INTRODUCTION

In order to help the CoC Ranking Committee make decisions about ranking and prioritization for the Project listing required by the FY2019 HUD CoC Program Funding Competition. Project Applicants are required to submit letters of justification for every new and renewing project application they are submitting for funding consideration.

Letters will be uploaded as an attachment to the Smartsheets cover sheet to outline the program type, match sources, and other information needed for ranking.

 Coversheets and letters of justification must be submitted electronically via Smartsheets to TCP by August 15, 2019. Project applications will not be considered complete without this submission.

SECTION A: REQUIREMENTS FOR LETTERS OF JUSTIFICATION

Letters of justification narrative must address all requirements in Section A.

A.1. Service Requirements: Provide a description that addresses each item below for the proposed project

A.1.a. Consistency with District’s Funding Priorities:

A. Alignment with Homeward DC or Solid Foundations:
1. The District’s strategic plan to end homelessness
2. Finish the job of ending homelessness among veterans;
3. End chronic homelessness among individuals and families; and
4. By 2020, any household experiencing housing loss will be rehoused within an average of 60 days or less.

B. The strategic plan identifies a series of action items across five key strategies, including:
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1. Develop a more effective crisis response system;
2. Increase the supply of affordable and supportive housing;
3. Remove barriers to affordable and supportive housing;
4. Increase the economic security of households in our system; and
5. Increase prevention efforts to stabilize households before housing loss occurs.

A.1.b. Trauma Informed Services:
Trauma occurs when an individual is exposed directly or indirectly to an overwhelming event or experience that involves a threat to one’s physical, emotional, and/or psychological safety. Homelessness itself is a traumatic event, and individuals experiencing homelessness are particularly vulnerable to injury, accident, trafficking, survival sex, and assault. The experience of trauma, both before and during episodes of homelessness, is extremely common. CoC data including the Point in Time count and Women’s Needs Assessment indicate that many homeless individuals have experienced physical and/or sexual assault during their current episode of homelessness. Symptoms of past and present trauma can create barriers and challenges for individuals and the service providers working with them. Providers are required to describe their expertise and experience delivering trauma-informed services for the program being renewed.

A.1.c. Clinical Services:
Providers must ensure that licensed supervision is provided for all staff providing direct clinical services to clients in their programs, and that basic training is provided to all staff. For the purposes of this competition, “clinical services” means mental health services, substance abuse treatment services, and medical services. Certifications for licensed supervision includes Licensed Independent Clinical Social Worker (LICSW), master’s level Licensed Professional Counselor (LPC), or registered nurse, licensed psychologist. Providers must describe their clinical approach for the program being renewed.

A.1.d. Providing Services to LGBTQ and Gender Non-Conforming Clients:
The CoC is committed to ensuring the safety, dignity, and well-being of all persons served by the CoC. Sexuality, gender expression, gender nonconformity, or the fact that a person is transgender shall not be a barrier to service; neither shall a perceived incongruity between a person’s physical body and their gender expression be a barrier to service. Providers must demonstrate their plan for ensuring LGBTQ and gender non-conforming clients have equal access to the proposed program(s), and how they will ensure the proposed program(s) are safe and inclusive spaces for LGBTQ and gender non-conforming clients.

A.1.e. CAHP Participation:
Coordinated Assessment and Housing Placement (CAHP) is the standardized access and assessment for all individuals, through a coordinated referral and housing placement process to ensure that people experiencing homelessness receive appropriate assistance with both immediate and long-term housing and service needs.

A.1.e.1. Participation in the CAHP System means:
1. Participate in all required training including VI-SPDAT, TAY-VI-SPDAT, and Full SPDAT training.
2. Conduct the VI-SPDAT, TAY-VI-SPDAT, and Full SPDAT assessment tools with clients as appropriate and according to training provided by TCP, as communicated through CAHP meetings, and as outlined in the CAHP policies and procedures manual.
3. Identify an agency CAHP lead who will be the primary contact for all CAHP inquiries.
4. Ensure accurate CAHP-specific Homeless Management Information System (HMIS) data entry including but not limited to assignments, unassignments, and move-in dates.
5. Participate in CAHP matching meetings. Participation in CAHP meetings means designating case management, housing staff, or other staff to attend matching meetings who are knowledgeable of individual client experiences, service needs, and barriers to stability in order to make the most appropriate matches.
6. Provide a timely response to all CAHP inquiries.
7. Accept referrals for new clients from CAHP.
8. Assist in locating clients matched to housing resources via CAHP and facilitate contact and communication between housing providers and clients for the purpose of expediting movement to permanent housing.
9. Assist clients to collect all necessary documentation to obtain assistance so as not to delay the process of moving into housing once matched through the CAHP system. Documentation may include, but is not limited to, identification cards, birth certificates, social security cards, income statements, DD-214, and medical records.
10. Operate according to the Housing First model to the maximum extent practicable.

A.1.f. Housing First:
Housing First is an approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment, or service participation requirements. Supportive services are offered to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to permanent housing entry.

A.1.f.1. Core Components of Housing First:
The core features of Housing First in the context of permanent supportive housing models are as follows:

1. Few to no programmatic prerequisites to permanent housing entry – People experiencing homelessness are offered permanent housing with no programmatic preconditions such as demonstration of sobriety, completion of alcohol or drug treatment, or agreeing to comply with a treatment regimen upon entry into the program. People are also not required to first enter a transitional housing program in order to enter permanent housing.

2. Low barrier admission policies – Permanent supportive housing’s admissions policies are designed to “screen-in” rather than “screen-out” clients with the greatest barriers to housing, such as having no or very low income, poor rental history, past evictions, or criminal histories. Housing programs may have tenant selection policies that prioritize people who have been homeless the longest or who have the highest service needs as evidenced by vulnerability assessments or the high utilization of crisis services.

3. Rapid and streamlined entry into housing – Many people experiencing chronic homelessness may experience anxiety and uncertainty during a lengthy housing application and approval process. In order to ameliorate this, Housing First permanent supportive housing models make efforts to help people experiencing homelessness move into permanent housing as quickly as possible, streamlining application and approval processes, and reducing wait times.

4. Supportive Services - Services are voluntary, but can and should be used to continually engage tenants to ensure housing stability - Supportive services are proactively offered to help tenants achieve and maintain housing stability, but tenants are not required to participate in services as a condition of tenancy. Techniques such as harm reduction and motivational interviewing may be useful. Harm reduction techniques can confront and mitigate the harms of drug and alcohol use through non-judgmental communication while motivational interviewing may be useful in helping households acquire and use new skills and information.

5. Tenants have full rights, responsibilities, and legal protections – The ultimate goal of the Housing First approach is to help people experiencing homelessness achieve long-term housing stability in permanent housing. Permanent housing is defined as housing where tenants have leases that confer the full rights, responsibilities, and legal protections under Federal, state, and local housing laws. Tenants are educated about their lease terms, given access to legal assistance, and encouraged to exercise their full legal rights and responsibilities. Landlords and providers in Housing First models abide by their legally defined roles and obligations. For instance, landlords and providers do not enter tenants’ apartments without tenants’ knowledge and permission except under legally-defined emergency circumstances.
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6. Practices and policies to prevent lease violations and evictions – Housing First supportive housing programs should incorporate practices and policies that prevent lease violations and evictions among tenants.

A.1.g. Harm Reduction: *(for Bonus PSH Applications Only)*
The CoC seeks to implement programming where individuals who have a history of substance use and/or who are active substance users and who are in need of permanent housing can be served. Harm reduction incorporates a spectrum of strategies from safer use, to managed use to abstinence to meet drug users “where they are,” addressing conditions of use along with the use itself. Because harm reduction demands that interventions and policies designed to serve drug users reflect specific individual and community needs, there is no universal definition of or formula for implementing harm reduction.

A.1.g.1. Harm Reduction Principles: *(for Bonus PSH Applications Only)*
TCP considers the following principles central to harm reduction practice.

1. Accept, for better and or worse, that both licit and illicit drug use is part of our world and work to minimize its harmful effects rather than simply ignore or condemn them.
2. Understand drug use as a complex, multi-faceted phenomenon that encompasses a continuum of behaviors from severe abuse to total abstinence, and acknowledges that some ways of using drugs are clearly safer than others.
3. Affirm, respect, and preserve the dignity and rights of drug users.
4. Establish quality of individual and community life and well-being. Not necessarily cessation of all drug use as the criteria for successful interventions and policies.
5. Calls for the non-judgmental, non-coercive provision of services and resources to people who use drugs and the communities in which they live in order to assist them in reducing attendant harm.
6. Ensure that drug users and those with a history of drug use routinely have a real voice in the programs and policies designed to serve them.
7. Affirm drugs users themselves as the primary agents of reducing the harms of their drug use, and seek to empower users to share information and support each other in strategies which meet their actual conditions of use.
8. Recognize that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination and other social inequalities affect both people’s vulnerability to and capacity for effectively dealing with drug-related harm.
9. Do not attempt to minimize or ignore the real and tragic harm and or danger associated with licit and illicit drug use.

A.2. Matched and Leveraged Resources
HUD does not intend to be the sole support of any project that it funds. Providers must have other funding streams in place. Therefore, HUD requires that providers match their CoC Program Grants with other non-HUD resources in an amount equal to **25 percent** of their supportive services, operating, rental assistance and administrative budget – there is no match requirement for leasing assistance.

A.2.a. Sources of Matched Leveraged Resources:
A. Cash: any funds that come from private or (non-HUD) public sources that support program activities.
B. In-kind: contribution of time, service, or goods made by a donor to help support the operations or services provided by your organization and real property (land or buildings) owned or leased by the provider that house or support program activities.

SECTION B: INSTRUCTIONS FOR APPLICATION AND FORMAT FOR LETTERS OF JUSTIFICATION
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These instructions contain the required content and format for providers to submit letters of justification. Providers must adhere to these instructions, including page limitations. All narratives should be formatted as described below within the given page limits.

Providers must submit separate letters of justification for each project application submitted for consideration.

B.1. Cover Sheet
Providers must complete the electronic cover sheet within Smartsheets and attach their narrative letters of justification. Letters of justification that do not include the cover sheet are incomplete and will not be considered.

B.2. Narrative Response Formatting Requirements:
Letters of justification must adhere to the following format requirements:
   A. Page Size: 8.5" x 11"
   B. Margins: one-inch all around
   C. Font: Arial
   D. Font (regular text): 10 point
   E. Font size/style for headings: 12 point, Bold. (subheadings - 11 point, Bold.)
   F. Spacing: Double-spaced
   G. Headers: Left-justified - indicate the rating factor.
   H. Footers: Left-justified - name of applicant. Right-justified - page number out of total pages. (ex. Page 1 of 3)
   I. Letters must be submitted as a Portable Document Format (PDF) file electronically via email attachment.

B.3. Page Limit:
B.3.a. Page Limit:
Letters must respond to all parts of Section A of this document. Providers may provide information on program performance and/or other information to help the Ranking Committee better understand their programs. Letters will be a maximum of six pages and must comply with the following formatting requirements in Section D. The cover sheet is not included in the page limit. Any responses after page six will not be considered for ranking for this competition.

B.3.a. Exhibits and Attachments
Exhibits and attachments are not requested and will not be considered.

B.5. Submission
Applications must be sent via email and received by the closing date and time at rfp@community-partnership.org.

SECTION C: REFERENCE DOCUMENTS

- HUD Rehousing as a Model and a Best Practice: https://www.hudexchange.info/news/snaps-in-focus-rapid-re-housing-as-a-modeland-best-practice/
- HUD Rapid Rehousing for Youth: https://www.hudexchange.info/homelessnessassistance/resources-for-homeless-youth/rrh-models-for-homeless-youth/
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- USICH Rapid Rehousing Overview: [https://www.usich.gov/solutions/housing/rapid-rehousing](https://www.usich.gov/solutions/housing/rapid-rehousing)
- USICH The Core Principles of Housing First and Rapid Rehousing: [https://www.usich.gov/tools-for-action/webinar-core-principles-of-housing-firststand-rapid-re-housing](https://www.usich.gov/tools-for-action/webinar-core-principles-of-housing-firststand-rapid-re-housing)
- HUD Housing First in Permanent Supportive Housing: [https://www.hudexchange.info/resources/documents/Housing-First-PermanentSupportive-Housing-Brief.pdf](https://www.hudexchange.info/resources/documents/Housing-First-PermanentSupportive-Housing-Brief.pdf)
- USICH Implementing Housing First in Permanent Supportive Housing: [https://www.usich.gov/resources/uploads/asset_library/Implementing_Housing_Fi rst_in_Permanent_Supportive_Housing.pdf](https://www.usich.gov/resources/uploads/asset_library/Implementing_Housing_First_in_Permanent_Supportive_Housing.pdf)
- TCP’s Policy on Serving Transgender and Gender Nonconforming Clients: [http://community-partnership.org/_literature_126519/Transgender_Gender_Nonconforming.mp3](http://community-partnership.org/_literature_126519/Transgender_Gender_Nonconforming.mp3)