly move people into safe and stable housing.

-KC Needs More Housing: The CoC acknowledges the shortage of affordable housing in KC. The CoC advocates for policy changes that incentivize the construction and preservation of affordable housing and leveraging public and private funding sources for housing development.

-Wrap-Around Services are Critical: The CoC understands that simply providing housing is not enough to ensure long-term stability. The CoC prioritizes the provision of wrap-around services, including mental health counseling, addiction treatment, employment assistance, and case management.

-One Size Does Not Fit All: Recognizing that homelessness is a complex issue with many causes, the CoC adopts an individualized approach and works closely with service providers to assess the specific needs of each person or family experiencing homelessness and tailor housing and service interventions accordingly.

-Solving Homelessness Requires Investment: The CoC is committed to securing and allocating resources to address homelessness effectively. This includes pursuing federal, state, and local funding opportunities, engaging philanthropic organizations, and promoting public-private partnerships.

2.In 2022, the CE Governance Committee (CEGC) restructured policies and procedures for the Housing Retention Committee (HRC). The HRC reviews cases of clients struggling to stay in housing and allows those clients to advocate for themselves and to accept local resources to help them stay housed. The CoC created a formal transfer policy and process that includes an oversight panel to review all requested transfers of clients from programs to ensure client needs are centered in the process. Recently, the CEGC implemented a formal greivance policy to ensure that all clients have a safe non-bias space to submit an official statement of a complaint over something believed to be wrong or of unfair treatment.

3.GKCCEH

2C-4.	Returns to Homelessness—CoC's Strategy to Reduce Rate.	
	NOFO Section V.B.5.e.	

	In the field below:
1.	describe your CoC's strategy to identify individuals and families who return to homelessness;
2.	describe your CoC's strategy to reduce the rate 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.MO-604 has consistently adapted to changing economic realities, housing availability, and affordability issues as contributing factors to client challenges with housing retention and subsequent returns to homelessness. The CoC uses the same strategies to retain clients in permanent housing as it does to avoid exits to homelessness. To identify characteristics of clients vulnerable to episodic homelessness, GKCCEH program staff rely on HMIS data, agency staff reports, and review of client-level data during monitoring visits. Most notable among these are clients presenting with severe mental illness and acute health problems, and those engaged in chronic substance use. GKCCEH staff have implemented processes during case conferencing that require all housing programs to staff any household that might be having challenges retaining housing for possible creative solutions and ideas from other providers.

2.During program monitoring, agency staff are asked to indicate what policies are in place to continue to engage with clients post-exit. Most programs do not have specific policies in place and while they do maintain contact with clients post-exit, the majority do so for approximately 6 months or less. GKCCEH has compiled this information and is using this to inform system-wide strategies for increased long- term engagement with clients.

3.GKCCEH's Director of Programs and the Coordinated Entry Program Manager are responsible for this metric

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

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

(limit 2,500 characters)

1.Serveral funded agencies in the CoC offer employment services programming at their organizations. While these programs are not funded by CoC funds, all housing clients are invited to participate. The employment programs provide a wide range of employment-related supports including: job skills training; job readiness classes; resume development; mock interviewing; employment-related clothing and materials; job placement; and job retention coaching. Programs seek to connect CoC housing participants with jobs making livable wages. Organizations that offer these services accept referrals from other CoC housing providers who do not offer employment support.

2.2.Agencies that provide employment services programing work with employers to (1) educate them on the importance and impact of hiring and retaining homeless and formerly homeless individuals. They also create trusted relationships with these employers so that they are able to intervene if situatins arise that could result in employment disruption / termination. The goal is to establish realistic expectations for both the employer and employee. For example, often people who have/are experiencing homelessness and have been out of the workforce for some time, they need to develop "work stamiina". This means that it may be unwise to seek employment working many hours for many days and/or is overly strenuous whey the first rejoin the workforce. It may be best to start with part-time employment and then continue to work with the individual to increase stamina while increasing skills and incrementally increase hours and income.

3.Metropolitan Lutheran Ministries
Community Services League

2C-5a.		Increasing Non-employment Cash Income–CoC's Strategy	
		NOFO Section V.B.5.f.	

		In the field below:
	1.	describe your CoC's strategy to access non-employment cash income; and
	2.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase non-employment cash income.

(limit 2,500 characters)

1.Several organizations in the CoC have income supports programming that specialize in connecing households to all mainstream benefits for which they are eligible. These programs know and understand eligibility requirements and know how to navigate these systems. Often, due to transportation barriers, these organizations with provide transportation to and from appointments and attend meetings to help navigate paperwork and other requirements. More importantly, these maiinstream benefits specialists know understand the benefits cliff and can help households avoid it. In these organizations, mainstream benefits specialists work closely with employment coaches so that employment does not disrupt benefit eligibility - or - that through employment, households make enough income to cover the expenses that were covered by mainstream benefits.

2.Metropolitan Lutheran Ministries
Community Services League

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) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
   - FY 2023 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

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

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	Yes

3A-2.	New PH-PSH/PH-RRH Project–Leveraging Healthcare Resources.	
	NOFO Section V.B.6.b.	
	You must upload the Healthcare Formal Agreements attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	Yes

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

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

Project Name	Project Type	Rank Number	Leverage Type
CLCO Hope for Hou...	PH-RRH	10	Healthcare
Lion House II	Joint TH-RRH	12	Healthcare
COC RRH Expansion	PH-RRH	37	Both

3A-3. List of Projects.

1. What is the name of the new project?   CLCO Hope for Housing RRH 2023

2. Enter the Unique Entity Identifier (UEI):   E5XZZSK48838

3. Select the new project type: PH-RRH

4. Enter the rank number of the project on your CoC's Priority Listing: 10

5. Select the type of leverage: Healthcare

3A-3. List of Projects.

1. What is the name of the new project?   Lion House II

2. Enter the Unique Entity Identifier (UEI):   CUV9QL7RT1T5

3. Select the new project type: Joint TH-RRH

4. Enter the rank number of the project on your CoC's Priority Listing: 12

5. Select the type of leverage: Healthcare

3A-3. List of Projects.

1. What is the name of the new project?   COC RRH Expansion

2. Enter the Unique Entity Identifier (UEI):   G57KZNGXMNF3

3. Select the new project type: PH-RRH

**4. Enter the rank number of the project on your   37
CoC's Priority Listing:**

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) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
    - FY 2023 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
    - Frequently Asked Questions

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

n/a

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

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
   - FY 2023 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 V.F.	

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

3C-2.	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section V.F.	

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

(limit 2,500 characters)

n/a

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

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

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
  - 24 CFR part 578;
   - FY 2023 CoC Application Navigational Guide;
  - Section 3 Resources;
  - PHA Crosswalk; and
   - Frequently Asked Questions

4A-1.	New DV Bonus Project Applications.	
	NOFO Section I.B.3.l.	

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

4A-1a.	DV Bonus Project Types.	
	NOFO Section I.B.3.l.	

	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 2023 Priority Listing.

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

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

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

1.	Enter the number of survivors that need housing or services:	10,173
2.	Enter the number of survivors your CoC is currently serving:	899
3.	Unmet Need:	9,274

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

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

(limit 2,500 characters)

1. We calculated the need by combining the number of households sheltered, turned away, and housed in transitional housing, CoC-funded, and non-CoC-funded housing programs from the four DV agencies in the CoC. We additionally factored in households on the combined mainstream and de-identified BNL who reported experiencing DV. A gap exists between alternately available funds and local survivors' needs, making CoC funding vital for our community.
2. Data came from the DV service agencies' comparable databases and the CoC's HMIS.
3. Missouri is the 7th highest-ranked state of people who have experienced a form of domestic abuse, according to the World Population Review. Sheer volume of DV, combined with deficient funding availability, leaves the CoC with inadequate housing and service availability for all the survivors that desperately need them. Take, for example, the lack of available DV shelter beds; local DV shelters have chosen to remain at or near their COVID-19 levels; while bringing trauma-informed care benefits, this means the available shelter beds will remain lower than the need. Specifically, from July 2021-June 2022, DV agencies turned away 9,393 households due to lack of space. Also consider data from a July 2023 compilation of the mainstream and DV BNLs. The combined mainstream and de-identified DV by-name list included 663 households, almost half of whom reported experiencing domestic violence (DV). What's more, 25% (162 of the 663 households) were assessed to be at high risk for being killed by their abuser.
The end of federal emergency rental assistance funds exacerbate challenges for survivors, as property managers and utility companies often will not work with individuals until those are paid off. DV survivors also face issues accessing housing that other homeless households face, such as a lack of housing units, high rent costs, previous eviction, criminal history barriers, and mental health challenges, as well as the end of federal emergency rental assistance funds which limit the resources available to pay off rental and utility arrears that create barriers to housing. They also experience repercussions of their partners' financial abuse that negatively impacts credit and rental histories as well as access to money.

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 I.B.3.l.(1)	

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

Applicant Name
Rose Brooks Center
Community Service...
Metro Lutheran Mi...

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 2023 Priority Listing for New Projects:

1.	Applicant Name	Rose Brooks Center
2.	Project Name	Rose Brooks Center Housing Project FY23
3.	Project Rank on the Priority Listing	40
4.	Unique Entity Identifier (UEI)	VJLDGWL2J5E1
5.	Amount Requested	$300,000
6.	Rate of Housing Placement of DV Survivors–Percentage	100%
7.	Rate of Housing Retention of DV Survivors–Percentage	88%

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 I.B.3.I.(1)(d)	

	For the rate of housing placement and rate of housing retention of DV survivors reported in question 4B-3b., describe in the field below:
1.	how the project applicant calculated 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. Rose Brooks Center (RBC) is a DV-dedicated agency providing over 70 rapid re-housing (RRH) beds across all funding sources and a comprehensive array of trauma-informed services. RBC calculated its rates as follows:
Housing Placement: Rose Brooks Center's RRH program receives its referrals from the CE System. All referrals meet HUD's Category 4 homeless definition of fleeing or attempting to flee DV. From July 2022-June 2023, Rose Brooks received 31 referrals, 27 of which were subsequently enrolled. The four who were not enrolled had either self-resolved (1) or were unreachable (3). All 27 enrolled households (100%) secured permanent housing.
Housing Retention: Rose Brooks measures retention based on exit destination. Forty (40) households exited RBC's RRH program between July 2022-June 2022,. Of those households, 35 or 88% of whom exited to positive housing destinations.
2. Yes. Rose Brooks Center's Housing Retention calculation accounts for exits to positive housing destinations, including safety. Thirty-five of 40 households exited to safe housing.
3. RBC calculated these rates using two data sources: a) an internal, department-specific spreadsheet that tracks referral status, which was then compared with b) data from an Annual Performance Report generated in its comparable database, CaseWorthy.

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 I.B.3.l.(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. Rose Brooks Center (RBC) makes every attempt to connect with and enroll a survivor within 10 business days of referral from the CES. In line with Housing First, "fleeing DV" is the only eligibility criteria; sobriety, income, rental and criminal history, etc. are not factors. The housing search begins immediately, with staff available to guide, support, and assist in securing safe, affordable housing. To help house a survivor as quickly as possible, the staff and survivor team together set a target move-in date to work toward, finding that setting a realistic timeframe helps with motivation and accountability for both parties. Staff also maintain relationships with property managers and seek out new relationships.
2. RBC exclusively serves those that meet HUD's Category 4 definition of homelessness and fills its CoC-funded units strictly through the CoC's CE System's prioritization list. RBC uses the CoC's emergency transfer plan as necessary.
3. To determine which supportive services survivors need, staff assist with safety planning and offer comprehensive case management. Provided in-home, at RBC, or in the community depending on safety, goal type, and client preference, participants determine intensity and frequency. CMs are responsible for ongoing, progressive service engagement, starting with an assessment considering several life domains of the client. From this assessment, participants may opt in to or out of case management to help them pursue their self-determined goals. Clients may change their mind at any time.
4. RBC ensures survivors are connected to supportive services through both internal and external referrals. RBC CMs connect survivors to other RBC programming, which is tailored to meet the needs of those fleeing DV, i.e., trauma-informed and prioritize safety and confidentiality. CMs also facilitate access to external services, often connecting to mainstream resources, attending initial meetings with new service providers (with client consent) to ensure a connection is established, and advocating with and on behalf of participants to remove barriers to goal achievement.

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 I.B.3.l.(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 confidentially policies and practices; and
5.	taking security measures for units (congregate or scattered site), that support survivors' physical safety and location confidentiality.

(limit 2,500 characters)

1. As a DV service agency, RBC keeps survivor safety and privacy at the forefront of all activities. RBC works solely with the survivor, empowering client choice and working to alleviate the abuser's coercion. Initial communication includes safety considerations which help in selecting a mutually safe meeting location if meeting in the community. When meeting in public, forms have been modified to limit the likelihood that others may be able to identify the client as working with RBC. Meetings are also always available at RBC's secure campus, including use of a private intake room to ensure client confidentiality and emotional safety.

2. In order to support survivors in making determinations and placements into safe housing, RBC employs a scattered site model. Scattered site housing allows client choice in selecting a unit – considering geography, amenities, and safety. Safety planning and confidentiality protocols guide the entire housing process. RBC utilizes client-centered practices that maximize client choice while maintaining safety and confidentiality.

3. The de-identified BNL for DV survivors helps ensure client information is confidential, even within the CoC. RBC proactively addresses safety and confidentiality with clients, and with property owners/managers. RBC's scattered-site program does not maintain dedicated units or congregate living spaces, minimizing the likelihood that someone could identify someone as a participant. When needed, RBC staff are certified agents with Safe at Home, the address confidentiality program through the Missouri Secretary of State's Office.

4. RBC requires all agency direct staff members to complete 40-hours of training (including specific trainings and required reading on safety planning, confidentiality, and releases of information that comply with VAWA) before providing direct services, as outlined by Missouri Coalition Against Domestic and Sexual Violence. Any pertinent trainings provided by partner victim-service providers are shared widely with all staff.

5. RBC uses a scattered-site model, and clients determine what geographic area is safest and supports their goals. Staff assist in safety planning around the selected location, and the plan is re-evaluated regularly to ensure continued safety. RBC staff are certified agents with Missouri's address confidentiality program. Staff also ensure the lease includes the VAWA Lease Addendum, and assist survivors with relocation when needed for 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 I.B.3.l.(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)

Rose Brooks Center (RBC) maintains a culture of improvement, and regularly evaluates its practices to ensure the safety of domestic violence (DV) survivors in multiple ways. Over its 45 years of operation, RBC has gained knowledge and experience developing and strengthening services which address the safety and needs of those fleeing DV. Based on this expertise, RBC offers a full continuum of services to increase survivor safety and to heal and rebuild lives. RBC has operated housing services since 1994, initially transitional housing and since 2014 rapid re-housing. In 1998, 2003, and 2009, HUD awarded the program Best Practice Awards. RBC exceeds the quality standards set by the Missouri Coalition Against Domestic and Sexual Violence and the Council on Accreditation regarding evaluating clients' service needs and offering strengths-based interventions that maximize choice. Program staff utilize safety planning with survivors throughout their engagement, and the priority to assist survivors in meeting their safety outcomes is intricately woven into all levels of the agency and its services. In Housing, program staff partner with survivors to locate safe housing in a location of their choosing, regularly re-evaluate their safety plan, and re-house a survivor if they become unsafe in their home. Interventions include educating survivors on the dynamics of DV, to help survivors understand their current situations and to help them recognize red flags and healthy relationships in the future. In addition, staff educate property managers/owners about the impact of DV on credit, rental, and work histories, and they also ensure each lease includes the VAWA Addendum.

Over the past year, RBC has worked to promote honesty and direct communication avenues for survivors to provide meaningful input on the housing program. To do that, we must first build trust with survivors, create accessible avenues for feedback, compensate survivors for their time and expertise in assisting us in improving our services, and ensure that we have ways to implement changes that come from survivor feedback. Through this process, we have also found that many survivors that have completed our program are still looking for connections and additional resources. During the project period, RBC will continue to build upon these activities and ensure that survivors voices are at the center of the housing program.

	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 I.B.3.I.(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. RBC is committed to being a trauma-informed, victim-centered organization and has long been incorporating trauma-informed care principles at all levels of the agency.

To prioritize rapid placement and stabilization in permanent housing, the program considers survivors' unique needs and institutes low-barrier eligibility requirements to screen participants in (not out). Aligned with Trauma Informed Care principles, RBC ensures prioritizing participant choice within its scattered-site program model, with survivors self-selecting their own unit throughout the the CoC region and leasing it in their name.

2. RBC utilizes a Housing-First, voluntary service model, which prioritizes survivor autonomy and ability to choose services which best align with their goals for safety. This model also supports an environment of mutual respect and minimizes power differentials as staff are available to support the goals of the participant without having to enforce strict program requirements or employing punitive measures that dictate goals for participants.

3. RBC is dedicated to trauma-informed practices and policies. Staff at all levels of the organization are trained in the Trauma-Informed Care practice and principles, which provides a conceptual framework for helping us align our thinking and culture with principles of trauma-informed care and recovery from trauma. Client education related to domestic violence and the impact and the effects of trauma is woven into all aspects of RBC's programs and service delivery.

4. Participant strengths and capacity for resiliency provide the foundation for all services provided by RBC. RBC uses a strength-based approach across all programing, ensuring questionnaires, intakes, and goal plans are participant driven and build upon the strengths and self-determination of clients. For example, the case management assessment was designed to include motivational interviewing techniques to understand clients' priorities, motivation level for change, and barriers to motivation. In another example, when setting goals with clients, Case Managers encourage clients to pull from strengths and previous experiences to move forward toward their self-identified goals; clients also sign the goal plan indicating that they actively have chosen this goal themselves.

5. RBC operates with a service philosophy that ALL survivors deserve the right to access shelter and support services in an environment that is safe, welcoming, and facilitates cultural responsiveness and inclusivity. RBC has an active Diversity Connections committee tasked with development and implementation of the agency's Equity and Inclusion Plan. A two-part training is required of all new staff to ensure equal access to services (eg. cultural competency, language access, accessibility, trauma-informed), in addition to three learning activities required annually for every staff; this is monitored annually through the performance review process. RBC works continually to implement antidotes to counteract structural and systematic racism agency-wide.

6. Isolation is a tool of abuse in situations of domestic violence. Oftentimes, abusers have purposefully isolated the survivor from their support system of friends, family and others in their community. That is why RBC offers opportunities to for social connections, through a wide variety of therapeutic groups, as well as agency activities and celebrations which support the development of positive social relationships among participants. Case Managers also offer a supportive connection to clients, as they are available throughout the duration of the program, and facilitate connections through a vast network of community partners, including for mentorships and spiritual

needs, that can continue beyond the survivors' involvement with RBC.
7. RBC knows that being a parent can be very stressful, especially when this role is compounded by the trauma of DV. The Children's Program provides a wide range of parent support that includes one-on-one meetings (case management, children's therapy) and group settings (parenting classes, family therapy, family activities). Additionally, RBC's Kid Zone offers childcare for children of all ages to utilize while their parents are receiving support. Kid Zone is equipped with toys, art supplies, computers and stations. RBC's hosts multiple opportunities per month for survivors to connect with a family law attorney for advice and possible representation.

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 I.B.3.I.(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)

RBC policy dictates expectations for assessing and meeting survivors' needs by providing supportive services while quickly moving them into permanent housing and addressing their safety needs, including ongoing safety planning. All participants are eligible for HUD-funded and leveraged agency services, which include:

-Housing Search and Counseling - RBC Navigators assist survivors with developing personalized housing plans, overcoming barriers, and securing placement as quickly as possible. Navigators build and maintain relationships with property managers so survivors may be housed quickly, even those with criminal histories or other traditionally undesirable factors. Housing case managers (CMs) educate housed survivors on their lease requirements, being a good neighbor, and landlord/tenant relationships. CMs also use MO-604's case conferencing sessions to support housing retention.

-Long-term housing stability safety planning - The housing program works with participants to develop long-term housing safety plans in preparation for participants exiting the project. Program staff educate survivors on realistic housing costs, affordability based on clients' current and potential income, and creating and working toward a long-term housing plan for when rental assistance ends. CMs are Safe at Home agents, registering clients with the State's address confidentiality program for survivors who fear future harm if their new address is available in new public records. Staff teach clients to ride the bus, if needed, and also transport clients. The following services also support participants' development of long-term housing safety plans in preparation for their exiting the project.

-Case management - Provided in-home, at RBC, or in the community depending on safety, goal type, and client preference, participants determine intensity and frequency. RBC CMs provide ongoing, progressive, assertive service engagement that builds on survivors' strengths and develops life skills. Services include an assessment of the participant's self-determined needs; goal planning; applying to mainstream benefits; linkage to resources; and advocating with and on behalf of participants to remove barriers to goal achievement.

-Bad Credit History/Financial Literacy - Relationship-building with property managers includes education on the impact of financial abuse on survivors' credit and rental histories. All CMs are trained in a financial literacy curriculum that considers the impact of DV in a survivors' path to financial stability. Each housing client have an opportunity to explore the messages they learned about money, how to budget, and what credit is. The Housing Program also partners with a Financial Opportunity Center that specializes in credit repair and employment.

-Income/Employment - RBC's Employment Advocate assists survivors in the job search and retention process. This Advocate conducts an income assessment shortly after a participant's move-in to begin the conversation about income as part of the client's housing safety and stability plan.

-Education – Program staff provide McKinney-Vento information to households with children during program enrollment to ensure the educational rights of homeless children are met. Education for adults generally is addressed after securing housing.

-Child Custody/Legal Services - RBC's partnership with 3 legal service organizations results in the offering legal clinics each month where survivors gain direct legal advice from a family law attorney. Common topics include protection orders, paternity cases, visitation arrangements, and securing a "Good Cause" waiver to avoid child support enforcement when applying for public benefits when dangerous to do so. RBC also employs legal advocates in

municipal and protection order courts and in the police department. RBC works with a warrant relief program for traffic tickets and periodically with pro bono attorneys for felony expungement.

-Childcare – Securing childcare happens once housed. While clients meet with staff onsite, their children can go to KidZone, where they can play and be cared for by RBC staff.

-Physical/Mental Healthcare – Survivors often neglect their physical and mental health, due to abusers' control and/or due to prioritizing safety. RBC connects clients to healthcare, including an onsite medical clinic, community-based dental offices, and onsite and off-site mental healthcare through a safety net clinic. RBC also employs adult and child/family therapist.

-Drug and Alcohol Treatment – RBC follows a harm reduction model. Those seeking intervention are connected with RBC's Substance Abuse Counselor or external resources.

-Crisis DV Services - RBC offers crisis DV services, including a 24/7 DV crisis hotline, that provides trauma-informed confidential support, safety planning, emergency shelter access, and assistance in the restraining order process. These are available to any survivor, including housing clients.

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

		Describe in the field below examples of how the new project(s) 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 work 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. Rose Brooks Center (RBC) will institute low-barrier eligibility requirements to screen participants in (not out) for program eligibility. RBC will use scattered site housing, allowing client choice in selecting a unit– considering geography, amenities, and safety. RBC's program will use housing navigators to support clients throughout this process. Navigators will support each household depending on their needs, taking on roles such as guide, cheerleader, or advocate. The navigators' knowledge of the housing market and relationships with property managers will help prioritize rapid placement. Once housed, clients will transition to an RBC case manager who will help clients with self-identified needs, ultimately supporting housing stabilization.

2. Through a commitment to trauma-informed care, and with an understanding DV dynamics, RBC will train all staff to recognize and minimize power differentials. RBC will utilize a Housing-First, voluntary service model, which prioritizes survivor autonomy and ability to choose services which best align with their goalsy. This model supports an environment of mutual respect and minimizes power differential, as staff can focus on client-led goals without having to enforce program requirements. RBC has long adopted a voluntary service model across programs, and seeks to minimize rules and restrictions where possible, as to not replicate the toxic power dynamics within a DV situation.

3. RBC will weave client education related to DV and the impact of trauma into all aspects of programs and service delivery, including individual therapy, case management, and support groups. Safety plans and support plans will be completed with all consenting clients, providing individualized support surrounding physical and emotional safety and safe responses to trauma effects and triggers. RBC will provide all staff a foundational knowledge of trauma-informed care, which will underscore all service delivery and functions throughout the organization. Agency programs and policies will support the provision of trauma-informed services, which includes educating program participants on the impacts of trauma.

4. RBC's service philosophy is built around a strengths-model, which recognizes clients' strengths and resilience factors as the most critical resources in building a life free from violence. With each client, RBC will complete a thorough intake assessment, taking into account clients strengths and goals across life domains to ensure broad support for the needs of clients and their families. Following this initial assessment, case managers will use strength-based goal planning so clients will build upon their strengths to achieve their self-identified goals.The initial assessments and goals will be revisited on an ongoing basis to illuminate progress made and guide the survivor's next steps.

5. RBC will operate with a service philosophy that ALL survivors deserve the right to access needed services in an environment that is safe, welcoming, and facilitates equity and inclusivity. RBC will address issues of racial disparity and social inequity through policy, practice, resource allocation, and guiding trauma informed care principles. RBC will continue to require Equity and Inclusion training for all staff, will maintain its Diversity Connections committee, overseeing the diversity and inclusion strategic plan, will maintain its Equal Access/Language Access Committee, and will maintain the performance and quality improvement process for evaluating equity of service, including evaluation of universal design and accessibility updates.

6. Isolation is often a control tactic used by the abuser in a DV relationship, purposefully isolating the survivor from their support system of friends, family and their community. RBC will recognize social supports and connections to community resources as key to survivors' healing. Staff will continue to prioritize

making warm referrals and encouraging clients to engage in community
resources (including churches, other services providers or support groups.)
Current and former housing clients will be invited to participate in a program
advisory board, as well as referred to onsite therapeutic groups and enrichment
activities. RBC will measure community referrals and connections as part of the
program's outcome measures.
7. Housing clients will be able to access RBC's in-house Children's Program
services at any time. RBC's Children's Program will help children heal as their
families reclaim their lives after violence, with the goal of helping children and
families overcome the mental and emotional trauma they have experienced.
Clients may access the program's comprehensive services, including five
primary activities: Case Management, Parental Support, Therapy Services, Kid
Zone (child care), and Family Enrichment Activities.

4A-3h.	Involving Survivors in Policy and Program Development, Operations, and Evaluation of New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(f)	

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

(limit 2,500 characters)

1. Rose Brooks Center (RBC) fosters a culture of connection and improvement
agency-wide, with a focus on client voice and lived experience, and therefore
has a plan in place to involve survivors in policy and program development
throughout the duration of the program. All client voices are welcome and
invited through focus groups, individual interviews, and participant satisfaction
surveys. RBC accommodates the written and oral communication needs of
clients by providing bilingual personnel, interpreters, or needed technology.
Survivors are encouraged to share their opinions and ideas during any part of
the housing process. RBC has an active Diversity Connection committee,
ongoing Limited English Proficiency Meetings and a Black Leadership
Advocacy Council. All exist to ensure RBC is informed by equity and inclusion
guiding philosophies and serve to shift the agency toward ending the different
intersectional oppressions which impact survivors of DV, including racial and
LGBTQIA+ equity in services.
2. Rose Brooks Center offers multiple avenues for meaningful involvement of
survivors to center the voice of those with lived experience. New in the past
year and to continue in the next grant cycle, the agency will host quarterly
Survivor Advisory Board sessions, comprised of current/former housing
program participants. The Survivor Advisory Board guides program design,
service needs, and program changes. Participants share their experience
(homelessness, DV, services) to the degree they wish and recommend
opportunities to improve access to RBC services, and ways to improve upon
service impact. Additionally, the RBC Board of Directors commits to ensuring
that at least one member with the lived experience of DV as defined by Section
578.3 Category 4: Fleeing/Attempting to Flee DV is on the Board to ensure the
critical experience of survivors is present in the decision-making processes of
the agency at the highest level.

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 2023 Priority Listing for New Projects:	

1.	Applicant Name	Community Services League
2.	Project Name	RRH DV Bonus II - Expansion
3.	Project Rank on the Priority Listing	41
4.	Unique Entity Identifier (UEI)	PJSSMD3AVLK1
5.	Amount Requested	$312,483
6.	Rate of Housing Placement of DV Survivors–Percentage	100%
7.	Rate of Housing Retention of DV Survivors–Percentage	100%

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 I.B.3.l.(1)(d)	

	For the rate of housing placement and rate of housing retention of DV survivors reported in question 4B-3b., describe in the field below:	
1.	how the project applicant calculated 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. All referrals to CSLs DV RRH program come directly from the CoCs Coordinated Entry System. The program has received 12 referrals all of which have been identified as category 4 homeless, and 100% of households were placed in permanent housing.
2. At the time of this application, this project has been operating for less than 10 months. The project has received 12 referrals for DV survivors, all of whom were placed in permanent housing and all remain housed in the program. This data point is based on retention rather than exits.
3. The data source is the CoCs HMIS. This project has not yet completed a year of performance and does not have an annual performance report (APR) yet.

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 I.B.3.I.(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. Community Services League (CSL) maintains a listing of available affordable housing resources and intentionally stewards relationships with landlords so that we are prepared to connect DV survivors to numerous housing options in a variety of locations quickly and safely. Utilizing a scattered site model, participants are able to choose their own housing in a location they feel safe. CSL program staff assist throughout the entire housing process to collect documentation needed, household items, and furnishing. CSL operates a low-barrier program.
2. All referrals will be taken and accepted direct from the CoC's Coordinated Entry System (CSL). When necessary and requested, this project will accept emergency transfers via the approved transfer policy.
3. We know that every household is unique with its own set of needs, wants, desires. Be believe that every household needs to have an individualized service plan that includes safety plans and accommodations. Our approach to individualizing plans is to first make sure that survivors know all the supportive services that are available to them, whether that is offered at our organization or at another organization/ service provider. Then we help map out a service plan that meets the household's unique needs.
4. CSL's housing program offers a variety of in-house supportive services to program participants that are individualized to meet the needs of each unique household determined by their needs, goals, and personal choices. CSL offers case management, employment coaching, job skills training, financial coaching, and income supports (i.e. food, clothing, household items, and assistance obtaining mainstream benefits). CSL program staff also work with participants to connect them to external resources such as court acvocacy, mental health services, medical services, and all other needs specific to the household. All services are completely optional for participants in accordance with the Housing First model. Services are continually offered but never mandatory.
5. CSL works with all households to create exit strategies specific to the households needs. The plans build progressively as the household becomes more stable and able to maintain safe housing permanency post program participation. All plans are client led. CSL offers supportive services after the household is no longer officially enrolled in the Permanent Housing program to promote long-term stability.

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 I.B.3.I.(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 confidentially policies and practices; and	
5.	taking security measures for units (congregate or scattered site), that support survivors' physical safety and location confidentiality.	

(limit 2,500 characters)

1. CSL has multiple locations and spaces inside locations to ensure safety and privacy. Our team are also able to be mobile and can meet with participants or perspective participants at any location to ensure safety and privacy.
2. CSL operates scattered site housing projects. We maintain a listing of available housing all around the KC metro that participants can chose from - or they can identify their own housing choice. With DV participants, it is important that wherever they choose to live is safe for them and offers the most privacy and protection. We work with participants to think about safety planning while they are choosing their housing location. In addition, we can rapidly re-house participants if they don't remain feeling safe in the original housing.
3. All client level data is de-identified from the time of referral. CSL does not have designated units nor do we utilize congregate living units which lends to greater privacy and confidentiality.
4. CSL requires safety planning training for all staff at the time of hire and ongoing thereafter. The training curriculum includes methods of safety planning for: violent incidents; when planning to flee; safety at home; orders of protection; safety while at work or out in public; safety and alcohol and drugs; and safety and mental health. The training also covers intervals at which safety plans should be reviewed and updated. All staff are trained on confidentiality expectations and logistics and all staff sign confidentiality agreements that are reviewed and updated annually.
5. CSL utilizes a scattered site model. We have relationships with landlords all around the KC metro area that survivors can view and choose if desired - or we work with participants to determine what geographic area they would like to live and find appropriate housing int hat area. Safety planning is considered throughout the entire housing search and finalized once housing is secured. All staff are trained on safety planning as well as confidentiality and policies are reviewed regularly.

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 I.B.3.I.(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)

CSL strives to foster an environment of continuous quality improvement for all of our programs. Our approach is to (1) evaluate program data, (2) request and receive participant feedback, and (3) implement and evaluate program adjustments and enhancements.

Safety planning is conducted and evaluated on a continuous basis with all program participants. In addition we work with landlords to initiate additional security measures such as safety lighting, home security systems, additional strengthened locks on doors and windows, and ensuring that VAWA addendums are in place. We collect participant feedback continuously as it pertains to safety and a general sense of security.

Another part of our process for evaluation and improvement is to work intentionally with our housing case managers to check in with them to assess their level of knowledge and practices and identify additional supports and potential training opportunities. We also try to be very intentional about checking in with staff related to secondary trauma and fatigue - the work is definitely hard and can lead to burnout without the proper level of staff support.

One area that we have identified through evaluation that we would like to improve upon is connecting our program participants to supportive activities such as support groups or other types of organized activities that can assist in their personal healing and growth and ultimately lead to long-term safety and stability. We have identified this as a major opportunity in our current strategic plan.

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 I.B.3.I.(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. CSL consistently honors client choice in all housing placements. Clients determine where they would like to live, where they feel the most safe, and where they are closest to the resources they need. CSL maintains relationships with landlords across the continuum in order to rapidly place participants.
2. CSL places heavy emphasis and positive culture. We follow a coercive coaching model that places the authority in the hands of program participants. They set and create their own goals. our job is to walk along side them to help them achieve their goals.
3. All CSL staff receive ongoing training in trauma informed practices. Our coaches work with clients to help them connect to trauma informed and trauma sensitive resources that help them address personal barriers and challenges.
4. CSL follows a strengths based, client centered coaching model. All our staff are trained in motivational interviewing as well as trauma informed practices that helps break down barriers to progress.
5. CSL works very intentionally to be culturally responsive and inclusive. Our team attends ongoing training and internal coaching regarding diversity equity and inclusion and our Board of Directors as endorsed a strategy that leads our entire organization to be culturally competent and inclusive.
6. CSL consistently offers program participants opportunities to connect to one another, to mentors and to enhancing community programs. We run a program called Circles USA which connects community mentors to program participants to offer another layer of support and resources.
7. CSL staff work to help connect parenting participants to parenting support and resources to help them navigate parenthood. For parents of school-age children, we assist families in navigating educational systems and encouraging them to connect to their childrens' school community to build roots.

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 I.B.3.l.(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)

Housing Search - Immediately upon referral, CSL housing case managers immediately begin providing housing search and navigation. We work directly with households to determine where they desire to live and obtain housing in that geographic location with safety planning in mind.

Basic needs assistance - most households have many needs beyond simply finding a unit to feel safe and comfortable. CSL provides household good such as furniture, beds, cleaning supplies, kitchen items, personal care items, and much more. We also provide food assistance in the form of food pantry items and grocery store gift cards. We can also provide vouchers for clothing and other needs.

Employment support - All program participants have priority access to CSLs Career Services programming where they can get assistance with job skills training, employment coaching, resume assistance, and job placement and recruitment assistance.

Mainstream benefits assistance - Our housing case managers help households apply for and receive all mainstream benefits for which the household is eligible including: Supplemental Nutrition Assistance Program (SNAP); Temporary Assistance for Needy Families (TANF); Medicaid; and Medicare (if applicable).

Disability benefits - Our case managers are SOAR trained and available to assist eligible participants with applying for disability benefits.

Housing case management - Case management is essential for families to rapidly move to permanent housing. In accordance with Housing First, these services are not mandatory, but are continually offered to assist households with becoming and remaining stable.

Financial coaching - CSL offers financial coaching to all participants to help them with household budgeting, credit building, and wealth and asset building.

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

		Describe in the field below examples of how the new project(s) 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 work 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. Housing clients will be in complete control over where and what time of housing they choose. We will work them to identify their desired housing location and quickly help them move and get settled, while simultaneously developing safety plans and contingencies. Clients will be able to control the pace of any additional supportive services they need and desire. CSL services are all low-barrier and high access. We do not screen out participants for any reason and the only documentation we require is that that is required by HUD.

2. All CSL programs follow a coercive coaching model which firmly places the "power" in the hands of the client. We are not here to determine what they need or insist they do anything. We work with clients to help them determine their needs and then help them access the things that will help them along the path of permanent and safe housing. CSL employs no punitive measures in any of our programs. Clients will never be "kicked out" for non compliance, for example. Participants in this program will have full control over the services they receive and the pace of interactions.

3. CSL embraces the tenets of trauma informed care and we recognize that all of us have trauma and that it impacts our day to day lives. To that end, all of our interactions and services have trauma informed practices baked into them. Participants in the program can access education and information about how trauma effects all aspects of their lives and, should they choose, will have access to leaning new strategies that can help overcome the negative outcomes associated with surviving trauma. Clients who wish to seek and access professional mental health services, we will help to connect them to providers of their choice.

4. Clients can always expect to receive strength based coaching and services from CSL staff. All of our case managers are trained in strengths based motivational coaching techniques and on strategies to assist households from an abundance perspective vs a deficit perspective. Clients can expect to celebrate even the smallest milestones while they are in our program because the small steps add up to very big movements.

5. All CSL staff have and will continue to receive training and coaching on topics related to diversity, equity, inclusion, and belonging as well as trauma informed care practices. While we are still learning and growing in the process to become fully culturally responsive, clients can expect several things from our program and our staff. They can expect fair treatment and honesty at all times. They can expect to be treated with respect and if we don't know a participants wishes or needs, we will ask. We will serve from a perspective of trauma informed understanding. We are working on increasing the diversity of our staff, and we want participants to see people on our team that look like them and speak the same language.

6. Our organization, at the suggestion of a program participant, is creating a peer-mentoring program for all housing clients. Clients will be able to connect to others who have experienced similar situations as them and they will be able to learn from each other as they work toward housing permanency. Clients can also expect to receive assistance in connecting to other opportunities they seek related to their personal health and well-being.

7. CSL has added a new position to our housing team (non-HUD funded). We have a Childhood Specialist who works with all households with children to address needs of the children and assist parents with things like parenting skills and navigating systems related to their children. The Childhood Specialist will also help parents connect to legal services when needed and will help with school-related issues and needs.

4A-3h.	Involving Survivors in Policy and Program Development, Operations, and Evaluation of New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(f)	

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

(limit 2,500 characters)

1. One of CSLs Core Values is "being present and leading with care and compassion, while delivering on the promise of 'nothing about me without me' ". To us, this means that the voice of persons with lived experience are paramount to any other voices. We design (and re-design) all of our programs based on input from the people we serve. Another of our Core Values is "prioritizing people above process, encouraging all voices and respecting all choices". Again, promising that we will listen and act in a way that honors lived experience in all of our services and programs. Logistically, we have processes in place to continuously gather feedback and seek guidance from our communities.
2. Persons with lived experience are present throughout our organization in staffing, leadership roles, board and advisory committees, and active volunteers. When policies are developed, we seek feedback from all stakeholders, especially those with lived experience.

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 2023 Priority Listing for New Projects:	

1.	Applicant Name	Metro Lutheran Ministry
2.	Project Name	CoC RRH Expansion - DV
3.	Project Rank on the Priority Listing	39
4.	Unique Entity Identifier (UEI)	G57KZNGXMNF3
5.	Amount Requested	$476,025
6.	Rate of Housing Placement of DV Survivors–Percentage	100%
7.	Rate of Housing Retention of DV Survivors–Percentage	100%

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 I.B.3.l.(1)(d)	

	For the rate of housing placement and rate of housing retention of DV survivors reported in question 4B-3b., describe in the field below:	
	1.	how the project applicant calculated 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. MLM calculated its rates as follows:
Housing Placement: MLM receives its referrals from the CE System. From July 2022-June 2023, MLM received CE referrals for 7 households identifying as Category 4; 100% were enrolled in the project. 100% of the DV households obtained permanent housing.
Housing Retention: MLM measures retention based on exit destination. Four (4) DV households exited MLM's RRH program between July 2022-June 2022. 100% exited to positive housing destinations.
2. Yes. MLM's Housing Retention calculation accounts for exits to positive housing destinations, including safety. 4 of 4 households exited to safe housing.
3. MLM calculated these rates using data from an Annual Performance Report generated in HMIS, CaseWorthy.

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 I.B.3.l.(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. Utilizing a low-barrier, trauma informed approach, MLM staff quickly connect with the referred survivor to first evaluate if the household is in a safe place, and to subsequently place them in safe, temporary housing while the housing search begins. MLM maintains a robust network of landlord partners, and immediately begins working with the survivor to identify potential permanent rental housing of their choosing utilizing this network. MLM recognizes safety and choice, and assists the survivor to located housing that will meet their individual needs, including outside of the geographic boundaries of the CoC if necessary.

2. All referrals for DV specific RRH units will be taken and accepted directly from the CoC's Coordinated Entry System (CES). When necessary and requested, this project will accept emergency transfers via the approved transfer policy of the CoC.

3. MLM offers all CoC eligible supportive services to survivor participants of its RRH program, either in-house, directly through MLM staff, or through identified community partners. Each household served is assessed to identify and self-identify potential service needs; services are offered to each household on a voluntary, opt-in basis.

4. Survivors choosing to opt into services are immediately connected to MLM staff for internal services, and to community partners for external services. Whenever possible, survivors are provided a warm handoff to external service partners, ensuring access to services does not introduce trauma.

5. MLM offers up to 6 months of CoC funded case management and supportive services to each household after rental assistance has ended, to ensure the household maintains housing stability. Should the household require additional rental assistance within the 6 month service time frame, they are re-entered into the rental assistance portion of the project. Additional non-CoC funded supportive services, including access to food pantry, financial and employment coaching, and basic emergent needs assistance are not time limited, and are offered to the household during RRH program enrollment, and post program completion, as needed.

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 I.B.3.l.(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 confidentially policies and practices; and	
5.	taking security measures for units (congregate or scattered site), that support survivors' physical safety and location confidentiality.	

(limit 2,500 characters)

1. Confidentiality and safety are of utmost concern; MLM offers private meeting/office spaces at multiple locations, to ensure the privacy, safety, & confidentiality of each survivor during the intake and interview process. MLM staff also offer flexibility in meeting location, should the survivor have a safety concern meeting within agency offices, including meeting in public places such as the library, the home of a family member, or even a food establishment.
2. MLM maintains a robust network of landlord partners within and outside of the geographic boundaries of the CoC, ensuring survivors have adequate choices and connections to safe, stable, permanent housing of their choosing. Staff encourage survivors to make thoughtful decisions regarding where they choose to live, helping them to evaluate type and location of housing in relation to the location of the person(s) they are fleeing. Safety planning is incorporated into all housing conversations and assessments.
3. All client level data is de-identified at the time of referral from CE, and client files are kept in locked files and offices. RRH units are all scattered site, with no congregate locations, chosen solely by the survivor.
4. MLM requires safety planning training for all staff at the time of hire and ongoing thereafter. The training curriculum includes methods of safety planning for: violent incidents; when planning to flee; safety at home; orders of protection; safety while at work or out in public; safety and alcohol and drugs; and safety and mental health. The training also covers intervals at which safety plans should be reviewed and updated. All staff are trained on confidentiality expectations and logistics and all staff sign confidentiality agreements that are reviewed and updated annually. Training is provided through partner victim service provider agencies within and outside of the CoC.
5. MLM utilizes its wide network of partner landlords to offer identified rental housing options to survivors in scattered site locations; MLM staff also communicate with landlords to ensure safety concerns of the survivor are addressed prior to move-in. Survivors also may identify housing through a landlord not already identified by MLM. Safety planning is considered throughout housing search and location process. All staff are trained on safety planning as well as confidentiality and policies are reviewed regularly.

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 I.B.3.l.(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)

MLM has a commitment to continuous program evaluation and improvement across all facets of the agency. Staff perform monthly program level audits of qualitative and quantitative data, including client level feedback, to assess program soundness and effectiveness, and implement changes or improvements on an ongoing basis. This commitment translates directly to the safety and security of survivor clients of the RRH program, ensuring fidelity to client choice and safety. MLM has identified, through pre and post program surveys and interviews with survivors, that the supportive services and landlord advocacy offered by MLM is effective and necessary to the long-term stability of the household. Survivors interviewed have indicated that an area for growth in services is increased access or connection to employers who have an understanding of the needs of survivors in the workplace. We have identified this as an opportunity for new service partnerships.

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 I.B.3.I.(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. Utilizing trauma informed, strengths based practices, MLM offers client-centered placement and stabilization services. MLM maintains fidelity to a low-barrier, Housing First model, allowing survivors to obtain safe, stable housing of their own choosing, while supported by agency staff.

2. All services offers by MLM are on a voluntary basis; survivors are not required to participate in services, and no punitive interventions or consequences are enacted should a household choose not to participate in services. MLM staff are trained in trauma informed care, and are certified Community Health Workers, ensuring mutual care and respect in all client interactions.

3. MLM is dedicated to trauma-informed practices and policies. Staff at all levels of the organization are trained in the Trauma-Informed Care practice and principles, which provides a conceptual framework for helping us align our thinking and culture with principles of trauma-informed care and recovery from trauma. Client education related to domestic violence and the impact and the effects of trauma is offered to all program participants.

4. MLM staff are trained in strengths based case management, utilizing the Community Health Worker model. Survivors are encouraged to self-identify personal and housing goal plans, to be implemented through staff led strengths based coaching and empowerment services.

5. MLM believes that housing is a basic human right, and endeavors to continually improve upon our commitment to being a culturally competent, accessible, and trauma informed agency, so that all survivors may access services and housing without discrimination or recrimination. Ongoing training is provide at all levels of the agency to ensure inclusivity and cultural responsiveness.

6. MLM offers a continuum of services and opportunities for program participants to engage both within the agency and through community partnerships. Internally, MLM offers employment and financial coaching, case management, basic emergent physical needs assistance, food pantry, medical and dental vouchers, furniture vouchers, life-skills classes, and mentoring. External partnerships include legal services, connections to faith based and spiritual services, counseling, and outpatient health services.

7. MLM offers a variety of supports for parenting survivors and their children, including financial assistance for legal services, connections to external legal partners, childcare assistance, life-skills parenting classes, advocacy and connections to McKinney-Vento education services.

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 I.B.3.I.(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)

Housing Search - Immediately upon referral, MLM housing case managers immediately begin providing housing search and navigation. We work directly with households to determine where they desire to live and obtain housing in that geographic location with safety planning in mind.

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

	Describe in the field below examples of how the new project(s) 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 work 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. MLM will offer a low-barrier, client centered approach to survivors, allowing them to choose permanent housing and services of their own volition. MLM will no place any preconditions to housing on clients, honoring their wishes and needs as they see fit.

2. All services offered by MLM will be on a voluntary basis; survivors are not required to participate in services, and no punitive interventions or consequences are enacted should a household choose not to participate in services. MLM staff are trained in trauma informed care, and are certified Community Health Workers, ensuring mutual care and respect in all client interactions.

3. MLM is dedicated to trauma-informed practices and policies. Staff at all levels of the organization are trained in the Trauma-Informed Care practice and principles, which provides a conceptual framework for helping us align our thinking and culture with principles of trauma-informed care and recovery from trauma. Client education related to domestic violence and the impact and the effects of trauma will be offered to all program participants.

4. MLM staff are trained in strengths based case management, utilizing the Community Health Worker model. Survivors will be encouraged to self-identify personal and housing goal plans, to be implemented through staff led strengths based coaching and empowerment services.

5. MLM believes that housing is a basic human right, and endeavors to continually improve upon our commitment to being a culturally competent, accessible, and trauma informed agency, so that all survivors may access services and housing without discrimination or recrimination. Ongoing training will be provided at all levels of the agency to ensure inclusivity and cultural responsiveness. Survivors will be surveyed during the program to inform positive practices surrounding responsiveness and inclusivity.

6. MLM will offer a continuum of services and opportunities for program participants to engage both within the agency and through community partnerships. Internally, MLM will offer employment and financial coaching, case management, basic emergent physical needs assistance, food pantry, medical and dental vouchers, furniture vouchers, life-skills classes, and mentoring. External referrals will include legal services, connections to faith based and spiritual services, counseling, and outpatient health services.

7. MLM will offer a variety of supports for parenting survivors and their children, including financial assistance for legal services, connections to external legal partners, childcare assistance, life-skills parenting classes, advocacy and connections to McKinney-Vento education services.

4A-3h.	Involving Survivors in Policy and Program Development, Operations, and Evaluation of New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(f)	

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

(limit 2,500 characters)

1. MLM includes the voice and guidance of persons with lived experience, including survivors, in all policy and practices. Persons with lived experience, including survivors, serve in elected positions on the agency board of directors, on staff, and in volunteer positions. Feedback and input is sought from leadership, volunteers, and most importantly, from the survivors served by the agency and program, to evaluate program effectiveness and scope on an ongoing basis. Survivors are encouraged to provide feedback throughout their participation in the program, and post exit, to inform positive change in programming, or enforce existing practices.
2. The voice of those with lived experience, including survivors is centered in the agency's leadership and development and implementation of agency and program policy. Survivors serve in both staff and elected board positions.

4B. Attachments Screen For All Application Questions

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

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

Document Type	Required?	Document Description	Date Attached
1C-7. PHA Homeless Preference	No	PHA Homeless Pref...	09/22/2023
1C-7. PHA Moving On Preference	No	PHA Moving On Pre...	09/22/2023
1D-11a. Letter Signed by Working Group	Yes	Letter Signed by ...	09/22/2023
1D-2a. Housing First Evaluation	Yes	Housing First Eva...	09/22/2023
1E-1. Web Posting of Local Competition Deadline	Yes	Web Posting of Lo...	09/22/2023
1E-2. Local Competition Scoring Tool	Yes	Local Competition...	09/22/2023
1E-2a. Scored Forms for One Project	Yes	Scored Forms for ...	09/22/2023
1E-5. Notification of Projects Rejected-Reduced	Yes	Notification of P...	09/22/2023
1E-5a. Notification of Projects Accepted	Yes	Notification of P...	09/22/2023
1E-5b. Local Competition Selection Results	Yes		
1E-5c. Web Posting–CoC-Approved Consolidated Application	Yes		

1E-5d. Notification of CoC-Approved Consolidated Application	Yes		
2A-6. HUD's Homeless Data Exchange (HDX) Competition Report	Yes	HUD's Homeless Da...	09/25/2023
3A-1a. Housing Leveraging Commitments	No	Housing Leveragin...	09/22/2023
3A-2a. Healthcare Formal Agreements	No	Healthcare Formal...	09/22/2023
3C-2. Project List for Other Federal Statutes	No		
Other	No		

Attachment Details

Document Description: PHA Homeless Preference

Attachment Details

Document Description: PHA Moving On Preference

Attachment Details

Document Description: Letter Signed by Working Group

Attachment Details

Document Description: Housing First Evaluation

Attachment Details

Document Description: Web Posting of Local Competition Deadline

Attachment Details

Document Description: Local Competition Scoring Tool

Attachment Details

Document Description: Scored Forms for One Project

Attachment Details

Document Description: Notification of Projects Rejected-Reduced

Attachment Details

Document Description: Notification of Projects Accepted

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: HUD's Homeless Data Exchange (HDX) Competition Report

Attachment Details

Document Description: Housing Leveraging Commitment

Attachment Details

Document Description: Healthcare Formal Agreements

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	08/23/2023
1B. Inclusive Structure	09/21/2023
1C. Coordination and Engagement	09/22/2023
1D. Coordination and Engagement Cont'd	09/22/2023
1E. Project Review/Ranking	09/22/2023
2A. HMIS Implementation	09/21/2023
2B. Point-in-Time (PIT) Count	09/21/2023
2C. System Performance	09/21/2023
3A. Coordination with Housing and Healthcare	09/22/2023
3B. Rehabilitation/New Construction Costs	09/21/2023
3C. Serving Homeless Under Other Federal Statutes	09/21/2023

4A. DV Bonus Project Applicants	09/21/2023
4B. Attachments Screen	Please Complete
Submission Summary	No Input Required

PHA Homeless Preference- See Section 4-11

Housing Authority of Kansas City   **Applications, Waiting List and Tenant Selection**
Adopted by Commission:
Last Revision:

Chapter 4

APPLICATIONS, WAITING LIST AND TENANT SELECTION

INTRODUCTION

When a family wishes to receive Section 8 HCV assistance, the family must submit an application that provides the HAKC with the information needed to determine the family's eligibility. HUD requires the HAKC to place all families that apply for assistance on a waiting list. When HCV assistance becomes available, the HAKC must select families from the waiting list in accordance with HUD requirements and HAKC policies as stated in the Administrative Plan and the Annual Plan.

The HAKC is required to adopt a clear approach to accepting applications, placing families on the waiting list, selecting families from the waiting list and must follow this approach consistently. The actual order in which families are selected from the waiting list can be affected if a family has certain characteristics designated by HUD or the HAKC to receive preferential treatment. Funding earmarked exclusively for families with particular characteristics may also alter the order in which families are served.

HUD regulations require that all families have an equal opportunity to apply for and receive housing assistance, and that the HAKC affirmatively further fair housing goals in the administration of the program [24 CFR 982.53, HCV GB p. 4-1]. Adherence to the selection policies described in this chapter ensures that the HAKC will be in compliance with all relevant fair housing requirements, as described in Chapter 2.

This chapter describes HUD and HAKC policies for taking applications, managing the waiting list and selecting families for HCV assistance. The policies outlined in this chapter are organized into three sections, as follows:

Part I: The Application Process. This part provides an overview of the application process, and discusses how applicants can obtain and submit applications. It also specifies how the HAKC will handle the applications it receives.

Part II: Managing the Waiting List. This part presents the policies that govern how the HAKC's waiting list is structured, when it is opened and closed, and how the public is notified of the opportunity to apply for assistance. It also discusses the process the HAKC will use to keep the waiting list current.

Part III: Selection for HCV Assistance. This part describes the policies that guide the HAKC in selecting families for HCV assistance as such assistance becomes available. It also specifies how in-person interviews will be used to ensure that the HAKC has the information needed to make a final eligibility determination.

PART I: THE APPLICATION PROCESS

4-I.A. OVERVIEW

This part describes the policies that guide the HAKC's efforts to distribute and accept applications, and to make preliminary determinations of applicant family eligibility that affect placement of the family on the waiting list. This part also describes the HAKC's obligation to ensure the accessibility of the application process to elderly persons, people with disabilities, and people with limited English proficiency (LEP).

4-I.B. APPLYING FOR ASSISTANCE [HCV GB, pp. 4-11 – 4-16]

Any family that wishes to receive HCV assistance must apply for admission to the program. HUD permits the HAKC to determine the format and content of HCV applications, as well how such applications will be made available to interested families and how applications will be accepted by the HAKC.

HAKC Policy

HAKC will utilize a preapplication process amd then a full application. The preapplication and full application information is to be filled out by the applicant whenever possible. If physical, mental or geographical limitations prohibit the applicant from applying in person, applications may be taken by phone. Once established by HAKC, the pre-application will be taken on HAKC's website at www.hakc.org. Submission of the preapplication and any priority will determine the applicant's position on the waiting list.

The purpose of the application is to permit HAKC to assess family eligibility or ineligibility and to determine final selection for placement into the program. Duplicate applications, including applications from a segment of an applicant household, will not be accepted.

The application requires the provision of the following information:

> ➢ Names of adult members and age of all members;
> ➢ Sex and relationship of all members;
> ➢ Street Address and phone numbers;
> ➢ Mailing Address
> ➢ Amount(s) and source(s) of income received by household members;
> ➢ Information related to qualification for preference or special admissions;
> ➢ Social Security Numbers of all household members;
> ➢ Race/ethnicity;
> ➢ Citizenship/eligible immigration status;
> ➢ Request for Specific Accommodation if needed;
> ➢ Release for a criminal background check.

The information on the application will not be verified until the applicant has been selected for final eligibility determination. Final eligibility will be determined when the full application process is completed and all information is verified.

4-I.C. ACCESSIBILITY OF THE APPLICATION PROCESS

Elderly and Disabled Populations [24 CFR 8 and HCV GB, pp. 4-11 – 4-13]

The HAKC will take a variety of steps to ensure that the application process is accessible to those people who might have difficulty complying with the normal, standard HAKC application process. This could include people with disabilities, certain elderly individuals, as well as persons with limited English proficiency (LEP). The HAKC will provide reasonable accommodation to the needs of individuals with disabilities. The application-taking facility and the application process must be fully accessible, or the HAKC must provide an alternate approach that provides full access to the application process. Chapter 2 provides a full discussion of the HAKC's policies related to providing reasonable accommodations for people with disabilities.

Limited English Proficiency

HAKC is required to take reasonable steps to ensure meaningful access to their programs and activities by persons with limited English proficiency [24 CFR 1]. Chapter 2 provides a full discussion on the HAKC's policies related to ensuring access to people with limited English proficiency (LEP).

4-I.D. PLACEMENT ON THE WAITING LIST

The HAKC will review each application received and make a preliminary assessment of the family's eligibility. The HAKC will accept applications from families for whom the list is open unless there is good cause for not accepting the application (such as denial of assistance) for the grounds stated in the regulations [24 CFR 982.206(b)(2)]. Where the family is determined to be ineligible, the HAKC will notify the family in writing [24 CFR 982.201(f)]. Where the family is not determined to be ineligible, the family will be placed on a waiting list of applicants.

No applicant has a right or entitlement to be listed on the waiting list, or to any particular position on the waiting list [24 CFR 982.202(c)].

Ineligible for Placement on the Waiting List

HAKC Policy

> If the HAKC determines that information on criminal activity would be a reason for denial, then prior to the denial letter, the HAKC will notify the applicant that they have the right to review the information for 10 days prior to the letter of denial and final

determination. In all other cases, if the HAKC can determine from the information provided that a family is ineligible, the family will not be placed on the waiting list. Where a family is determined to be ineligible, the HAKC will send written notification of the ineligibility determination within 20 business days of receiving a complete application. The notice will specify the reasons for ineligibility and will inform the family of its right to request an informal review and explain the process for doing so (see Chapter 16).

Eligible for Placement on the Waiting List

HAKC Policy

Placement on the waiting list does not indicate that the family is, in fact, eligible for assistance. A final determination of eligibility will be made when the family is selected from the waiting list and before issuance of the voucher.

Applicants will be placed on the waiting list according to any preference(s) for which they claim, and the date and time their complete application is received by the HAKC. Final preference for selection will be made only after verification of the preference claimed.

PART II: MANAGING THE WAITING LIST

4-II.A. OVERVIEW

The HAKC must have policies regarding various aspects of organizing and managing the waiting list of applicant families. This includes opening the list to new applicants, closing the list to new applicants, notifying the public of waiting list openings and closings, updating waiting list information, purging the list of families that are no longer interested in or eligible for assistance, as well as conducting outreach to ensure a sufficient number of applicants.

In addition, HUD imposes requirements on how an HAKC may structure its waiting list and how families must be treated if they apply for assistance from an HAKC that administers more than one assisted housing program.

In the case of disputes on eligibility/ineligibility criteria that are pending the outcome of legal proceedings (i.e., currently under appeal in a court of law), the HAKC will determine the family to be ineligible at that time. If the legal decision is rendered that the person did meet the eligible factors, the HAKC shall restore the application to the original date and time, and reinstate the applicant to any other preference factors that the HAKC has adopted. If the legal decision is rendered that the person did not meet the eligibility factors, the HAKC shall only provide the applicant with access to the grievance process in accordance with applicable requirements.

4-II.B. ORGANIZATION OF THE WAITING LIST [24 CFR 982.204 and 205]

The HAKC's HCV waiting list is organized in such a manner to allow the HAKC to accurately identify and select families for assistance in the proper order, according to the admissions policies described in this plan.

The waiting list contains the following information for each applicant listed:
- Applicant name;
- Family unit size;
- Date and time of application;
- Qualification for any local preference claimed;
- Racial or ethnic designation of the head of household.

HUD requires the HAKC to maintain a single waiting list for the HCV program unless it serves more than one county or municipality. As such HAKC is permitted, but not required, to maintain a separate waiting list for each county or municipality served.

HAKC Policy

> The HAKC will maintain a single waiting list for the HCV TBV program. The HAKC will maintain a separate waiting list for the PBV Program and the list will be maintained by development.

HUD directs that a family that applies for assistance from the HCV program must be offered the opportunity to be placed on the waiting list for any public housing, project-based voucher or moderate rehabilitation program the HAKC operates if 1) the other programs' waiting lists are open, and 2) the family is qualified for the other programs.

A family's decision to apply for, receive, or refuse other housing assistance must not affect the family's placement on the HCV waiting list, or any preferences for which the family may qualify.

HAKC Policy

> The HAKC will not merge the HCV waiting list with the waiting list for any other program the HAKC operates.

4-II.C. OPENING AND CLOSING THE WAITING LIST [24 CFR 982.206]

Closing the Waiting List

An HAKC is permitted to close the waiting list if it has an adequate pool of families to use its available HCV assistance. Alternatively, the HAKC may elect to continue to accept applications only from certain categories of families that meet particular preferences or funding criteria.

HAKC Policy

> HAKC may close the HCV waiting list

Reopening the Waiting List

If the waiting list has been closed, it cannot be reopened until the HAKC publishes a notice in local newspapers of general circulation, minority media, and other suitable media outlets. The notice must comply with HUD fair housing requirements and must specify who may apply, and where and when applications will be received.

HAKC Policy

> HAKC may close the HCV waiting list

4-II.D. FAMILY OUTREACH [HCV GB, pp. 4-2 to 4-4]

HAKC publicizes and disseminates information concerning the availability and nature of housing assistance for low-income and very low-income families. Depending on the size of the waiting list, HAKC disseminates information to the public through publication in newspapers of general circulation, minority media, and other suitable means about the availability and nature of housing assistance.

Upon request the HAKC will communicate the status of housing availability to other service providers in the community, advise them of housing eligibility facts and guidelines in order that they can make proper referrals for housing assistance.

Notice Requirements

The notice will:

a. Advise families that applications will be taken at a designated location;

b. Briefly describe the low-rent housing program and HCV programs;

c. State that whenever an applicant applies for any type of housing, his or her name will be placed on both waiting lists and the applicant will be offered each type of housing as it becomes available.

Newspapers typically used include the *Kansas City Star*, *The Call*, *Globe,* and *Dos Mundos.* To reach persons who cannot read newspapers, HAKC will distribute fact sheets to broadcast media representing a wide variety of listening audiences. Personal contacts and other public service announcements will be made through community service personnel within the HAKC and among governmental, non-profit, and for-profit service entities.

Non-minority Outreach

HAKC will conduct outreach to prospective non-minority applicants in order to attract them to public housing and HCV Program. Such outreach will include:

1. Dissemination of information about modernization, maintenance, and resident initiatives at all public housing developments; security and recreational programs; other programs for residents designed to improve the quality of life in public housing; changes and developments in Section 8 regulations and policies that encourage participation by owners and applicants.

2. HAKC will cooperate with local police and other law enforcement authorities to provide security and safety for all tenant families, especially for those who move into developments in which their race does not predominate.

3. HAKC will to market its programs to families of the race that is least likely to apply for any of the housing programs administered by HAKC.

The HAKC will conduct outreach as necessary to ensure that the HAKC has a sufficient number of applicants on the waiting list to use the HCV resources it has been allotted.

Because HUD requires the HAKC to serve a specified percentage of extremely low-income families (see Chapter 4, Part III), the HAKC may need to conduct special outreach to ensure that an adequate number of such families apply for assistance [HCV GB, p. 4-20 to 4-21].

HAKC outreach efforts must comply with fair housing requirements. This includes:

*   Analyzing the housing market area and the populations currently being served to identify underserved populations

*   Ensuring that outreach efforts are targeted to media outlets that reach eligible populations that are underrepresented in the program

*   Avoiding outreach efforts that prefer or exclude people who are members of a protected class

HAKC outreach efforts are designed to inform qualified families about the availability of assistance under the program. These efforts may include, as needed, any of the following activities:

*   Submitting press releases to local newspapers, including minority newspapers

*   Developing informational materials and flyers to distribute to other agencies

*   Providing application forms to other public and private agencies that serve the low-income population

*   Developing partnerships with other organizations that serve similar populations, including agencies that provide services for persons with disabilities

HAKC Policy

The HAKC will monitor the characteristics of the population being served and the characteristics of the population as a whole in the HAKC's jurisdiction. Targeted

outreach efforts will be undertaken if a comparison suggests that certain populations are being underserved.

4-II.E. REPORTING CHANGES IN FAMILY CIRCUMSTANCES

HAKC Policy

> While the family is on the waiting list, the family must inform the HAKC of changes in contact information, including current residence, mailing address, and phone number, within 10 days of the change. The family must additionally report any changes that might occur in their preference eligibility. The changes must be submitted in writing. Once established on the HAKC website, the applicant may make changes to the preapplication on the website.

4-II.F. UPDATING THE WAITING LIST [24 CFR 982.204]

HUD requires the HAKC to establish policies to use when removing applicant names from the waiting list.

Purging the Waiting List

The decision to withdraw an applicant family that includes a person with disabilities from the waiting list is subject to reasonable accommodation. If the applicant did not respond to an HAKC request for information or updates because of the family member's disability, the HAKC must reinstate the applicant family to their former position on the waiting list after receipt of verification. [24 CFR 982.204(c)(2)].

HAKC Policy

> The waiting list will be updated periodically to ensure that all applicants and applicant information is current and timely.

> To update the waiting list, the HAKC will send an update request via first class mail to each family on the waiting list to determine whether the family continues to be interested in, and to qualify for, the program. This update request will be sent to the last address that the HAKC has on record for the family. The update request will provide a deadline by which the family must respond and will state that failure to respond will result in the applicant's name being removed from the waiting list.

> The family's response must be in writing and may be delivered in person, by mail, or by fax. Responses should be postmarked or received by the HAKC not later than 30 days from the date of the HAKC letter.

> If the family fails to respond within 30 days, the family's application will be removed from the waiting list without further notice.

If the notice is returned by the post office with no forwarding address, the applicant will be removed from the waiting list without further notice.

If the notice is returned by the post office with a forwarding address, the notice will be re-sent to the address indicated. The family will have 30 days to respond from the date the letter was originally sent.

If a family is removed from the waiting list for failure to respond, the Director of Housing Assistance Operations may reinstate the family if s/he determines the lack of response was due to HAKC error, or to circumstances beyond the family's control.

Removal from the Waiting List

HAKC Policy

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

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

PART III: SELECTION FOR HCV ASSISTANCE

4-III.A. OVERVIEW

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

The order in which families receive assistance from the waiting list depends on the selection method chosen by the HAKC and is impacted in part by any selection preferences that the family qualifies for. The source of HCV funding also may affect the order in which families are selected from the waiting list.

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

4-III.B. SELECTION AND HCV FUNDING SOURCES

Special Admissions [24 CFR 982.203]

HUD may award funding for specifically-named families living in specified types of units (e.g., a family that is displaced by demolition of public housing; a non-purchasing family residing in a HOPE 1 or 2 projects). In these cases, the HAKC may admit families that are not on the waiting

list, or without considering the family's position on the waiting list. The HAKC must maintain records showing that such families were admitted with special program funding.

The following are examples of types of program funding that may be targeted for a family living in a specified unit:

- A family displaced because of demolition or disposition of a public housing project;
- A family residing in a multifamily rental housing project when HUD sells, forecloses or demolishes the project;
- A family residing in a project covered by a project-based Section 8 HAP contract at or near the end of the HAP contract term;
- Mainstream Vouchers
- Family Unification Program (FUP)
- Veterans Assistance of Supportive Housing (VASH)
- Project-based Assistance
- A non-purchasing family residing in a HOPE 1 or HOPE 2 project. and
- For housing covered by the Low Income Housing Preservation and Resident Homeownership Act of 1990 (41 U.S.C. 4101 et seq.):
  - A non-purchasing family residing in a project subject to a homeownership program (under 24 CFR 248.173); or
  - A family displaced because of mortgage prepayment or voluntary termination of a mortgage insurance contract (as provided in 24 CFR 248.165);

Targeted Funding [24 CFR 982.204(e)]

HUD may award an HAKC funding for a specified category of families on the waiting list. The HAKC must use this funding only to assist the families within the specified category. Within this category of families, the order in which such families are assisted is determined according to the policies provided in Section 4-III.C.

HAKC Policy

      The HAKC currently administers the following types of targeted funding:

            Family Unification Program

            Mainstream Vouchers

            VASH

            Designated Housing Vouchers

Regular HCV Funding

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

OTHER ADMISSIONS

Supportive Service Referral Process:

HAKC does not provide a set-aside for special services vouchers.

HAKC does provide for a reasonable accommodation and prioritize families that are currently on HAKC programs that may need a reasonable accommodation that cannot be addressed in the program they are under. As a final alternative, for participants in HAKC programs that require a reasonable accommodation that cannot be served through the existing program they participate in, the family will be prioritized for another program where the accommodation may be provided.

4-III.C. SELECTION METHOD

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

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

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

HAKC Policy
The HAKC uses the following Local Preference system effective January 1, 2016:

(a)   **Preference #1**: Veteran or Homeless- - An application in which the head of household, spouse or cohead has an honorable discharge or an honorable condition in the U.S. Military, or a family that lacks a fixed, regular, and adequate nighttime residence.

(b)   **Preference #2**: Non-Preference - Applicants who do not qualify for categories #1. Date and time of application will prioritize applicants from this category.

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

HUD requires that extremely low-income (ELI) families make up at least 75% of the families admitted to the HCV program during the HAKC's fiscal year. ELI families are those with annual incomes at or below 30% of the area median income or the poverty rate for the area as defined by HHS.. To ensure this requirement is met, HAKC may skip non-ELI families on the waiting list in order to select an ELI family.

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

HAKC Policy

> The HAKC will monitor progress in meeting the ELI requirement throughout the fiscal year. Extremely low-income families will be selected ahead of other eligible families on an as-needed basis to ensure the income-targeting requirement is met. If there are not enough ELI families on the waiting list, HAKC shall conduct special outreach to attract ELI families to the program to meet the statutory requirements.

Order of Selection

The HAKC system of preferences may select families either according to the date and time of application, or by a random selection process [24 CFR 982.207(c)]. When selecting families from the waiting list HAKC is required to use targeted funding to assist only those families who meet the specified criteria, and HAKC is not permitted to skip down the waiting list to a family that it can afford to subsidize when there are not sufficient funds to subsidize the family at the top of the waiting list [24 CFR 982.204(d) and (e)].

HAKC Policy

> Families will be selected from the waiting list based on the targeted funding or selection preference(s) for which they qualify, and in accordance with the HAKC's hierarchy of preferences. Within each targeted funding or preference category, families will be selected on a first-come, first-served basis according to the date and time their complete application is received by the HAKC. Documentation will be maintained by the HAKC as to whether families on the list qualify for and are interested in targeted funding. If a higher placed family on the waiting list is not qualified or not interested in targeted funding, there will be a notation maintained so that the HAKC does not have to ask higher placed families each time targeted selections are made.

4-III.D. NOTIFICATION OF SELECTION

When a family has been selected from the waiting list, the HAKC will notify the family.

HAKC Policy

> The HAKC will notify the family by first class mail when it is selected from the waiting list. The notice will inform the family of the following:
>
> > Date, time, and location of the scheduled application interview, including any procedures for rescheduling the interview;
> >
> > Who is required to attend the interview;

Documents that must be provided at the interview to document the legal identity of household members, including information about what constitutes acceptable documentation; and

Other documents and information that should be brought to the interview.

4-III.E. THE APPLICATION INTERVIEW

HUD recommends that the HAKC obtain the information and documentation needed to make an eligibility determination though a private interview [HCV GB, pg. 4-16]. Being invited to attend an interview does not constitute admission to the program.

HAKC Policy

Families selected from the waiting list are required to participate in an eligibility interview.

The head of household and the spouse/cohead will be strongly encouraged to attend the interview together. However, either the head of household or the spouse/cohead may attend the interview on behalf of the family. Verification of information pertaining to adult members of the household not present at the interview will not begin until signed release forms are returned to the HAKC.

The interview will be conducted only if the head of household or spouse/cohead provides appropriate documentation of legal identity. (Chapter 7 provides a discussion of proper documentation of legal identity). If the family representative does not provide the required documentation, the appointment may be rescheduled when the proper documents have been obtained.

The family must provide the information necessary to establish the family's eligibility and determine the appropriate level of assistance, as well as completing required forms, providing required signatures, and submitting required documentation. If any materials are missing, the HAKC will provide the family with a written list of items that must be submitted.

Any required documents or information that the family is unable to provide at the interview must be provided within 5 days of the interview (Chapter 7 provides details about longer submission deadlines for particular items, including documentation of Social Security numbers and eligible noncitizen status). If the family is unable to obtain the information or materials within the required time frame, the family may request an extension. If the required documents and information are not provided within the required time frame (plus any extensions), the family will be sent a notice of denial (See Chapter 3).

An advocate, interpreter, or other assistant may assist the family with the application and the interview process.

In all circumstances, if a family does not attend a scheduled interview, the HAKC will send another notification letter with a new interview appointment time. Applicants who fail to attend two scheduled interviews without HAKC approval, or if the second

notification letter is returned to the HAKC with no forwarding address, the family will be removed from the waiting list.

4-III.F. COMPLETING THE APPLICATION PROCESS

The HAKC must verify all information provided by the family (see Chapter 7). Based on verified information, the HAKC must make a final determination of eligibility (see Chapter 3) and must confirm that the family qualified for any special admission, targeted admission, or selection preference that affected the order in which the family was selected from the waiting list.

HAKC Policy

> If the HAKC determines the family is ineligible, the HAKC will send written notification of the ineligibility determination within 30 business days of the determination. The notice will specify the reasons for ineligibility and will inform the family of its right to request an informal review (Chapter 16).

> If a family fails to qualify for any criteria that affected the order in which it was selected from the waiting list (e.g. targeted funding, extremely low-income, preferences), the family will be returned to the proper position on the waiting list. The HAKC will notify the family in writing that it has been returned to the waiting list and will specify the reasons for it.

> If the HAKC determines that the family is eligible to receive assistance, the HAKC will invite the family to attend a briefing in accordance with the policies in Chapter 5.

PART IV. Mainstream and Non-Elderly Disabled HCV Programs

4-IV.A. OVERVIEW [24 CFR 982.204]

The Mainstream and Non-Elderly Disabled (NED) HCV programs are used to assist a family using targeted funding as prescribed by HUD. A family assisted under this option will be required to meet the eligibility requirements as outlined below.

4-IV.B. SELECTION AND HCV FUNDING SOURCES

Special Admissions [24 CFR 982.203]

HUD may award funding for specifically targeted programs for non-elderly disabled families known as Mainstream vouchers and NED vouchers. HAKC must maintain records showing that such families were admitted with special program funding.

Targeted Funding [24 CFR 982.204(e)]

HUD may award an HAKC funding for a specified category of families on the waiting list. The HAKC must use this funding only to assist the families within the specified category. Within this category of families, the order in which such families are assisted is determined according to the policies provided in Section 4-IV.C.

4-IV.C. Order of Selection

When selecting families from the waiting list HAKC will use targeted funding to assist only those families who meet the specified criteria, and HAKC is not permitted to skip down the waiting list to a family that it can afford to subsidize when there are not sufficient funds to subsidize the family at the top of the waiting list [24 CFR 982.204(d) and (e)].

HAKC Policy

> Families will be selected from the waiting list based on the targeted funding referral process from the Lead Referral Agencies (LRA). Within each targeted funding or preference category, families will be selected on a first-come, first-served basis according to the date and time their complete application is received by the HAKC. Documentation will be maintained by the HAKC as to whether families referred by the LRA, qualify for and are interested in targeted funding.

SELECTION METHOD

For purposes of selecting families who would utilize the Mainstream and/or NED HCV vouchers, Missouri Department of Mental Health (DMH) or other Shelter Plus Care program provider, Kansas City Health Department, Truman Medical Center and The Whole Person will be the Lead Referral Agencies (LRA). The LRA will designate a point of contact to receive and process referrals from service providers regarding their special needs consumers who are interested in and meet the requirements to apply for available targeted vouchers.

All interested families must complete an application and will be screened in accordance with the eligibility requirements for the HCV program.

4-IV.D. SELECTION OF FAMILIES [24 CFR 982.204]

Unless otherwise provided, the HAKC will limit assistance to participant families for purposes defined by the HAKC. If the HAKC limits the number of families that may participate in the Mainstream and NED HCV assistance, the HAKC must follow the established policies for selecting participants.

HAKC Policy

>Based on the targeted funding, the HAKC has designated a specific number of Vouchers to the Mainstream and NED HCV programs, however, the HAKC will adjust the programs to the number of vouchers available in the market, qualified families, need, and administrative resources.

>All families must meet eligibility requirements as defined in the regulations and HAKC's local conditions.

4-IV.E. ELIGIBLE UNITS [24 CFR 982.352]

In order for a unit to be eligible, the HAKC must determine that the unit satisfies all of the following requirements:

- The unit must meet HUD's "eligible housing" requirements. The unit may not be any of the following:
  - A current public housing or Indian housing rental unit;
  - A unit receiving Section 8 project-based assistance;
  - A nursing home, board and care home, or facility providing continual psychiatric, medical or nursing services;
  - A college or other school dormitory;
  - On the grounds of penal, reformatory, medical, mental, or similar public or private institutions.

4-IV.F. MOVING WITH CONTINUED ASSISTANCE [24 CFR 982.354]

A family receiving Mainstream or NED HCV assistance may move with continued tenant-based assistance.

The HAKC will deny permission to move to a new unit with continued voucher assistance as follows:

- Lack of funding to provide continued assistance.
- At any time, the HAKC may deny permission to move with continued assistance in accordance with 24 CFR 982.552, regarding denial or termination of assistance.
- In accordance with the HAKC policy regarding number of moves within a 12-month period.

> For families participating in the Mainstream or NED HCV assistance, requests to move will be approved and/or denied in accordance with the HAKC policies.
> The HAKC will not require additional counseling of any families who move with continued assistance.

4-IV.G. DENIAL OR TERMINATION OF ASSISTANCE [24 CFR 982.552]

A family's assistance may be terminated if a family fails to comply with its obligations under the HCV Program.

At any time, the HAKC may deny or terminate assistance in accordance with HCV program requirements in 24 CFR 982.552 (Grounds for denial or termination of assistance) or 24 CFR 982.553 (Crime by family members).

The HAKC may also deny or terminate assistance for violation of participant obligations described in 24 CFR Parts 982.551

HAKC Policy

> The HAKC may terminate a family's assistance if the family violates any of the family obligations.

In making its decision to terminate Mainstream or NED HCV assistance, the HAKC will consider alternatives as described in Section 12-II.C. and other factors described in Section 12-II.D. Upon consideration of such alternatives and factors, the HAKC may, on a case-by-case basis, choose not to terminate assistance.

Termination notices will be sent in accordance with the requirements and policies set forth in Section 12-II.E.

4-IV.H. INFORMAL HEARING [24 CFR 982.555]

An informal hearing will be provided for participants who are being terminated from the Program because of the family's action or failure to act as provided in 24 CFR 982.552. The rules and procedures set forth in the Administrative Plan, entitled "Informal Hearings," will apply.

September 20, 2023

Lola Love
Authorized Representative
ReStart
918 E 9th Street
Kansas City, MO 64106

To Whom It May Concern:

I am providing overall involvement of myself and two other members from the committee regarding our experiences from personal to the Rank and Review Committee of 2023.

I have experienced homeless and unstable environment for years. I was treated with only respect as youth on this committee. I was blessed with being able to see the insights of how funding is decided and most importantly there is not bias when voting or rush.

The committee was kind, respectful, hardworking, informative, and prepared. My first experience with an all-day meeting because they truly care and did not rush this important process.

They answered questions without any judgment and were respectful to each other. This committee helped me feel important, more informed, and widen my perspectives.

I was able to see how certain language used was coded and not from lack of understanding, but from personal experiences as a member who helps the homeless and is involved in the organizations instead of being the homeless.

My fellow team members were awesome and so helpful throughout this entire process.

Terry, an impressive man and veteran, who has spent years on the street before finally entering a RRH program. He now helps with other veterans who have gone through similar situations as him. This is shown through his involvement with WYCO specific PLE initiatives led by Crosslines Community Outreach and Kim Wilson Housing (around outreach, program implementation and Veteran specific needs). As well as is currently an active Participant on an Emergency Housing Voucher and has been on the Rank and Review Committee for 3 years.

Eric is another impressive man with unique and valuable insights. He is African American male and has been a program participant in a community PSH program after a division 1 football career ended with a broken neck and severe medical emergencies (long term TBI). He has been appointed to the GKCCEH board of directors, led several PLE listening sessions, sits on a community-based board of directors as well for a local non-profit, along with integration of his state and federal level work with the Brain Injury Association connecting others to services. He has sat on the Rank and Review Committee for 3 years.

This was my first time being honored to participate on the committee of hopeful many more. I am blessed and grateful to have been a part of this committee and bring in my insights not only from homeless youth but the general viewpoints of the youth from my involvement with Youth For Change.

Overall, I was blessed to be a part of the process with amazing members throughout the entire committee. As well as being able to give suggestions on how to improve this for next year. I am able to provide feedback to the applicants, one of the suggestions being "provide simple and direct answers to the questions instead of fluff we want facts that truly answer the questions." For example, if the question was asked. "how do you help the African American and LGBTQIA+ communities?" (both of these communities I am a proud member of) answer honestly as such, " I do not have personal experience and understanding but this is…. what I have seen to help from my experiences (as case manager etc.) and limited knowledge.

Sincerely,

LOLA.L. LOVE

Lola Love
Authorized Representative

Housing First Evaluation

Jackson/Wyandotte County Continuum of Care
CoC Project Applicant Survey:
Housing First, Housing-focused and Low Barrier to Access

Assessment Score

 Agency Name

Project Name

Project Type

Low Barrier to Access

1. How does the program ensure all participants are deemed ready for and deserving of housing?

2. Describe the process taken once the program receives a referral from Coordinated Entry.

3. How do you ensure the program is inclusive of all persons and that access to programs does not depend on preconditions including:
    - Sobriety
    - Income or employment/employability requirements
    - Possession of ID or other documents
    - Poor rental or credit history
    - Lack of justice involvement or criminal record
    - State of mental or physical health
    - Type of disabling condition
    - Participation in services
    - Family size or composition
    - Sexual orientation, gender identity, or expression
    - Client's location preference (i.e., Kansas/Missouri or in an adjacent CoC)

4. Describe the program's efforts to ensure past clients of homeless programs are not denied assistance based on past usage of services (unless required by law).

5. Describe steps the project takes to ensure the admissions process is not overly burdensome to clients by requiring, for example, completion of unnecessary paperwork, or sharing of applicant documents/information that are neither required by HUD nor directly relevant to project eligibility or prioritization efforts.

6. What steps does the project take to ensure participants can quickly access the type and location of housing they prefer?

7. Describe the process for determining eligibility for the program based on household size and family composition.

Housing Stability

1. Describe the steps taken to retain a client in the program when they are facing eviction.

2. When the program cannot serve someone, what steps are taken to ensure that person or household remains in housing and services and/or has access to housing and services elsewhere?

3. What grounds would indicate just cause for involuntary exit from the program?

4. What steps does the program take to ensure households receive the type of assistance they need for as long as they need it (within HUD-specified parameters), rather than within predetermined time limits?

Individualized and Voluntary Supportive Services

Describe how the following Housing First principles are incorporated into the program:

1. Participation in supportive services (other than regular case management for purposes of ongoing needs assessment and housing plan development/progress) is voluntary, and access to housing is not contingent on compliance with services or a treatment plan.

2. Service planning is individualized and driven by client needs and desires.

3. Describe how the program ensures services are informed by a harm-reduction philosophy that recognizes that drug and alcohol use and addiction are part of some people's lives.

4. What steps do program staff take to engage in non-judgmental communication regarding drug and alcohol use and/or offer education regarding how to avoid risky behaviors and engage in safer practices?

5. Is substance use in and of itself, without other lease violations, considered a reason for eviction? If yes, explain.

Client Voice, Client Choice, and Client-centered Services

1. Describe how the program ensures participants are meaningfully involved in the following:

   - Quality Assurance and evaluation of the program
   - Participation in leadership/advocacy boards

- Participation in formal communications with landlords
- Design of and participation in surveys/focus groups/planning social gatherings
- Integrating peer specialists, peer-facilitated support groups, or other peer-driven activities to compliment service

Submitted by: Agency Representative Name (First Last)

Today's Date

Enter the names of the staff (i.e., case worker(s) and/or case manager(s)) providing direct service in this program.

How organizations can apply fc × +

gkcceh.org/how-organizations-can-apply-for-hud-grants-2023/   Update

📁 NOFO Stuff 📁 Assessor Stuff 👥 Caseworthy ✉ Smartsheets 👥 Caseworthy - Train ✈ Paycor 🌱 Youth TLP Applica... 🔶 CEGC Longevity P... 🏛 CoC-Income-Limi... 🌐 Point in Time Mobi... »

Greater Kansas City Coalition to End Homelessness

Get Involved   Get Help   Continuum of Care   About   Blog   Contact   Donate

EXPLORE THE COC

Continuum of Care

Point In Time Count

Dashboards & Reports

Coordinated Entry

HMIS

Community Meetings

CoC Funding

Racial Equity

COVID-19 Resources

Data Resources

Policies

2. Ensure Access to and Increase the Production of Affordable Housing
3. Promote Homeownership
4. Advance Sustainable Communities

Final Submission Deadline: Thursday, September 28, 2023 at 8:00 PM EDT

Be sure to read the NOFO in its entirety.

We will be communicating frequently with you over the next couple of weeks as we sort through the details of this application process and set up official training dates. So keep an eye on your inbox.

2023 NOFO   ⊖

FY23 COC NOFO TIMELINE- Revised 7.28.23

2023 NOFO MOU

Pre-Application Guidance to 2023 NOFO

2023 NOFO Application Overview & Instructions

2023 GIW Change Form

Zoom Grants Applicant Instructions

New Applicants

Safety Exit ↗

If you are in need of housing help, please call 2-1-1

Greater Kansas City Coalition to End Homelessness

**MO-604 2023
CoC NOFO Timeline
Now Available!**

GKCCEH is hard at work preparing materials

Click the button below to access
the 2023 NOFO Competition Timeline.

Download Here

NOFO 2023 Timeline + Updates

Draft July 7th 2023 at 3:50 pm CDT

Subject	IMPORTANT 2023 NOFO Timeline
Preheader	NOFO Timeline
From name	Greater Kansas City Coalition to End Homele...
From	admin@gkcceh.org
Reply	admin@gkcceh.org

Send a test email

Enter up to 5 email addresses

admin@gkcceh.org X

Personal Note   0/400

This note will appear at the top of the email.

Send Now   Print

2023 NOFO Competition Project Applicant TIMELINE
MO-604 Jackson/Wyandotte County Continuum of Care
**All submissions should be completed by 5:00 PM CST on the deadline.

DATE	DETAILS
Wed 7/5	**HUD Releases Annual Funding Announcement**
Thur 7/6	Notice and link to NOFO materials sent to CoC membership by email
Fri 7/14	Project application timeline distributed by email and posted to GKCCEH website
Tue 8/1	Review and feedback from persons with lived experience (on Funding Review Committee)
Mon 7/24	Pre-application materials and letters of intent due in Zoom Grants.
Mon 7/31	Mandatory NOFO Training for new and renewal applicants (In-person) *Applicants need only attend one session.
Tue 8/1	Mandatory NOFO Training for new and renewal applicants (Virtual) *Applicants need only attend one session.
Wed 8/2	Application instructions and training materials published on GKCCEH website and distributed by email.
Wed 8/2	GKCCEH Zoom Grants application portal opens.
Thur 8/3	Renewal project performance scorecards delivered by email. (Applicants will be allowed 5 calendar days to review and address any data quality issues).
Fri 8/4	(Optional) HMIS office hours hosted by GKCCEH staff. Renewal applicants with questions about their project performance scorecard are encouraged to attend. Video call link: https://meet.google.com/vkn-eygw-ahj
Thur 8/10	Final renewal project performance scorecards delivered by email. (No further changes will be allowed to scorecard data after this date).
Wed 8/23	**Submit DRAFT project application .pdf export from E-snaps and required local CoC application documents via Zoom Grants platform. Once submitted no changes will be allowed to project applications or additional CoC required documents until after Rank and Review has been completed.Link to GKCCEH Zoom Grants page: https://www.zoomgrants. com/zgf/mo604coc**
Mon 8/28	New and Renewal projects sent to Rank & Review Panel for review and scoring Technical review of project applications by GKCCEH staff, including redacting of all agency information
Mon 8/28	Project applications that were not selected to go in front of the Rank and Review Panel are notified in writing and by phone
Tue 9/5 - Thur 9/7	Rank & Review Panel Consensus Meeting
Fri 9/8	Agencies with projects that are recommended for reallocation are notified in writing and by phone by GKCCEH staff
Mon 9/11	Preliminary Tier Listing is published on the GKCCEH website 2023 Funding Competition page Agencies that have rejected or reduced renewal projects may appeal the decision via the process posted on the GKCCEH website: www.gkcceh.org
Tue 9/12	Letter of Appeal is due to Marqueia Watson, mwatson@gkcceh.org, via electronic mail by 5:00 pm
Wed 9/13	Appeals Consensus Meeting of Rank & Review Panel
Wed 9/13	GKCCEH Board Sub-Committee/Rank & Review Panel meet
Thur 9/14	Final Tier Listing is published on GKCCEH website 2023 Funding Competition page
Mon 9/18-Thur 9/21	Agencies revise their project applications in ENSAPS, as needed, due to recommended funding reductions, technical review clarification, etc.
Mon 9/25	Final submission of project applications into eSNAPS
Tue 9/26	GKCCEH internal deadline to submit full application packet (Consolidated Application, Individual Project Applications ranked on Priority Listing) NOTE: GKCCEH will publicly post on the GKCCEH website the full CoC Consolidated Application in advance of submitting in eSNAPS for community review
Thur 9/28	HUD-determined final submission deadline

Updated 7/27/23

Local Competition Scoring Tool - Part 1
New Projects

	MO-604 FY23 CONTINUUM OF CARE COMPETITION SCORING RUBRIC		
	NEW PROJECT APPLICATION QUESTIONS		
	PROJECT DESIGN AND OVERVIEW		
#	**TOPIC**	**POINTS**	**SCORING INSTRUCTIONS**
14	Describe the agency's prior experience with HUD or other federal grants. 2) Describe the grant management and financial resources in place at your agency to ensure continuity of programming for clients once funding from this NOFO, if awarded, is spent. [Not scored]	0	N/A
15	Provide a clear and concise description of the scope of the project. The description should describe: 1) community need and how project will fill that need (include at least two state or local data sources), 2) target population(s) to be served, 3) project plan for addressing the identified housing and supportive service needs of program participants, 4) projected project outcome(s), 5) coordination with other funding sources or agency partners; and 6) the reason CoC Program funding support is required. *The information provided in this narrative must not conflict with information provided in other parts of the project application.* [10 points]	10	**Fully described- 10 pts Partially described- 5 pts Poorly described- Zero pts** ****To receive points in this area, applicants must cite two data sources**
16	Describe how the project will include high-quality, comprehensive case management and supportive services of the appropriate type, scale, and location to meet the needs of program participants in accordance with the Housing First model. In addition to a general description, address each of the following in your response: 1) How is the project appropriately staffed to provide program services? 2) How will staff be trained to understand their role and to meet the needs of the population to be served? 3) How will the project ensure staff have appropriate supervision? [15 points]	15	**Fully described- 15 pts Partially described- 8 pts Poorly described- Zero pts**
17	Identify and provide an example of how your organization utilizes local data and performance reports to inform and improve its programs and services. [5 points]	5	**Fully described- 5 pts Partially described- 3 pts Poorly described- Zero pts**
18	How will this project improve upon and/or offer comprehensive on-the-ground support for those who live unsheltered and/or who have high service needs? [5 points]	5	**Fully described- 5 pts Partially described- 3 pts Poorly described- Zero pts**
19	1) What steps will you take to expedite access to housing and supportive services for those who are currently underserved, or missed altogether, by the existing system? 2) What will this project do to minimize unnecessary bureaucratic processes and paperwork, and make its processes easier to navigate? 3) How will this project ensure straightforward, timely, and truthful communication is had with clients at all phases of their housing journey? 4) What structures will this project implement to ensure accountability and continuity (i.e., "sticking with the person until the end") when working with program participants? [15 points]	15	**Fully described- 15 pts Partially described- 8 pts Poorly described- Zero pts**
20	What steps will this project take to: 1) ensure long-term housing stability amongst program participants; and 2) reduce returns to homelessness in the long and short-term? 3) Include how you will measure performance and evaluate this goal. [10 points]	10	**Fully described- 10 pts Partially described- 5 pts Poorly described- Zero pts**
21	Pick two of the five Core Elements of Housing First you deem most important. Describe strategies your project will implement to ensure fidelity to the Housing First model. [10 points]	10	**Fully described- 10 pts Partially described- 5 pts Poorly described- Zero pts**
22	Describe the specific plan this project will employ to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible. [5 points]	5	**Fully described- 5 pts Partially described- 3 pts Poorly described- Zero pts**
23	How will this project maximize its impact through public/private or cross-sector partnerships? (Examples include: those that increase the availability of affordable housing stock and/or increase access to community-based supports, partnershps that increase access to healthcare/behavioral healthcare services and/or those that connect individuals to workforce and training or educational opportunities). [10 points]	10	**Fully described- 10 pts Partially described- 5 pts Poorly described- Zero pts**
	**Projects that include a formal partner Memorandum of Understanding with a housing or healthcare entity as described in the FY23 NOFO will receive 5 additional points.	5	**STAFF ENTRY**
24	Describe the new ways this project will support the COC's strategic goal to increase collaboration between agencies, rather than individual agency goals, to better serve our community. [10 points]	10	**Fully described- 10 pts Partially described- 5 pts Poorly described- Zero pts**
25	1) How will this project ensure individuals closest to and most deeply impacted by homelessness are meaningfully involved in all stages of planning and implementation of the project, including at the leadership level? 2) Describe how your agency will incoporate inclusive practices, resources, and infrastructure to support, and center the voices of, those with lived experience of homelessness. [10 points]	10	**Fully described- 10 pts Partially described- 5 pts Poorly described- Zero pts**
26	What will your agency do to ensure individuals who share the demographic characteristics and identities of the persons being served are visible and meaningfully represented in both the staffing and organizational structures administering this project? [10 points]	10	**Fully described- 10 pts Partially described- 5 pts Poorly described- Zero pts**
27	1) Speak to your understanding of the importance of centering racial equity in homelessness work as it pertains to the needs of individuals who identify as both Black and male. 2) How might anti-blackness be a driver of homelessness in this Continuum? 3) Describe the current and historical factors contributing to the overrepresentation of this Black Indigenous and Other People of Color in homelessness. 4) If funded, what will your project do to affect change in this area and how will you evaluate the accomplishment of related goals? [15 points]	15	**Fully described- 15 pts Partially described- 8 pts Poorly described- Zero pts**
28	1) Describe the unique housing needs and challenges experienced locally by members of the LGBTQIA+ population. 2) How might homophobia, cisgenderism, transphobia and other forms of discrimination impact the a) health, b) well-being and; c) access to housing and supportive services for individuals of LGBTQIA+ experience? 3) If funded, what will your project do to affect change in this area and how will you evaluate the accomplishment of related goals? [15 points]	15	**Fully described- 15 pts Partially described- 8 pts Poorly described- Zero pts**
	TOTAL POINTS POSSIBLE	**150**	

Local Competition Scoring Tool - Part 2
New Projects

MO-604 FY23 CONTINUUM OF CARE COMPETITION SCORING SHEET							
NEW PROJECTS							
#	**SCORING INSTRUCTIONS**						
14	N/A						
15	**Fully described- 10 pts Partially described- 5 pts Poorly described- Zero pts** ****To receive points in this area, applicants must cite two data sources**						
16	**Fully described- 15 pts Partially described- 8 pts Poorly described- Zero pts**						
17	**Fully described- 5 pts Partially described- 3 pts Poorly described- Zero pts**						
18	**Fully described- 5 pts Partially described- 3 pts Poorly described- Zero pts**						
19	**Fully described- 15 pts Partially described- 8 pts Poorly described- Zero pts**						
20	**Fully described- 10 pts Partially described- 5 pts Poorly described- Zero pts**						
21	**Fully described- 10 pts Partially described- 5 pts Poorly described- Zero pts**						
22	**Fully described- 5 pts Partially described- 3 pts Poorly described- Zero pts**						
23	**Fully described- 10 pts Partially described- 5 pts Poorly described- Zero pts**						
24	**Fully described- 10 pts Partially described- 5 pts Poorly described- Zero pts**						
25	**Fully described- 10 pts Partially described- 5 pts Poorly described- Zero pts**						
26	**Fully described- 10 pts Partially described- 5 pts Poorly described- Zero pts**						
27	**Fully described- 15 pts Partially described- 8 pts Poorly described- Zero pts**						
28	**Fully described- 15 pts Partially described- 8 pts Poorly described- Zero pts**						

Local Competition Scoring Tool - Part 3
Renewal Projects

MO-604 FY23 CONTINUUM OF CARE COMPETITION SCORING RUBRIC		
RENEWAL PROJECT APPLICATION QUESTIONS		
PROJECT DESIGN AND OVERVIEW		
# **TOPIC**	**POINTS**	**SCORING INSTRUCTIONS**
8 Provide a description that addresses the entire scope of the proposed project. The project description should be complete and concise. Please also describe your organization's capacity to administer the project. Please discuss: target population(s), specific services to be provided, projected outcomes, coordination with partners, how the project meets community needs in its service area, and your organization's capacity to administer the project. [5 points]	5	**Fully described- 5 pts** **Partially described- 3 pts** **Poorly described- Zero pts**
9 Describe how the project will include high-quality, comprehensive case management and supportive services of the appropriate type, scale, and location to meet the needs of program participants in accordance with the Housing First model. In addition to a general description, address each of the following in your response: 1) How is the project appropriately staffed to provide program services? 2) How will staff be trained to understand their role and to meet the needs of the population to be served? 3) How will the project ensure staff have appropriate supervision? [10 points]	10	**Fully described- 10 pts** **Partially described- 5 pts** **Poorly described- Zero pts**
10 Describe how the project provides evidence-informed programming and resources so participants may meaningfully engage in the following: 1) opportunities for personal growth; 2) opportunities to work or volunteer in the community; 3) opportunities to work or volunteer at your agency; and 4) developing relationships and connections to their community. [10 points]	10	**Fully described- 10 pts** **Partially described- 5 pts** **Poorly described- Zero pts**
11 1) Indicate how your program assists persons experiencing homelessness with enrolling and utilizing health insurance. 2) How does your agency systematically provide information to staff about mainstream benefits, including up-to-date resources on eligibility and program changes that can affect participants? [5 points]	5	**Fully described- 5 pts** **Partially described- 3 pts** **Poorly described- Zero pts**
12 1) What steps will you take to expedite access to housing and supportive services for those who are currently underserved, or missed altogether, by the existing system? 2) What will this project do to minimize unnecessary bureaucratic processes and paperwork, and make its processes easier to navigate? 3) How will this project ensure straightforward, timely, and truthful communication is had with clients at all phases of their housing journey? 4) What structures will this project implement to ensure accountability and continuity (i.e., "sticking with the person until the end") when working with program participants? [15 points]	15	**Fully described- 15 pts** **Partially described- 8 pts** **Poorly described- Zero pts**
13 HUD increasingly relies on data-driven performance to evaluate success. CoC's submit system performance measures each year to demonstrate community-wide performance. Describe project strategies to contribute to the CoC's success for the following performance measures: a.Ensure program participants are successfully exiting to and maintaining permanent housing b.Ensure program participants do not return to homelessness c.Ensure jobs and income growth for homeless persons in CoC-program funded projects [15 points]	15	**Fully described- 15 pts** **Partially described- 8 pts** **Poorly described- Zero pts**
17 Identify and provide an example of how your organization utilizes local data and performance reports to inform and improve its programs and services. [5 points]	5	**Fully described- 5 pts** **Partially described- 3 pts** **Poorly described- Zero pts**
24 Describe the new ways this project will support the COC's strategic goal to increase collaboration between agencies, rather than individual agency goals, to better serve our community. [10 points]	10	**Fully described- 10 pts** **Partially described- 5 pts** **Poorly described- Zero pts**
25 1) How will this project ensure individuals closest to and most deeply impacted by homelessness are meaningfully involved in all stages of planning and implementation of the project, including at the leadership level? 2) Describe how your agency will incoporate inclusive practices, resources, and infrastructure to support, and center the voices of, those with lived experience of homelessness. [10 points]	10	**Fully described- 10 pts** **Partially described- 5 pts** **Poorly described- Zero pts**
26 What will your agency do to ensure individuals who share the demographic characteristics and identities of the persons being served are visible and meaningfully represented in both the staffing and organizational structures administering this project? [10 points]	10	**Fully described- 10 pts** **Partially described- 5 pts** **Poorly described- Zero pts**
27 1) Speak to your understanding of the importance of centering racial equity in homelessness work as it pertains to the needs of individuals who identify as both Black and male. 2) How might anti-blackness be a driver of homelessness in this Continuum? 3) Describe the current and historical factors contributing to the overrepresentation of this Black Indigenous and Other People of Color in homelessness. 4) If funded, what will your project do to affect change in this area and how will you evaluate the accomplishment of related goals? [15 points]	15	**Fully described- 15 pts** **Partially described- 8 pts** **Poorly described- Zero pts**
28 1) Describe the unique housing needs and challenges experienced locally by members of the LGBTQIA+ population. 2) How might homophobia, cisgenderism, transphobia and other forms of discrimination impact the a) health, b) well-being and; c) access to housing and supportive services for individuals of LGBTQIA+ experience? 3) If funded, what will your project do to affect change in this area and how will you evaluate the accomplishment of related goals? [15 points]	15	**Fully described- 15 pts** **Partially described- 8 pts** **Poorly described- Zero pts**
TOTAL POINTS POSSIBLE	**150**	

Local Competition Scoring Tool - Part 4
Renewal Projects

MO-604 FY23 CONTINUUM OF CARE COMPETITION SCORING SHEET							
RENEWAL PROJECTS							
#	**SCORING INSTRUCTIONS**						
8	**Fully described- 5 pts** **Partially described- 3 pts** **Poorly described- Zero pts**						
9	**Fully described- 10 pts** **Partially described- 5 pts** **Poorly described- Zero pts**						
10	**Fully described- 10 pts** **Partially described- 5 pts** **Poorly described- Zero pts**						
11	**Fully described- 5 pts** **Partially described- 3 pts** **Poorly described- Zero pts**						
12	**Fully described- 15 pts** **Partially described- 8 pts** **Poorly described- Zero pts**						
13	**Fully described- 15 pts** **Partially described- 8 pts** **Poorly described- Zero pts**						
17	**Fully described- 5 pts** **Partially described- 3 pts** **Poorly described- Zero pts**						
24	**Fully described- 10 pts** **Partially described- 5 pts** **Poorly described- Zero pts**						
25	**Fully described- 10 pts** **Partially described- 5 pts** **Poorly described- Zero pts**						
26	**Fully described- 10 pts** **Partially described- 5 pts** **Poorly described- Zero pts**						
27	**Fully described- 15 pts** **Partially described- 8 pts** **Poorly described- Zero pts**						
28	**Fully described- 15 pts** **Partially described- 8 pts** **Poorly described- Zero pts**						

Continuum of Care funded Programs Performance Scorecards

Performance of HUD funded projects of The 604 Jackson & Wyandotte County Continuum of Care (MO-604) is closely monitored on a quarterly basis. The measures of performance are based on HUD System Performance Measures and other best practices for specific project types. Cumulative scores for each project over the course of the reporting period year will be used to rate HUD projects for the annual HUD Continuum of Care Program Competition. HUD requires each Continuum of Care to demonstrate the use of CoC Program required system performance measures to review project applications requesting CoC Program funding. The 604 Jackson & Wyandotte County CoC has adopted and approved the use of the Program Project Performance Scorecard to meet this requirement from HUD and to serve as a portion of the project rating during the annual HUD CoC Program Competition.

The data displayed on the scorecards are based on questions from the Annual Performance Report (APR) in the approved Homeless Management Information System (CaseWorthy). The only projects in which this system will differ will be a Comparable database for Victim Service Providers. As part of the scoring group process, APR reports are run or collected for every project by HMIS staff. HMIS Report Question criteria will pull the value from these APRs and store them for scoring. HMIS participation and data quality are priorities for both The 604 Jackson & Wyandotte County Continuum of Care and the U.S. Department of Housing and Urban Development (HUD). Accurate, complete and timely data is crucial to determine whether projects are contributing to ending homelessness. In addition, assessing and monitoring project outcomes is also necessary to understand a program's rate of success and their contribution to meeting performance goals at the CoC level.

- Detailed instructions for how to read the Project Performance Scorecards are attached.

Local Competition Scoring Tool -
   1) Criterion related to improving system performance
   2) Objective Criteria
   3) Maximum points available for system performance by project type,
   including a scorecard generated from comparable databases for
   Victim Service Providers

Performance Scorecard Summary and Details

#	Overview	Where to find this information on the APR?
1	Data Quality- Exit Destination	Q6C
2	Data Quality- Personally Identifiable Information	Q6A
3	Minimum percent move to permanent housing	Q23C
4	On average, participants spend XX days from project entry to housing move-in ● For Joint Component programs this is pulled from the RRH Component	Q22C
5	Length of Project Enrollment ● For Joint Component programs this is pulled from the TH Component	Q22B
6	Minimum new or increased earned income for project leavers	Q19a2
7	Minimum new or increased earned income for project stayers	Q19a1
8	Minimum new or increased non-employment income for project leavers	Q19a2
9	Minimum new or increased non-employment income for project stayers	Q19a1
10	Cost per client moving to permanent housing	GIW/# permanent Housed
11	Maximum percent of participants exiting to 'Place not meant for human habitation'	Q23C
12	Minimum percent of participants entering project from place not meant for human habitation	Q15
13	Minimum percent of participants with more than one disability	Q13A2
14	Minimum percent of participants with zero income at entry	Q18
15	XX% of participants are chronically homeless	Q26b

Running an APR Report in CaseWorthy

Once logged into CaseWorthy use the steps below to pull your APR.

Step 1: Select the word 'Administration' in the top menu
Step 2: Select the word 'reporting' from the left hand menu
Step 3: Select the words 'Compliance Reports'
Step 4: Select the report titled '2023 APR'
Step 5: Enter Data Parameters (Dates, Organization(s) (leave as all) and Project)

Next select report on the bottom left-hand corner

Icon Menu

| I< | < | 1 of 17 | > | >I | ↻ | ← | 100% | 💾 ˅ |

I< : Returns to the first page
< : Returns to previous page
> : Forwards to next page
>I : Goes to the last page
↻ : Refreshes report
Φ: Allows you to toggle between report and drilldown

Identifying the clients in which your APR Report Drilldowns are referring to
Go to page 2 of the APR report and select the blue hyperlink titled 'Client Detail Sub Report'.
You will want to export the report to excel so that you can filter between columns. You can export the report by selecting the disk icon in the top menu bar.

Contacting the HMIS Team
If you have questions or need further assistance please contact the HMIS Leads

email: KCHMIS@simtechsolutions.com

or

Virtually every Friday 10am - Noon: https://meet.google.com/vkn-eygw-ahj

Performance Scorecard

Scoring Group:	KC MO-604 NOFO 7/1/22-6/30/23		
Scoring Project:		Date Range:	07/01/2022 to 06/30/2023
Project Type(s):	Permanent Supportive Housing (PSH)	Created By:	

Project Information in HMIS

Project Identifiers

	Name	ID
Organization		
Project		
Project Type		
Funding Type		

Grant Information

Grant Number	
Start and End	
Leasing Budget	
Rental Assistance Budget	
Supportive Services Budget	
Operating Costs Budget	
HMIS Budget	
Admin Budget	
Total Annual Renewal Amount	

Scoring Summary

	Number of Criteria	Awarded Points	Available Points
Totals	20		115
Performance Score			

Available scorecard points for PSH projects

Scoring Factors by Category

CoC Thresholds: 5 Awarded Points out of 5 Available Points

	Max Threshold	Partial Threshold	Actual Score	Awarded Points	Available Points
Data Quality- Exit Destination	<= 10 %				2.5
Data Quality- Personally Identifying Information	<= 10 %				2.5

Exits to Permanent Housing: 0 Awarded Points out of 25 Available Points

	Max Threshold	Partial Threshold	Actual Score	Awarded Points	Available Points
Minimum percent remain in or move to permanent housing	>= 90 %				25

Length of Stay: 5 Awarded Points out of 10 Available Points

	Max Threshold	Partial Threshold	Actual Score	Awarded Points	Available Points
On average, participants spend XX days from project entry to housing move-in	<= 29 Day(s)	<= 93 Day(s)			10

New or Increased Income and Earned Income: 2.5 Awarded Points out of 10 Available Points

	Max Threshold	Partial Threshold	Actual Score	Awarded Points	Available Points
Minimum new or increased earned income for project leavers	>= 10 %				2.5
Minimum new or increased earned income for project stayers	>= 10 %				2.5
Minimum new or increased non-employment income for project leavers	>= 40 %				2.5
Minimum new or increased non-employment income for project stayers	>= 40 %				2.5

Returns to Homelessness: 15 Awarded Points out of 15 Available Points

	Max Threshold	Partial Threshold	Actual Score	Awarded Points	Available Points
Maximum percent of participants exiting to 'Place not meant for human habitation'	<= 15 %				15

Serves High Need Populations: 20 Awarded Points out of 50 Available Points

	Max Threshold	Partial Threshold	Actual Score	Awarded Points	Available Points
Minimum percent of participants entering project from place not meant for human habitation	>= 75 %	>= 30 %			10
Minimum percent of participants with more than one disability	>= 75 %	>= 58 %			10
Minimum percent of participants with zero income at entry	>= 75 %				10

XX% of participants are chronically homeless	>= 90 %				20

Unscored - Future Scorecard Metrics: 0 Awarded Points out of 0 Available Points

	Max Threshold	Partial Threshold	Actual Score	Awarded Points	Available Points
Cost per client moving to permanent housing (exits and retention)	= 0 Count				0
Length of Time from Referral to Housed	<= 80 Day(s)				0
Returns to Homelessness after 12 Months	<= 0 %				0
Returns to Homelessness after 24 Months	<= 0 %				0
Returns to Homelessness after 6 Months	<= 0 %				0
Unused Funds at End of Last Grant Cycle	<= 3 %				0
Unused Funds at the End of Last Grant Cycle - Dollar Amount	<= 0 Count				0

Performance Scorecard

Scoring Group:	**KC MO-604 NOFO 7/1/22-6/30/23**		
Scoring Project:		Date Range:	**07/01/2022 to 06/30/2023**
Project Type(s):	**PH-RRH**	Created By:	

Project Information in HMIS

Project Identifiers

	Name	ID
Organization		
Project		
Project Type	PH - Rapid Re-Housing	
Funding Type	HUD:CoC - Rapid Re-Housing	

Grant Information

Grant Number	
Start and End	
Leasing Budget	
Rental Assistance Budget	
Supportive Services Budget	
Operating Costs Budget	
HMIS Budget	
Admin Budget	
Total Annual Renewal Amount	

Scoring Summary

	Number of Criteria	Awarded Points	Available Points
Totals	20		115
Performance Score			

Points available for RRH projects

Scoring Factors by Category

CoC Thresholds: 2.5 Awarded Points out of 5 Available Points

	Max Threshold	Partial Threshold	Actual Score	Awarded Points	Available Points
Data Quality- Exit Destination	<= 10 %				2.5
Data Quality- Personally Identifying Information	<= 10 %				2.5

Exits to Permanent Housing: 0 Awarded Points out of 25 Available Points

	Max Threshold	Partial Threshold	Actual Score	Awarded Points	Available Points
Minimum percent move to permanent housing	>= 90 %				25

Length of Stay: 10 Awarded Points out of 10 Available Points

	Max Threshold	Partial Threshold	Actual Score	Awarded Points	Available Points
On average, participants spend XX days from project entry to housing move-in	<= 32 Day(s)				10

New or Increased Income and Earned Income: 0 Awarded Points out of 10 Available Points

	Max Threshold	Partial Threshold	Actual Score	Awarded Points	Available Points
Minimum new or increased earned income for project leavers	>= 10 %				2.5
Minimum new or increased earned income for project stayers	>= 10 %				2.5
Minimum new or increased non-employment income for project leavers	>= 10 %				2.5
Minimum new or increased non-employment income for project stayers	>= 10 %				2.5

Returns to Homelessness: 15 Awarded Points out of 15 Available Points

	Max Threshold	Partial Threshold	Actual Score	Awarded Points	Available Points
Maximum percent of participants exiting to 'Place not meant for human habitation'	<= 15 %				15

Serves High Need Populations: 5 Awarded Points out of 50 Available Points

	Max Threshold	Partial Threshold	Actual Score	Awarded Points	Available Points
Minimum percent of participants entering project from place not meant for human habitation	>= 50 %				10
Minimum percent of participants with more than one disability	>= 50 %	>= 34 %			10
Minimum percent of participants with zero income at entry	>= 50 %				10

| XX% of participants are chronically homeless | >= 50 % | | | | 20 |

Unscored - Future Scorecard Metrics: 0 Awarded Points out of 0 Available Points

	Max Threshold	Partial Threshold	Actual Score	Awarded Points	Available Points
Cost per client moving to permanent housing	= 0 Count				0
Length of Time from Referral to Housed	<= 56 Day(s)				0
Returns to Homelessness after 12 Months	<= 0 %				0
Returns to Homelessness after 24 Months	<= 0 %				0
Returns to Homelessness after 6 Months	<= 0 %				0
Unused Funds at End of Last Grant Cycle	<= 3 %				0
Unused Funds at the End of Last Grant Cycle - Dollar Amount	<= 0 Count				0

Performance Scorecard

Scoring Group:	**KC MO-604 NOFO 7/1/22-6/30/23**		
Scoring Project:		Date Range:	**07/01/2022 to 06/30/2023**
Project Type(s):	**TH**	Created By:	

Project Information in HMIS

Project Identifiers

	Name	ID
Organization		
Project		
Project Type	Transitional Housing	
Funding Type	HUD:CoC - Transitional Housing	

Grant Information

Grant Number	
Start and End	
Leasing Budget	
Rental Assistance Budget	
Supportive Services Budget	
Operating Costs Budget	
HMIS Budget	
Admin Budget	
Total Annual Renewal Amount	

Scoring Summary

	Number of Criteria	Awarded Points	Available Points
Totals	20		120
Performance Score			

Points available for TH projects

Scoring Factors by Category

CoC Thresholds: 2.5 Awarded Points out of 5 Available Points

	Max Threshold	Partial Threshold	Actual Score	Awarded Points	Available Points
Data Quality- Exit Destination	<= 10 %				2.5
Data Quality- Personally Identifying Information	<= 10 %				2.5

Exits to Permanent Housing: 0 Awarded Points out of 25 Available Points

	Max Threshold	Partial Threshold	Actual Score	Awarded Points	Available Points
Minimum percent move to permanent housing	>= 90 %				25

Joint Component RRH+ TH Criteria: 5 Awarded Points out of 5 Available Points

	Max Threshold	Partial Threshold	Actual Score	Awarded Points	Available Points
Joint Component (TH Component) - Length of Project Enrollment	<= 180 Day(s)				5

Length of Stay: 10 Awarded Points out of 10 Available Points

	Max Threshold	Partial Threshold	Actual Score	Awarded Points	Available Points
On average, participants stay in project XX days	<= 180 Day(s)				10

New or Increased Income and Earned Income: 0 Awarded Points out of 10 Available Points

	Max Threshold	Partial Threshold	Actual Score	Awarded Points	Available Points
Minimum new or increased earned income for project leavers	>= 75 %				2.5
Minimum new or increased earned income for project stayers	>= 8 %				2.5
Minimum new or increased non-employment income for project leavers	>= 25 %				2.5
Minimum new or increased non-employment income for project stayers	>= 10 %				2.5

Returns to Homelessness: 15 Awarded Points out of 15 Available Points

	Max Threshold	Partial Threshold	Actual Score	Awarded Points	Available Points
Maximum percent of participants exiting to 'Place not meant for human habitation'	<= 15 %				15

Serves High Need Populations: 15 Awarded Points out of 50 Available Points

	Max Threshold	Partial Threshold	Actual Score	Awarded Points	Available Points

Minimum percent of participants entering project from place not meant for human habitation	>= 50 %	>= 12 %			10
Minimum percent of participants with more than one disability	>= 50 %				10
Minimum percent of participants with zero income at entry	>= 50 %				10
XX% of participants are chronically homeless	>= 50 %				20

Unscored - Future Scorecard Metrics: 0 Awarded Points out of 0 Available Points

	Max Threshold	Partial Threshold	Actual Score	Awarded Points	Available Points
Cost per client moving to permanent housing	= 0 Count				0
Returns to Homelessness after 12 Months	<= 0 %				0
Returns to Homelessness after 24 Months	<= 0 %				0
Returns to Homelessness after 6 Months	<= 0 %				0
Unused Funds at End of Last Grant Cycle	<= 3 %				0
Unused Funds at the End of Last Grant Cycle - Dollar Amount	<= 0 Count				0

Scoring Group:	**KC MO-604 NOFO 7/1/22-6/30/23**		
Scoring Project:		Date Range:	**07/01/2022 to 06/30/2023**
Project Type(s):	**PH-RRH**	Created By:	

Project Information in HMIS

Project Identifiers

	Name	ID
Organization		
Project		
Project Type	PH - Rapid Re-Housing (DV)	
Funding Type	HUD:CoC - Rapid Re-Housing	

Grant Information

Grant Number	
Start and End	
Leasing Budget	
Rental Assistance Budget	
Supportive Services Budget	
Operating Costs Budget	
HMIS Budget	
Admin Budget	
Total Annual Renewal Amount	

Scoring Summary

	Number of Criteria	Awarded Points	Available Points
Totals	20		115
Performance Score			

Scoring Factors by Category

CoC Thresholds: 2.5 Awarded Points out of 5 Available Points

	Max Threshold	Partial Threshold	Actual Score	Awarded Points	Available Points
Data Quality- Exit Destination	<= 10 %				2.5
Data Quality- Personally Identifying Information	<= 10 %				2.5

Exits to Permanent Housing: 12.5 Awarded Points out of 25 Available Points

	Max Threshold	Partial Threshold	Actual Score	Awarded Points	Available Points
Minimum percent move to permanent housing	>= 90 %	>= 62 %			25

Length of Stay: 5 Awarded Points out of 10 Available Points

	Max Threshold	Partial Threshold	Actual Score	Awarded Points	Available Points
On average, participants spend XX days from project entry to housing move-in	<= 32 Day(s)	<= 93 Day(s)			10

New or Increased Income and Earned Income: 5 Awarded Points out of 10 Available Points

	Max Threshold	Partial Threshold	Actual Score	Awarded Points	Available Points
Minimum new or increased earned income for project leavers	>= 10 %				2.5
Minimum new or increased earned income for project stayers	>= 10 %				2.5
Minimum new or increased non-employment income for project leavers	>= 10 %				2.5
Minimum new or increased non-employment income for project stayers	>= 10 %				2.5

Returns to Homelessness: 15 Awarded Points out of 15 Available Points

	Max Threshold	Partial Threshold	Actual Score	Awarded Points	Available Points
Maximum percent of participants exiting to 'Place not meant for human habitation'	<= 15 %				15

Serves High Need Populations: 10 Awarded Points out of 50 Available Points

	Max Threshold	Partial Threshold	Actual Score	Awarded Points	Available Points
Minimum percent of participants entering project from place not meant for human habitation	>= 50 %				10
Minimum percent of participants with more than one disability	>= 50 %				10
Minimum percent of participants with zero income at entry	>= 50 %				10

XX% of participants are chronically homeless	>= 50 %				20

Unscored - Future Scorecard Metrics: 0 Awarded Points out of 0 Available Points

	Max Threshold	Partial Threshold	Actual Score	Awarded Points	Available Points
Cost per client moving to permanent housing	= 0 Count				0
Length of Time from Referral to Housed	<= 56 Day(s)				0
Returns to Homelessness after 12 Months	<= 0 %				0
Returns to Homelessness after 24 Months	<= 0 %				0
Returns to Homelessness after 6 Months	<= 0 %				0
Unused Funds at End of Last Grant Cycle	<= 3 %				0
Unused Funds at the End of Last Grant Cycle - Dollar Amount	<= 0 Count				0

Scored Forms for One Project - Part 1

Greater Kansas City Coalition to End Homelessness
MO-604 FY2023 HUD COC NOFO

446007

Requested Amount

> $ 1,442,967.00

What project component are you applying for?

> ☑ Permanent Supportive Housing (PSH)
> ☐ Rapid Re-housing (RRH)
> ☐ Joint Transitional/Rapid Re-housing (TH-RRH)
> ☐ Supportive Service for CE (SSO-CE)

Who is your agency authorized eSNAPS user (user who submits CoC Project Application in eSNAPS).

> *Hidden*

What is the total CoC dollar amount requested for this project?

> $1,442,967.00

What is the proposed number of beds in this project?

> 94

Is this a new or renewal project?

> ☐ New Project
> ☑ Renewal Project

Is this renewal project part of a grant expansion or consolidation?

☐ Yes
☑ No

What percentage of COC funds did you drawdown on the last fully-executed and closed out grant associated with this renewal project?

96.2%

Provide a description that addresses the entire scope of the proposed project. The project description should be complete and concise. Please also describe your organization's capacity to administer the project. [5 points]

This project is dedicated to assisting adults and families experiencing homelessness in attaining stable housing. This Permanent Supportive Housing (PSH) initiative aligns with the U.S. Department of Housing and Urban Development's (HUD) guidelines, prioritizing individuals with disabling conditions.

Our project secures and leases apartments, providing participants with permanent supportive housing. Trained housing locators collaborate with other GKCCEH members in utilizing the Coordinated Entry System to identify suitable properties. Temporary hotel stays are arranged if needed to help people get off the streets quickly.

This project employs a Housing First approach, ensuring participants' immediate housing needs are met without preconditions. Comprehensive in-home, recovery-focused care, aligned with individual preferences, is provided. Embedded within our agency, project participants have access to holistic services, including case management, therapy, psychiatry, and substance use treatment.

Personal growth is nurtured through evidenced-informed practices such as Strengths-Based Case Management (SBCM) and Motivational Interviewing (MI). We integrate employment support, partnering with employers through the Individual Placement and Support (IPS) model. This project's data-driven approach tailors services, prevents homelessness, and enhances employment prospects.

Our extensive healthcare services enhance participant well-being, encompassing primary, specialty care, mental health, and emergency services. Research shows substantial healthcare cost reductions after housing entry due to participants decreasing use of emergency services and beginning to engage in primary care.

Participant involvement in creating services is paramount. Focus groups, advisory boards, and staff with lived experience ensure inclusive programming.

The project aligns with community needs, offering permanent housing solutions, mental health care, and employment opportunities. Our organization's track record, collaborative initiatives,

and experienced staff demonstrate our capacity to administer this transformative project, addressing homelessness comprehensively and effectively.

Describe how the project will include high-quality, comprehensive case management and supportive services of the appropriate type, scale, and location to meet the needs of program participants in accordance with the Housing First model. In addition to a general description, address each of the following in your response: 1) How is the project appropriately staffed to provide program services? 2) How will staff be trained to understand their role and to meet the needs of the population to be served? 3) How will the project ensure staff have appropriate supervision? [10 points]

This project prioritizes high-quality, comprehensive case management and supportive services aligned with the Housing First model. Our approach emphasizes individual needs, choice, and immediate housing, coupled with tailored services to foster stability and recovery.

1. Staffing: This project is equipped with a well-trained and diverse team. Our staff includes housing locators, case managers, therapists, psychiatrists, employment specialists, and peer support workers. This multi-disciplinary approach ensures participants' various needs are addressed effectively and appropriately.

2. Training: Staff are extensively trained to understand their roles and the population's needs. Case managers undergo SBCM training, emphasizing client strengths and goal-setting. MI training equips staff to elicit participants' internal motivation for change. While being trained in IPS, employment specialists also receive training in job placement for individuals with mental illness.

3. Supervision: Staff receive ongoing supervision to ensure quality services. Case managers and support workers have daily individual and group supervision sessions. Employment specialists receive supervision from experienced and qualified managers. Supervisors ensure staff adhere to program standards, offer guidance, and address challenges.

This project integrates our agency's services, utilizing their established supervision and quality management protocols. Our agency's supervisors are experienced masters-level clinicians, providing specialized support to ensure clinical competence and ethical conduct.

The project's comprehensive services include housing support, mental health care, employment assistance, substance use treatment, and peer support. This diverse service array aligns with the Housing First model's goal of holistic stabilization.

Participants access personalized care, facilitated by case managers who assess needs, develop individualized plans, and coordinate services. This coordinated approach ensures participants receive the right services at the right time. The project's scale, encompassing various service types and disciplines, ensures that participants' needs are met comprehensively.

This project's staff meet participants where they are, focusing on their preferences, strengths, and goals. This collaborative approach fosters trust and empowerment. Housing locators identify

suitable properties which align with participant choice, and case managers provide ongoing support for housing retention.

In summary, this project aligns with the Housing First model by offering a range of high-quality, comprehensive services. Appropriately sta ed teams, thorough training, and robust supervision ensure that program participants receive tailored support to achieve housing stability and personal growth.

Describe how the project provides evidence-informed programming and resources so participants may meaningfully engage in the following: 1) opportunities for personal growth; 2) opportunities to work or volunteer in the community; 3) opportunities to work or volunteer at your agency; and 4) developing relationships and connections to their community. [10 points]

This project is committed to providing evidence-informed programming and resources that empower participants to engage meaningfully in various aspects of personal growth, community involvement, and relationship-building:

1) Personal Growth: This project utilizes SBCM and MI to encourage participants' personal growth. SBCM identifies strengths and supports participants in setting and achieving goals. MI taps into internal motivation for positive changes. Integrated Treatment for Co-occurring Disorders (ITCD) assists those with mental health and substance use diagnoses, promoting gradual progress.

2) Community Work/Volunteer: This project incorporates the IPS model, facilitating participants' engagement in community work. Employment specialists connect participants with gainful employment opportunities. The percentage of employed participants increased from 12.5% in FY 2021 to 13% in FY 2022 due to IPS (in FY2020, the percentage was 0%). Participants are linked to community employers based on their preferences and skills.

3) Agency Work/Volunteer: This project offers opportunities for participants to work within the agency. Employment specialists assist in finding roles tailored to participants' preferences and skills. The Kitchen Assistant Training (KAT) program imparts food service industry skills. Opportunities span case management, health navigation, peer support, and more, enabling participants to contribute meaningfully.

4) Community Connections/Relationships: Our approach recognizes the importance of community connections. Our agency uses of the SBCM model emphasizes community engagement. Housing First principles provide immediate access to familiar communities. This project encourages participants to develop relationships within their neighborhoods, fostering resilience and community integration.

Participants engage in workshops, focus groups, and advisory boards, where their input shapes program improvements at our agency and within this project. Peer-led groups and interactions with property owners encourage community connections. Participants' lived experiences contribute valuable insights to our programs.

Our agency and this project collaboratively implement evidence-informed practices that foster personal growth, community involvement, and relationship-building. Our holistic approach empowers participants to achieve their goals and establish meaningful connections within their communities.

1) Indicate how your program assists persons experiencing homelessness with enrolling and utilizing health insurance. 2) How does your agency systematically provide information to staff about mainstream benefits, including up-to-date resources on eligibility and program changes that can affect participants? [5 points]

1) Health Insurance Support: This project actively assists individuals experiencing homelessness in enrolling and using health insurance for their well-being. Our staff guides participants through health insurance application processes, offering help with required documents and form completion. Once enrolled, case managers ensure understanding of coverage details, including services and providers, emphasizing mental health and preventive care. Emergency access information is also provided. Designated staff onsite are available to assist service participants in applying for Medicaid as chosen by the service participant while in the office. Our dedicated SOAR staff person is also available to support clients in this process.

2) Mainstream Benefits Communication: Our agency maintains staff awareness of mainstream benefit changes via a multi-level approach:

- Daily Team Huddles: Updates, including benefit changes, are shared in daily team meetings to ensure timely information dissemination.

- Weekly Supervision: Staff receives weekly sessions with team leaders, discussing recent benefit changes for accurate understanding.

- Management Huddles: Weekly management meetings share updates, cascaded by program managers to their teams.

- Senior Director Engagement: The senior director engages with housing groups, relaying benefit changes in supervision sessions.

- Centralized Resource List: An updated resource list records benefit changes, serving as a quick staff reference.

- Email Notifications: Staff is promptly notified via email about changes, enhancing awareness among all team members.

These strategies equip our staff to effectively guide participants in health insurance use and keep them informed about any alterations to mainstream benefits, ensuring their well-being and stability.

1) What steps will you take to expedite access to housing and supportive services for those who are currently underserved, or missed altogether, by the existing system? 2) What will this project

do to minimize unnecessary bureaucratic processes and paperwork, and make its processes easier to navigate? 3) How will this project ensure straightforward, timely, and truthful communication is had with clients at all phases of their housing journey? 4) What structures will this project implement to ensure accountability and continuity (i.e., "sticking with the person until the end") when working with program participants? [15 points]

1) Expedited Access for Underserved Individuals: This project prioritizes swift housing and supportive service access for underserved groups. Collaborating with local partners, we'll identify missed individuals and tailor housing options to their preferences. Using a Housing First approach, we'll swiftly transition participants to stable housing, addressing barriers like mental health or substance use issues. Equitable access to services ensures those overlooked are supported.

2) Streamlining Processes: This project simplifies processes by minimizing bureaucracy and paperwork. Client-centered practices reduce admin burdens. Clear intake procedures and assistance with paperwork simplify navigation. Technology and electronic forms enhance efficiency, reducing manual processes and enhancing interactions with the program.

3) Transparent Communication: Transparent, timely, and truthful communication is central. Clear channels provide updates on housing progress, services, and changes. Case managers engage in open dialogues, addressing queries promptly. Plain language and cultural sensitivity ensure participant understanding. Feedback mechanisms allow for improvement suggestions.

4) Accountability and Continuity: This project ensures accountability through:

- Assigned Case Managers: Dedicated case managers offer personalized support and consistency.

- Comprehensive Case Plans: Collaborative plans outline goals and strategies, guiding participants.

- Regular Check-ins & Engagement: Ongoing face-to-face check-ins to help track progress and address barriers.

- Transition Support: Post-housing, ongoing assistance includes case management and resource connections.

These structures foster continuity, accountability, and long-term success in participants' housing journeys.

HUD increasingly relies on data-driven performance to evaluate success. CoC’s submit system performance measures each year to demonstrate community-wide performance. Describe project strategies to contribute to the CoC’s success for the following performance measures: a.Ensure program participants are successfully exiting to and maintaining permanent housing b.Ensure program participants do not return to homelessness c.Ensure jobs and income growth for homeless persons in CoC-program funded projects [15 points]

This project employs data-driven strategies to support the CoC's success in key performance measures:

a) Successful Exits to Permanent Housing: We utilize a fidelity monitoring tool for Strengths-Based Case Management (SBCM), guiding high-quality support for participants' housing journeys. Regular assessments of the Annual Performance Report (APR) data from CaseWorthy enable tailored services, enhancing housing retention and exit outcomes. In addition, it is the treatment goal of project participant to discharge successfully to permanent housing.

b) Prevention of Homelessness Recurrence: This project tracks participants' physical moves, using this data to offer appropriate support. Ongoing engagement and regular case management check-ins allow us to identify potential challenges early. By addressing participants' evolving needs promptly, we work to prevent the recurrence of homelessness. If we believe a negative exit could occur, prior to exit, we hold several internal discussions and meetings with the client and appropriate management in an effort to develop proactive ideas and alternative placements.

c) Jobs and Income Growth: We collaborate with participants to apply for Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI) benefits, providing employment opportunities. Our employment specialists link participants with gainful employment, following the Individual Placement and Support (IPS) model. Real-time training from SOAR leaders enhances employment prospects.

Our data-driven approach ensures that participants exit to and maintain permanent housing, minimizing homelessness recurrence, and fostering employment and income growth within the CoC-program funded projects. These strategies contribute to the CoC's success by promoting stable housing, preventing homelessness, and empowering economic advancement.

Which of the following best describes the agency's prior experience with HUD or other federal grants. [Not scored]

-no answer-

Provide a clear and concise description of the scope of the project. The description should include: 1) community need and how project will fill that need (include at least two state or local data sources), 2) target population(s) to be served, 3) project plan for addressing the identified housing and supportive service needs of program participants, 4) projected project outcome(s), 5) coordination with other funding sources or agency partners; and 6) the reason CoC Program funding support is required. The information provided in this narrative must not conflict with information provided in other parts of the project application. [10 points]

-no answer-

Describe how the project will include high-quality, comprehensive case management and supportive services of the appropriate type, scale, and location to meet the needs of program participants in accordance with the Housing First model. In addition to a general description, address each of the following in your response: 1) How is the project appropriately staffed to

provide program services? 2) How will staff be trained to understand their role and to meet the needs of the population to be served? 3) How will the project ensure staff have appropriate supervision? [15 points]

-no answer-

Identify and provide an example of how your organization utilizes local data and performance reports to inform and improve its programs and services. [5 points]

Our organization places a strong emphasis on utilizing local data and performance reports to inform and enhance our programs and services. An example of this approach involves our analysis of quarterly reports on housing placement rates and retention. If we observe that a particular property exhibits lower retention rates, we conduct a thorough investigation into the underlying reasons. This investigation may reveal challenges related to property management, participant needs, or community dynamics. Based on these insights, we adjust our support strategies accordingly. This data-driven approach empowers us to make informed decisions, refine our interventions, and ensure that our programs remain responsive to the ever-evolving needs of our participants and the community we serve. By leveraging local data, we maintain a continuous cycle of improvement, aiming to deliver more effective and impactful services that contribute to the broader goals of our community.

In addition to CoC-provided performance reviews, we partnered with the Corporation for Supportive Housing (CSH) and UMKC to evaluate our own programs' success as it relates to health outcomes and housing retention. This report has been used internally and externally to enhance our own programs and to impact other programs across the state (as the data has been used by the state's government).

How will this project improve upon and/or offer comprehensive on-the-ground support for those who live unsheltered and/or who have high service needs? [5 points]

-no answer-

1) What steps will you take to expedite access to housing and supportive services for those who are currently underserved, or missed altogether, by the existing system? 2) What will this project do to minimize unnecessary bureaucratic processes and paperwork, and make its processes easier to navigate? 3) How will this project ensure straightforward, timely, and truthful communication is had with clients at all phases of their housing journey? 4) What structures will this project implement to ensure accountability and continuity (i.e., "sticking with the person until the end") when working with program participants? [15 points]

-no answer-

What steps will this project take to: 1) ensure long-term housing stability amongst program participants; and 2) reduce returns to homelessness in the long and short-term? 3) Include how you will measure performance and evaluate this goal. [10 points]

-no answer-

Pick two of the five Core Elements of Housing First you deem most important. Describe strategies your project will implement to ensure fidelity to the Housing First model. [10 points] Housing First is a homeless assistance approach that prioritizes providing permanent housing to people experiencing homelessness, thus ending their homelessness and serving as a platform from which they can pursue personal goals and improve their quality of life. This approach is guided by the belief that people need basic necessities like food and a place to live before attending to anything less critical, such as getting a job, budgeting properly, or attending to substance use issues. Additionally, Housing First is based on the understanding that client choice is valuable in housing selection and supportive service participation, and that exercising that choice is likely to make a client more successful in remaining housed and improving their life. (source: https://endhomelessness.org/resource/housing-first/). The Core Elements of Housing First Include: (1) Consumer Choice, (2) Separation of Housing and Treatment, (3) Provide Services to Match Needs, (4) Recovery-oriented Service Philosophy; and (5) Social Community Integration (source: https://www.pathwayshousingfirst.org)

-no answer-

Describe the specific plan this project will employ to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible. [5 points]

-no answer-

How will this project maximize its impact through public/private or cross-sector partnerships? (Examples include: those that increase the availability of affordable housing stock and/or increase access to community-based supports, partnershps that increase access to healthcare/behavioral healthcare services and/or those that connect individuals to workforce and training or educational opportunities). [10 points]

-no answer-

Describe the new ways this project will support the COC's strategic goal to increase collaboration between agencies, rather than individual agency goals, to better serve our community. [10 points]

This project will contribute to the COC's strategic goal of increased collaboration by fostering partnerships and aligning efforts toward community-wide impact:

- Collaborative Case Management: Our project will engage in joint case management with partner agencies, ensuring participants receive seamless, coordinated support across various services.

- Shared Resource Referrals: We will support centralization of resources by remaining as transparent as possible (without violating HIPAA) regarding participant information. While also enabling efficient and accurate referrals to services based on participants' needs.

- Joint Trainings: Collaborative training sessions will be conducted with partner agencies, enhancing a shared understanding of best practices, service offerings, and eligibility criteria.

- Cross-Agency Planning: Our project will participate in regular planning sessions with other agencies to collectively address systemic challenges and strategize solutions.

- Data Sharing for Collective Insights: We will collaborate on data sharing and analysis to identify trends, gaps, and opportunities, guiding informed decision-making for improved outcomes.

- Community Outreach Events: Collaborative outreach events will engage multiple agencies to connect with individuals experiencing homelessness and provide comprehensive support.

- Joint Advocacy Efforts: Our project will align advocacy efforts with partner agencies to influence policy changes that promote affordable housing, support services, and systemic improvements.

By embracing these new ways of working, our project will actively contribute to a collaborative ecosystem that prioritizes collective impact over individual agency goals, effectively serving the community's broader needs and aspirations.

1) How will this project ensure individuals closest to and most deeply impacted by homelessness are meaningfully involved in all stages of planning and implementation of the project, including at the leadership level? 2) Describe how your agency will incoporate inclusive practices, resources, and infrastructure to support, and center the voices of, those with lived experience of homelessness. [10 points]

1) Meaningful Involvement: This project is committed to ensuring individuals with lived experience of homelessness are engaged at all stages. We will continue to employee individuals with lived, homeless experience as service providers who by nature of their employment at our agency have say in project service design. We will also continue to seek out our participants for advisory boards that provide insights into program design, implementation, and evaluation. These boards will have a voice in decision-making and policy recommendations. Lastly, we will actively seek input through focus groups and surveys, ensuring participant perspectives guide our approach.

2) Inclusive Practices: Our agency will continue to adopt inclusive practices to center the voices of those with lived experience. Our agency will continue to use the STAR rating system (that provides feedback on its inclusive practices) and maintain initiatives around trauma-informed care practices (which is also a requirement for its statewide funding). Resources such as peer mentors will provide support to participants, connecting them with individuals who have navigated similar journeys. Moreover, the use of its quality department our agency will continuously evaluate and adjust our practices based on feedback from those with lived experience, ensuring that their perspectives shape the trajectory of our programs.

What will your agency do to ensure individuals who share the characteristics and identities of the persons being served are visible and meaningfully represented in both the staffing and organizational structures administering this project? [10 points]

Our agency is committed to promoting diversity and representation to ensure individuals served are visible and meaningfully represented. We will implement the following strategies:

- Inclusive Hiring: Continue to actively recruit staff from diverse backgrounds to mirror the characteristics of participants. This will be supported by targeted outreach and partnerships with community organizations (i.e. HBCUs).

- Culturally Competent Training: Improve and continue to provide ongoing training to staff on cultural competence, sensitivity, and inclusion to ensure respectful interactions and understanding of diverse perspectives.

- Affinity Groups: Maintain and continue to create affinity groups or employee resource networks where staff can share experiences, insights, and perspectives related to the populations we serve.

- Advisory Boards: Enhance previously established advisory boards that include individuals from the community with lived experience to influence organizational decision-making.

- Diversity in Leadership: Continue to prioritize individuals from diverse backgrounds to pursue leadership roles within the organization, fostering diverse perspectives at the highest levels.

- Mentorship Programs: Develop mentorship initiatives to support staff from underrepresented groups, fostering professional growth and career advancement.

- Continuous Assessment: Regularly assess and address representation and inclusivity within the organization, adapting strategies to ensure meaningful representation.

By continuing to actively incorporate these measures, our agency will work to ensure that the characteristics and identities of the persons being served are visible and actively represented throughout our staffing and organizational structures.

1) Speak to your understanding of the importance of centering racial equity in homelessness work as it pertains to the needs of individuals who identify as both Black and male. 2) How might anti-blackness and other systemic issues be a driver of homelessness in this Continuum? 3) If funded, what will your project do to affect change in this area and how will you evaluate the accomplishment of related goals? [15 points]

1) Centering Racial Equity: Centering racial equity in homelessness work is essential, particularly for individuals who identify as both Black and male. Black individuals disproportionately experience homelessness due to historical inequities, systemic racism, and structural barriers. By centering racial equity, we acknowledge the unique challenges faced by Black individuals, including discrimination, limited access to quality education and employment, and over-policing. Addressing these issues is crucial to creating effective solutions that meet the specific needs of Black individuals who are experiencing homelessness.

2) Systemic Drivers: Anti-Blackness and systemic issues are significant drivers of homelessness within this Continuum. Historical and ongoing racial disparities in housing, education, employment, and criminal justice contribute to the overrepresentation of Black individuals in the

homeless population. Discriminatory practices such as redlining and racial profiling disproportionately affect Black communities, limiting access to stable housing and economic opportunities. Lack of affordable housing, coupled with employment and income disparities, perpetuates the cycle of homelessness.

3) Affecting Change and Evaluation: Our project is dedicated to affecting change in this area by:

- Cultural Competency Training: Providing staff with training to recognize and address racial bias, ensuring equitable service delivery.

- Advocacy and Policy Change: Engaging in advocacy efforts to challenge systemic racism, discriminatory practices, and policies that contribute to homelessness.

- Data Collection and Analysis: Collecting demographic data to track the representation of Black individuals within our program and evaluating outcomes to ensure equitable access to housing and services.

- Collaboration with Black-Led Organizations: Partnering with Black-led organizations to amplify their voices, incorporate their expertise, and ensure the design and implementation of effective interventions.

We will evaluate the accomplishment of our goals by measuring changes in housing stability, employment, and access to supportive services for Black male participants. Additionally, we will track the representation of Black individuals in our program and gather feedback through surveys and focus groups to assess their experiences. These evaluations will guide ongoing refinements to our strategies, ensuring that we are effectively addressing racial equity and reducing disparities in homelessness within this population.

1) Describe the unique housing needs and challenges experienced locally by members of the LGBTQIA+ population. 2) How might these issues impact the a) health, b) well-being and; c) access to housing and supportive services for individuals of LGBTQIA+ experience? 3) If funded, what will your project do to affect change in this area and how will you evaluate the accomplishment of related goals? [15 points] The Williams Institute at UCLA School of Law conducted this first study to provide estimates of the percentage of sexual and gender minority adults experiencing homelessness compared to cisgender straight adults using representative national data. The results provide estimates of homelessness (both recent experiences and lifetime prevalence) from three nationally representative surveys of U.S. adults conducted between 2016 and 2019 measuring sexual orientation and gender identity. Researches examined the proportion of people who had recent experiences with homelessness (in the form of living temporarily with friends or family, living in a shelter or group home, or living in a place not intended for housing such as on the street, park, car, or abandoned building) in the 12 months prior to being surveyed. The study found that: 8% of transgender adults across all sexual orientation identities; 3% of cisgender and genderqueer sexual minority adults; and 1% of cisgender straight adults reported indicators of recent homelessness. Among sexual minority adults, African American respondents had significantly higher rates (6%) of recent housing instability. Researchers also assessed the proportion of people who had experienced homelessness at any time in their life (measured only

among cisgender and genderqueer sexual minority adults). The study found that: 17% of sexual minority adults reported they experienced lifetime homelessness, which is more than twice what researchers found in a general population study. Most respondents (71%) who had ever experienced homelessness did so as adults. The study findings support concerns that homelessness is experienced at disproportional rates among sexual and gender minority people. (source: https://williamsinstitute.law.ucla.edu/publications/lgbt-homelessness-us/)

1) Unique Housing Needs and Challenges: Members of the LGBTQIA+ population face unique housing needs and challenges. Discrimination, harassment, and violence often lead to housing instability. LGBTQIA+ individuals may be rejected by their families or face hostile environments in shelters due to their sexual orientation or gender identity. Transgender individuals particularly encounter challenges, with a lack of gender-affirming housing options and higher rates of discrimination. Many LGBTQIA+ youth experience homelessness due to family rejection.

2) Impact on Health, Well-being, and Access:

a) Health: Homelessness among LGBTQIA+ individuals can lead to mental and physical health disparities, including higher rates of depression, anxiety, and substance use.

b) Well-being: The experience of homelessness exacerbates the vulnerability of LGBTQIA+ individuals, leading to a heightened risk of violence, exploitation, and engagement in survival sex.

c) Access: Lack of inclusive and affirming housing options results in limited access to safe and stable housing for LGBTQIA+ individuals. This further reduces their access to supportive services and exacerbates their vulnerabilities.

3) Affecting Change and Evaluation:

Our project is committed to addressing the unique needs of LGBTQIA+ individuals experiencing homelessness by:

- Gender-Affirming Housing: Offering gender-affirming housing options for transgender individuals, ensuring safe and inclusive environments.

- Inclusive Policies: Implementing non-discrimination policies that protect LGBTQIA+ participants from discrimination and harassment in housing and services.

- Culturally Competent Services: Providing training to staff on LGBTQIA+ cultural competency to ensure respectful and inclusive service provision.

- LGBTQIA+ Youth Support: Collaborating with LGBTQIA+ youth organizations to develop specialized interventions addressing the needs of LGBTQIA+ youth experiencing homelessness.

- Data Collection: Collecting data on sexual orientation and gender identity to measure representation and outcomes for LGBTQIA+ participants.

- Outreach and Engagement: Conducting outreach targeted at LGBTQIA+ individuals to connect

them with housing and services that are sensitive to their needs.

We will evaluate our success by tracking the percentage of LGBTQIA+ participants in our program, monitoring their housing stability, and conducting surveys to gather feedback on their experiences. Additionally, we will assess mental and physical health outcomes to gauge the impact of our interventions on improving overall well-being. Through these measures, we aim to create meaningful change and improve housing access and outcomes for LGBTQIA+ individuals experiencing homelessness.

Will the proposed project leverage funding for housing or rent outside of the CoC or ESG programs to provide housing for the proposed project? [10 points]

☑ Yes
☐ No

Please state the percentage of units in this application that will leverage housing funding outside of CoC or ESG.

Up to 100% (Support Community Living allocation through DMH; screenshot of allocation is attached and shows dollar amount)

Does this project have a formal agreement with an entity in the healthcare system to ensure equitable access to medical and behavioral health services that promote participants’ well-being and successful housing outcomes? [10 points]

☑ Yes
☐ No

Please provide the dollar value of the leveraged healthcare resources.

$112,800 (based on internal study mentioned above, with each participant receiving about $1,200 worth of health care services annually).

By checking this box the applicant acknowledges that If funded, this project will comply with state and local policies including those identified in the HUD COC Program Interim Rule, MO-604 Coordinated Entry Policies, and the requirements identified in the MO-604 NOFO Project Applicant Memorandum of Understanding.

☑ I understand and agree

By checking this box the applicant acknowledge projects funded by this NOFO will, without exception, be required to provide services to individuals and families experiencing one or more of the following “barriers” at the time of entry: (1) very little or zero income; (2)

active or history of substance use; (3) criminal justice involvement; (4) active or history of poorly managed physical and/or mental health; and (5) active or history of victimization (e.g., domestic violence, interpersonal violence, sexual assault, trafficking, and childhood abuse or neglect).

☑ I understand and agree

By checking this box the applicant acknowledges this project will comply with Fair Housing and Equal Opportunity laws including Gender Identity Equal Access to Housing, Final Rule, and anti-discrimination policies and the project will ensure services are provided to all individuals, regardless of race, color, religion, sex, disability, familial status, national origin, sexual orientation, gender identity, or gender expression.

☑ I understand and agree

By checking this box the applicant acknowledges that If funded, this project will dedicate staff time to participate in COC-wide training which includes some or all of the following skils and best practices: Trauma-informed processes and services; Strengths-based Case Management; Harm Reduction; Compassionate Care; Motivational Interviewing; Housing First; Core Competencies; Professional Ethics; and Fair Housing

☑ I understand and agree

Scoring Group:	**KC MO-604 NOFO 7/1/22-6/30/23**		
Scoring Project:		Date Range:	**07/01/2022 to 06/30/2023**
Project Type(s):	**PSH**	Created By:	

Project Information in HMIS

Project Identifiers

	Name	ID
Organization		18186
Project		473
Project Type	PH - Permanent Supportive Housing (disability required for entry)	3
Funding Type	HUD:CoC - Permanent Supportive Housing	2

Grant Information

Grant Number	MO0041xxxxxxxxx
Start and End	01/01/2000 - 12/31/9999
Leasing Budget	$1,024,422
Rental Assistance Budget	$0
Supportive Services Budget	$303,097
Operating Costs Budget	$39,789
HMIS Budget	$2,052
Admin Budget	$73,607
Total Annual Renewal Amount	$1,442,967

Scoring Summary

	Number of Criteria	Awarded Points	Available Points
Totals	20	87.5	115
Performance Score		76.09%	

Scoring Factors by Category

CoC Thresholds: 5 Awarded Points out of 5 Available Points

	Max Threshold	Partial Threshold	Actual Score	Awarded Points	Available Points
Data Quality- Exit Destination	<= 10 %		0 %	2.5	2.5
Data Quality- Personally Identifying Information	<= 10 %		2 %	2.5	2.5

Exits to Permanent Housing: 25 Awarded Points out of 25 Available Points

	Max Threshold	Partial Threshold	Actual Score	Awarded Points	Available Points
Minimum percent remain in or move to permanent housing	>= 90 %		96 %	25	25

Length of Stay: 0 Awarded Points out of 10 Available Points

	Max Threshold	Partial Threshold	Actual Score	Awarded Points	Available Points
On average, participants spend XX days from project entry to housing move-in	<= 29 Day(s)		132 Days(s)	0	10

New or Increased Income and Earned Income: 7.5 Awarded Points out of 10 Available Points

	Max Threshold	Partial Threshold	Actual Score	Awarded Points	Available Points
Minimum new or increased earned income for project leavers	>= 10 %		0 %	0	2.5
Minimum new or increased earned income for project stayers	>= 10 %		11 %	2.5	2.5
Minimum new or increased non-employment income for project leavers	>= 40 %		63 %	2.5	2.5
Minimum new or increased non-employment income for project stayers	>= 40 %		47 %	2.5	2.5

Returns to Homelessness: 15 Awarded Points out of 15 Available Points

	Max Threshold	Partial Threshold	Actual Score	Awarded Points	Available Points
Maximum percent of participants exiting to 'Place not meant for human habitation'	<= 15 %		0 %	15	15

Serves High Need Populations: 35 Awarded Points out of 50 Available Points

	Max Threshold	Partial Threshold	Actual Score	Awarded Points	Available Points
Minimum percent of participants entering project from place not meant for human habitation	>= 75 %	>= 30 %	48.35 %	5	10
Minimum percent of participants with more than one disability	>= 75 %		82 %	10	10
Minimum percent of participants with zero income at entry	>= 75 %		41.76 %	0	10

XX% of participants are chronically homeless	>= 90 %		98 %	20	20

Unscored - Future Scorecard Metrics: 0 Awarded Points out of 0 Available Points

	Max Threshold	Partial Threshold	Actual Score	Awarded Points	Available Points
Cost per client moving to permanent housing (exits and retention)	= 0 Count		15030.91 Count	0	0
Length of Time from Referral to Housed	<= 80 Day(s)		64 Days(s)	0	0
Returns to Homelessness after 12 Months	<= 0 %				0
Returns to Homelessness after 24 Months	<= 0 %				0
Returns to Homelessness after 6 Months	<= 0 %				0
Unused Funds at End of Last Grant Cycle	<= 3 %		6 %	0	0
Unused Funds at the End of Last Grant Cycle - Dollar Amount	<= 0 Count				0

Notification of Projects Rejected-Reduced - Part 1

Kelli Kemna
Housing Director
Missouri Department of Mental Health
1706 East Elm Street
P.O. Box 687
Jefferson City, Missouri 65102

Dear Kelli:
I am writing to notify you the FY23 COC NOFO Rank and Review panel has made the recommendation to partially reallocate your project SCE Shelter Plus Care in the amount of $152,572.00.

You will receive a follow-up phone call from Heather Bradley-Geary, the COC Administration and Finance Committee chair next Monday and we are happy to discuss with you the reviewers' notes and rationale for this decision at your earliest convenience.

Sincerely,

Marqueia Watson
Executive Director
Greater Kansas City Coalition to End Homelessness
mwatson@gkcceh.org

Notification of Projects Rejected-Reduced - Part 2

Friday, September 8, 2023

Stephanie Boyer
CEO
reStart, Inc.
918 E. 9th Street
Kansas City, MO 64106

Dear Stephanie:

I'm writing to inform you your COC project Housing Counts was recommended for partial reallocation in the amount of $66,733.00 by the FY23 COC NOFO Rank and Review panel. I am happy to discuss with you the reviewers' notes and rationale for this decision at your earliest convenience.

Please let me know if you would like to schedule a phone call to discuss. -Thanks!

Sincerely,

Marqueia Watson
Executive Director
Greater Kansas City Coalition to End Homelessness
mwatson@gkcceh.org

Notification of Projects Rejected-Reduced - Part 3

<table>
<tr><td colspan="6">MO-604| Kansas City (MO&KS), Independence, Lee's Summit/Jackson, Wyandotte Counties CoC</td></tr>
<tr><td colspan="6">2023 Continuum of Care NOFO Competition Tier Listing (Preliminary)</td></tr>
<tr><td colspan="6">TOTAL FY23 NOFO Funding Request $19,103,313.00</td></tr>
<tr><td colspan="6">*FY23 Funds available include: COC Annual Renewal Demand (ARD)- $16,898,733 + COC Bonus- $1,182,922 + DV Bonus- $1,088,508</td></tr>
</table>

RANK	PROJECT TYPE	STATUS	ORGANIZATION	PROJECT NAME	ALLOCATION
all			TIER 1 PROJECTS		
1	HMIS	Renewal	Greater Kansas City Coalition to End Homelessness	GKCCEH HMIS Project	$298,291.00
2	SSO-CE	Renewal	Greater Kansas City Coalition to End Homelessness	GKCCEH Coordinated Entry Project	$215,320.00
3	SSO-CE	Renewal	Care Beyond the Boulevard, Inc	Care Beyond the Boulevard	$31,388.00
4	TH-RRH	Renewal	Community LINC	Parenting Youth	$300,656.00
5	RRH	Renewal	Community Services League	CSL RRH DV Bonus	$278,227.00
6	RRH	Renewal	Friends of Yates, Inc.	A Place To Call Home	$256,422.00
7	TH-RRH	Renewal	Newhouse	2023 Newhouse TH RRH	$157,856.00
8	RRH	Renewal	Truman Medical Centers, Inc. dba University Health	TruFutures	$192,827.00
9	SSO-CE	Renewal	Community LINC	Community Housing Access	$112,000.00
10	RRH	New	Cross-Lines Community Outreach	CLCO Hope for Housing RRH 2023	$264,960.00
11	PSH	Renewal	Truman Medical Centers, Inc. dba University Health	Haven of Hope - Expansion	$1,442,967.00
12	TH-RRH	New	Our Spot KC	Lion House II	$374,770.00
13	SSO-CE	Renewal	Rose Brooks Center, Inc.	Rose Brooks Center SSO Project FY23	$220,070.00
14	RRH	Renewal	The Kansas City Metropolitan Lutheran Ministry	MLM CoC RRH	$374,269.00
15	PSH	Renewal	Truman Medical Centers, Inc. dba University Health	TruRoots	$272,212.00
16	PSH	Renewal	Missouri Department of Mental Health	SCI Shelter Plus Care	$1,121,823.00
17	PSH	Renewal	Missouri Department of Mental Health	SCK Shelter Plus Care	$1,917,075.00
18	RRH	Renewal	Hope House, Inc.	Permanent Housing Program for Survivors	$572,944.00
19	PSH	Renewal	Missouri Department of Mental Health	SCE Shelter Plus Care	$1,144,869.00
20	PSH	Renewal	Missouri Department of Mental Health	SCV Shelter Plus Care	$1,239,985.00
21	RRH	Renewal	Kim Wilson Housing, Inc.	WyRap	$410,289.00
22	PSH	Renewal	SAVE, Inc.	SHP Rental Assistance	$441,267.00
23	RRH	Renewal	SAVE, Inc.	Youth RRH	$166,194.00
24	PSH	Renewal	The Salvation Army	The Salvation Army Linwood Center PSH	$298,197.00
25	RRH	Renewal	Rose Brooks Center, Inc.	Rose Brooks Center Housing Program FY23	$954,192.00
26	PSH	Renewal	Kim Wilson Housing, Inc.	Beacon Homes	$651,914.00
27	PSH	Renewal	City of Kansas City, Missouri	MO-604-REN-2004 (KCHD Shelter+Care 2023)	$439,912.00
28	PSH	Renewal	Community Services League	CSL My Way Home	$753,465.00
29	PSH	Renewal	The Salvation Army	The Salvation Army Kansas City Kansas PSH	$532,053.00
30	TH-RRH	Renewal	SAVE, Inc.	Lion House	$247,910.00
31A	PSH	Renewal	Kim Wilson Housing, Inc.	Grace Homes	$369,432.00
				TIER 1 TOTAL	**$16,053,756.00**
all			TIER 2 PROJECTS		
31B	PSH	Renewal	Kim Wilson Housing, Inc.	Grace Homes	$80,251.00
32	RRH	Renewal	reStart, Inc.	A Good Start	$163,916.00
33	RRH	Renewal	reStart, Inc.	A Good Start	$104,922.00
34	PSH	Renewal	reStart, Inc.	Housing Counts	$495,847.00
35	HMIS	New	Greater Kansas City Coalition to End Homelessness	FY23 HMIS Project- Expansion	$294,906.00
36	SSO-CE	New	The Children's Mercy Hospital	FY2023 Ctr. for Family and Community Connections	$159,107.00
37	SSO-CE	New	Greater Kansas City Coalition to End Homelessness	FY23 Coordinated Entry Expansion	$225,000.00
38	RRH	New	The Kansas City Metropolitan Lutheran Ministry	COC RRH Expansion	$254,782.00
39	SSO-CE	New	The Kansas City Metropolitan Lutheran Ministry	Connections	$182,318.00
40	RRH	DV Bonus	The Kansas City Metropolitan Lutheran Ministry	CoC RRH Expansion - DV	$476,025.00
41	RRH	DV Bonus	Rose Brooks Center, Inc.	Rose Brooks Center Housing Program FY23 - Expans	$300,000.00
42	RRH	DV Bonus	Community Services League	CSL RRH DV Bonus II	$312,483.00
				TIER 2 TOTAL	**$3,049,557.00**
				TOTAL FY23 NOFO Funding Request	**$19,103,313.00**

RANK	PROJECT TYPE		PROJECT NAME	ORGANIZATION	AMOUNT
all			PARTIALLY REALLOCATTED RENEWAL PROJECTS		
X	PSH	Renewal	Missouri Department of Mental Health	SCE Shelter Plus Care	$152,572.00
X	PSH	Renewal	reStart, Inc.	Housing Counts	$66,783.00
				TOTAL FY23 Funds Reallocated	**$219,355.00**

*Note: Projects ranked #1-7 are not eligible for reallocation.

*Note: Corrections based on Rank and Review panel recommendation are made in blue.

Premilnary Listing- 9.13.23, GKCCEH Board Approval Pending

Attention NOFO Project Applicants:

2023 NOFO Preliminary Tier Listing Now Available!

The selection panel in this year's NOFO Rank and Review process represented a diverse group of stakeholders, several of whom have lived experience of homelessness. They spent hours reviewing each project for quality and to ensure those funded serve both federal and local priorities. After hours of careful deliberation and focused conversation on their part, GKCCEH staff are ready to announce the Preliminary 2023 NOFO Tier Listing. Please note, this list of projects was selected by the NOFO Funding Review Committee and is awaiting approval by the GKCCEH Board of Directors. Once approved, the ranked list of projects is subject to final approval by HUD.

The Final Tier Listing will be distributed by email on Thursday, September 14, 2023.

We are grateful to all who applied and will follow up with applicants to provide reviewer feedback about their projects after the final submission of the Collaborative Application.

Download the Tier Listing

2023 NOFO Funding Update (…r Listing)

Sent September 8th 2023 at 4:04 pm CDT

Subject	IMPORTANT: 2023 NOFO Preliminary Tier Li…
Preheader	CoC Projects Recommended for Funding
From name	GKCCEH Staff
From	admin@gkcceh.org
Reply	admin@gkcceh.org
Lists	Membership
Email link	https://conta.cc/3PenXlM

Send a test email

Enter up to 5 email addresses

kcoulter@gkcceh.org ✕   abauer@gkcceh.org ✕

Personal Note   0/400

This note will appear at the top of the email.

Send Now   Print

Notification of Projects Accepted - Part 2
(All project applicants are highlighted)

2023 HDX Competition Report

PIT Count Data for MO-604M - Kansas City/Independence/Lee's Summit/Jackson County CoC

Total Population PIT Count Data

	2020 PIT	2021 PIT *	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count	**1733**	**1425**	**1582**	**1776**
Emergency Shelter Total	848	552	386	523
Safe Haven Total	0	12	16	19
Transitional Housing Total	442	453	469	565
Total Sheltered Count	**1290**	**1017**	**871**	**1107**
Total Unsheltered Count	**443**	**408**	**711**	**669**

Chronically Homeless PIT Counts

	2020 PIT	2021 PIT *	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	**163**	**133**	**305**	**241**
Sheltered Count of Chronically Homeless Persons	55	37	40	12
Unsheltered Count of Chronically Homeless Persons	108	96	265	229

2023 HDX Competition Report

PIT Count Data for MO-604M - Kansas City/Independence/Lee's Summit/Jackson County CoC

Homeless Households with Children PIT Counts

	2020 PIT	2021 PIT *	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children	**141**	**140**	**106**	**138**
Sheltered Count of Homeless Households with Children	141	138	104	138
Unsheltered Count of Homeless Households with Children	0	2	2	0

Homeless Veteran PIT Counts

	2011 PIT	2020 PIT	2021 PIT *	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Veterans	**315**	**104**	**99**	**133**	**158**
Sheltered Count of Homeless Veterans	186	77	59	88	105
Unsheltered Count of Homeless Veterans	129	27	40	45	53

*For CoCs that did not conduct an unsheltered count in 2021, 2020 data were used.

2023 HDX Competition Report

HIC Data for MO-604M - Kansas City/Independence/Lee's Summit/Jackson County CoC

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Current, Year-Round, HMIS Beds	Total Year-Round, Current, Non-VSP Beds*	HMIS Bed Coverage Rate for Year-Round Beds	Total Year-Round, Current VSP Beds in an HMIS Comparable Database	Total Year-Round, Current, VSP Beds**	HMIS Comparable Bed Coverage Rate for VSP Beds	Total Current, Year-Round, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
ES Beds	1,084	745	834	89.33%	250	250	100.00%	995	91.79%
SH Beds	25	25	25	100.00%	0	0	NA	25	100.00%
TH Beds	969	908	945	96.08%	24	24	100.00%	932	96.18%
RRH Beds	332	224	226	99.12%	106	106	100.00%	330	99.40%
PSH Beds	1,724	1,724	1,724	100.00%	0	0	NA	1,724	100.00%
OPH Beds	0	0	0	NA	0	0	NA	0	NA
Total Beds	4,134	3,626	3,754	96.59%	380	380	100.00%	4,006	96.90%

HIC Data for MO-604M - Kansas City/Independence/Lee's Summit/Jackson County CoC

2023 HDX Competition Report

HIC Data for MO-604M - Kansas City/Independence/Lee's Summit/Jackson County CoC

Notes
*For OPH Beds, this does NOT include any beds that are Current, Non-VSP, Non-HMIS, and EHV-funded.
**For OPH Beds, this does NOT include any beds that are Current, VSP, Non-HMIS, and EHV-funded.
In the HIC, "Year-Round Beds" is the sum of "Beds HH w/o Children", "Beds HH w/ Children", and "Beds HH w/ only Children". This does not include Overflow ("O/V Beds") or Seasonal Beds ("Total Seasonal Beds").
In the HIC, Current beds are beds with an "Inventory Type" of "C" and not beds that are Under Development ("Inventory Type" of "U").

PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

Chronically Homeless Bed Counts	2020 HIC	2021 HIC	2022 HIC	2023 HIC
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC	1717	1424	1131	1094

Rapid Rehousing (RRH) Units Dedicated to Persons in Household with Children

Households with Children	2020 HIC	2021 HIC	2022 HIC	2023 HIC
RRH units available to serve families on the HIC	98	344	158	164

Rapid Rehousing Beds Dedicated to All Persons

All Household Types	2020 HIC	2021 HIC	2022 HIC	2023 HIC
RRH beds available to serve all populations on the HIC	370	752	375	332

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

Summary Report for MO-604M - Kansas City/Independence/Lee's Summit/Jackson County CoC

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than October, 1, 2012.

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.
Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

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

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2021	FY 2022	Submitted FY 2021	FY 2022	Difference	Submitted FY 2021	FY 2022	Difference
1.1 Persons in ES and SH	884	2348	76	200	124	74	109	35
1.2 Persons in ES, SH, and TH	1728	3423	99	173	74	73	95	22

b. Due to changes in DS Element 3.17, metrics for measure (b) will not be reported in 2016.

This measure includes data from each client's "Length of Time on Street, in an Emergency Shelter, or Safe Haven" (Data Standards element 3.17) response and prepends this answer to the client's entry date effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

NOTE: Due to the data collection period for this year's submission, the calculations for this metric are based on the data element 3.17 that was active in HMIS from 10/1/2015 to 9/30/2016. This measure and the calculation in the SPM specifications will be updated to reflect data element 3.917 in time for next year's submission.

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2021	FY 2022	Submitted FY 2021	FY 2022	Difference	Submitted FY 2021	FY 2022	Difference
1.1 Persons in ES, SH, and PH (prior to "housing move in")	1422	2850	469	670	201	196	437	241
1.2 Persons in ES, SH, TH, and PH (prior to "housing move in")	2219	3884	396	571	175	157	362	205

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

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

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)	Returns to Homelessness in Less than 6 Months		Returns to Homelessness from 6 to 12 Months		Returns to Homelessness from 13 to 24 Months		Number of Returns in 2 Years	
		FY 2022	% of Returns	FY 2022	% of Returns	FY 2022	% of Returns	FY 2022	% of Returns
Exit was from SO	84	1	1%	6	7%	6	7%	13	15%
Exit was from ES	241	10	4%	1	0%	16	7%	27	11%
Exit was from TH	360	21	6%	19	5%	30	8%	70	19%
Exit was from SH	24	0	0%	1	4%	2	8%	3	13%
Exit was from PH	638	9	1%	20	3%	28	4%	57	9%
TOTAL Returns to Homelessness	1347	41	3%	47	3%	82	6%	170	13%

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

2023 HDX Competition Report
FY2022 - Performance Measurement Module (Sys PM)

This measures the change in PIT counts of sheltered and unsheltered homeless person as reported on the PIT (not from HMIS).

	January 2021 PIT Count	January 2022 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	1575	1783	208
Emergency Shelter Total	579	425	-154
Safe Haven Total	12	16	4
Transitional Housing Total	508	511	3
Total Sheltered Count	1099	952	-147
Unsheltered Count	476	831	355

Metric 3.2 – Change in Annual Counts

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

	Submitted FY 2021	FY 2022	Difference
Universe: Unduplicated Total sheltered homeless persons	1728	3423	1695
Emergency Shelter Total	841	2284	1443
Safe Haven Total	44	68	24
Transitional Housing Total	894	1152	258

FY2022 - Performance Measurement Module (Sys PM)

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

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

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults (system stayers)	989	896	-93
Number of adults with increased earned income	49	54	5
Percentage of adults who increased earned income	5%	6%	1%

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

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults (system stayers)	989	896	-93
Number of adults with increased non-employment cash income	328	341	13
Percentage of adults who increased non-employment cash income	33%	38%	5%

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

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults (system stayers)	989	896	-93
Number of adults with increased total income	365	384	19
Percentage of adults who increased total income	37%	43%	6%

FY2022 - Performance Measurement Module (Sys PM)

Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults who exited (system leavers)	778	939	161
Number of adults who exited with increased earned income	171	240	69
Percentage of adults who increased earned income	22%	26%	4%

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

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults who exited (system leavers)	778	939	161
Number of adults who exited with increased non-employment cash income	111	121	10
Percentage of adults who increased non-employment cash income	14%	13%	-1%

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY 2021	FY 2022	Difference
Universe: Number of adults who exited (system leavers)	778	939	161
Number of adults who exited with increased total income	270	349	79
Percentage of adults who increased total income	35%	37%	2%

FY2022 - Performance Measurement Module (Sys PM)

Measure 5: Number of persons who become homeless for the 1st time

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

	Submitted FY 2021	FY 2022	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	1485	2467	982
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	312	628	316
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	1173	1839	666

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

	Submitted FY 2021	FY 2022	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	2130	2979	849
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	629	884	255
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	1501	2095	594

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

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

This Measure is not applicable to CoCs in FY2022 (Oct 1, 2021 - Sept 30, 2022) reporting period.

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

Metric 7a.1 – Change in exits to permanent housing destinations

	Submitted FY 2021	FY 2022	Difference
Universe: Persons who exit Street Outreach	176	194	18
Of persons above, those who exited to temporary & some institutional destinations	56	37	-19
Of the persons above, those who exited to permanent housing destinations	53	61	8
% Successful exits	62%	51%	-11%

Metric 7b.1 – Change in exits to permanent housing destinations

2023 HDX Competition Report

FY2022 - Performance Measurement Module (Sys PM)

	Submitted FY 2021	FY 2022	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	1477	2109	632
Of the persons above, those who exited to permanent housing destinations	643	819	176
% Successful exits	44%	39%	-5%

Metric 7b.2 – Change in exit to or retention of permanent housing

	Submitted FY 2021	FY 2022	Difference
Universe: Persons in all PH projects except PH-RRH	1370	1556	186
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	1334	1505	171
% Successful exits/retention	97%	97%	0%

2023 HDX Competition Report
FY2022 - SysPM Data Quality

MO-604M - Kansas City/Independence/Lee's Summit/Jackson County CoC

	All ES, SH			All TH			All PSH, OPH			All RRH			All Street Outreach		
	Submitted FY2020	Submitted FY2021	FY2022	Submitted FY2020	Submitted FY2021	FY2022	Submitted FY2020	Submitted FY2021	FY2022	Submitted FY2020	Submitted FY2021	FY2022	Submitted FY2020	Submitted FY2021	FY2022
1. Number of non-DV Beds on HIC	923	910	813	701	682	999	2053	1578	1849	265	752	334			
2. Number of HMIS Beds	869	831	799	698	682	975	2053	1578	1849	265	745	185			
3. HMIS Participation Rate from HIC (%)	94.15	91.32	98.28	99.57	100.00	97.60	100.00	100.00	100.00	100.00	99.07	55.39			
4. Unduplicated Persons Served (HMIS)	604	922	1053	961	1144	1340	2314	1564	1703	1175	1178	780	1650	908	1147
5. Total Leavers (HMIS)	655	847	936	735	214	998	475	200	229	505	476	407	1119	418	607
6. Destination of Don't Know, Refused, or Missing (HMIS)	58	301	228	129	89	123	40	14	21	23	99	31	814	283	513
7. Destination Error Rate (%)	8.85	35.54	24.36	17.55	41.59	12.32	8.42	7.00	9.17	4.55	20.80	7.62	72.74	67.70	84.51

2023 HDX Competition Report
FY2022 - SysPM Data Quality

2023 HDX Competition Report

Submission and Count Dates for MO-604M - Kansas City/Independence/Lee's Summit/Jackson County CoC

Date of PIT Count

	Date	Received HUD Waiver
Date CoC Conducted 2023 PIT Count	1/25/2023	

Report Submission Date in HDX

	Submitted On	Met Deadline
2023 PIT Count Submittal Date	4/3/2023	Yes
2023 HIC Count Submittal Date	4/3/2023	Yes
2022 System PM Submittal Date	2/22/2023	Yes

2023 HDX Competition Report

PIT Count Data for MO-604K - Kansas City/Wyandotte County CoC

Total Population PIT Count Data

	2020 PIT	2021 PIT *	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count	240	150	201	210
Emergency Shelter Total	56	27	39	47
Safe Haven Total	0	0	0	0
Transitional Housing Total	102	55	42	41
Total Sheltered Count	158	82	81	88
Total Unsheltered Count	82	68	120	122

Chronically Homeless PIT Counts

	2020 PIT	2021 PIT *	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	41	27	49	42
Sheltered Count of Chronically Homeless Persons	12	5	7	3
Unsheltered Count of Chronically Homeless Persons	29	22	42	39

2023 HDX Competition Report

PIT Count Data for MO-604K - Kansas City/Wyandotte County CoC

Homeless Households with Children PIT Counts

	2020 PIT	2021 PIT *	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children	**14**	**3**	**6**	**7**
Sheltered Count of Homeless Households with Children	14	3	6	5
Unsheltered Count of Homeless Households with Children	0	0	0	2

Homeless Veteran PIT Counts

	2011 PIT	2020 PIT	2021 PIT *	2022 PIT	2023 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Veterans	**53**	**42**	**20**	**23**	**31**
Sheltered Count of Homeless Veterans	48	36	14	18	22
Unsheltered Count of Homeless Veterans	5	6	6	5	9

*For CoCs that did not conduct an unsheltered count in 2021, 2020 data were used.

2023 HDX Competition Report

HIC Data for MO-604K - Kansas City/Wyandotte County CoC

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Current, Year-Round, HMIS Beds	Total Year-Round, Current, Non-VSP Beds*	HMIS Bed Coverage Rate for Year-Round Beds	Total Year-Round, Current VSP Beds in an HMIS Comparable Database	Total Year-Round, Current, VSP Beds**	HMIS Comparable Bed Coverage Rate for VSP Beds	Total Current, Year-Round, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
ES Beds				NA			NA		NA
SH Beds				NA			NA		NA
TH Beds				NA			NA		NA
RRH Beds				NA			NA		NA
PSH Beds				NA			NA		NA
OPH Beds				NA			NA		NA
Total Beds				NA			NA		NA

2023 HDX Competition Report

HIC Data for MO-604K - Kansas City/Wyandotte County CoC

2023 HDX Competition Report

HIC Data for MO-604K - Kansas City/Wyandotte County CoC

Notes
*For OPH Beds, this does NOT include any beds that are Current, Non-VSP, Non-HMIS, and EHV-funded.
**For OPH Beds, this does NOT include any beds that are Current, VSP, Non-HMIS, and EHV-funded.
In the HIC, "Year-Round Beds" is the sum of "Beds HH w/o Children", "Beds HH w/ Children", and "Beds HH w/ only Children". This does not include Overflow ("O/V Beds") or Seasonal Beds ("Total Seasonal Beds").
In the HIC, Current beds are beds with an "Inventory Type" of "C" and not beds that are Under Development ("Inventory Type" of "U").

PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

Chronically Homeless Bed Counts	2020 HIC	2021 HIC	2022 HIC	2023 HIC
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC				

Rapid Rehousing (RRH) Units Dedicated to Persons in Household with Children

Households with Children	2020 HIC	2021 HIC	2022 HIC	2023 HIC
RRH units available to serve families on the HIC				

Rapid Rehousing Beds Dedicated to All Persons

All Household Types	2020 HIC	2021 HIC	2022 HIC	2023 HIC
RRH beds available to serve all populations on the HIC				

2023 HDX Competition Report

Submission and Count Dates for MO-604K - Kansas City/Wyandotte County CoC

Date of PIT Count

	Date	Received HUD Waiver
Date CoC Conducted 2023 PIT Count	1/25/2023	

Report Submission Date in HDX

	Submitted On	Met Deadline
2023 PIT Count Submittal Date	4/3/2023	Yes
2023 HIC Count Submittal Date		No
2022 System PM Submittal Date		No

To:	**MO-604 CoC**
From:	**Becky Poitras, VP/Assistant Executive Director**
Date:	**8/20/2023**
Re:	**Leveraging Housing Resources & Leveraging Healthcare Resources**

To Whom it May Concern,

Metro Lutheran Ministry commits the following to leverage Housing & Healthcare Resources to the MLM CoC RRH Expansion project:

Housing Resources
The expansion project will utilize housing subsidies not funded through the CoC or ESG programs. Resources will include private organization charitable gifts ($12,500) and local County funding ($87,500). Total leveraged housing resources funds will be $100,000, and will serve at least 50% of the RRH project participants (14 individuals in families with children). A copy of the current County contract for 1/1-12/31/23 is attached.

Healthcare Resources
MLM is a partner provider of the KC Medicine Cabinet. The MOU attached covers 1/1/23-12/31/23; the MOU is signed annually. All households served by the project are eligible for services; the value of services provided through MLM averages $10,000 annually. In addition, financial resources from Children's Mercy Hospital and St. Luke's Hospital, totaling $24,000, will be leveraged. Current MOUs are attached.

Sincerely,

Becky Poitras

Becky Poitras
VP/Assistant Executive Director

Our Vision: To be a community that acts justly, loves mercy and walks humbly with God.
(Inspired by Micah 6:8)

3031 Holmes · Kansas City, Missouri 64109–1435 · 816-931-0027 · www.mlmkc.org

CHILDREN'S
SERVICES
FUND
OF JACKSON COUNTY

CHILDREN'S SERVICES FUND OF JACKSON COUNTY
SERVICES CONTRACT

This contract is made and entered into by and between Children's Services Fund of Jackson County, Inc., a Missouri nonprofit corporation, hereinafter referred to as CSF, and Metro Lutheran Ministry, hereafter referred to as the AGENCY.

Whereas, CSF is a nonprofit corporation formed under the provisions of Chapter 355, pursuant to sections 67.1775 and 210.861 of the Revised Statutes of Missouri and Jackson County, Missouri ordinance 4951, and has the right to expend monies under the direction of CSF's Board of Directors for the purposes of funding services to children and youth nineteen (19) years of age and younger and their families residing in Jackson County, Missouri; and

Whereas, the AGENCY has submitted a proposal for funding and necessary supporting documentation to CSF detailing the services and other support to be provided along with the expected cost to the AGENCY thereof in response to the Request for Proposals issued by CSF seeking services by AGENCY to further' the programmatic objects of CSF for the 2023 funding year; and

Whereas, CSF has approved the proposal submitted by AGENCY for funding in whole or in part as hereinafter set forth and subject to the express terms of this Contract (hereafter "Contract").

Now therefore, in consideration of the mutual promises, agreements and covenants herein contained, the parties hereto agree to the following:

FUND ALLOCATION FOR SERVICES RENDERED BY THE AGENCY

1. **FUNDING POLICIES**

   CSF has established certain parameters for the provision of funds to service providers that have demonstrated through their proposal the ability to provide public benefit services in accordance with the requirements of CSF as set forth in its request for proposal (RFP) and in accordance with the budget, outcomes, and target population served as outlined by AGENCY in its formal response to the RFP. AGENCY will perform the services and carry out the activities as set forth in the AGENCY's original proposal for funding and this Agreement, including limitations on eligibility for, and use of, funds as set forth in Section 14, herein. Any Contract changes will be sent to the AGENCY via written communication from CSF's Executive Director and shall thereafter be considered to be a part of this Contract between CSF and AGENCY.

The AGENCY agrees to and understands that services performed under this agreement are limited to the AGENCY's proposal for funding for the calendar year covered by the Term of this Agreement as more specifically set forth in collective Schedule A - Target Population Served, Program Outcomes and Budget.

2. FUND ALLOCATION

During the period January 1, 2023 to December 31, 2023, CSF hereby expresses its non-binding intention and its goal to provide an amount of funding not to exceed the CSF'approved budget (the "fund allocation amount"), in consideration of the direct performance by AGENCY of those services set forth in this Contract.

AGENCY shall only be paid for the actual services provided in accordance with this Contract. CSF will be billed in accordance with identified expenses, units of service, rates, and any applicable funding contingencies as detailed in collective Schedule A - Target Population Served, Program Outcomes and Budget. CSF reserves the right to monitor AGENCY performance and intervene as necessary.

The parties agree that CSF shall have no responsibility for any costs incurred by AGENCY above the approved fund allocation amount. The obligation of CSF to provide the fund allocation amount for the Term of this Contract is further contingent upon sufficient funds having been appropriated or generated through sales tax collections for the purpose of funding CSF by Jackson County. In the event of failure of the County to appropriate or generate such funds, the obligations of the parties to this contract shall terminate.

CSF reserves the sole and exclusive right to make additional funds available to AGENCY based upon CSF Board review and determination, which shall include AGENCY's ongoing adherence to reports, audits, and other compliance requirements set forth in this Contract.

Although not contemplated based on the funding parameters established herein, in the event AGENCY has unspent funds provided by CSF, such funds shall be returned to CSF. Alternatively, at CSF's sole discretion, should AGENCY be approved to receive funding in the following, new contract year, the overpayment may be "repaid" by deduction from one or more payments due on any such new contract awarded to AGENCY.

3. BILLING

AGENCY agrees to submit an invoice on or before the 15th day of each month in which billing is due. Programs using units of service reimbursement will submit billing on a monthly basis. Programs using reimbursement for actual expenses will submit billing in April, July, October, and January for those services provided during each quarter. Should the 15th fall on a weekend day, submissions are due the first following business day. Transactions submitted to CSF by AGENCY on or after 120 days from the date of service provision shall be subject to denial. AGENCY agrees to utilize any invoice template and data collection tools provided by CSF.

4. PAYMENTS

CSF will process payments no later than thirty (30) days from the date the invoice is submitted. Exceptions to this timeframe may include errors in invoice submission, missing information, or processing and will be communicated to AGENCY.

REPORTING, MONITORING, AND MODIFICATION

5. REPORTING

All invoices submitted by AGENCY must include specific detail, including date(s) services were provided, type of service provided, and a description of the recipient of the services in a fashion sufficient to allow CSF to determine that the services are as contracted. AGENCY further agrees to submit to CSF those reports that CSF determines necessary and useful to the effectiveness of its ongoing programs including, but not limited to, the Target Population Served, cost of services per the Budget, and Outcomes Report, using the methods and manner requested and within the timeframe provided by CSF. Payments will be withheld from AGENCY if invoices do not provide sufficient detail or if designated and required reports are not submitted on time and no formal request for submission extension has been approved by CSF and until such reports are filed. In the event required reports are not filed within thirty (30) business days from the original due date established by CSF, CSF reserves the right to review the contract compliance status of AGENCY and determine if the contract is null and void for the remainder of the contract period.

AGENCY shall notify CSF immediately regarding any adverse action against it or any adverse situation related to a CSF funded program provided through or by AGENCY, including, but not limited to:

- Injury of any kind or death to client, staff, volunteer or member of the public.
- Incident or allegation of consumer sexual abuse, physical abuse, or neglect alleged to have been engaged in by an AGENCY employee or volunteer, or by a foster parent, or another consumer while in the custody of AGENCY.
- Insolvency or bankruptcy.
- Governmental, regulatory, or other legal action against AGENCY or its staff.
- Any changes in license status.
- Change of executive leadership.

6. MERGERS/ASSIGNMENT

AGENCY agrees that at the time of the signing of this document, AGENCY is not in a pending or expected merger with any other entity. In the event that AGENCY becomes aware of a potential merger, AGENCY agrees to notify CSF immediately. This Contract is not assignable by AGENCY without the express written consent of CSF. In the event AGENCY does wish to merge or otherwise assign this Contract, AGENCY must obtain the advance written approval of CSF to such assignment.

7. FINANCIAL INFORMATION

AGENCY shall supply CSF with financial information, including, but not limited to, income and expense statements and statements of financial position for the two most recent fiscal years. If AGENCY has financial statements audited by an independent certified public accounting, then AGENCY shall provide a copy of same to CSF as soon as completed. Audited financial statements for any AGENCY or entity proposing to provide services are not necessarily required to qualify for funding from CSF. The determination of any audit requirement is at the sole discretion of CSF.

8. FEDERAL AND STATE REPORTING

Any AGENCY with federal tax exempt status under Internal Revenue Code (IRC) section 501 agrees to submit to CSF a copy of its annual Federal Form 990, Federal Form 990-EZ, or evidence of the filing of Federal Form 990-N and (if applicable) Federal Form 990-T and/or Missouri Form 1120, or other similar or related documents required by law. All Missouri school districts, including charter schools, are required to be audited annually and to submit a copy of the audit report to the Department of Elementary and Secondary Education. Any AGENCY that is a Missouri school district shall provide to CSF a copy of this audit report. All other AGENCY contractors not required to file either a federal information return or audit shall provide to CSF that information set forth under paragraph 7, herein. If AGENCY will not be filing any required Federal and State reporting forms on time with the appropriate State or Federal agency, then a copy of its extension to file, Federal Form 8868 and/or Missouri Form 7004 must be submitted to CSF upon request by CSF. Payments may be withheld from the AGENCY if reports designated here are not submitted within the required timeframe or as requested by CSF.

9. MONITORING

CSF reserves the right to monitor the Contract and the programs or services provided by AGENCY throughout the effective period of the Contract to ensure compliance with contractual requirements. CSF shall utilize AGENCY's application for funding in addition to any mutually agreed to modifications and revisions as submitted by AGENCY to assist CSF with monitoring service delivery and program expenditures. AGENCY is expected to provide services and achieve outcomes as described in AGENCY's application for funding and detailed in this Contract and collective Schedule A - Target Population Served, Program Outcomes and Budget

AGENCY agrees to permit CSF to monitor and review any component of CSF funded programs, except as prohibited by laws protecting client confidentiality. CSF is not a health services organization or entity. CSF at no time will create, receive, maintain or transmit any personally identifying information of AGENCY clients or any protected health information ("PHI") as defined under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA) or that is otherwise limited from transmission and/or disclosure under HIPAA in the course of this Contract. In connection with any and all CSF funding and monitoring, AGENCY will ensure that CSF does not receive any personally identifying information of clients or any PHI. Should CSF receive any such information, it will return same to AGENCY

immediately upon discovery and shall maintain any such information in a strictly confidential fashion pending that return.

In addition, AGENCY hereby agrees that, upon notice of seven (7) business days, it will make available to CSF or its designee(s) all non-confidential, non-PHI records, personnel, and documentation for auditing, reviewing, and interviewing, to determine the status of the service, activities, and programs covered hereunder and all other matters set forth in the contract.

CSF reserves the right to survey clients served by the AGENCY with this funding regarding their level of satisfaction and engagement with the services.

10. MODIFICATION OR AMENDMENT

In the event AGENCY requests to make any changes, modifications, or amendments to funded services, activities, and/or programs covered by this Contract, a request for the proposed modification or amendment must be submitted to the assigned CSF representative for approval at least 60 days before the end of the contract period. Requests to CSF must be submitted in writing and any such requests may be denied at the discretion of CSF. Any amendment or modification of this Contract must be agreed to in a writing signed by all of the parties.

OTHER TERMS AND CONDITIONS

11. VIOLATION OF AGENCY's CLIENT's RIGHTS

Any alleged case of a violation of protected and/or legal rights of an AGENCY client in a program funded by CSF shall be investigated in accordance with the AGENCY's policies and procedures and in accordance with any local/state/federal regulations, as well as to the satisfaction of CSF.

The AGENCY agrees to notify CSF's representative of any such incidents that have been reported to any governmental body and must also authorize the governmental body to notify CSF of any substantiated allegations. The AGENCY must comply with Federal and Missouri law regarding confidentiality of client records.

12. NON-DISCRIMINATION

AGENCY shall not discriminate against any employee, applicant for employment, or any potential or actual recipient of AGENCY services because of race, creed, gender, sexual orientation, gender identity or national origin, age, marital status, or disability, or any other characteristic protected by federal, state or local law. This prohibition may be amended to the extent that such provision is inconsistent with an immutable characteristic of the AGENCY's mission. In the event of AGENCY's noncompliance with the provisions of this paragraph, the Contract may be terminated or suspended in whole or in part, and AGENCY may be declared ineligible for future CSF contracts.

13. CHILD ABUSE SCREENING AND CRIMINAL BACKGROUND SCREENING

AGENCY must require and obtain background checks, including child abuse and neglect screenings, as well as criminal background checks for felony convictions involving moral turpitude, by the Family Care Safety Registry, law enforcement, or another screening approved by CSF, conducted annually on all employees and volunteers providing direct services to children and youth.

14. USE OF FUNDS

AGENCY agrees that CSF funds shall be used exclusively for direct public services and for associated administrative costs directly related to the AGENCY's provision of those services outlined in the AGENCY's application for funding, including any modifications or amendments, and in accordance with this Contract and all schedules. AGENCY further agrees that no portion of CSF funds provided under this Contract shall be used in support of any religious worship or instruction, or in the construction of any facility, which is or will be used for religious worship or instruction, it being the intent that CSF funds may only be used for secular, public benefit programs. State law prohibits the use of public funds in support of religious worship or instruction. If any provision of this Contract, including the prohibition of support for religious activities, would not be consistent with the religious tenets of an organization, such inconsistency shall be brought to the attention of CSF. The parties shall make good faith efforts to reconcile the provision of this Contract and such religious tenets, or else the AGENCY shall be disqualified from assistance.

15. TERMINATION

CSF shall have the right to terminate the Contract in the exercise of its absolute and sole discretion, upon written notice to AGENCY. No cause for termination is necessary for CSF to terminate. After receipt of such notice, the Contract shall automatically terminate without further obligation of the parties.

If AGENCY desires to terminate prior to the Contract end, CSF must receive a letter from AGENCY indicating they are withdrawing from the program and the reasons for doing so, and the projected date the program and/services will officially end. The AGENCY must provide thirty (30) days written notice to CSF of intent to terminate this contract unless CSF and AGENCY agree on an alternative timeframe. A final billing of all services delivered must be completed by AGENCY and received by CSF within thirty (30) days of the end of service.

CSF requires a termination plan which includes a description of the current clients served by the program and how services will end or be transitioned. The written plan should include organizations and/or resources for current and future clients who need the service. Failure to provide the plan will result in forfeiture of any amounts due and payable to AGENCY for services prior to termination.

16. FAILURE TO PERFORM/DEFAULT

Notwithstanding the provisions of Section 15, in the event that AGENCY, at any time, fails or

refuses to perform according to the terms ohhis Contract and/or CSF's policies, as determined by CSF, such failure or refusal shall constitute a default hereunder, and CSF will be relieved of any further obligation to make payments to AGENCY as set out herein. This Contract may be terminated for cause at the option of CSF unless CSF determines that the nature of the infraction warrants immediate termination, as permitted by Section 15. AGENCY has thirty (30) days from the date of written notice of termination for cause to remedy the default.

In the event that CSF determines that AGENCY is not complying with the terms of this Contract, or at risk for non-compliance with contractual requirements, CSF may impose special conditions or restrictions prior to termination. Special conditions include, but are not limited to:

- Requiring technical assistance;
- Additional levels of approval for contracted activities;
- Providing more detailed financial reports or documentation;
- Additional monitoring; and
- Submission and implementation of a corrective action plan.

In the event that CSF requires the AGENCY to submit and implement a corrective action plan, the AGENCY shall submit the plan to CSF within the timeframe specified in the AGENCY notification.

17. STANDARDS

AGENCY will comply with all applicable local/state/federal certification and licensing requirements and all applicable federal, state, and local laws. National accreditation may be substituted in place of any required state/federal certification/licensure, in instances where no certification/licensure exists for the funded services. To the extent that the services require accreditation, licensure, or certification, AGENCY shall maintain such accreditation, licensure, or certification in the services for which it is receiving CSF funding. For agencies in the process of obtaining accreditation, licensure, or certification at the time of this Contract, such accreditation, licensure, or certification shall be obtained within fifteen (15) days of acceptance of the Contract or as otherwise agreed.

18. ELIGIBLE SERVICE RECIPIENTS

Recipients of services must be Jackson County, Missouri, residents ages nineteen (19) years of age and younger and their families. AGENCY shall not utilize CSF funds to provide services to non-Jackson County residents under any circumstances. For school-based services provided, the school must be located physically within Jackson County, Missouri.

19. MEDIA

AGENCY shall notify CSF of contact with the media regarding CSF funded programs or profiles of participants in CSF funded programs. At the request of CSF, and as appropriate in connection with the services provided by AGENCY, AGENCY agrees to acknowledge CSF

as a funding source on the home page of its website and as may be appropriate on all written and electronic publications including brochures, letterhead, annual reports, and newsletters which reference the services being funded by CSF. The AGENCY will coordinate with CSF to inform the community about the ways its tax dollars are being invested in services and support.

20. INDEMNIFICATION

The AGENCY agrees to hold harmless, defend, and indemnify CSF for any and all liability, personal injury, or property damage stemming from any acts, negligence, misfeasance, or omissions arising out of the AGENCY's performance of the Contract agreement.

21. PROFESSIONAL LIABILITY INSURANCE

AGENCY agrees to carry the following insurance coverage during the period of this Contract and will provide CSF with Certificates of Insurance for all required coverage prior to commencement of the work under this Contract.

Commercial General Liability (CGL): AGENCY shall agree to maintain for the duration of the Contract commercial general liability, (CGL) and, if necessary, commercial general umbrella insurance with a limit of no less than $1 million per each occurrence. CGL insurance shall cover liability arising from premises, operations, independent contractors, products - completed operations, personal injury and advertising injury and liability assumed under an insured contract (including the tort liability of another assumed in a business contract).

Children's Services Fund of Jackson County, Inc., and Jackson County, Missouri, shall be endorsed on the policy as additional insured for CGL and provide for thirty (30) days written notice prior to any material changes or cancellation. Certificates of insurance, including the endorsement on behalf of CSF, shall be provided to CSF at or prior to the commencement of the Contract and updated accordingly throughout the Contract term should coverage change, expire, or renew.

In the event that Professional Liability Insurance coverage lapses for any reason and AGENCY is left uninsured for any period of time, CSF reserves the right to determine the contract is null and void for the remainder of the contract period

22. INDEPENDENT CONTRACTOR/NO JOINT VENTURE

This Contract does not create a partnership, joint venture or any other form of joint relationship between CSF and AGENCY, which for the purposes of this Contract operates as an independent contractor. CSF does not recognize any of the AGENCY's employees, agents, or volunteers as those of CSF.

23. TERM

This contract commences on January 1, 2023 and remains in effect until December 31, 2023

unless sooner terminated pursuant to the early termination provisions contained herein. The laws of the State of Missouri shall govern the interpretation, validity, performance, and enforcement of this contract.

24. NOTICES

Any written notice or communication to CSF shall be mailed or delivered to:

Children's Services Fund of Jackson County
3100 Broadway Blvd, Suite 227, Kansas City, MO 64111

With a Copy to:

Copilevitz, Lam & Raney, LLC, C/O Greg Lam
310 W. 20th Street, Suite 300, Kansas City, MO 64018

Any written notice or communication to AGENCY shall be mailed or delivered to:

3031 Holmes, Kansas City, MO 64109

This Contract constitutes the complete understanding of the parties hereto with respect to the subject matter and may be modified or amended only by a written instrument executed by both parties.

IN WITNESS WHEREOF, the parties hereunto set their hands:

Metro Lutheran Ministry   Children's Services Fund of Jackson County

_____   _____
Signature   Signature

Title: _Executive Director_   Title: Executive Director

Date: 12/27/2022   Date: December 13, 2022

Target Population

Organization: Metro Lutheran Ministry
Program   Prevention and Re-Housing for Youth and Families

Impact Statement
Households with children continue to face a growing number of challenges due to the CV-19 pandemic, facing job loss or reduction in employment, learning how to home school their children or find emergency childcare for younger children. Housing instability should not be a burden they also have to bear if we as a community can assist. Providing temporary shelter services to families with children in Jackson County will help keep families safe, stable, and secure, contributing to a positive impact on the community.

Program Outcomes

Organization: Metro Lutheran Ministry

Project Title: Prevention and Re-Housing for Youth and Families

Outcome 1:

Outcome Statement:	45 households with children will receive RRH assistance, exiting homelessness, as evidenced by the obtainment of permanent housing of their choosing, recorded in entry/exit assessments in HMIS or other partner databases.
Indicator:	45 households exit homelessness, obtaining permanent housing.
Measure:	Entry/Exit Assessment Data

Outcome 2:

Outcome Statement:	55 households with children will receive Prevention assistance, avoiding homelessness, as evidenced by maintaining permanent housing, recorded in entry/exit assessments in HMIS or other partner databases.
Indicator:	55 households maintain housing, avoiding entry into the homeless system.
Measure:	Entry/Exit Assessment Data

Outcome 3:

Outcome Statement:	100 households with children will receive Emergency Assistance tailored to their individual needs, recorded in MAACLink.
Indicator:	100 households receive Emergency Assistance.
Measure:	Service Entries in MAACLink

NET REVENUE

Total funding from the CSFJC and other sources are as follows:	January 1 - December 31, 2023 Indicate whether funding is SECURED (S), or PENDING (P)	CSFJC	Other Funders*	Organization Support (In-Kind)	Total
CSFJC	P	$87,500	$0	$0	$87,500
In-Kind		$0	$0	$0	$0
Private Contributions	P	$0	$172,000	$0	$172,000
Federal Grants	S	$0	$543,573	$0	$543,573
Siemer/United Way	S	$0	$100,000	$0	$100,000
		$0	$0	$0	$0
Total Revenue		**$87,500.00**	**$815,573.00**	**$0.00**	**$903,073.00**

* 25% of project funds must be from sources other than the Children's Services Fund.

UNITS/PER UNIT COST
If requesting reimbursement based on actual expenses, please leave this section blank.

Unit Type	Per Unit Cost	Proposed Units	Cost
Example - Home Visitation	$85.00	1,500	$127,500
			$0
			$0
			$0
	Total		$0

Below is the financial data to support per unit cost of providing service or, if requesting reimbursement based on actual expenses, below is the project budget.

DIRECT BUDGETED PROJECT EXPENSES
Salary

The project will pay the salary for the following staff: (e.g. Caseworker, Therapist, Intake Specialist, Immediate Supervisor, etc.)	Annual Salary/Rate (eg. $54,000)	Indicate FTE portion *being requested from CSFJC* (eg .50 FTE)	CSFJC Cost (eg $27,000)	Other Funders*	Organization Support (In-Kind)	Total
Case Manager/Coordinator (non-clinical)	59971	52%	$31,000	$28,971	$0	$59,971
Case Manager (non-clinical)	50000	35.00%	$17,500	$32,500		$50,000
Case Manager (non-clinical)	48000	26.00%	$12,500	$35,500		$48,000
Client Intake/Reception (non-clinical)	31000	50.00%	$15,500	$15,500		$31,000
						$0
Total Salary			**$76,500.00**	**$112,471.00**	**$0.00**	**$188,971.00**

Fringe Benefits

The project will pay the following fringe benefits for the above staff (e.g. FICA, Health, Dental, Life Insurance, etc.):	Benefit % rate of total salary expense (e.g. 20%)	CSFJC	Other Funders*	Organization Support (In-Kind)	Total
FICA, Health, Dental, Life, LTD/STD, Vision	26.00%	$0	$48,352	$0	$48,352
					$0
					$0
					$0
Total Benefits and Payroll Taxes		**$0.00**	**$48,352.00**	**$0.00**	**$48,352.00**

Other Direct Expense:

	CSFJC	Other Funders*	Organization Support (In-Kind)	Total
Temporary Shelter (rent, utilities, deposit, app fees, food, hotel, medical/dental - 30 days)	$0	$550,000	$0	$550,000
				$0
Over 30 days - (rent, utilities, deposit, medical/dental, transportation, auto repair, clothing, etc.)				$0
				$0
Total Other Direct	**$0.00**	**$550,000.00**	**$0.00**	**$550,000.00**

Equipment & Supplies:	CSFJC	Other	In-Kind	Total
Office/Program Supplies	$0	$5,000	$0	$5,000
Staff Travel		$5,000		$5,000
				$0
				$0
				$0
Total Equipment/Supplies	$0.00	$10,000.00	$0.00	$10,000.00
SUBTOTAL	$76,500.00	$720,823.00	$0.00	$797,323.00

INDIRECT BUDGETED PROJECT EXPENSES	CSFJC	Other Funders*	Organization Support (In-Kind)	Total
Indirect expense represents the project's share of Overhead Expenses and Administrative Costs. Applicants must limit the CSFJC portion of Indirect Expense to 15% of the Direct Expenses of the project represented by the sub-total above.				
Program Space/Occupancy, Admin/Supervisory Salary, Accounting	$11,000	$94,750	$0	$105,750
Total All Expenses	$87,500.00	$815,573.00	$0.00	$903,073.00

To:　　MO-604 CoC

From:　Becky Poitras, VP/Assistant Executive Director

Date:　8/20/2023

Re:　　Leveraging Housing Resources & Leveraging Healthcare Resources

To Whom it May Concern,

Metro Lutheran Ministry commits the following to leverage Housing & Healthcare Resources to the MLM CoC RRH Expansion project:

Housing Resources
The expansion project will utilize housing subsidies not funded through the CoC or ESG programs. Resources will include private organization charitable gifts ($12,500) and local County funding ($87,500). Total leveraged housing resources funds will be $100,000, and will serve at least 50% of the RRH project participants (14 individuals in families with children). A copy of the current County contract for 1/1-12/31/23 is attached.

Healthcare Resources
MLM is a partner provider of the KC Medicine Cabinet. The MOU attached covers 1/1/23-12/31/23; the MOU is signed annually. All households served by the project are eligible for services; the value of services provided through MLM averages $10,000 annually. In addition, financial resources from Children's Mercy Hospital and St. Luke's Hospital, totaling $24,000, will be leveraged. Current MOUs are attached.

Sincerely,

Becky Poitras

Becky Poitras
VP/Assistant Executive Director

Our Vision: To be a community that acts justly, loves mercy and walks humbly with God.
(Inspired by Micah 6:8)

3031 Holmes · Kansas City, Missouri 64109–1435 · 816-931-0027 · www.mlmkc.org

Memorandum of Understanding
Between

Sponsoring Organization
Baptist-Trinity Lutheran Legacy Foundation (BTLLF)
Kansas City's Medicine Cabinet, L.L.C. (KCMC)
And

Community Partner Agency

Metro Lutheran Ministry

January 1, 2023, through December 31, 2023

Baptist-Trinity Lutheran Legacy Foundation (BTLLF)	Metro Lutheran Ministry
Kansas City's Medicine Cabinet L.L.C. (KCMC)	
Sponsoring Organization	Community Partner Agency

Beth Radtke	Scott Cooper
Name (please print)	Name (please print)

Executive Director	Executive Director
Title	Title (Authorized Representative)

DocuSigned by:

Beth Radtke   12/28/2022

D67233E2326B40E...

Signature   Date

DocuSigned by:

[signature]   12/28/2022

3C9935093F294E4...

Signature   Date

Baptist-Trinity Lutheran Legacy Foundation
Kansas City's Medicine Cabinet, L.L.C.
6675 Holmes Road, Suite 470
Kansas City, Missouri 64131

Community Partner Agency and Sponsoring Organization Responsibilities

According to this Memorandum of Understanding the Community Partner Agency shall:

1. Complete HIPAA compliance Business Associate Agreement and ensure appropriate team member complete HIPAA training and certification form.

2. Conduct intake procedures for KCMC clients using HealthNexus database policies, procedures and documentation as detailed in the KCMC Policies & Procedures manual.

3. Ensure that new personnel attend KCMC HealthNexus training

4. Ensure representative is present in the annual KCMC meeting

5. Promptly Notify KCMC of staff changes.

6. Request a signed KCMC Consent and Release form (optional) from each client served.

7. Provide client stories when applicable for use in news articles and general publicity by KCMC and/or BTLLF.

8. When possible, include information about partnership with KCMC on Partner Agency's website or in written materials, including, but not limited to, the KCMC logo and/or a website link.

9. Procure and maintain in effect throughout the duration of this MOU, insurance coverage not less than the types specified in this section*:

   a. Commercial General Liability Insurance

   b. Workers Compensation Insurance as required by statute, including Employers Liability with limits of Workers' Compensation Statutory Employers Liability.

   *BTLLF & KCMC reserves the right at any time to request proof of compliance.

According to this Memorandum of Understanding Baptist-Trinity Lutheran Legacy Foundation and Kansas City's Medicine Cabinet, L.L.C. shall:

1. Establish policies and procedures to govern Kansas City's Medicine Cabinet operations.

2. Provide training for new employees and interns to ensure standardization of policies, procedures, and documentation.

3. Conduct periodic monitoring of Partner Agency's client files.

4. Provide quarterly allocation 7.5% or flat fee of Partner Agency's paid client services.

5. Conduct an annual meeting with all Partner Agencies.

6. Maintain Policies & Procedures Manual in the HealthNexus system.

7. Post Partner Agency's contact information on KCMC website.

<div align="center">

Memorandum of Understanding

Between

Children's Mercy Integrated Care Solutions

and

Metro Lutheran Ministry

</div>

This Memorandum of Understanding ("MOU") is entered into as of January 1, 2023 ("Effective Date") and sets forth the terms and understanding between Children's Mercy Integrated Care Solutions ("CMICS") and Metro Lutheran Ministry ("CBO") (collectively the "Parties") to collaborate on efforts to address an individual's or a family's social needs.

I. PURPOSE

The purpose of this MOU is to define the terms of a program between CMICS and CBO that encourages and supports CBO's mission and assists individuals identified by CMICS to address their Social Determinant of Health (SDOH) needs (e.g., "closing the loop"). The program will train and support CBO's staff and volunteers to use Children's Mercy's Lift Up KC referral platform (powered by findhelp) ("SDOH PLATFORM"). CBO will utilize the SDOH PLATFORM to acknowledge they received a referral from individuals accessing the SDOH PLATFORM and document they have "closed the loop" for these individuals. To support the provision of services by CBO as outlined in Section II of this MOU, CMICS will provide the following:

$7,000 in February 2023
$7,000 in July 2023

II. STATEMENT OF WORK

CBO agrees that it will perform, or cause to be performed, the following activities described in the following statement of work ("SOW"), so as to accomplish the above goals:
1. Claim the CBO program(s) on SDOH PLATFORM
2. Maintain accurate and up-to-date CBO program information on SDOH PLATFORM
3. Accept referrals on SDOH PLATFORM
4. Indicate that social need services have been provided on the SDOH PLATFORM website (i.e. completing closed loop referrals).
5. Meet monthly with CMICS to talk about challenges/opportunities and user experience on SDOH PLATFORM.

III. UTILIZATION OF FUNDS - LIMITATIONS

CBO is required to use funds for one or more of the following:
- Staff time
- Technology resources (laptops, hotspots, Wifi)
- Marketing materials
- Materials or services provided to patients/families seeking help

Exclusions:
- Brick & mortar investments
- Bonuses for staff

IV. EXPECTED OUTCOMES FOR THIS INITIATIVE
1. Ongoing collaborative relationship between CMICS and CBO focused on improving the efficiency and effectiveness of social need referrals.

2. Acknowledgement of referrals made to CBO (e.g. "closing the loop") within the SDOH PLATFORM.
3. Documented cases of individuals who were referred through the SDOH PLATFORM having received assistance from CBO.

V.   COMPLIANCE
Both Parties agree to comply with all federal and state health care fraud and abuse laws, including but not limited to, the federal health care program anti-kickback statute, 42 U.S.C. § 1320a-7b(b). Towards this end, the Parties agree that:

- This MOU is the result of an arms-length negotiation between the Parties,
- Users of the SDOH PLATFORM and all other individuals who are referred to the CBO by CMICS or Children's Mercy staff can decide whether to utilize the CBO's services,
- the CBO in its discretion may decline referrals,
- the CBO is under no obligation to refer any individual to Children's Mercy Hospital or clinics for health care services or items, and
- the one time award payment to the CBO is not in any way related to or dependent upon the volume or value of referrals to Children's Mercy Hospital or clinics.

VI.   TERM & TERMINATION
A. Term. Subject to the conditions set forth in this MOU, this MOU shall become effective upon signature by the authorized officials from the Parties and shall have a term of twelve (12) months.

B. Termination. Either Party reserves the absolute right, at any time and without cause, to terminate this MOU with thirty (30) calendar days advance written notice to the other Party. Such notification shall state the effective date of termination or cancellation. Either Party may terminate the MOU for cause, in the event of a breach of or non-compliance with a material term of this MOU or immediately if the other Party is: (1) liquidated or dissolved (2) fails to maintain its license to operate pursuant to applicable law.

If agreement is terminated mid-term, CBO will return to CMICS a pro-rated amount of the total funds distributed based on pro-rated portion of the term not completed.

VII.   INDEMNIFICATION
CMICS shall be responsible to CBO for acts and omissions of CMICS employees, agents, subcontractors, and other persons or entities performing portions of the work described in this MOU for or on behalf of CMICS. CMICS shall defend, indemnify, and hold harmless CBO, CBO's officers, board members, employees, and agents from and against any and all claims, costs, losses, and damages (including reasonable attorney's fees) caused by the negligent acts or omissions of CMICS or its subsidiaries including all officers, directors, partners, employees, and agents thereof in the performance and furnishing of CMICS services under this MOU.

CBO shall defend, indemnify, and hold harmless CMICS and its parent companies, subsidiaries, affiliates, including all employees, directors, officers, agents of the same from and against any and all claims, costs, losses, and damages (including reasonable attorneys' fees) caused by the negligent acts or omissions of CBO or its staff, employees, agents, contractors (other than CMICS), or CBO's alleged breach of this Agreement.

VIII.   CONTACT INFORMATION

Metro Lutheran Ministry

Contact: Becky Poitras
Position: Vice President/ Assistant Executive Director
Address: 1100 NE Vivion Rd. Kansas City, MO 64118
Telephone: 816-285-3149
Fax: 816-931-3511
E-mail: beckypoitras@mlmkc.org

Children's Mercy Integrated Care Solutions

Contact: Bob Finuf
Position: Executive Director
Address: 2420 Pershing, Ste G-10
             Kansas City, MO 64108
Telephone: (816) 559-9370
Fax: (816) 265-6015
E-mail: bfinuf@cmpcn.org

IX.   ASSIGNMENT

This MOU shall be binding upon the successors and assigns of the Parties hereto; provided however, that this MOU and any Statement of Work, and the services provided thereunder may not be assigned without the prior written consent of the other Party.

X.   ENTIRE AGREEMENT

The provisions of this MOU between CBO and CMICS constitutes the entire agreement between the Parties as to the matters contemplated by this MOU. No modification, addition, or deletion to this MOU shall be effective unless agreed in writing by all Parties hereto.

XI.   GOVERNING LAW

This MOU shall be construed in accordance with, and governed by, the laws of the State of Missouri.

IN WITNESS WHEREOF, in consideration of the terms set forth above and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties have executed this MOU as of the Effective Date.

METRO LUTHERAN MINISTRY

By: _____

Becky Poitras

VP/Assistant Executive Director

Date: 2/7/2023

CHILDREN'S MERCY INTEGRATED CARE SOLUTIONS

By: _____

Bob Finuf

Executive Director

Date: _____

**COMMUNITY BASED ORGANIZATION (CBO) PARTNERSHIP
MEMORANDUM OF UNDERSTANDING**

Between

SAINT LUKE'S HEALTH SYSTEM

And

METRO LUTHERAN MINISTRY

This Memorandum of Understanding ("MOU") is entered into as of March 1, 2023 and sets forth the terms and understanding between Saint Luke's Health System ("SLHS") and Metro Lutheran Ministry ("CBO") (collectively the "Parties") to collaborate on efforts to address social needs.

I.   PURPOSE.

The purpose of the MOU is to define the terms of the program between SLHS and the CBO that encourages and supports CBO's mission and assists individuals identified by SLHS to address their social drivers of health (SDOH) needs. CBO will utilize the Saint Luke's Community Resource Hub/findhelp ("SDOH PLATFORM") to connect patients and families to resources and document if services were received. The program will train and support CBO staff to use SDOH PLATFORM to accept referrals and report services provided using the "closed loop" system. To support the provision of services by CBO as outlined in Section II of this MOU, SLHS will provide the following:

One time award of $10,000.

II.   SCOPE OF WORK.

SLHS agrees to award community benefit funds to CBO on the terms provided in this MOU, to be used by the CBO for operational expenses relating to the ("PROJECT"). CBO will complete the following activities:
   A. Claim the CBO program(s) on SDOH PLATFORM.
   B. Maintain accurate and up-to-date CBO program information on SDOH PLATFORM.
   C. Accept referrals on the SDOH PLATFORM.
         a. Complete the data collection form for each referral.
   D. Respond to referrals in a timely fashion (within 3 business days).
         a. Attempt to contact the patient 3 times in order to provide services as identified.
   E. Indicate that social need services have been provided (i.e., complete "closed loop" referrals).
   F. Send data collection report outlining the number of patients served and services provided to each referral to SLHS each month.
   G. Participate in quarterly CBO partnership meetings.
   H. Provide brief end-of-program year report as requested.

III.   UTILIZATION OF FUNDS – LIMITATIONS.

The community benefit funds awarded hereunder shall be spent for the purposes described above. CBO is required to use funds for one or more of the following:

Technology resources (laptops, hotspots, Wifi)
Marketing materials
Services, materials, or resources provided to patients seeking help
Staff time

Exclusions:
Brick and mortar investments
Bonuses for staff

IV.   EXPECTED OUTCOMES OF THIS INITIATIVE.

A. Ongoing collaborative relationship between SLHS and CBO focused on improving the efficiency and effectiveness of social need referrals.
B. Successful acknowledgement and receipt of referrals from SLHS to the CBO within the social care platform.
C. Documented services provided to individuals by the CBO (e.g., "closing the loop") referred via the social care platform.

V.   DURATION.

This MOU is at-will and may be modified by mutual consent of authorized officials from SLHS. This MOU shall become effective upon signature by the authorized officials from SLHS. Funding is available through December 31, 2023.

VI.   TERMINATION.

1. It is further understood that either of the undersigned parties to this agreement may terminate this engagement upon 30 days written notice, each to the other. Such notification shall state the effective date of termination or cancellation.
2. Saint Luke's Health System may, upon written notice provided to CBO, terminate this Agreement if CBO commits a material breach of its obligations under this Agreement. However, if the breach is capable of being cured within ninety (90) days, then this right shall not be exercised unless CBO has been given written notice of the breach and has failed to cure such breach within ninety (90) days of receiving notice. This cure period shall be shortened if a shorter period is required by any governmental authority. The term "material breach" includes, but is not limited to, a failure to use the community benefit funds to promote the objectives set forth in Section I of this Agreement.
3. If agreement is terminated mid-term, CBO will return to Saint Luke's Health System a pro-rated amount of the total funds distributed based on a pro-rated portion of the term not completed.

VII.   ASSIGNMENT.

Neither party shall have the right to assign, delegate or transfer this Agreement, or its rights and obligations hereunder, without the express prior written consent of the other party.

VIII.   AMMENDMENT.

Any amendment to this Agreement shall be in writing and signed by both parties. Except for the specific provision of this Agreement which thereby may be amended, this Agreement shall remain in full force and effect after such amendment.
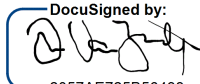
IX.   ENTIRE AGREEMENT

The provisions of this MOU between CBO and Saint Luke's Health System constitutes the entire agreement between the Parties as to the matters contemplated by this MOU. No modification, addition, or deletion to this MOU shall be effective unless agreed in writing by all Parties hereto.

I.   CONTACT INFORMATION.

Metro Lutheran Ministry Contact: Becky Poitras
Position: Vice President/Assistant Executive Director
Address: 3031 Holmes Street, Kansas City, Missouri 64109
Telephone: 816.285.3149
E-mail: beckypoitras@mlmkc.org

Saint Luke's Health System Contact: Kara Lubischer
Position: Program Manager Community Health Initiatives
Address: 901 E. 104th St., KCMO 64131
Telephone: 816.932.2209
E-mail: klubischer@saintlukeskc.org

II.   AGREEMENT.

_____ Date:_____ 3/6/2023

Tim Van Zandt
Vice President, Government and Community Relations
Saint Luke's Health System

_____ Date:_3/6/23_____

Becky Poitras
Vice President/Assistant Executive Director
Metro Lutheran Ministry

Unified Government Public Health Department
619 Ann Avenue, Kansas City, KS 66101-3038
Phone (913) 573-8855
wycokck.org/health

Public Health
Prevent. Promote. Protect.

Memorandum of Understanding

Crosslines Community Outreach
&
Unified Government of Wyandotte County/Kansas City, KS, Public Health Department
For
Peer Support Outreach Integration

The Memorandum of Understanding (MOU) is made this day, 5/5/2023, between Crosslines Community Outreach and the Unified Government Public Health Department (UGPHD) for the purpose of establishing a partnership between both entities to conduct integration of Peer Support Specialists in outreach efforts.

I. Background and Purpose

In 2023 the UGPHD hired 2 Peer Support Specialists to provide community outreach and recovery referrals to the substance use community to address the high rates of risky substance use and overdoses in Wyandotte County. These referrals and handoffs are not limited to specific drug treatment, but can also extend to local housing needs, employment opportunities, food access, obtaining insurance, and mental health treatment. WyCo and the surrounding Kansas City region is rich with resources; however, people often get lost in the linkage to care system, especially if they are experiencing active withdrawal or extreme cravings. The Peers will provide transportation support to clients via Uber Health to help them get to community corrections appointments, treatment and recovery appointments, and other services that will help aid them in recovery. These Peers are experts in local resources and how to obtain them and will provide assistance and guidance to access whatever the client needs to have successful, long-term recovery. They are partnering with Crosslines Community Outreach to assist with outreach and referrals for the SUD community already taking place in this county.

II. Statement of Mutual Benefit and Interest

This collaboration between UGPHD, Peer Support, and Crosslines Community Outreach will assist with the rising number of community members with SUD needing resources, and assistance with accessing treatment and recovery services.

III. Resources and Responsibilities

These responsibilities include but are not limited to:

UGPHD will provide the following services and resources:
- A peer support specialist (PSS) to join the Crosslines team for outreach and SUD calls
- A PSS to be on call if specific follow up referrals and support is needed by the Crosslines clientele with substance use disorder
- Continued support and resources for community SUD needs

Crosslines will provide the following services and resources:
- Time and training for PSS to learn their outreach protocols
- Referrals for appropriate clients to PSS
- Space for the PSS to collaborate when they are there to provide outreach services
- Shared case load of SUD clients

Both Crosslines and UGPHD agree to:
- Touch base around clients, local referral resources, and Crosslines staff and peer program around SUD services

V. Duration

This MOU is at-will and may be modified by mutual written consent of authorized representatives from both parties. This MOU will remain in effect for 12 months, and can be renewed, until modified or terminated by any of the partners by mutual consent. This Agreement may be automatically renewed for additional 12-month periods, unless a party indicates in writing to the other party its intent to not elect such renewal at least (30) days prior to the end of the current term. Each party may terminate this MOU upon 30 day written notice without liabilities.

VI. Contact information

For Crosslines Community Outreach
Rob Santel
Director of Programs
736 Shawnee Ave
Kansas City, KS, 66105
(913) 281-3388
rob@cross-lines.org

For the Unified Government Public Health Department – Community Health Substance Use Program
Erika Holliday
Substance Use Coordinator
619 Ann Avenue
Kansas City, KS 66101
913-573-5398
erholliday@wycokck.org

_____ Date 7/12/23
Signature
Rob Santel
Director of Programs

_____ Date_____
Signature
David Johnston
County Administrator, Unified Government of Wyandotte County/Kansas City, Kansas

MEMORANDUM OF UNDERSTANDING

BETWEEN
Crosslines Community Outreach
AND
Wyandot Center for Behavioral Healthcare, Inc. / Kim Wilson Housing, Inc.

This MEMORANDUM OF UNDERSTANDING is hereby made and entered into by and between Wyandot Center for Behavioral Healthcare, Inc. (Wyandot Center) and subsidiaries including Kim Wilson Housing, Inc. (KWH) and Crosslines Community Outreach (Crosslines). This document sets forth the intentions, roles and terms under which both parties agree to operate/manage the collaboration.

A. PURPOSE AND SCOPE:

Crosslines will enter into this memorandum of understanding for the purpose of better coordinating the services each provide to homeless individuals of Kansas City, Kansas. By working together, Crosslines and Wyandot Center/KWH strive to effectively & efficiently address the needs of homeless individuals. Crosslines will coordinate and connect homeless individuals to community supportive services, including behavioral health services. The program promotes transitional living by providing education, action plan, and accountability to end homelessness. Wyandot Center is the designated Community Mental Health Center in Wyandotte County and a Certified Community Behavioral Health Clinic (CCBHC) which provides expanded access to mental health services, including crisis intervention.

B. ROLES AND RESPONSIBILITIES:

a. **Crosslines SHALL:**
Maintain communication between the two agencies for program referrals to supportive resources and community outreach & projects to end homelessness.

Refer individuals who express need and interest to Wyandot Center for behavioral health services.

Comply with all applicable federal and state confidentiality and privacy requirements, including HIPAA

Designate a point of contact throughout the term of this MOU to maintain open communication and resolve any challenges or disputes.

b. **Wyandot Center and KWH SHALL:-**
Receive referrals from Crosslines for individuals who present at CROSSLINES with elevated symptoms or symptoms identified by the individual as a target for change.

Maintain communication between the two agencies for referrals to supportive resources and community outreach & projects to end homelessness.

Designate a point of contact throughout the term of the MOU to maintain open communication and resolve any challenges or disputes

C. IT IS MUTUALLY UNDERSTOOD AND AGREED BY AND BETWEEN THE PARTIES THAT:
Provide training and orientation on the collaboration for all new staff at each agency.

1. <u>MODIFICATION OR TERMINATION.</u> The Memorandum of Understanding may be modified, revised, extended, or renewed by mutual written consent of all parties, by the issuance of a written amendment, signed and dated by all parties prior to any changes being performed.

    Any party of the Memorandum of Understanding may terminate their participation in this Memorandum of Understanding by giving a 30-day written notice of intent to terminate to each of the participating parties. **Programming may be required to continue by either or both parties for previously engaged participants, if specified in above part C.

2. <u>PARTICIPATION IN SIMILAR ACTIVITIES.</u> This agreement in no way restricts Crosslines or Wyandot Center/KWH from participating in similar activities with other public or private agencies, organizations, and individuals.

3. <u>PRINCIPAL CONTACTS.</u> The principal contacts for this instrument are:

    Wyandot Center/KWH:
    <u>Rachel Erpelding, Executive Director 913-288-4207</u>

    Crosslines:
    <u>Rob Santel Director of Programs 913-281-3388</u>

4. <u>NON-FUND OBLIGATING DOCUMENT.</u> This agreement is neither a fiscal nor a funds obligation document. Any endeavor or transfer of anything of value involving reimbursement or contribution of funds between the parties to this agreement will be handled in accordance with applicable laws, regulations, and procedures. Such endeavors will be outlined in separate agreements that shall be made in writing by representatives of the parties and shall be independently authorized by appropriate agency authority. This agreement does not provide such authority. Each party shall be fiscally responsible for their own portion work performed under the Memorandum of Understanding.

5. <u>CONFIDENTIALITY NON DISCLOSURE.</u>

    a. For purposes of this Agreement, "Confidential Information" shall mean any and all non-public information, including, without limitation, technical, developmental, marketing, sales, operating, performance, cost, know-how, business plans, business methods, and process information,

disclosed to the Recipient. For convenience, the Disclosing Party may, but is not required to, mark written Confidential Information with the legend "Confidential" or an equivalent designation.

b. All Confidential Information disclosed to the Recipient will be used solely for the MOU Purpose and for no other purpose whatsoever. The Recipient agrees to keep the Disclosing Party's Confidential Information confidential and to protect the confidentiality of such Confidential Information with the same degree of care with which it protects the confidentiality of its own confidential information, but in no event with less than a reasonable degree of care. Recipient may disclose Confidential Information only to its employees, agents, consultants and contractors on a need-to-know basis, and only if such employees, agents, consultants and contractors have executed appropriate written agreements with Recipient sufficient to enable Recipient to enforce all the provisions of this Agreement. Recipient shall not make any copies of Disclosing Party's Confidential Information except as needed for the Programming Purpose. At the request of Disclosing Party, Recipient shall return to Disclosing Party all Confidential Information of Disclosing Party (including any copies thereof) or certify the destruction thereof.

c. The obligations and limitations set forth herein regarding Confidential Information shall not apply to information which is: (a) at any time in the public domain, other than by a breach on the part of the Recipient; or (b) at any time rightfully received from a third party which had the right to and transmits it to the Recipient without any obligation of confidentiality.

6. COMPLIANCE. The parties agree to be bound by applicable state and federal rules governing Equal Employment Opportunity, Non-Discrimination and Immigration as well as all other applicable laws.

7. LIABILITIES. It is understood that neither party to this Memorandum of Understanding is the agent of the other and neither is liable for the wrongful acts or negligence of the other. Each party shall be responsible for its negligent acts or omissions and those of its officers, employees, agents or clients (if applicable), howsoever caused, to the extent allowed by their respective state laws.

8. INSURANCE. All parties agree to maintain Worker's Compensation and General Liability insurance for the duration of this Memorandum of Understanding and provide each other with certificates of insurance as proof prior to the initiation of activities.

9. COMPLIANCE TO POLICIES. All parties to this Memorandum of Understanding agree to abide by the safety and security when providing services at or visiting a collaborator's place of business. Applicable policies will be communicated to each party by the respective collaborators prior to the delivery of services or commencement of visitations.

10. INTELLECTUAL PROPERTY. All intellectual property brought by each party to the relationship under this Memorandum remains in the ownership of that party.

11. DATA MANAGEMENT SHARING. Pertinent data will be collected as specified in the roles and responsibilities section. This information will be shared between both parties at the following intervals: monthly

12. <u>BRAND AND LOGOS.</u> All parties agree not to use each other's company brand or logo as part of a marketing campaign or included on any public facing media without the written consent and agreement of all parties involved.

13. <u>NON-BINDING MEMORANDUM OF UNDERSTANDING.</u> The Parties enter into this Memorandum of Understanding while wishing to maintain their own separate and unique missions and mandates, and their own accountabilities. Unless specifically provided otherwise, the cooperation among the Parties as outlined in this Memorandum of Understanding shall not be construed as a partnership or other type of legal entity or personality. Each Party shall accept full and sole responsibility for any and all expenses incurred by itself relating to this Memorandum of Understanding. Nothing in this Memorandum of Understanding shall be construed as superseding or interfering in any way with any agreements or contracts entered into among the Parties, either prior to or subsequent to the signing of this Memorandum of Understanding. Nothing in this Memorandum of Understanding shall be construed as an exclusive working relationship. The Parties specifically acknowledge that this Memorandum of Understanding is not an obligation of funds, nor does it constitute a legally binding commitment by any Party or create any rights in any third party.

14. <u>COMMENCEMENT/EXPIRATION DATE.</u> This agreement is executed as of the date of last signature and is effective through September 30, 2025 at which time it will expire unless extended by both parties in writing.

15. <u>SIGNATURES</u>: We, the undersigned, confirm that we are ready, willing and able to participate in this Memorandum of Understanding. We have read and agreed to the above terms.
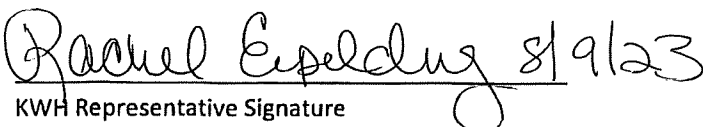
August 9, 2023

Susila Jones
Executive Director

CROSSLINES Representative Signature

August 9, 2023

Christine Swenson
Senior Vice President/Executive Director

_8/9/23_
Wyandot Center Representative Signature

August 9, 2023
Rachel Erpelding
Executive Director Kim Wilson Housing

_8/9/23_
KWH Representative Signature

LION HOUSE

Housing for the LGBTQ+ Community

Memorandum of Understanding

Between

Ryan Hiser

And

Our Spot KC

This agreement is made this 14 day of September, 2023 between Our Spot KC, a public 501(c)3 Not for profit organization located at 6024 Swope Parkway Kansas City, MO 64130 and Ryan Hiser, Licensed Therapist.

In the spirit of friendship and with mutual interest in cooperation, OSKC and Ryan Hiser enter into this Memorandum of Understanding (MoU) to promote joint collaboration and agree as follows:

ARTICLE 1: SCOPE OF COLLABORATION

1.1 Areas of collaboration may be proposed by either institution and may include, but are not limited to:

[SELECT THOSE PERTINENT TO YOUR PARTNERSHIP. POSSIBILITIES INCLUDE, BUT ARE NOT LIMITED TO, THOSE LISTED BELOW]

- One-on-one therapy sessions for clients of the Lion House program of Our Spot KC.
-

1.2 Any specific activity developed under this MOU shall be detailed in a subsequent agreement, signed by each institution's authorized signatory, which will describe the scope of the proposed activity, intended outcomes, budget, and responsible departments or individuals.

1.3 All activities shall be subject to the availability of funds and the approval of each institution's authorized representatives.

ARTICLE 2: DURATION AND EVALUATION

2.1 This MOU shall be in effect for a period of 1 year from the last date of signature. Either party may request termination of this agreement, in writing, ninety (90) days prior to the proposed termination date. Any activities in progress at the time of termination shall be permitted to conclude as planned unless otherwise agreed in writing.

2.2 A joint evaluation of the MOU will be initiated by the designated representatives six (6) months prior to the expiration date. Following the evaluation, the MOU may be renewed and resigned for an additional five (5) year period.

2.3 Amendments to this MOU may be requested, in writing, by either party and approved by the authorized signatories.

ARTICLE 3: NON-DISCRIMINATION

The parties agree not to discriminate on the basis of religion, race, creed, national or ethnic origin, sex, age, handicap, political affiliation, sexual orientation, disability or status as a veteran.

ARTICLE 4: COMPLIANCE WITH LAW

The parties specifically intend to comply with all applicable laws, rules and regulations as they may be amended from time to time. If any part of this Agreement is determined to violate federal, state, or local laws, rules, or regulations, the parties agree to negotiate in good faith revisions to any such provisions. If the parties fail to agree within a reasonable time to revisions required to bring the entire Agreement into compliance, either party may terminate this Agreement upon thirty (30) days prior written notice to the other party.

ARTICLE 5: FORCE MAJEURE

In the event clients are unable to complete the Program due to causes beyond the control of OSKC, including, but not limited to: acts of God; war; acts of the government; fires; floods; epidemics; quarantine restrictions; strikes, labor disputes or work stoppages; transportation contingency; and

500 N. 7th St. Trafficway
Kansas City, KS 66101
913-303-8664
Starzette Palmer, Executive Director
Starzette@ourspotkc.org

2

freight embargoes; other catastrophes or any similar occurrences beyond OSKC's reasonable control, OSKC will assist the affected clients in finding an alternate site to complete the Program.

ARTICLE 6: FERPA/HIPAA/VSP Confidentiality

The parties acknowledge that information (if any) received from OSKC regarding clients may be protected by the Family Educational Rights and Privacy Act ("FERPA")/HIPAA and VSP confidentiality, and agrees to use such information only for the purpose for which it was disclosed and not to make it available to any third party without first obtaining the client's written consent.

ARTICLE 7: USE OF NAME

None of the parties shall use the name, logo, likeness, trademarks, image or other intellectual property of either of the other parties for any advertising, marketing, endorsement or any other purposes without the specific prior written consent of an authorized representative of the other party as to each such use. OSKC may refer to the affiliation with Ryan Hiser in public information materials regarding the relevant Program. OSKC reserves the right to review and request modification of Ryan Hiser reference to OSKC as necessary.

ARTICLE 8: INDEPENDENT CONTRACTORS

Each party is separate and independent and this Agreement shall not be deemed to create a relationship of agency, employment, or partnership between or among them. Each party understands and agrees that this Agreement establishes an independent contractor relationship and that the agents or employees of each respective party are not employees or agents of any other party.

ARTICLE 9: SEVERABILITY

The provisions of this Agreement are severable, and if any provision of this Agreement is found to be invalid, void or unenforceable, the remaining provisions will remain in full force and effect.

ARTICLE 10: WAIVER

The waiver of any breach of any term of this Agreement does not waive any subsequent breach of that or another term of this Agreement.

ARTICLE 11: ASSIGNMENT

500 N. 7th St. Trafficway
Kansas City, KS 66101
913-303-8664
Starzette Palmer, Executive Director
Starzette@ourspotkc.org

3

No party may assign this Agreement or any rights or obligations under this Agreement to any person or entity without the prior written consent of the other parties. Any assignment in violation of this provision is null and void.

ARTICLE 12: ENTIRE AGREEMENT

This Agreement constitutes the entire agreement and understanding between the parties as to the subject matter hereof and supersedes all prior discussions, agreements and undertakings of every kind and nature between them, whether written or oral, with respect to such subject matter. This Agreement may subsequently be modified only by a written document executed by both parties.

ARTICLE 14: NOTICES

Any consent, waiver, notice, demand, request or other instrument required or permitted to be given under this Agreement or any related agreements shall be in writing and shall be delivered by hand or sent via email to starzette@ourspotkc.org.
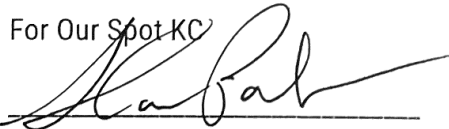
For Ryan Hiser

_____
Signature

DATE: ___09/15/2023_____

For Our Spot KC

_____
Signature

DATE: __9/15/23_____

500 N. 7th St. Trafficway
Kansas City, KS 66101
913-303-8664
Starzette Palmer, Executive Director
Starzette@ourspotkc.org

4