

Before Starting the CoC Application

The CoC Consolidated Application is made up of two parts: the CoC Application and the CoC Priority Listing, with all of the CoC's project applications either approved and ranked, or rejected. The Collaborative Applicant is responsible for submitting both the CoC Application and the CoC Priority Listing in order for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for:

- Reviewing the FY 2016 CoC Program Competition NOFA in its entirety for specific application and program requirements.

- Using the CoC Application Detailed Instructions while completing the application in e-snaps.

- Answering all questions in the CoC application. It is the responsibility of the Collaborative Applicant to ensure that all imported and new responses in all parts of the application are fully reviewed and completed. When doing this keep in mind:

- This year, CoCs will see that a few responses have been imported from the FY 2015 CoC Application.

- For some of the questions HUD has provided documents to assist Collaborative Applicants in completing responses.

- For other questions, the Collaborative Applicant must be aware of responses provided by project applications in their Project Applications.

- Some questions require the Collaborative Applicant to attach a document to receive credit. This will be identified in the question.

- All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

For CoC Application Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1A-1. CoC Name and Number: WA-508 - Vancouver/Clark County CoC

1A-2. Collaborative Applicant Name: Council for the Homeless

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Council for the Homeless

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1B-1. From the list below, select those organizations and persons that participate in CoC meetings. Then select "Yes" or "No" to indicate if CoC meeting participants are voting members or if they sit on the CoC Board. Only select "Not Applicable" if the organization or person does not exist in the CoC's geographic area.

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board	Sits on CoC Board
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
Law Enforcement	No	No	No
Local Jail(s)	Yes	No	No
Hospital(s)	Yes	No	No
EMT/Crisis Response Team(s)	No	No	No
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes	Yes
Public Housing Authorities	Yes	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Not Applicable	No	Not Applicable
School Administrators/Homeless Liaisons	Yes	Yes	Yes
CoC Funded Victim Service Providers	Not Applicable	No	Not Applicable
Non-CoC Funded Victim Service Providers	Yes	No	No
Street Outreach Team(s)	Yes	Yes	Yes
Youth advocates	Yes	Yes	Yes
Agencies that serve survivors of human trafficking	No	No	No
Other homeless subpopulation advocates	Not Applicable	No	Not Applicable
Homeless or Formerly Homeless Persons	Yes	Yes	Yes

1B-1a. Describe in detail how the CoC solicits and considers the full range of opinions from individuals or organizations with knowledge of homelessness or an interest in preventing and ending homelessness in the geographic area. Please provide two examples of organizations or individuals from the list in 1B-1 to answer this question.

Our CoC organizes our structure around the Clark County Homeless Action plan. The plan was written by our CoC lead agency after extensive outreach and input from CoC members and other community stakeholders. Based on feedback received from the jail we now have a contact person at coordinated assessment specifically for people exiting jail and we assess people while they are in jail before they exit. A jail contact participates in our coordinated assessment workgroup as well. Another example is that our CoC worked with our local housing authority (who sits on our steering committee) and our local schools/liaisons (seat on steering committee) to create a education/housing partnership program. This program has helped our CoC receive a new grant that will allow our coordinated assessment to have navigators in 9 of our highest needs schools. These examples demonstrate that by incorporating diverse voices into our steering committee and workgroup structure our delivery system has benefited.

1B-1b. List Runaway and Homeless Youth (RHY)-funded and other youth homeless assistance providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings between July 1, 2015 and June 20, 2016.	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 20, 2016.
Janus Youth Programs	Yes	Yes	Yes

1B-1c. List the victim service providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area.

Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Victim Service Provider for Survivors of Domestic Violence (up to 10)	Participated as a Voting Member in at least two CoC Meetings between July 1, 2015 and June 30, 2016	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 30, 2016.
YWCA Clark County	Yes	No

1B-2. Explain how the CoC is open to proposals from entities that have not previously received funds in prior CoC Program competitions, even if the CoC is not applying for new projects in 2016. (limit 1000 characters)

Our collaborative applicant announced that the CoC was open to proposals for this funding cycle by sending an email to a comprehensive list of hundreds of community stakeholders (the vast majority of which are not currently funded) and by posting the notice and application on our public website. Our publicly posted application guidelines have a section for new applications and we put links to all of the relevant HUD notices and regulations that a new applicant would need to apply. The collaborative applicant's Executive Director's contact information is in the guidelines and all new applicants are encouraged to reach out for technical assistance. The scoring for new projects does not penalize applicants that have not received funding before. In fact, a new applicant reached out this year and was given technical assistance. Although they chose not to apply this year they are joining the CoC and may apply in the future.

1B-3. How often does the CoC invite new members to join the CoC through a publicly available invitation? Bi-Monthly

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. Does the CoC coordinate with Federal, State, Local, private and other entities serving homeless individuals and families and those at risk of homelessness in the planning, operation and funding of projects? Only select "Not Applicable" if the funding source does not exist within the CoC's geographic area.

Funding or Program Source	Coordinates with Planning, Operation and Funding of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	Yes
Housing and service programs funded through Federal, State and local government resources.	Yes

1C-2. The McKinney-Vento Act, requires CoC's to participate in the Consolidated Plan(s) (Con Plan(s)) for the geographic area served by the CoC. The CoC Program Interim rule at 24 CFR 578.7 (c) (4) requires the CoC to provide information required to complete the Con Plan(s) within the CoC's geographic area, and 24 CFR 91.100(a)(2)(i) and 24 CFR 91.110 (b)(2) requires the State and local Con Plan jurisdiction(s) consult with the CoC. The following chart asks for the information about CoC and Con Plan jurisdiction coordination, as well as CoC and ESG recipient coordination.

CoCs can use the CoCs and Consolidated Plan Jurisdiction Crosswalk to assist in answering this question.

	Number
Number of Con Plan jurisdictions with whom the CoC geography overlaps	2
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	2
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	2
How many of the Con Plan jurisdictions are also ESG recipients?	1
How many ESG recipients did the CoC participate with to make ESG funding decisions?	1
How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	1

1C-2a. Based on the responses provided in 1C-2, describe in greater detail how the CoC participates with the Consolidated Plan jurisdiction(s) located in the CoC's geographic area and include the frequency and type of interactions between the CoC and the Consolidated Plan jurisdiction(s). (limit 1000 characters)

There are two Con Plan jurisdictions within our CoC: Clark County and the City of Vancouver. We have extensive collaboration with both of these entities. Both Clark County and the City of Vancouver sit on our CoC Steering Committee and are active members of our CoC. They both attend monthly CoC Steering Committee meetings of 1.5 hours as well as full membership meetings for 1.5 hours every other month. Staff members from Clark County and the City of Vancouver also participate in the Coordinated Assessment Workgroup. During the consolidated plan process both Clark County and the City of Vancouver elicited feedback and presented drafts to both the CoC Steering Committee and the full membership. The collaborative applicant and HMIS Administrator provide data to each entity as well. Communication occurs through phone calls, emails, and planning meetings.

1C-2b. Based on the response in 1C-2, describe how the CoC is working with ESG recipients to determine local ESG funding decisions and how the CoC assists in the development of performance standards and evaluation of outcomes for ESG-funded activities. (limit 1000 characters)

Washington State is our ESG recipient and receives all our PIT and HMIS data. They sub-contract with Clark County, which is the entity that makes funding decisions locally. Because Clark County makes the decisions referenced in the question, the rest of this answer focuses on Clark County as the sub-recipient. Clark County is an active member of the CoC and sits on the Steering Committee and is also a Consolidated Plan jurisdiction. In both roles it receives PIT and HMIS data. Based on this data and input of the CoC Steering Committee, the County created a RFA for ESG funds. The RFA scoring committee included CoC Steering Committee members. The CoC Steering Committee regularly reviews the ESG performance standards. Outcomes are evaluated by the CoC through the sharing of information, discussing concerns or deficits and planning for next steps (i.e. technical assistance, corrective actions).

1C-3. Describe how the CoC coordinates with victim service providers and non-victim service providers (CoC Program funded and non-CoC funded) to ensure that survivors of domestic violence are provided housing and services that provide and maintain safety and security. Responses must address how the service providers ensure and maintain the safety and security of participants and how client choice is upheld. (limit 1000 characters)

Households contacting coordinated assessment are asked if they are a survivor, are actively fleeing violence, or feel that they are in danger. If the household answers yes to any of these questions, they are asked if they want

their information entered into the HMIS database or prefer a paper file be created. If desired, a release of information is attained, and a direct referral is made to a victim service provider. If a household is in imminent danger, coordinated entry works to find a safe place for household (domestic violence shelter, hotel, etc.) If household feels safe, they can receive a housing assessment to access full spectrum of housing programs and supports (ESG, CoC, etc.). Victim Service Providers refer victim survivors to coordinated entry when they determine survivor is no longer in imminent danger. Household is given housing assessment to access full spectrum of housing programs and supports and has choice of whether information is entered into HMIS or not.

1C-4. List each of the Public Housing Agencies (PHAs) within the CoC's geographic area. If there are more than 5 PHAs within the CoC's geographic area, list the 5 largest PHAs. For each PHA, provide the percentage of new admissions that were homeless at the time of admission between July 1, 2015 and June 30, 2016 and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 7/1/15 to 6/30/16 who were homeless at entry	PHA has General or Limited Homeless Preference
Vancouver Housing Authority	38.00%	Yes-HCV

If you select "Yes--Public Housing," "Yes--HCV," or "Yes--Both" for "PHA has general or limited homeless preference," you must attach documentation of the preference from the PHA in order to receive credit.

1C-5. Other than CoC, ESG, Housing Choice Voucher Programs and Public Housing, describe other subsidized or low-income housing opportunities that exist within the CoC that target persons experiencing homelessness. (limit 1000 characters)

Clark County provides funding for rapid re-housing and permanent supportive housing programs. The rapid re-housing programs are open to people who are literally homeless and the permanent supportive housing programs are open to people who are chronically homeless. There is also the 2% Initiative that is a partnership with a local multi-family property owner and manager where they provide reduced rent and screening criteria at their property for 2% of the units for families with children that are exiting homelessness. We also have several low-income tax credit properties that have lower screening criteria for applicants who are in one of our homeless system rental assistance programs. Our CoC continues to work to create more housing opportunities in the private market and with our nonprofit partners for people exiting homelessness.

1C-6. Select the specific strategies implemented by the CoC to ensure that homelessness is not criminalized in the CoC's geographic area. Select all that apply.

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input type="checkbox"/>
No strategies have been implemented	<input type="checkbox"/>
Other:(limit 1000 characters)	
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Select the system(s) of care within the CoC's geographic area for which there is a discharge policy in place that is mandated by the State, the CoC, or another entity for the following institutions? Check all that apply.

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

1D-2. Select the system(s) of care within the CoC's geographic area with which the CoC actively coordinates with to ensure institutionalized persons that have resided in each system of care for longer than 90 days are not discharged into homelessness. Check all that apply.

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

1D-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) that were not selected and explain how the CoC plans to coordinate with the institution(s) to ensure persons

**discharged are not discharged into homelessness.
(limit 1000 characters)**

Not applicable.

1E. Centralized or Coordinated Assessment (Coordinated Entry)

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

The CoC Program Interim Rule requires CoCs to establish a Centralized or Coordinated Assessment System which HUD refers to as the Coordinated Entry Process. Based on the recent Coordinated Entry Policy Brief, HUD's primary goals for the coordinated entry process are that assistance be allocated as effectively as possible and that it be easily accessible no matter where or how people present for assistance.

**1E-1. Explain how the CoC's coordinated entry process is designed to identify, engage, and assist homeless individuals and families that will ensure those who request or need assistance are connected to proper housing and services.
(limit 1000 characters)**

Our CoC's coordinated assessment works closely with systems of care (jail, hospitals, treatment clinics), homeless services providers, veteran services, victim services, behavioral health providers, schools, and community members to ensure that everyone who needs homeless services is referred to coordinated assessment. Outreach workers and systems of care identify people who are unable to access the coordinated assessment's office so that staff can do the assessments in the community (encampment, jail, etc.). We use the VI-SPDAT to assess the level of housing and services that a household needs. Our coordinated assessment has placement authority for all publicly funded emergency shelter programs as well as housing programs dedicated to preventing and ending homelessness. If a household is low need than coordinated assessment staff work to re-house them with one-time assistance and staff support, allowing medium and high need households to be placed in housing programs more quickly.

1E-2. CoC Program and ESG Program funded projects are required to participate in the coordinated entry process, but there are many other organizations and individuals who may participate but are not required to do so. From the following list, for each type of organization or individual, select all of the applicable checkboxes that indicate how that organization or individual participates in the CoC's coordinated entry process. If there are other organizations or persons who participate but are not on this list,

enter the information in the blank text box, click "Save" at the bottom of the screen, and then select the applicable checkboxes.

Organization/Person Categories	Participate s in Ongoing Planning and Evaluation	Makes Referrals to the Coordinate d Entry Process	Receives Referrals from the Coordinate d Entry Process	Operates Access Point for Coordinate d Entry Process	Participate s in Case Conferenci ng	Does not Participate	Does not Exist
Local Government Staff/Officials	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CDBG/HOME/Entitlement Jurisdiction	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Jail(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMT/Crisis Response Team(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affordable Housing Developer(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Housing Authorities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Youth Homeless Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Administrators/Homeless Liaisons	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Victim Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Street Outreach Team(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homeless or Formerly Homeless Persons	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VA Hospital/Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1F. Continuum of Care (CoC) Project Review, Ranking, and Selection

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1F-1. For all renewal project applications submitted in the FY 2016 CoC Program Competition complete the chart below regarding the CoC's review of the Annual Performance Report(s).

How many renewal project applications were submitted in the FY 2016 CoC Program Competition?	9
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	1
How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2016 CoC Program Competition?	8
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2016 CoC Competition?	100.00%

1F-2 - In the sections below, check the appropriate box(es) for each selection to indicate how project applications were reviewed and ranked for the FY 2016 CoC Program Competition. Written documentation of the CoC's publicly announced Rating and Review procedure must be attached.

Performance outcomes from APR reports/HMIS:	
% permanent housing exit destinations	<input checked="" type="checkbox"/>
% increases in income	<input checked="" type="checkbox"/>
Monitoring criteria:	
Utilization rates	<input checked="" type="checkbox"/>
Drawdown rates	<input checked="" type="checkbox"/>
Frequency or Amount of Funds Recaptured by HUD	<input checked="" type="checkbox"/>

Need for specialized population services:

Youth	<input type="checkbox"/>
Victims of Domestic Violence	<input type="checkbox"/>
Families with Children	<input type="checkbox"/>
Persons Experiencing Chronic Homelessness	<input checked="" type="checkbox"/>
Veterans	<input type="checkbox"/>
None:	<input type="checkbox"/>

1F-2a. Describe how the CoC considered the severity of needs and vulnerabilities of participants that are, or will be, served by the project applications when determining project application priority. (limit 1000 characters)

All of our CoC-funded housing programs are PSH that is either dedicated to, or prioritizes, people who are chronically homeless. All programs use a housing first model and receive placements in the same manner from our Coordinated Assessment. Due to this, we do not need to weight outcomes based on severity of participant needs, because all projects serve the same high level of severity. Instead we evaluate their Housing First program fidelity and their progress towards performance outcomes. All programs were scored based on barrier free eligibility requirements, adoption of harm reduction techniques, policies and procedures that match the narrative, housing first termination policies and use of evidence-based practices.

1F-3. Describe how the CoC made the local competition review, ranking, and selection criteria publicly available, and identify the public medium(s) used and the date(s) of posting. Evidence of the public posting must be attached. (limit 750 characters)

On July 26, 2016 we posted our local competition review, ranking, and selection criteria on our CoC website, which is part of our collaborative applicant's website. We also emailed a notice out to our CoC listserv, which includes hundreds of nonprofits and interested community members.

1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2016 CoC Consolidated Application that included the final project application ranking? (Written documentation of the

public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached).

1F-5. Did the CoC use the reallocation process in the FY 2016 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.) Yes

1F-5a. If the CoC rejected project application(s), on what date did the CoC and Collaborative Applicant notify those project applicants that their project application was rejected? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.) 08/29/2016

1F-6. In the Annual Renewal Demand (ARD) is the CoC's FY 2016 CoC's FY 2016 Priority Listing equal to or less than the ARD on the final HUD-approved FY2016 GIW? Yes

1G. Continuum of Care (CoC) Addressing Project Capacity

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1G-1. Describe how the CoC monitors the performance of CoC Program recipients. (limit 1000 characters)

The monitoring task force consisted of a COC Steering Committee member as chair and three COC members. The CoC monitoring process included online questions and a file review using a formal checklist. The online questions included questions regarding utilization rates, housing stability, participant eligibility, length of time homeless, destination upon program exit, participant income, and connecting participants to mainstream benefits. The process also assessed project capacity by looking at past performance submitting APR's, timely draw down of funds, project fidelity to the housing first model, adoption of other evidence based practices and whether the agency has received any negative audits. A file review was conducted for each of the housing projects based on HUD COC PSH program checklist and CoC policies. This included an eligibility review, file keeping, review of lease agreements, rents are below FMR, program costs are allowable and due process is met during termination.

1G-2. Did the Collaborative Applicant include accurately completed and appropriately signed form HUD-2991(s) for all project applications submitted on the CoC Priority Listing? Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2A-1. Does the CoC have a Governance Charter that outlines the roles and responsibilities of the CoC and the HMIS Lead, either within the Charter itself or by reference to a separate document like an MOU/MOA? In all cases, the CoC's Governance Charter must be attached to receive credit, In addition, if applicable, any separate document, like an MOU/MOA, must also be attached to receive credit. Yes

2A-1a. Include the page number where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document referenced in 2A-1. In addition, in the textbox indicate if the page number applies to the CoC's attached governance charter or attached MOU/MOA. GC, 5

2A-2. Does the CoC have a HMIS Policies and Procedures Manual? If yes, in order to receive credit the HMIS Policies and Procedures Manual must be attached to the CoC Application. Yes

2A-3. Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organization (CHOs)? Yes

2A-4. What is the name of the HMIS software ServicePoint

used by the CoC (e.g., ABC Software)?

2A-5. What is the name of the HMIS software vendor (e.g., ABC Systems)? Bowman Systems

2B. Homeless Management Information System (HMIS) Funding Sources

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2B-1. Select the HMIS implementation coverage area: Single CoC

*** 2B-2. In the charts below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.**

2B-2.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$74,082
ESG	\$0
CDBG	\$0
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$74,082

2B-2.2 Funding Type: Other Federal

Funding Source	Funding
Department of Education	\$0
Department of Health and Human Services	\$0
Department of Labor	\$0
Department of Agriculture	\$0
Department of Veterans Affairs	\$0
Other Federal	\$0
Other Federal - Total Amount	\$0

2B-2.3 Funding Type: State and Local

Funding Source	Funding
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City	\$0
County	\$60,000
State	\$0
State and Local - Total Amount	\$60,000

2B-2.4 Funding Type: Private

Funding Source	Funding
Individual	\$14,347
Organization	\$0
Private - Total Amount	\$14,347

2B-2.5 Funding Type: Other

Funding Source	Funding
Participation Fees	\$0
Other - Total Amount	\$0

2B-2.6 Total Budget for Operating Year	\$148,429
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2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2C-1. Enter the date the CoC submitted the 2016 HIC data in HDX, (mm/dd/yyyy): 05/02/2016

2C-2. Per the 2016 Housing Inventory Count (HIC) Indicate the number of beds in the 2016 HIC and in HMIS for each project type within the CoC. If a particular project type does not exist in the CoC then enter "0" for all cells in that project type.

Project Type	Total Beds in 2016 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	163	23	140	100.00%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	316	0	302	95.57%
Rapid Re-Housing (RRH) beds	225	0	225	100.00%
Permanent Supportive Housing (PSH) beds	375	0	370	98.67%
Other Permanent Housing (OPH) beds	0	0	0	

2C-2a. If the bed coverage rate for any project type is below 85 percent, describe how the CoC plans to increase the bed coverage rate for each of these project types in the next 12 months. (limit 1000 characters)

Not Applicable

2C-3. If any of the project types listed in question 2C-2 above have a coverage rate below 85 percent, and some or all of these rates can be attributed to beds covered by one of the following program types, please indicate that here by selecting all that apply from the list below.

VA Grant per diem (VA GPD):	<input type="checkbox"/>
VASH:	<input type="checkbox"/>

Faith-Based projects/Rescue mission:	<input type="checkbox"/>
Youth focused projects:	<input type="checkbox"/>
Voucher beds (non-permanent housing):	<input type="checkbox"/>
HOPWA projects:	<input type="checkbox"/>
Not Applicable:	<input checked="" type="checkbox"/>

2C-4. How often does the CoC review or assess its HMIS bed coverage? Semi-Annually

2D. Homeless Management Information System (HMIS) Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2D-1. Indicate the percentage of unduplicated client records with null or missing values and the percentage of "Client Doesn't Know" or "Client Refused" within the last 10 days of January 2016.

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	0%	0%
3.2 Social Security Number	3%	6%
3.3 Date of birth	0%	0%
3.4 Race	5%	1%
3.5 Ethnicity	2%	1%
3.6 Gender	0%	0%
3.7 Veteran status	5%	1%
3.8 Disabling condition	1%	1%
3.9 Residence prior to project entry	2%	1%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	88%	0%
3.15 Relationship to Head of Household	1%	0%
3.16 Client Location	0%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	12%	0%

2D-2. Identify which of the following reports your HMIS generates. Select all that apply:

CoC Annual Performance Report (APR):	<input checked="" type="checkbox"/>
ESG Consolidated Annual Performance and Evaluation Report (CAPER):	<input checked="" type="checkbox"/>
Annual Homeless Assessment Report (AHAR) table shells:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

None	<input type="checkbox"/>
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2D-3. If you submitted the 2016 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR? 12

2D-4. How frequently does the CoC review data quality in the HMIS? Monthly

2D-5. Select from the dropdown to indicate if standardized HMIS data quality reports are generated to review data quality at the CoC level, project level, or both. Both Project and CoC

2D-6. From the following list of federal partner programs, select the ones that are currently using the CoC's HMIS.

VA Supportive Services for Veteran Families (SSVF):	<input checked="" type="checkbox"/>
VA Grant and Per Diem (GPD):	<input type="checkbox"/>
Runaway and Homeless Youth (RHY):	<input checked="" type="checkbox"/>
Projects for Assistance in Transition from Homelessness (PATH):	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

2D-6a. If any of the Federal partner programs listed in 2D-6 are not currently entering data in the CoC's HMIS and intend to begin entering data in the next 12 months, indicate the Federal partner program and the anticipated start date. (limit 750 characters)

We do not have a VA Grant Per Diem program in the community.

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

The data collected during the PIT count is vital for both CoC's and HUD. HUD needs accurate data to understand the context and nature of homelessness throughout the country, and to provide Congress and the Office of Management and Budget (OMB) with information regarding services provided, gaps in service, and performance. Accurate, high quality data is vital to inform Congress' funding decisions.

2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2016 sheltered PIT count? Yes

2E-2. Indicate the date of the most recent sheltered PIT count: (mm/dd/yyyy) 01/28/2016

2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2016, was an exception granted by HUD? Not Applicable

2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX: (mm/dd/yyyy) 05/02/2016

2F. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2016 PIT count:

Complete Census Count:	<input checked="" type="checkbox"/>
Random sample and extrapolation:	<input type="checkbox"/>
Non-random sample and extrapolation:	<input type="checkbox"/>
	<input type="checkbox"/>

2F-2. Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:

HMIS:	<input checked="" type="checkbox"/>
HMIS plus extrapolation:	<input type="checkbox"/>
Interview of sheltered persons:	<input type="checkbox"/>
Sample of PIT interviews plus extrapolation:	<input type="checkbox"/>
	<input type="checkbox"/>

2F-3. Provide a brief description of your CoC's sheltered PIT count methodology and describe why your CoC selected its sheltered PIT count methodology. (limit 1000 characters)

We compiled data from HMIS and contacted providers via email, phone, and in person to collect data from these programs not presently contributing to the HMIS system such as a DV shelter. The providers review their entry and exit

counts for the night of the PIT to confirm that the correct clients are included. For those programs not on HMIS, client-level data was combined with the client level data to develop the full count. The HMIS lead used HMIS to deduplicate the data and then the Data Management and Analysis Workgroup reviewed the data for accuracy. Our CoC believes this methodology gives us the most complete and accurate sheltered PIT count possible.

2F-4. Describe any change in methodology from your sheltered PIT count in 2015 to 2016, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to the implementation of your sheltered PIT count methodology (e.g., enhanced training or change in partners participating in the PIT count). (limit 1000 characters)

Not applicable

2F-5. Did your CoC change its provider coverage in the 2016 sheltered count? No

2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2016 sheltered count. (limit 750 characters)

Not applicable

2G. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2G-1. Indicate the methods used to ensure the quality of the data collected during the sheltered PIT count:

Training:	<input checked="" type="checkbox"/>
Follow-up:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Non-HMIS de-duplication techniques:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2015 to 2016 that would change data quality, including changes to training volunteers and inclusion of any partner agencies in the sheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual sheltered PIT count methodology (e.g. change in sampling or extrapolation methods). (limit 1000 characters)

Not applicable

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

HUD requires CoCs to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, HUD also strongly encourages CoCs to conduct the unsheltered PIT count annually at the same time that they conduct annual sheltered PIT counts. HUD required CoCs to conduct the last biennial PIT count during the last 10 days in January 2015.

2H-1. Did the CoC approve the final unsheltered PIT count methodology for the most recent unsheltered PIT count? Yes

2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy): 01/28/2016

2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2016, or most recent count, was an exception granted by HUD? Not Applicable

2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy): 05/02/2016

2I. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2I-1. Indicate the methods used to count unsheltered homeless persons during the 2016 or most recent PIT count:

Night of the count - complete census:	<input checked="" type="checkbox"/>
Night of the count - known locations:	<input checked="" type="checkbox"/>
Night of the count - random sample:	<input type="checkbox"/>
Service-based count:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

2I-2. Provide a brief description of your CoC's unsheltered PIT count methodology and describe why your CoC selected this unsheltered PIT count methodology. (limit 1000 characters)

Local law enforcement and street outreach teams were contacted to identify areas that homeless people may frequent based on their expertise. Once areas were identified 4 planning meetings were held. 10 teams of enumerators were provided descriptions of the zones in which they would seek people to interview. Our count uses an interview and survey component to collect data and ensure people are not duplicated. Surveys are also administered at Family Service Centers, VA offices, food banks and other public places. We also held a Project Homeless Connect service fair event where attendees complete a PIT survey as part of the on-site registration. That information is also added to our HMIS so the clients can be unduplicated from another provider or the sheltered count numbers. Our CoC uses this methodology because we believe by combining a street count with a project homeless connect event we can count the highest number of people who are unsheltered.

2I-3. Describe any change in methodology from your unsheltered PIT count in 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to implementation of your sheltered PIT count methodology (e.g., enhanced training or change in partners participating in the count). (limit 1000 characters)

Not applicable

2I-4. Has the CoC taken extra measures to identify unaccompanied homeless youth in the PIT count? Yes

2I-4a. If the response in 2I-4 was "no" describe any extra measures that are being taken to identify youth and what the CoC is doing for homeless youth. (limit 1000 characters)

Not applicable.

2J. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2016 unsheltered PIT count:

Training:	<input checked="" type="checkbox"/>
"Blitz" count:	<input checked="" type="checkbox"/>
Unique identifier:	<input checked="" type="checkbox"/>
Survey questions:	<input checked="" type="checkbox"/>
Enumerator observation:	<input type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016 that would affect data quality. This includes changes to training volunteers and inclusion of any partner agencies in the unsheltered PIT count planning and implementation, if applicable. Do not include information on changes in actual methodology (e.g. change in sampling or extrapolation method). (limit 1000 characters)

Not applicable

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3A-1. Performance Measure: Number of Persons Homeless - Point-in-Time Count.

* 3A-1a. Change in PIT Counts of Sheltered and Unsheltered Homeless Persons

Using the table below, indicate the number of persons who were homeless at a Point-in-Time (PIT) based on the 2015 and 2016 PIT counts as recorded in the Homelessness Data Exchange (HDX).

	2015 PIT (for unsheltered count, most recent year conducted)	2016 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	662	688	26
Emergency Shelter Total	226	221	-5
Safe Haven Total	0	0	0
Transitional Housing Total	230	242	12
Total Sheltered Count	456	463	7
Total Unsheltered Count	206	225	19

3A-1b. Number of Sheltered Persons Homeless - HMIS.

Using HMIS data, enter the number of homeless persons who were served in a sheltered environment between October 1, 2014 and September 30, 2015 for each category provided.

	Between October 1, 2014 and September 30, 2015
Universe: Unduplicated Total sheltered homeless persons	1,835
Emergency Shelter Total	1,518
Safe Haven Total	0
Transitional Housing Total	462

3A-2. Performance Measure: First Time Homeless.

Describe the CoC's efforts to reduce the number of individuals and families who become homeless for the first time. Specifically, describe what the CoC is doing to identify risk factors of becoming homeless.

(limit 1000 characters)

All publicly funded and some privately funded) homelessness prevention, emergency shelter, rapid re-housing, transitional housing, and permanent supportive housing programs utilize our community's coordinated assessment. This allows us to collect and analyze data concerning who is calling to access homelessness prevention programs. Also, due to the demand being greater than the resources for prevention, we can analyze the data of people who needed prevention, but did not receive it and whether they became homeless. We use this information to better target our prevention programs. We also have close partnerships with the local school districts and health systems and through their participation in our CoC we learn the needs of the people they serve. Finally, we have a diversion program through our coordinated assessment that works with people calling for prevention or emergency shelter and whenever possible attempts to divert them from entering the homelessness system.

3A-3. Performance Measure: Length of Time Homeless.

Describe the CoC's efforts to reduce the length of time individuals and families remain homeless. Specifically, describe how your CoC has reduced the average length of time homeless, including how the CoC identifies and houses individuals and families with the longest lengths of time homeless.

(limit 1000 characters)

The CoC's coordinated assessment tracks the length of time individuals and families remain homeless and utilizes this information in prioritizing individuals and families for housing programs. The CoC has implemented a diversion program for individuals and families with low vulnerability scores, which both helps re-house this population quickly, but also lowers the demand for our ESG, CoC, and other housing programs allowing people to access those programs more quickly. Our CoC Steering Committee recently adopted the prioritization standards suggested by HUD for PSH, which means that we will prioritize length of homelessness for our CoC PSH programs. Finally, our CoC is actively involved in an effort in the City of Vancouver to pass an affordable housing levy, which will create more affordable housing and help our CoC move people into housing more quickly-decreasing the amount of time people remain homeless.

*** 3A-4. Performance Measure: Successful Permanent Housing Placement or Retention.**

In the next two questions, CoCs must indicate the success of its projects in placing persons from its projects into permanent housing.

**3A-4a. Exits to Permanent Housing Destinations:
Fill in the chart to indicate the extent to which projects exit program participants into permanent housing (subsidized or non-subsidized) or the**

retention of program participants in CoC Program-funded permanent supportive housing.

	Between October 1, 2014 and September 30, 2015
Universe: Persons in SSO, TH and PH-RRH who exited	0
Of the persons in the Universe above, how many of those exited to permanent destinations?	0
% Successful Exits	0.00%

3A-4b. Exit To or Retention Of Permanent Housing:
 In the chart below, CoCs must indicate the number of persons who exited from any CoC funded permanent housing project, except rapid re-housing projects, to permanent housing destinations or retained their permanent housing between October 1, 2014 and September 31, 2015.

	Between October 1, 2014 and September 30, 2015
Universe: Persons in all PH projects except PH-RRH	67
Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations?	58
% Successful Retentions/Exits	86.57%

3A-5. Performance Measure: Returns to Homelessness: Describe the CoCs efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe strategies your CoC has implemented to identify and minimize returns to homelessness, and demonstrate the use of HMIS or a comparable database to monitor and record returns to homelessness. (limit 1000 characters)

We have implemented several strategies to identify and minimize returns to homelessness. First off, at coordinated assessment we use an evidenced-based vulnerability tool (VI-SPDAT) to ensure we are accurately identifying the amount of assistance a household needs. We also incorporate length of homelessness and prior episodes of homelessness into our prioritization process. All rapid re-housing programs and our diversion program follow-up with participants and can offer additional assistance if they need it after program exit. We also use HMIS to rank our system overall and individual programs on returns to homelessness and we use this information to identify programs that might need technical assistance. We also have a system-wide priority for people exiting a time-limited program who would be homeless without further support.

3A-6. Performance Measure: Job and Income Growth. Performance Measure: Job and Income Growth. Describe the CoC's specific strategies to assist CoC Program-funded projects to increase program participants' cash income from employment and non-employment non-cash sources.

(limit 1000 characters)

All our CoC-funded housing programs are PSH so almost all adult participants have a disability. We have an active and growing SOAR program in our region, which we utilize to increase the number of project participants that are able to increase their non-employment income through SSI/SSDI. One of our project applicants has a SOAR program that is open to the community and does at least 30 SOAR applications a year. We will ensure that each project applicant is either trained as a SOAR advocate or able to connect appropriate project participants to SOAR advocate in the community. We will utilize supported employment to help get people back in the workforce and to build their resumes and work history. We have a clubhouse supported employment model in our community that our programs work with and we are awaiting approval of our state's 1115 Medicaid waiver, which will expand supported employment opportunities.

3A-6a. Describe how the CoC is working with mainstream employment organizations to aid homeless individuals and families in increasing their income.

(limit 1000 characters)

The CoC created a Bridges to Employment task group to create a pathway to employment for people who are homeless or recently homeless and are unable to take advantage of current mainstream employment services due to significant barriers. The group included employment agencies, state vocational services, our local WIOA agency, etc. A supportive employment program has been re-focused to serve those who are in permanent supportive housing programs (PSH) or eligible for PSH programs. In addition, the local WIOA agency has elected to fund employment program staff to serve the local coordinated assessment center. The integration will focus on supporting people in homeless housing programs and the local diversion program. In addition, the local youth agency has received funding for a full-time employment navigator focused on bridging the gap between the mainstream employment programs and the youth. Through this work 100% of our CoC projects are connected to employment agencies.

3A-7. What was the the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoC's unsheltered PIT count?

(limit 1000 characters)

We have three outreach teams in our community: one that focuses on unaccompanied youth; a PATH team that focuses on people with severe mental illness; and a general outreach team. Our coordinated assessment staff works very closely with the outreach teams to ensure that people have access to shelter and housing programs regardless of whether they are actively accessing coordinated assessment. The outreach teams and coordinated assessment staff meet monthly to share information and keep the list of people who need PSH. A good example of this collaboration is that coordinated assessment staff and outreach workers teamed up and went to encampments asking people if they wanted to come into winter shelter and assessing people for housing programs.

3A-7a. Did the CoC completely exclude geographic areas from the the most recent PIT count (i.e., no one counted there and, for communities using samples the area was excluded from both the sample and extrapolation) where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g. disasters)? No

**3A-7b. Did the CoC completely exclude geographic areas from the the most recent PIT count (i.e., no one counted there and, for communities using samples the area was excluded from both the sample and extrapolation) where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g. deserts, wilderness, etc.)?
(limit 1000 characters)**

Not applicable.

**3A-8. Enter the date the CoC submitted the system performance measure data into HDX. The System Performance Report generated by HDX must be attached.
(mm/dd/yyyy)** 08/12/2016

**3A-8a. If the CoC was unable to submit their System Performance Measures data to HUD via the HDX by the deadline, explain why and describe what specific steps they are taking to ensure they meet the next HDX submission deadline for System Performance Measures data.
(limit 1500 characters)**

Not applicable.

3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 1: Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

To end chronic homelessness by 2017, HUD encourages three areas of focus through the implementation of Notice CPD 14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status.

- 1. Targeting persons with the highest needs and longest histories of homelessness for existing and new permanent supportive housing;**
- 2. Prioritizing chronically homeless individuals, youth and families who have the longest histories of homelessness; and**
- 3. The highest needs for new and turnover units.**

3B-1.1. Compare the total number of chronically homeless persons, which includes persons in families, in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons	103	63	-40
Sheltered Count of chronically homeless persons	53	30	-23
Unsheltered Count of chronically homeless persons	50	33	-17

**3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, or no change in the overall TOTAL number of chronically homeless persons in the CoC, as well as the change in the unsheltered count, as reported in the PIT count in 2016 compared to 2015.
 (limit 1000 characters)**

We saw a large decrease in both the total number of people who are chronically homeless (103 to 63) and the number of unsheltered who are chronically homeless (50 to 33). There were no changes to our PIT count methodology. We believe these large decreases are due to our CoC's focus on using the housing first model for PSH.

3B-1.2. Compare the total number of PSH beds (CoC Program and non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2016 Housing Inventory Count, as compared to those identified on the 2015 Housing Inventory Count.

	2015	2016	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	180	120	-60

3B-1.2a. Explain the reason(s) for any increase, or no change in the total number of PSH beds (CoC program funded or non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2016 Housing Inventory Count compared to those identified on the 2015 Housing Inventory Count. (limit 1000 characters)

The numbers on the HIC indicate that we went from 180 dedicated beds in 2015 to 120 in 2016. However, this is due to a data entry error. Our VASH beds were entered in the 2016 HIC as veteran beds, but should have been entered as veteran AND chronically homeless. If this had been done correctly, the 2016 number would have been 220 a 40 bed increase from 2015. This increase is mostly due to the opening of Lincoln Place, a 30 unit housing first building for people who were chronically homeless.

3B-1.3. Did the CoC adopt the Orders of Priority into their standards for all CoC Program funded PSH as described in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status? Yes

3B-1.3a. If “Yes” was selected for question 3B-1.3, attach a copy of the CoC’s written standards or other evidence that clearly shows the incorporation of the Orders of Priority in Notice CPD 14-012 and indicate the page(s) for all documents where the Orders of Priority are found. Page 1 and 2

3B-1.4. Is the CoC on track to meet the goal of ending chronic homelessness by 2017? No

This question will not be scored.

3B-1.4a. If the response to question 3B-1.4 was “Yes” what are the strategies that have been implemented by the CoC to maximize current resources to meet this goal? If “No” was selected, what resources or technical assistance will be implemented by the CoC to reach to goal of ending chronically homelessness by 2017? (limit 1000 characters)

We will be close, but probably won't succeed by 2017 primarily because we were too reliant on scattered-site housing first programs, which became problematic as our rental market became very tight and landlords wouldn't rent to our clients. We are now adjusting the balance of scattered-site and site-based housing first, but it takes time to build the site-based projects. The only technical assistance that may be useful would be continued training for our providers on the intricacies of the housing first model as it is still relatively new for our community.

3B. Continuum of Care (CoC) Strategic Planning Objectives

3B. Continuum of Care (CoC) Strategic Planning Objectives

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

HUD will evaluate CoC's based on the extent to which they are making progress to achieve the goal of ending homelessness among households with children by 2020.

3B-2.1. What factors will the CoC use to prioritize households with children during the FY2016 Operating year? (Check all that apply).

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Number of previous homeless episodes:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Criminal History:	<input checked="" type="checkbox"/>
Bad credit or rental history (including not having been a leaseholder):	<input type="checkbox"/>
Head of household has mental/physical disabilities:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.2. Describe the CoC's strategies including concrete steps to rapidly rehouse every household with children within 30 days of those families becoming homeless. (limit 1000 characters)

We use the VI-SPDAT at our coordinated assessment to immediately determine whether we can support a family with housing navigation and one-time costs; if the family needs to be placed in a rapid re-housing program that can provide multiple months of assistance and services; or if the family needs permanent supportive housing (vast majority of families do not). The families with the lowest vulnerabilities are assisted by our Diversion Coordinator to quickly find an apartment and we utilize privately raised funds to help with moving costs. This decreases the demand on our ESG and locally funded rapid re-housing programs that can focus on families that have medium vulnerability levels. Finally, we have two CoC funded programs that serve those families with the highest vulnerability. We also have our homelessness prevention programs running through coordinated assessment, which allows us to target those programs to decrease demand on emergency shelter and rapid re-housing.

3B-2.3. Compare the number of RRH units available to serve families from the 2015 and 2016 HIC.

	2015	2016	Difference
RRH units available to serve families in the HIC:	68	64	-4

3B-2.4. How does the CoC ensure that emergency shelters, transitional housing, and permanent housing (PSH and RRH) providers within the CoC do not deny admission to or separate any family members from other members of their family based on age, sex, gender or disability when entering shelter or housing? (check all strategies that apply)

CoC policies and procedures prohibit involuntary family separation:	<input checked="" type="checkbox"/>
There is a method for clients to alert CoC when involuntarily separated:	<input checked="" type="checkbox"/>
CoC holds trainings on preventing involuntary family separation, at least once a year:	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

PIT Count of Homelessness Among Households With Children

	2015 (for unsheltered count,		
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	most recent year conducted)	2016	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	115	112	-3
Sheltered Count of homeless households with children:	86	71	-15
Unsheltered Count of homeless households with children:	29	41	12

3B-2.5a. Explain the reason(s) for any increase, or no change in the total number of homeless households with children in the CoC as reported in the 2016 PIT count compared to the 2015 PIT count. (limit 1000 characters)

Our CoC saw a significant decrease in the number of homeless families who were sheltered (86 to 71) while seeing a corresponding rise in the number of homeless families who were unsheltered (29 to 41). There were no methodology changes to the sheltered or unsheltered counts. The lower number of sheltered families does not correspond to any change in shelter capacity, but rather reflects an increase in the number of large families who were in shelter on the date of the PIT. Since the shelter capacity is driven more by the number of people than the number of households, these larger families meant fewer families served overall. At the same time we are seeing very high demand from families for shelter due to an affordability crisis in our area (highest percentage rent increases year over year in the nation). The affordability crisis is driving the increase in the number of families who are unsheltered.

3B-2.6. From the list below select the strategies to the CoC uses to address the unique needs of unaccompanied homeless youth including youth under age 18, and youth ages 18-24, including the following.

Human trafficking and other forms of exploitation?	Yes
LGBTQ youth homelessness?	Yes
Exits from foster care into homelessness?	Yes
Family reunification and community engagement?	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs?	Yes
Unaccompanied minors/youth below the age of 18?	Yes

3B-2.6a. Select all strategies that the CoC uses to address homeless youth trafficking and other forms of exploitation.

Diversion from institutions and decriminalization of youth actions that stem from being trafficked:	<input checked="" type="checkbox"/>
Increase housing and service options for youth fleeing or attempting to flee trafficking:	<input type="checkbox"/>

Specific sampling methodology for enumerating and characterizing local youth trafficking:	<input type="checkbox"/>
Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:	<input checked="" type="checkbox"/>
Community awareness training concerning youth trafficking:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.7. What factors will the CoC use to prioritize unaccompanied youth including youth under age 18, and youth ages 18-24 for housing and services during the FY 2016 operating year? (Check all that apply)

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Length of time homeless:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Lack of access to family and community support networks:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.8. Using HMIS, compare all unaccompanied youth including youth under age 18, and youth ages 18-24 served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 (October 1, 2013-September 30, 2014) and FY 2015 (October 1, 2014 - September 30, 2015).

	FY 2014 (October 1, 2013 - September 30, 2014)	FY 2015 (October 1, 2014 - September 30, 2105)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	88	75	-13

3B-2.8a. If the number of unaccompanied youth and children, and youth-headed households with children served in any HMIS contributing

program who were in an unsheltered situation prior to entry in FY 2015 is lower than FY 2014 explain why. (limit 1000 characters)

The number of youth served in HMIS who were unsheltered prior to entry in FY 2015 was slightly lower than FY 2014 (88 to 75). This does not reflect any programmatic or policy changes in that direction. In fact, there has been an increased focus on serving youth who are literally homeless as evidenced by a newly funded CoC program focused on homeless youth. These numbers we are reporting include both housing programs (CoC and locally funded) and also two emergency shelters that serve youth under the age of 18. While our housing programs focus on youth who are literally homeless, the emergency shelters by law serve youth (under 18) who are runaways and these programs might be skewing the overall data.

3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2016 and CY 2017.

	Calendar Year 2016	Calendar Year 2017	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	\$1,145,845.00	\$1,685,818.00	\$539,973.00
CoC Program funding for youth homelessness dedicated projects:	\$16,047.00	\$192,568.00	\$176,521.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	\$1,129,798.00	\$1,493,250.00	\$363,452.00

3B-2.10. To what extent have youth services and educational representatives, and CoC representatives participated in each other's meetings between July 1, 2015 and June 30, 2016?

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	16
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:	4
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	14

3B-2.10a. Based on the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local educational authorities and school districts. (limit 1000 characters)

Our CoC is fully integrated with the efforts of our local education liaisons. We have a liaison that is on the CoC Steering Committee. The liaisons attend our general membership meetings. Our housing authority has created programs aimed at families and youth who are homeless and enrolled in our local school districts and we work closely with the liaisons to implement those programs. The liaisons helped us create our Homeless Action Plan, which guides the work

of our CoC. We have begun to share data with the school districts to help ensure that the families that are accessing our coordinated assessment and the families that are accessing our coordinated assessment are receiving appropriate services from the schools. Our collaborative applicant as well as other homeless services providers participates in a school taskforce on chronic absenteeism. We recently received a grant to place navigators from our coordinated assessment directly in high needs schools.

**3B-2.11. How does the CoC make sure that homeless individuals and families who become homeless are informed of their eligibility for and receive access to educational services? Include the policies and procedures that homeless service providers (CoC and ESG Programs) are required to follow.
(limit 2000 characters)**

The CoC policy is that each homeless services provider that serves families display posters listing the educational rights of homeless children and families and the contact information for the homeless school liaisons. Further, each provider must discuss these rights with program participants and are responsible for ensuring that all children are enrolled in the proper educational opportunities including early learning. This process begins with our coordinated assessment, which works closely with early learning programs and the school liaisons to connect families to educational opportunities as they are being placed into housing programs.

The CoC ensures these policies are followed through the annual monitoring process and through the active participation of the homeless school liaisons in our CoC. The ESG funded projects are required to follow these policies by contract and are monitored by Clark County, which reports to the CoC Steering Committee on ESG outcomes.

**3B-2.12. Does the CoC or any HUD-funded projects within the CoC have any written agreements with a program that services infants, toddlers, and youth children, such as Head Start; Child Care and Development Fund; Healthy Start; Maternal, Infant, Early Childhood Home Visiting programs; Public Pre-K; and others?
(limit 1000 characters)**

While the CoC and CoC funded projects work very closely with our head start and other early learning programs, we do not have any written agreements at this time.

3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 3: Ending Veterans Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

Opening Doors outlines the goal of ending Veteran homelessness by the end of 2016. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-3.1. Compare the total number of homeless Veterans in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	32	40	8
Sheltered count of homeless veterans:	24	28	4
Unsheltered count of homeless veterans:	8	12	4

3B-3.1a. Explain the reason(s) for any increase, or no change in the total number of homeless veterans in the CoC as reported in the 2016 PIT count compared to the 2015 PIT count. (limit 1000 characters)

After years of significant decreases of homeless veterans in our PIT counts, we had an eight veteran increase from 2015 to 2016 (32 to 40). There were no methodology changes in the sheltered or unsheltered count. There has been a greater focus on collaboration between the CoC and the VA to ensure that we are working towards having one comprehensive list of veterans who are homeless in our community. This increased collaboration may have led to a more accurate count and the slight increase. Since the count a new supportive housing project for veterans has opened in our community, so the numbers should be declining again next year.

3B-3.2. Describe how the CoC identifies, assesses, and refers homeless veterans who are eligible for Veterean's Affairs services and housing to appropriate reources such as HUD-VASH and SSVF. (limit 1000 characters)

One of the first questions we ask people through our coordinated assessment is about their veteran status. Outreach workers in our community also work to identify any veterans living outside who are not requesting services on their own. Our local SSVF program receives all referrals through our coordinated assessment. We also screen at coordinated assessment to see if a veteran might be VASH eligible and, if so, make a referral to the VA Medical Center. We also have a VA outreach worker who has regular hours at our coordinated assessment and can meet with people right there so they don't have to travel to a different office. We have built relationships with the VA Medical Center staff so if a veteran who is ineligible contacts them they refer the veteran to our coordinated assessment. Through our connections with the SSVF provider, VA outreach, and the VA Medical Center staff we have created a seamless entry point for veterans.

3B-3.3. Compare the total number of homeless Veterans in the CoC and the total number of unsheltered homeless Veterans in the CoC, as reported by the CoC for the 2016 PIT Count compared to the 2010 PIT Count (or 2009 if an unsheltered count was not conducted in 2010).

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2016	% Difference
Total PIT Count of sheltered and unsheltered homeless veterans:	95	40	-57.89%
Unsheltered Count of homeless veterans:	15	12	-20.00%

3B-3.4. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2016. No

This question will not be scored.

3B-3.4a. If "Yes", what are the strategies being used to maximize your current resources to meet this goal? If "No" what resources or technical assistance would help you reach the goal of ending Veteran homelessness by the end of 2016? (limit 1000 characters)

The main reason we will not meet functional zero is our lack of immediate access to emergency shelter when a veteran becomes homeless (we do not have any grant per diem in our community) and that our local VAMC does not yet have the ability to share data with our CoC. Any technical assistance that could assist the VAMC in working through the process to be able to share data

would be very helpful.

4A. Accessing Mainstream Benefits

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4A-1. Does the CoC systematically provide information to provider staff about mainstream benefits, including up-to-date resources on eligibility and program changes that can affect homeless clients? Yes

4A-2. Based on the CoC's FY 2016 new and renewal project applications, what percentage of projects have demonstrated they are assisting project participants to obtain mainstream benefits? This includes all of the following within each project: transportation assistance, use of a single application, annual follow-ups with participants, and SOAR-trained staff technical assistance to obtain SSI/SSDI?

FY 2016 Assistance with Mainstream Benefits

Total number of project applications in the FY 2016 competition (new and renewal):	10
Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 2a, 2b and 2c on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	10
Percentage of renewal and new project applications in the FY 2016 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	100%

4A-3. List the organizations (public, private, non-profit and other) that you collaborate with to facilitate health insurance enrollment, (e.g., Medicaid, Medicare, Affordable Care Act options) for program participants. For each organization you partner with, detail the specific outcomes resulting from the partnership in the establishment of benefits. (limit 1000 characters)

We work with SeaMar, Beacon Health Options, and Molina Healthcare to facilitate health insurance enrollment. SeaMar, a Federally Qualified Health Center is our local lead for enrollment for Medicaid expansion as well as assisting people sign up through the exchange. Beacon Health Options is a health plan that operates our crisis system and helps identify people who are Medicaid or Medicare eligible, but who are not enrolled and assists them. Molina Healthcare is a health plan whose members make up 80% of our local Medicaid population. Molina works with our providers to help determine if they

are Molina members or if they may need help enrolling in Medicaid.

4A-4. What are the primary ways the CoC ensures that program participants with health insurance are able to effectively utilize the healthcare benefits available to them?

Educational materials:	<input checked="" type="checkbox"/>
In-Person Trainings:	<input checked="" type="checkbox"/>
Transportation to medical appointments:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not Applicable or None:	<input type="checkbox"/>

4B. Additional Policies

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4B-1. Based on the CoCs FY 2016 new and renewal project applications, what percentage of Permanent Housing (PSH and RRH), Transitional Housing (TH), and SSO (non-Coordinated Entry) projects in the CoC are low barrier?

FY 2016 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2016 competition (new and renewal):	10
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2016 competition:	10
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2016 competition that will be designated as "low barrier":	100%

4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), Rapid Re-Housing (RRH), SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2016 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

FY 2016 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2016 competition (new and renewal):	10
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2016 competition:	10
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2016 competition that will be designated as Housing First:	100%

4B-3. What has the CoC done to ensure awareness of and access to housing and supportive services within the CoC's geographic area to persons that could benefit from CoC-funded programs but are not currently participating in a CoC funded program? In particular, how does the CoC reach out to for persons that are least likely to request housing or services in the absence of special outreach?

Direct outreach and marketing:	<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">X</div>
--------------------------------	---

Use of phone or internet-based services like 211:	<input checked="" type="checkbox"/>
Marketing in languages commonly spoken in the community:	<input checked="" type="checkbox"/>
Making physical and virtual locations accessible to those with disabilities:	<input checked="" type="checkbox"/>
Partnership with outreach workers	<input checked="" type="checkbox"/>
Partnership with other systems such as schools, jails, inpatient mental health, chemical dependency	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

4B-4. Compare the number of RRH units available to serve populations from the 2015 and 2016 HIC.

	2015	2016	Difference
RRH units available to serve all populations in the HIC:	150	90	-60

4B-5. Are any new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction? No

4B-6. If "Yes" in Questions 4B-5, then describe the activities that the project(s) will undertake to ensure that employment, training and other economic opportunities are directed to low or very low income persons to comply with section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3) and HUD's implementing rules at 24 CFR part 135? (limit 1000 characters)

Not applicable

4B-7. Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes? No

4B-7a. If "Yes", to question 4B-7, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons

defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 2500 characters)

Not applicable

4B-8. Has the project been affected by a major disaster, as declared by the President Obama under Title IV of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended (Public Law 93-288) in the 12 months prior to the opening of the FY 2016 CoC Program Competition? No

4B-8a. If "Yes" in Question 4B-8, describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD. (limit 1500 characters)

Not applicable

4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD since the submission of the FY 2015 application? This response does not affect the scoring of this application. No

4B-9a. If "Yes" to Question 4B-9, check the box(es) for which technical assistance was requested.

This response does not affect the scoring of this application.

CoC Governance:	<input type="checkbox"/>
CoC Systems Performance Measurement:	<input type="checkbox"/>
Coordinated Entry:	<input type="checkbox"/>
Data reporting and data analysis:	<input type="checkbox"/>
HMIS:	<input type="checkbox"/>

Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:	<input type="checkbox"/>
Maximizing the use of mainstream resources:	<input type="checkbox"/>
Retooling transitional housing:	<input type="checkbox"/>
Rapid re-housing:	<input type="checkbox"/>
Under-performing program recipient, subrecipient or project:	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input checked="" type="checkbox"/>

4B-9b. Indicate the type(s) of Technical Assistance that was provided, using the categories listed in 4B-9a, provide the month and year the CoC Program recipient or sub-recipient received the assistance and the value of the Technical Assistance to the CoC/recipient/sub recipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance

4C. Attachments

Instructions:

Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site:
<https://www.hudexchange.info/resource/3118/creating-a-zip-file-and-capturing-a-screenshot-resource>

Document Type	Required?	Document Description	Date Attached
01. 2016 CoC Consolidated Application: Evidence of the CoC's communication to rejected participants	Yes	Communication to ...	08/29/2016
02. 2016 CoC Consolidated Application: Public Posting Evidence	Yes		
03. CoC Rating and Review Procedure (e.g. RFP)	Yes	WA-508 CoC Rating...	09/03/2016
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	WA-508 Rating and...	09/03/2016
05. CoCs Process for Reallocating	Yes	WA-508 Monitoring...	09/03/2016
06. CoC's Governance Charter	Yes	WA-508 CoC Govern...	09/03/2016
07. HMIS Policy and Procedures Manual	Yes	WA-508 HMIS Polic...	09/03/2016
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes	Applicable sectio...	09/03/2016
10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter)	No		
11. CoC Written Standards for Order of Priority	No	WA-508 Resolution...	09/02/2016
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
13. HDX-system Performance Measures	Yes	WA-508 HDX system...	09/03/2016
14. Other	No		
15. Other	No		

Attachment Details

Document Description: Communication to reallocated project

Attachment Details

Document Description:

Attachment Details

Document Description: WA-508 CoC Rating and Review Procedure

Attachment Details

Document Description: WA-508 Rating and Review Public Posting Evidence

Attachment Details

Document Description: WA-508 Monitoring Policies and Process for Reallocating

Attachment Details

Document Description: WA-508 CoC Governance Charter

Attachment Details

Document Description: WA-508 HMIS Policies and Procedures

Attachment Details

Document Description:

Attachment Details

Document Description: Applicable section of PHA Administrative Plan

Attachment Details

Document Description:

Attachment Details

Document Description: WA-508 Resolution re CPD 14-012

Attachment Details

Document Description:

Attachment Details

Document Description: WA-508 HDX system Performance Measures

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. Identification		08/14/2016
1B. CoC Engagement		09/03/2016
1C. Coordination		09/03/2016
FY2016 CoC Application	Page 61	09/09/2016

1D. CoC Discharge Planning	08/22/2016
1E. Coordinated Assessment	09/03/2016
1F. Project Review	Please Complete
1G. Addressing Project Capacity	09/03/2016
2A. HMIS Implementation	08/22/2016
2B. HMIS Funding Sources	09/03/2016
2C. HMIS Beds	08/25/2016
2D. HMIS Data Quality	09/06/2016
2E. Sheltered PIT	08/25/2016
2F. Sheltered Data - Methods	09/03/2016
2G. Sheltered Data - Quality	08/26/2016
2H. Unsheltered PIT	08/26/2016
2I. Unsheltered Data - Methods	09/03/2016
2J. Unsheltered Data - Quality	08/26/2016
3A. System Performance	09/03/2016
3B. Objective 1	09/06/2016
3B. Objective 2	09/08/2016
3B. Objective 3	09/03/2016
4A. Benefits	09/03/2016
4B. Additional Policies	08/29/2016
4C. Attachments	Please Complete
Submission Summary	No Input Required

Andy Silver

From: Andy Silver [asilver@councilforthehomeless.org]
Sent: Monday, August 29, 2016 10:57 AM
To: 'John (Bunk) Moren'
Subject: Letter confirming reallocation of Family Housing NW
Attachments: Letter to CSNW re Family Housing NW.pdf

Hi Bunk,

Per HUD guidelines, this is the formal letter informing you that we are reallocating Family Housing NW. I realize you already know this as it was your choice, but rules are rules ☺

Andy

Andy Silver, Executive Director

Council for the Homeless

Office Phone: 360-993-9570

Administrative Office and mailing address: 2500 Main Street, Vancouver WA 98660

Housing Solutions Center: 2306 NE Andresen Road, Suite A, Vancouver WA 98661 www.councilforthehomeless.org

asilver@councilforthehomeless.org



Preventing and ending homelessness in Clark County

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**Local Government
Representatives on the Board**

Jeanne Stewart
*Clark County
Board of Clark County Councilors*

Alishia Topper
Vancouver City Council

Joan Caley
Vancouver Housing Authority

August 29, 2016

Dear Mr. Moren:

This letter is to confirm with you that our Continuum of Care is reallocating the Community Services Northwest project: Family Housing Northwest. As you know, Community Services Northwest decided not to apply for renewal funding for this project due to problems paying for the supportive services after a grant was lost. We appreciate the work that you have done to help families through this project and we are committed to a transition process that ensures housing stability for those families that are currently in the program.

Sincerely,

Andy Silver, Executive Director



Preventing and ending homelessness in Clark County

**Clark County/City of Vancouver
Continuum of Care Background and
Instructions for FY2016 Grant
Application Process**

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Introduction

The Council for the Homeless (CFTH), the lead agency for the Clark County/City of Vancouver Continuum of Care (CoC)-also known as the Coalition of Service Providers- coordinates the process to submit the annual consolidated application for U.S. Department of Housing and Urban Development's (HUD) CoC Homeless Assistance Program funding.

Annually, HUD releases a Notice of Funding Availability (NOFA) for federal funding for CoC Homeless Assistance Programs funding. It is a collaborative application process – each CoC submits both a Consolidated Application – a community profile of homeless housing and services, a community action plan *and* each of the programs submit individual Project Applications from the CoC. All programs must submit their application through their local CoC – HUD will not review any applications that are submitted independent from a CoC.

We have a local application process (outlined in this document) to determine which currently-funded projects the community will include in our application for renewal; which new applicants will be included; and how each project is prioritized in case HUD does not fund all the projects.

This document outlines the local application process and how it relates to the submission of the consolidated application to HUD for CoC funding. It also includes the instructions for how to complete this year's local application process.

All information and forms pertaining to the process are available on the CFTH website on the FY2016 CoC 2016 Application page. www.councilforthehomeless.org.

Continuum of Care Overview

The CoC model was adopted by HUD in 1994 giving local communities the charge to form a primary planning and coordinating body, known as CoCs, for homeless housing and services to work toward the goal of ending homelessness. The regulations clearly define the primary responsibilities of the CoC as follows:

(a) Operate the Continuum of Care. The Continuum of Care must:

- (1) Hold meetings of the full membership, with published agendas, at least semi-annually;
- (2) Develop an invitation process for new members to join publicly available within the geographic at least annually;
- (3) Adopt and follow a written process to select a board to act on behalf of the Continuum of Care. The process must be reviewed, updated, and approved by the Continuum at least once every 5 years;
- (4) Appoint additional committees, subcommittees, or workgroups;
- (5) In consultation with the collaborative applicant and the HMIS Lead, develop, follow, and update annually a governance charter, which will include all procedures and policies needed to comply with subpart B of this part and with HMIS requirements as prescribed by HUD; and a code of conduct and recusal process for the board, its chair(s), and any person acting on behalf of the board;
- (6) Consult with recipients and sub-recipients to establish performance targets appropriate for population and program type, monitor recipient and sub-recipient performance, evaluate outcomes, and take action against poor performers;

(7) Evaluate outcomes of projects funded under the Emergency Solutions Grants program and the Continuum of Care program, and report to HUD;

(8) In consultation with recipients of Emergency Solutions Grants program funds within the geographic area, establish and operate either a centralized or coordinated assessment system that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services. The Continuum must develop a specific policy to guide the operation of the centralized or coordinated assessment system on how its system will address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim service providers. This system must comply with any requirements established by HUD by Notice.

(9) In consultation with recipients of Emergency Solutions Grants program funds within the geographic area, establish and consistently follow written standards for providing Continuum of Care assistance. At a minimum, these written standards must include:

(i) Policies and procedures for evaluating individuals and families eligibility for assistance under this part;

(ii) Policies and procedures for determining and prioritizing which eligible individuals and families will receive transitional housing assistance;

(iii) Policies and procedures for determining and prioritizing which eligible individuals and families will receive rapid rehousing assistance;

(iv) Standards for determining what percentage or amount of rent each program participant must pay while receiving rapid rehousing assistance;

(v) Policies and procedures for determining and prioritizing which eligible individuals and families will receive permanent supportive housing assistance; and

(vi) Where the Continuum is designated a high-performing community, as described in subpart G of this part, policies and procedures set forth in 24 CFR 576.400(e)(3)(vi), (e)(3)(vii), (e)(3)(viii), and (e)(3)(ix).

(b) Designating and operating an HMIS. The Continuum of Care must:

(1) Designate a single Homeless Management Information System (HMIS) for the geographic area;

(2) Designate an eligible applicant to manage the Continuum's HMIS, which will be known as the HMIS Lead;

(3) Review, revise, and approve a privacy plan, security plan, and data quality plan for the HMIS.

(4) Ensure consistent participation of recipients and sub-recipients in the HMIS; and

(5) Ensure the HMIS is administered in compliance with requirements prescribed by HUD.

(c) Continuum of Care planning. The Continuum must develop a plan that includes:

(1) Coordinating the implementation of a housing and service system within its geographic area that meets the needs of the homeless individuals (including unaccompanied youth) and families. At a minimum, such system encompasses the following:

(i) Outreach, engagement, and assessment;

(ii) Shelter, housing, and supportive services;

(iii) Prevention strategies.

(2) Planning for and conducting, at least biennially, a point-in-time count of homeless persons within the geographic area that meets the following requirements:

(i) Homeless persons who are living in a place not designed or ordinarily used as a regular sleeping accommodation for humans must be counted as unsheltered homeless persons.

(ii) Persons living in emergency shelters and transitional housing projects must be counted as sheltered homeless persons.

(iii) Other requirements established by HUD by Notice.

(3) Conducting an annual gaps analysis of the homeless needs and services available within the geographic area;

(4) Providing information required to complete the Consolidated Plan(s) within the Continuum's geographic area;

(5) Consulting with State and local government Emergency Solutions Grants program recipients within the Continuum's geographic area on the plan for allocating Emergency Solutions Grants program funds and reporting on and evaluating the performance of Emergency Solutions Grants program recipients and sub-recipients.

Application Process Overview

The HUD Notice of Funding Availability (NOFA) provides the process and requirements for the submission of the 2016 HUD Project Application. **It is imperative that all new and renewal applicants read the NOFA and accompanying guidance from HUD.** The Project Applications are done electronically through the e-snaps system. It is the responsibility of each project applicant to get their information entered into e-snaps by the deadlines outlined below. Once all individual project applications are entered into e-snaps they are linked to the Clark County/City of Vancouver Consolidated Application and accepted applications are submitted by the Council for the Homeless as one entire submission package to HUD.

All renewal projects are monitored, scored and ranked by the CoC Program Monitoring and Scoring Subcommittee in a process outlined in the "Vancouver/Clark County CoC Programs Monitoring Policies and Procedures." Renewal applicants must also complete their project applications in e-snaps by the dates listed below. These project applications will be reviewed for technical sufficiency as well as adherence to the policy goals outlined in the NOFA (housing first, prioritizing chronic homelessness, etc.).

This year's NOFA includes Permanent Housing Bonus funds. We are accepting new applications for up to \$78,345 for Permanent Housing Bonus permanent supportive housing projects that serve chronically homeless households utilizing a housing first approach (the amount available may increase if any renewal projects are reallocated as a result of the monitoring process). These new applications must be completed in e-snaps by the dates listed below and must adhere to the rules for Permanent Housing Bonus funds outlined in the NOFA. If a project application meets the requirements of the NOFA and of these guidelines it will be scored and ranked against other new projects. All new projects will be ranked below renewal projects in the overall submission package to HUD.

Application Process Details/Important Dates

- On **July 26th**, the CoC will release a request for applications (RFA) for new permanent supportive housing projects. CFTH will email the RFA to the CoC listserv and post it on the CFTH website (www.councilforthehomeless.org).

- **Between July 26th and August 9th**, Andy Silver (Executive Director of the Council for the Homeless) will be available to organizations that want more information or have questions about the RFA or any part of the process. Andy can be reached by email at asilver@councilforthehomeless.org or by phone at 360-993-9570.
- All new and renewal applications must be submitted electronically in the e-snaps system by **August 9th** at 5pm. Failure to submit an application by the deadline may result in disqualification from the competition.
- The Council for the Homeless will review all applications for technical sufficiency. The Monitoring and Scoring Sub-Committee of the CoC Steering Committee will read all new applications that are technically sufficient and score each project based on the scoring matrix, which is included in this document.
- **On August 31st**, the CoC Steering Committee will approve the final project listing and prioritization and shortly thereafter, projects will be notified, and the final version will be posted on the CFTH website.

What Would Cause a New Project Application to be rejected?

The CoC is only accepting new project applications this year for permanent supportive housing programs that serve people who are chronically homeless using the housing first model. Any new application that proposes a different housing type (transitional housing, emergency shelter, rapid re-housing) will be rejected. Any new application that proposes to serve a population broader than HUD's definition of chronically homeless will be rejected. Any new project that does not plan on implementing a housing first model will be rejected. Applicants must read the requirements for Permanent Housing Bonus projects in the FY2016 NOFA carefully; if their application does not meet all requirements it will be rejected.

Finally, all new projects will be scored according to the scoring criteria listed in this document. The highest scoring project(s) will be funded based on amount available. New projects that score below the funding line will be rejected.

What would Cause a Renewal Project Application to be rejected?

A renewal project can be rejected and reallocated through the monitoring process according to the process set forth in the monitoring policies and procedures. Renewal applications must also be completed in e-snaps and meet the requirements laid out in the NOFA and these guidelines. Renewal projects that do not meet the requirements in the NOFA or these guidelines will be rejected.

If a Project is accepted through the Local RFA, is it guaranteed funding?

No. New and Renewal projects selected through our local RFA process will be included in the community application to HUD. Individual projects may still be rejected by HUD for not meeting HUD's technical sufficiency requirements. Also, individual projects may not be funded by HUD due to lack of HUD funds and their position on our prioritization list.

2016 New Project Scoring Criteria

Total Maximum Score = 50 pts

	Project Description and Narrative	Application Accuracy	Budget and Fiscal Information
Benchmark Scoring Factors	<ul style="list-style-type: none"> -Project adherence to the housing first model (closer to a true model the more points scored) (10 points) - Services are appropriate for the type of project and target population proposed (5 points) -Organizational experience/capacity to do work (5 points) -If target population is limited, then evidence that there is community need for such limitation (5 points) -Referral process/how people will access services (use of coordinated assessment, type of assessment used) (5 points) -Readiness to proceed with project (5 points) 	<ul style="list-style-type: none"> - Correctly filled out project application (Only serving eligible participants, 100% chronic homeless, housing first model, meets NOFA requirements, etc.) (5 points) 	<ul style="list-style-type: none"> -Budget is accurate and reasonable (5 points)
Data Source	Project Application 2B, 3B, 4A, 5	Project Application	Project Application 6
Potential Points by Criteria	40 points	5 points	5 points

Vancouver/Clark County COC Programs Monitoring Policies and Procedures

Updated: 7.20.2016

1. SCOPE AND PURPOSE

The Vancouver/Clark County Continuum of Care (COC) monitoring policies and procedures apply to all COC funded programs. The policy applies to the monitoring of COC grantees. The purpose of this policy is to define a process for monitoring. Monitoring will be performed in accordance with grant requirements and best practices, which may include administrative, financial and programmatic components.

Monitoring is the observation and review of a service facility, its staff, its files and sometimes consumers receiving services. It is intended to gather information about the way a program functions. It identifies program policies and practices, analyzes how they affect the operations and consumers and asks how they can be changed to improve operational efficiencies and services provided to consumers. Monitoring usually focuses on practices and finding patterns as opposed to one time occurrences, looking at business and service delivery in the aggregate.

Monitoring should have a high degree of organization, formality and objectivity in the investigation, documentation and use of information and is based on the idea that presenting objective, detailed evidence about business operations and services provides the best information about how an agency is meeting statutory, regulatory and contractual obligations and identifies changes necessary to meet administrative and practice standards. An organized and formalized process reduces objections about preparedness and knowledge of the review team and allows for targeted technical assistance.

2. TYPES OF MONITORING

- 2.1. Routine On-Site monitoring: A review of performance outcomes, quality, documentation of services, file review, contract compliance, funder compliance and may include financial monitoring.
- 2.2. Targeted On-site monitoring: An investigation of a specific problem or risk area brought to the attention of the COC Steering Committee. A targeted monitoring may be triggered by the following: Questionable death or serious injury of a consumer, report of exploitation of consumer, report of waste, fraud and abuse, report of violations of law or regulation.

3. ROLES and RESPONSIBILITIES

- 3.1. COC Steering Committee: Is responsible for ensuring program compliance and performance.
- 3.2. Council for the Homeless: Is the administrative body of the COC and provides support to the entities performing the monitoring visits and providing monitoring responses.

3.3. COC Steering Committee Monitoring Task Force: Is responsible for monitoring COC programs for compliance and performance and providing the information to the COC Steering Committee. The Task Force develops programmatic and performance measurement based questions for programs to answer, then scores the answers based on pre-determined scoring scales. The Task Force also schedules, develops on-site monitoring tools, and conducts on-site program reviews using pre-determined scoring scales and in conjunction with the Council for the Homeless.

4. ON-SITE REVIEWS

4.1. Routine On-Site Reviews: The COC Steering Committee Monitoring Task Force will develop an annual schedule of routine on-site reviews for each calendar year.

4.2. Targeted: Targeted reviews should be schedule as needed, based on the identified targeted areas. The Council for the Homeless will alert the COC Steering Committee of a potential need for a review.

5. PROCEDURES FOR ON-SITE MONITORING – Routine and Targeted

5.1. Council for the Homeless will provide technical assistance and oversight of the monitoring process.

5.2. The COC Steering Committee Task Force will organize a monitoring team of at least two people for each on-site review and of at least three people to review the programmatic and performance measurement question responses. The team should consist of at least one person from the COC Steering Committee and people who are active in the Coalition/homeless system. To avoid any conflict of interest, team members should not have an employment or board member relationship with any agency receiving COC funds.

One team member will be identified as the Chair. The Chair is responsible for the following:

5.3.1. Organizing the monitoring:

5.3.1.1. Planning the work

5.3.1.2. Ensuring the team works from the plan

5.3.1.3. Reviewing and adjusting the work plan according to findings when the review is initiated,

5.3.1.4. Seeking technical assistance from CFTH

5.3.1.5. Submitting monitoring scores to the COC Steering Committee Chair.

5.3. **Contacting the Contractor** being reviewed. The COC Program File Checklist will be provided to the housing program at least three weeks prior to the scheduled monitoring date. Notify the contractor of the planned entry date and time and arrange for:

5.3.1. Entrance meeting with contractor staff;

- 5.3.2. Space to work;
- 5.3.3. Schedule of individuals to be interviewed, if needed; and
- 5.3.4. Documents required (e.g. program files, policies and procedures).

5.4. On-site Entrance Interview: Meet with contractor staff, and:

- 5.4.1. Inform them of the purpose of the on-site review;
- 5.4.2. Determine lead representatives from the contractor to work with during the on-site, who will be available to answer questions, and how to contact them;
- 5.4.3. Inform the contractor about the files you want to review and that you want to randomly select the files;
- 5.4.4. Answer questions; and
- 5.4.5. Initiate review process.

5.5. Conducting the On-Site Review:

- 5.5.1. Review at least six files or 10% of total active files, whichever is less. Review of files and observations are important.
 - 5.5.1.1. Review files to ensure all items on the COC program file checklist are met and completely filled out.
 - 5.5.1.2. Review case notes for housing first program fidelity and adequate efforts to engage clients.
 - 5.5.1.3. Ensure programs are following their program's provided written policies and procedures.
 - 5.5.1.4. Discuss any questions or concerns with program staff.
 - 5.5.1.5. Observe and learn about how confidential information is stored (Is protected information readily accessible to patients or visitors or secured?)

5.6. Preparing the Program Score: The Program Score will stem from the completion of the contractor monitoring visit file review and the answers to the COC programmatic and performance measurement questions. In preparing the report, the chair will:

- 5.6.1. Review each file checklist scores and average the scores of the two reviewers.
- 5.6.2. Review COC programmatic and performance measurement question scores from the task force and average all scores.
- 5.6.3. Add the file checklist scores with the question scores for the final score. The point total of inapplicable questions will be deducted from the total scores amount.
- 5.6.4. Incorporate scores, ranked as percentages and suggestions for improvement into a scoring spreadsheet. Provide to:
 - 5.6.4.1. COC Steering Committee Chair; and
 - 5.6.4.2. Council for the Homeless Executive Director;
- 5.6.5. Provide a summary of program scores and conclusion to the COC Steering Committee for approval.

5.7. The COC Steering Committee: The COC Steering Committee will review the Task Force's monitoring scores and vote to adopt the scores.

5.8. Technical Assistance Scoring Threshold

- 5.8.1. During the 2016 monitoring process, programs that score less than 60% of the scoring points available will be identified as needing technical assistance.
 - 5.8.1.2. Technical assistance may include requiring staff and administrators to attend trainings, creating a program fidelity plan, contracting with experts in the field to provide support and shadowing best practice programs in the region.
- 5.8.2 In future monitoring years, a program scoring below the technical assistance threshold more than one year in a row, may be subject to funding reallocation to make way to high performing programs. This will be determined by the COC Steering Committee.

5.9. COC Program Monitoring Grievance Process

- 5.9.1 COC programs may submit a complaint to the COC Steering Committee based on any of following:
 - 5.9.1.1 The monitoring unnecessarily restricts competition;
 - 5.9.1.2 The monitoring evaluation or scoring process is unfair; or
 - 5.9.1.3. The monitoring requirement documents are inadequate or insufficient to prepare for the process.
- 5.9.2 A grievance must be submitted to the Council for the Homeless, Executive Director at any time prior to three days after scores are shared with the COC Steering Committee. The complaint must meet the following requirements:
 - 5.8.2.1 The complaint must be in writing;
 - 5.8.2.2 The complaint must be sent to the Council for the Homeless, Executive Director in a timely manner;
 - 5.8.2.3 The complaint should clearly articulate the basis for the complaint; and
 - 5.8.2.4 The complaint should include a proposed remedy.
- 5.8.3 The Council for the Homeless (CFTH) Executive Director (ED) will work with the COC Steering Committee Chair and the COC Executive Committee to determine if the grievance has merit. The response will be provided to the COC program agency representative in writing. The same grievance may only be raised once during the protest period. The COC Executive Committee and CFTH ED response to the grievance will be final. There will be no appeal process.
- 5.8.4 If a grievance is found to have merit the necessary change(s) will be made to the current COC monitoring score and/or process, if possible. If not possible due to strict HUD timelines, the necessary change(s) will be made in the following year's COC monitoring process.



Sitemap

General Information : (360) 993-9561

Housing Hotline : (360) 695-9677

- Home
- About Us »
- Need Help? »
- Agency Resources »
- About Homelessness »
- Events »
- You Can Help »

FY2016 CoC Application

On behalf of the **Continuum of Care Steering Committee**, please see important information below regarding the FY2016 Continuum of Care funding opportunity for new and renewal projects.

BACKGROUND:

Each year the Council for the Homeless (CFTH) coordinates the Continuum of Care's (CoC) – known locally as the Coalition of Service Providers – annual consolidated application for the U.S. Department of Housing and Urban Development's (HUD) CoC Homeless Assistance Program. Last year our community received about 1.5 million dollars in funding, which is distributed directly from HUD to nonprofits in the community to fund permanent supportive housing and the Homeless Management Information System.

New program funding: We have \$73,345 (plus any reallocation) available for new permanent supportive housing programs that utilize the housing first model to serve people who are chronically homeless. If your organization is interested in applying for these funds and you have not received HUD funding before through this process, we encourage you to contact **Andy Silver**, 360-993-9570, to discuss the process.

APPLICATION MATERIALS:

Guidelines for FY2016 Grant Application Process. The Guidelines document includes: CoC Overview, Application Process Overview, Application Process Details/Important Dates, Causes for project rejection, 2016 New Project Scoring Criteria.

Understanding Match and Leveraging

HELPFUL LINKS:

FY2016 Coc NOFA

Additional instructions and resources

Instructions for completing project application in e-snaps

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Updated: 7.20.2016

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Clark County/City of Vancouver Continuum of Care Governance Charter

Background

In 1994, the U.S. Department of Housing and Urban Development (HUD) instructed local communities to form a primary planning and coordinating body for homeless housing and services to work toward the goal of ending homelessness. HUD referred to these groups as the local Continuum of Care (CoC). In the Clark County/Vancouver area the Council for the Homeless (CFTH), the nonprofit that community stakeholders created to lead the community's efforts to end homelessness, had already been hosting a community coalition (called the Coalition of Service Providers). In 1994, the Coalition of Service Providers became this community's CoC. For consistency with the language used by HUD, this document will use the term CoC to refer to the Coalition of Service Providers.

HUD required the CoC to carry out specific functions such as creating and approving the annual submission to HUD to apply for CoC homeless assistance grants (formerly known as Supportive Housing Program, Shelter Plus Care, Moderate Rehabilitation, etc.). When it came to fulfilling these functions, the CFTH Board of Directors has acted as the decision making body for the CoC. The CFTH Board of Directors would receive input from the CoC membership through the general membership meetings and the workgroups and then vote on approving whatever action was needed.

The HEARTH Act of 2009 and the Interim Program Rule for the CoC released in 2012 codified the CoC structure and instructed communities in detail for what each CoC are responsible. In response to these laws and guidance from HUD, the CoC began discussing if a change in its decision making structure was necessary. With input from the 10 year planning workgroup and the CoC workgroup chairs, the CFTH Board of Directors determined it should no longer be the decision making body for the CoC and through this document is creating the CoC Steering Committee to fill this role moving forward.

Purpose of this Document

This charter governs the CoC and details what the CoC is; who can be a part of the CoC; what the CoC is responsible for; how the CoC makes decisions; and how and to whom the CoC delegates authority. This is intended to be a living document that will be reviewed and updated at least annually by the CoC Steering Committee with input from the general membership and made publicly available on the CFTH website. This charter also outlines the transition from the CFTH Board of Directors acting as the decision making group for the CoC to the CoC Steering Committee acting in that role.

What is the CoC?

The CoC is the group composed of representatives of relevant organizations that are organized to plan for and provide, as necessary, a system of outreach, engagement, and assessment; emergency shelter; rapid re-housing; transitional housing; permanent housing; and prevention strategies to address the various needs of homeless or at risk of homelessness persons for Clark County (including the City of Vancouver).

By law, the CoC must:

- (1) Hold meetings of the full membership, with published agendas, at least semi-annually;
- (2) Develop a publicly available invitation process for new members at least annually;
- (3) Adopt and follow a written process to select a board to act on behalf of the Continuum of Care. The process must be reviewed, updated, and approved by the Continuum at least once every 5 years;
- (4) Appoint additional committees, subcommittees, or workgroups;
- (5) In consultation with the collaborative applicant and the HMIS Lead, develop, follow, and update annually a governance charter, which will include all procedures and policies;
- (6) Consult with recipients and sub-recipients to establish performance targets appropriate for population and program type, monitor recipient and sub-recipient performance, evaluate outcomes, and take action against poor performers;
- (7) Evaluate outcomes of projects funded under the Emergency Solutions Grants program and the Continuum of Care program, and report to HUD;
- (8) In consultation with recipients of Emergency Solutions Grants program funds within the geographic area, establish and operate either a centralized or coordinated assessment system that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services;
- (9) In consultation with recipients of Emergency Solutions Grants program funds within the geographic area, establish and consistently follow written standards for providing Continuum of Care assistance. At a minimum, these written standards must include:
 - (i) Policies and procedures for evaluating individuals and families eligibility for assistance;
 - (ii) Policies and procedures for determining and prioritizing which eligible individuals and families will receive transitional housing assistance;
 - (iii) Policies and procedures for determining and prioritizing which eligible individuals and families will receive rapid rehousing assistance;
 - (iv) Standards for determining what percentage or amount of rent each program participant must pay while receiving rapid rehousing assistance;
 - (v) Policies and procedures for determining and prioritizing which eligible individuals and families will receive permanent supportive housing assistance;
- (10) Designate a single Homeless Management Information System (HMIS) for our community;
 - (i) Designate an eligible applicant to manage the CoC's HMIS, which will be known as the HMIS Lead;
 - (ii) Review, revise, and approve a privacy plan, security plan, and data quality plan for the HMIS.

- (iii) Ensure consistent participation of recipients and sub-recipients in the HMIS; and
 - (iv) Ensure the HMIS is administered in compliance with requirements prescribed by HUD.
- (11) Planning for and conducting an annual point-in-time count of homeless persons within the geographic area that meets the following requirements:
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 - (ii) Persons living in emergency shelters and transitional housing projects must be counted as sheltered homeless persons.
 - (iii) Other requirements established by HUD by Notice.
- (12) Conducting an annual gaps analysis of the homeless needs and services available within the geographic area;
- (13) Providing information required to complete the Consolidated Plan(s) within the Coc's geographic area;
- (14) Consulting with State and local government Emergency Solutions Grants program recipients within the Continuum's geographic area on the plan for allocating Emergency Solutions Grants program funds and reporting on and evaluating the performance of Emergency Solutions Grants program recipients and sub-recipients.

CoC Membership

The general membership of the CoC is open to any nonprofit, business, government entity, faith community, or community member who is interested in, and committed to, preventing and ending homelessness in our community. All general membership meetings are open to the public and new members can join at any meeting by filling out a membership agreement form.

CoC general membership meetings will be held on the second Wednesday of every odd numbered month at 10am in the community room at the YWCA. The meeting schedule, agenda, and minutes are publicly available on the CFTH website.

CoC Workgroups

In addition to the CoC general membership meetings, the CoC shall have workgroups and taskforces that meet between general membership meetings and move the CoC's agenda forward on specific issues. The CoC Steering Committee will review the workgroups/taskforces at least annually to determine if new workgroups/taskforces are needed, if current workgroups/taskforces could be consolidated, or if a workgroup/taskforce is no longer needed. Currently, the CoC has the following workgroups/taskforces: Coordinated Assessment Workgroup; Youth taskforce; Housing First Cohort; and the Bridges to Employment Taskforce.

The meeting schedule for the workgroups/taskforces is located on the CFTH website and all meetings are open to the public.

CoC Steering Committee

The CoC Steering Committee sets policy direction for the CoC and ensures that the CoC meets all of its HUD requirements. When a decision needs to be made on behalf of the CoC, such as when the annual application to HUD needs approval or when a policy needs to be adopted or changed, the CoC Steering Committee is vested with the authority to make those decisions on behalf of the CoC.

Current CoC Steering Committee members are:

Amy Reynolds, Share
Andy Silver, Council for the Homeless
Bunk Moren, Community Services NW
Debby Dover, Second Step Housing
Kate Budd, Clark County
Lydia Sanders, Battle Ground School District
Peggy Sheehan, City of Vancouver
Roy Johnson, Vancouver Housing Authority
Scott Conger, Janus Youth Programs
Sierk Braam, Norris, Beggs, & Simpson

All decisions of the CoC Steering Committee, including changing the membership of the CoC Steering Committee or updating this document, must be made by a simple majority vote of the CoC Steering Committee membership. In order for a vote to pass, a majority of the membership of the CoC Steering Committee must vote in favor. For example, if there are 12 members of the CoC Steering Committee, but only 7 are present at a meeting, all 7 would have to vote “aye” for the vote to pass. If one or more CoC Steering Committee members have a conflict of interest and recues themselves for a vote, they shall not count towards the number of “aye” votes needed for passage of the vote. For example, if there are 12 members of the CoC Steering Committee and 5 members recues themselves for a particular vote, only 4 “aye” votes are needed for the vote to pass.

No CoC Steering Committee member may participate in or influence discussions or resulting decisions concerning the award of a grant or other financial benefits to the organization that the member represents.

Collaborative Applicant

The Collaborative Applicant is the entity that submits the community’s application in response to the annual HUD CoC funding competition. The Council for the Homeless is the current Collaborative Applicant for the CoC. CFTH will notify the CoC when the annual application is available, update the CoC Steering Committee on any changes in the process, and work closely with the CoC Steering Committee to complete the application process. The CoC Steering Committee must approve the application, including which projects are included and the order in which they are included before CFTH can submit the application to HUD.

HMIS Lead

The HMIS Lead is the organization with primary responsibility for operating a single HMIS for our community. The Council for the Homeless is the current HMIS Lead for the CoC. CFTH will provide the CoC, through the Data Management and Analysis Workgroup and the CoC Steering Committee, with the reports necessary for the CoC to make informed policy decisions and to monitor its grantees and sub-grantees. CFTH will ensure that there are up-to-date HMIS policies and procedures including a privacy plan, security plan, and data quality plan and, upon request, will bring these documents to the CoC Steering Committee for input and approval. CFTH will conduct regular HMIS user trainings and will hold a bi-monthly HMIS User meeting to make sure that users have the most up-to-date information. CFTH will monitor whether all CoC and ESG funded agencies are entering data into HMIS and will alert the CoC Steering Committee if any such agency is not. CFTH will also enter into a participation agreement with all agencies entering data into HMIS that will outline the terms of participation including security plans. CFTH will work closely with the CoC every year to ensure that a comprehensive Point-in-Time count is conducted which is accurate and meets the requirements of HUD.

Coordinated Assessment

The Council for the Homeless Housing Solutions Center (HSC) acts as the CoC's Coordinated Assessment. The CoC Coordinated Assessment Workgroup drafts policies regarding the community's coordinated assessment and those policies are brought to the CoC Steering Committee for approval. The HSC administers the VI-SPDAT, which determines the level of service needs. Depending on the score on the VI-SPDAT someone might qualify for diversion, rapid re-housing/transitional housing, or permanent supportive housing. Details regarding the operations of the Coordinated Assessment system are located in the HSC Policies and Procedures manual.

Other HUD Mandated Activities

1. The CoC Steering Committee will provide feedback to the local government (City of Vancouver/Clark County) on their Consolidated Plans.
2. The ESG recipient, Clark County, will present to the CoC Steering Committee at least annually regarding ESG funding decisions and outcomes and the CoC Steering Committee will provide input regarding ESG funding allocations, performance standards, and outcomes.
3. With input from CoC funded projects, the CoC Steering Committee will set annual performance targets for CoC funded projects which align with HUD's performance targets and monitor whether or not projects are achieving those targets. Projects which are struggling to meet outcomes will be offered technical assistance and training. If a project continues to underperform, the CoC Steering Committee will reallocate its funding.

Current CoC Policies

1. Each homeless service provider that serves families must display posters listing the educational rights of homeless children and families and the contact information for the homeless school liaisons. Each provider must discuss these rights and are responsible for ensuring that all children are enrolled in the proper educational opportunities.

2. A program which serves families with children may not deny admission to or separate children who are under 18 from the family.
3. CoC providers shall not deny admission to or separate any family members from other members of their family based on age, sex, or gender.
4. Rapid rehousing participants shall pay 30% of their income toward rent.
5. Order of priority for CoC Program-funded Permanent Supportive Housing beds are as follows:
 - a. chronically homeless individuals and families with the longest history of homelessness and most severe services needs;
 - b. chronically homeless individuals and families with the longest history of homelessness
 - c. chronically homeless individuals and families with the most severe service needs
 - d. all other chronically homeless individuals and families.



Signature of CoC Steering Committee Chair

11-29-15

Date approved by Steering Committee



Homeless Management Information System (HMIS) User Policies & Procedures

1. Access to HMIS

Each administrative staff and end user that an agency or the Council for the Homeless determines will have access to the database will be issued a user license, login ID, and password. Licenses and access to the database will be cancelled immediately for any staff that leaves employment with a participating agency or the County. The Agency Administrator at each Participating Agency will inform the System Administrator (SA) of staff changes within seven business days of a staff member leaving the agency. Each Participant determines the user access level for each licensed staff.

- Client information should be accessed only in order to retrieve data relevant to a client requesting services from your agency.
- Clients have the right to see their information on ServicePoint. If a client requests to see their information, the Participating Agency/User who receives the request must review the information with the client.

2. Enter Data on Homeless Persons into HMIS/ServicePoint

Adults and children who are homeless will be entered into ServicePoint. As defined by the Department of Housing and Urban Development, homeless is:

1. An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
 - a. An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, a park, an abandoned building, a bus or train station, an airport, or a camping ground; or
 - b. An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or federal, state, or local government programs for low-income individuals); or
 - c. An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering institution;
2. An individual or family who will imminently lose their primary nighttime residence, provided that:
 - a. The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;
 - b. No subsequent residence has been identified; and
 - c. The individual or family lacks the resources or support networks, e.g., family friends, faith-based or other social networks needed to obtain other permanent housing;
3. Unaccompanied youth under the 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:
 - a. Are defined as homeless under section 387 of the Runaway and Homeless Youth Act (42 U.S.C. 5732a), section 637 of the Head Start Act (42 U.S.C. 9832), section 41403 of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2), section 330(h) of the Public Health Service Act [42 U.S.C. 254b(h)], section 3 of the Food and Nutrition Act of 2008 (7 U.S.C. 2012), section 17(b) of the Child Nutrition Act of 1966 [42 U.S.C. 1786(b)], or section 725 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a);
 - b. Have not had a lease, ownership interest, or occupancy agreement in a permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance;
 - c. Can be expected to continue in such status for an extended period of time of chronic disabilities, or chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse (including neglect), the presence of a child or youth with a disability, or two or more barriers to employment which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment; or
4. Any individual or family who:
 - a. Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions related to violence against the individual or a family

member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;

- b. Have no other residence; and
- c. Lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, to obtain other permanent housing.

3. Chronic Homeless Data will be entered into the HMIS/ServicePoint - Chronically Homeless is defined:

1. An individual who:
 - a. Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
 - b. Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at four separate occasions in the last 3 years, where each homeless occasion was at least 15 days; and
 - c. Can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;
2. An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or
3. A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) of this definition, including family whose composition has fluctuated while the head of household has been homeless.

4. Minimum Data Entry

Minimum data will be entered within 3-5 working days following client contact.

Users will request the client's signature on the Release of Information Form for each homeless or low-income client after an agency's ServicePoint startup. Data may be entered but not shared depending on the specific type of client information. The following fields are required for clients with a signed Release of Information Form:

1. Client Profile
2. Shelter Status including check in/check out
3. Service Records/Referrals
4. Entry and Exit data including all Universal Data Elements: Program entry and exit dates should be recorded at every participant's program entry or exit. Entry dates should record the first day of service or program entry with a new program entry date for each period or episode of service. Exit dates should record the last day of residence in a program's housing before the participant leaves the shelter or the last day the service was provided.

If a client chooses not to sign a Release of Information Form, then the User will enter the client information and close this record from being shared with all other Participants.

In the Service Record, there are certain services, referrals, and agencies not to be shared with other agencies:

1. Domestic Violence
2. HIV/AIDS
3. Substance Abuse
4. Mental Health

This information may be released if the client signs a Release of Information.

5. **Children's Data**

Information about clients who are under age 18 is always restricted. It is the User's responsibility to designate the information as "closed." Children's data may be shared on an "as needed" basis if a parent or guardian signs a Release of Information Form.

6. **Release of Information**

A. Release of Information

The Release of Information form authorizes the sharing of the Client Profile, Service Record, and Community Fields with all other ServicePoint Participants in Clark County. The client may identify certain agencies with whom his or her records will not be shared. It is the User's responsibility to secure the information as closed for specific agencies in each of the modules. **Each agency's Release of Information Form must list the HMIS system and System Administrator.** If you do not have a release of information form, the System Administrator can supply samples for your use.

B. Release of Information

For all sharing of other modules, the individual agency's Release of Information form will be used.

7. **ServicePoint User Group**

The User Group will hold meetings when needed for the purpose of addressing implementation and on-going operational issues. The User Group exists for the purpose of information sharing, problem solving, and generating recommendations for the continued improvement of the local project and software upgrades. The Council for the Homeless will have continuing direct input to the on-going evolution of ServicePoint software.

8. **Technical Support**

The Systems Administrator will be responsible for the training of all Participants in the use of ServicePoint within reasonable constraints. Bowman Internet Systems will host ServicePoint. Each Participating Agency is responsible for providing and maintaining computer hardware and Internet service.

9. **ServicePoint User Training**

All ServicePoint Users are required to attend ServicePoint training sessions.

10. **Remote Access**

The Agency Administrator and the System Administrator **must** approve remote access for a user. All remote access must be approved in writing and the ServicePoint Remote Access form (Attachment D) completed and signed by the Agency Administrator and the System Administrator. The System Administrator will periodically audit all remote access. Violation of confidentiality policies can result in the termination of the Agency Participation Agreement.

12. **ResourcePoint Data**

All Participants shall provide the Systems Administrator with the complete and current ResourcePoint Data about their agency's programs and services. The Systems Administrator will initially enter this into the database, and subsequent updates will be the responsibility of each Participant.

13. **Monthly Data Upload to WA State Commerce**

Clark County HMIS data is uploaded monthly by the HMIS administrator via secure XML files to the HMIS of WA State Commerce. The data is aggregated along with all other HMIS participating Washington counties for the purposes of state-wide reporting and combined with data from the Department of Social and Health Services (DSHS) for the purpose of analysis. Names and other identifying information are not included in any reports or publications.

14. **ServicePoint System Requirements**

Following are the minimum system requirements for running ServicePoint for each workstation that will access the server. Minimum Workstation Requirements:

- PC with Dual Core processors (avoid using single core)
- Windows 7 and Vista – 2 Gigs minimum, XP – 1 Gig minimum of RAM
- 9GB+ hard drive (7200 rpm)
- XVGA monitor – 1024 x 768 or higher (1280 x 768 strongly advised)
- Mouse and keyboard
- Mozilla Firefox, version 26; higher or Internet Explorer, version 8.0 or 9.0; Google Chrome, version 27.0.1453.116 or higher It is recommended that your browser have 128 cipher/encryption strength installed. The browser's cache should be set to "Check for new versions of stored pages: Every visit to page.")
- Broadband Internet connection (hosted version) or LAN connection (LAN version)
- Bowman systems provided Clark County HMIS PKI security certificate must be installed by HMIS Admin to access the HMIS site.

Glossary of Homeless Management Information System Acronyms and Terms

Acronyms

AIRS – Alliance of Information & Referral Systems
AHAR – Annual Homeless Assessment Report
APR – Annual Progress Report
CHO – Covered Homeless Organization
CoC – Continuum of Care
DOB – Date of Birth
DV – Domestic Violence
ESG – Emergency Shelter Grants
FIPS – Federal Information Processing Standards Codes for states, counties, and named populated places.
HIPAA – Health Insurance Portability and Accountability Act of 1996
HMIS – Homeless Management Information System
HUD – U.S. Department of Housing and Urban Development
I&R – Information and Referral
MH – Mental Health
NOFA – Notice of Funding Availability
PIT – Point in Time
PKI – Public Key Infrastructure
PPI – Personal Protected Information
S+C – Shelter Plus Care (McKinney Vento Program)
SA – Substance Abuse
SHP – Supportive Housing Program
SRO – Single Room Occupancy
SuperNOFA – Super Notice of Funding Availability
SSN – Social Security Number
SSI – Supplemental Security Income
SSO – Supportive Services Only
TA – Technical Assistance
TANF – Temporary Assistance for Needy Families
VAWA – Violence Against Women Act
XML – Extensible Markup Language

Terms

Alliance of Information and Referral Systems (AIRS) – The professional association for over 1,000 community information and referral (I&R) providers serving primarily the United States and Canada. AIRS maintains a taxonomy of human services.

Annual Progress Report (APR) – report that tracks program progress and accomplishments in HUD’s competitive homeless assistance programs. The APR provides the grantee and HUD with information necessary to assess each grantee’s performance.

Audit Trail – A record showing who has accessed a computer system and what operations he or she has performed during a given period of time. Most database management systems include an audit trail component.

Bed Utilization – An indicator of whether shelter beds are occupied on a particular night or over a period of time.

Biometrics – refers to the identification of a person by computerized images of a physical feature, usually a person’s fingerprint.

Chronic homelessness – HUD defines a chronically homeless person as:

1. An individual who:
 - a. Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
 - b. Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at four separate occasions in the last 3 years where each homeless occasion was at least 15 days; and

- c. Can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;
2. An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or
3. A family with an adult head of household (or if there is not adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) of this definition, including family whose composition has fluctuated while the head of household has been homeless.

Client Intake – The process of collecting client information upon entrance into a program.

Consumer or Client – An individual or family who has or is currently experiencing homelessness.

Continuum of Care (CoC) – A community with a unified plan to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximize self-sufficiency. HUD funds many homeless programs and HMIS implementations through Continuums of Care grants.

Coverage – A term commonly used by CoCs or homeless providers. It refers to the number of beds represented in an HMIS divided by the total number of beds available.

Covered Homeless Organization (CHO) – Any organization (including its employees, volunteers, affiliates, contractors, and associates) that records, uses or processes data on homeless clients for an HMIS. The requirements of the HMIS Final Notice apply to all Covered Homeless Organizations.

Data Quality – The accuracy and completeness of all information collected and reported to the HMIS.

Data Standards – See *HMIS Data and Technical Standards Final Notice*.

De-identification – The process of removing or altering data in a client record that could be used to identify the person. This technique allows research, training, or other non-clinical applications to use real data without violating client privacy.

Digital Certificates – An attachment to an electronic message used for security purposes. The most common use of a digital certificate is to verify that a user is sending a message, is who he or she claims to be, and to provide the receiver with the means to encode a reply.

Disabling Condition – A disabling condition in reference to chronic homelessness is defined by HUD as a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions. A disabling condition limits an individual's ability to work or perform one or more activities of daily living.

Emergency Shelter – Any facility whose primary purpose is to provide temporary shelter for the homeless in general or for specific populations of the homeless.

Emergency Shelter Grant (ESG) – A federal grant program designed to help improve the quality of existing emergency shelters for the homeless, to make available additional shelters, to meet the costs of operating shelters, to provide essential social services to homeless individuals, and to help prevent homelessness.

Encryption – Conversion of plain text into unreadable data by scrambling it using a code that masks the meaning of the data to any unauthorized viewer. Computers encrypt data by using algorithms or formulas. Encrypted data are not readable unless they are converted back into plain text via decryption.

Final Notice – See *HMIS Data and Technical Standards Final Notice*

Hashing – The process of producing hashed values for accessing data or for security. A hashed value is a number or series of numbers generated from input data. The hash is generated by a formula in such a way that it is extremely unlikely that some

other text will produce the same hash value or that data can be converted back to the original text. Hashing is often used to check whether two texts are identical. For the purposes of Homeless Management Information Systems it can be used to compare whether client records contain the same information without identifying the clients.

Homeless Management Information System (HMIS) – Computerized data collection tool designed to capture client-level information over time on the characteristics and service needs of men, women, and children experiencing homelessness.

HMIS Data and Technical Standards Final Notice – Regulations issued by HUD via the Federal Register describing the requirements for implementing HMIS. The HMIS Final Notice contains rules about who needs to participate in HMIS, what data to collect, and how to protect client information.

Inferred Consent – Once clients receive an oral explanation of HMIS, consent is assumed for data entry into HMIS. The client must be a person of age, and in possession of all his or her faculties (for example, not mentally ill).

Informed Consent – A client is informed of options of participating in an HMIS system and then specifically asked to consent. The individual needs to be of age and in possession of all of his or her faculties (for example, not mentally ill), and his or her judgment not impaired at the time of consenting (by sleep, illness, intoxication, alcohol, drugs or other health problems, etc.).

Information and Referral – A process for obtaining information about programs and services available and linking individuals or families to these services. These services can include emergency food pantries, rental assistance, public health clinics, childcare resources, support groups, legal aid, and a variety of non-profit and governmental agencies. An HMIS usually includes features to facilitate information and referral.

McKinney-Vento Act – The McKinney-Vento Homeless Assistance Act was signed into law by President Ronald Reagan on July 22, 1987. The McKinney-Vento Act funds numerous programs providing a range of services to homeless people, including the Continuum of Care Programs: the Supportive Housing Program, the Shelter Plus Care Program, and the Single Room Occupancy Program, as well as the Emergency Shelter Grant Program.

Notice of Funding Availability – An announcement of funding available for a particular program or activity. See also SuperNOFA.

Penetration Testing – The process of probing a computer system with the goal of identifying security vulnerabilities in a network and the extent to which outside parties might exploit them.

Permanent Supportive Housing – Long term, community based housing that has supportive services for homeless persons with disabilities. This type of supportive housing enables special needs populations to live independently as possible in a permanent setting. Permanent housing can be provided in one structure or in several structures at one site or in multiple structures at scattered sites.

Point in Time Inventory – A calculation of the numbers of beds in a region on one particular night.

Point in Time Count – A snapshot of the homeless population taken on a given day. Since 2005, HUD requires all CoC applicants to complete this count every other year in the last week of January. This count includes a street count in addition to a count of all clients in emergency and transitional beds.

Privacy Notice – A written, public statement of an agency's privacy practices. A notice informs clients of how personal information is used and disclosed. According to the HMIS Data and Technical Standard, all covered homeless organizations must have a privacy notice.

Program Data Elements – Data elements required for programs that receive funding under the McKinney-Vento Homeless Assistance Act and complete the Annual Progress Reports (APRs).

Public Keys – Public keys are included in digital certificates and contain information that a sender can use to encrypt information such that only a particular key can read. The recipient can also verify the identity of the sender through the sender's public key.

Scan Cards – Some communities use ID cards with bar codes to reduce intake time by electronically scanning ID cards to register clients in a bed for a night. These ID cards are commonly referred to as scan cards.

Single Room Occupancy – A residential property that includes multiple single room dwelling units. Each unit is for occupancy by a single eligible individual. The unit need not, but may, contain food preparation or sanitary facilities, or both. It provides rental assistance on behalf of homeless individuals in connection with moderate rehabilitation of SRO dwellings.

Shelter Plus Care Program – A program that provides grants for rental assistance for homeless persons with disabilities through four component programs: Tenant, Sponsor, Project, and Single Room Occupancy (SRO) Rental Assistance.

Super Notice of Funding Availability – The consolidation of all HUD's homeless grants program into one Notice of funding availability. The SuperNOFA funds the Continuum of Care Competition.

Supportive Housing Program – A program that provides housing, including housing units and group quarters that has a supportive environment and includes a planned service component.

Supportive Services – Services that may assist homeless participants in the transition from the streets or shelters into permanent or permanent supportive housing, and that assist persons with living successfully in housing.

Transitional Housing – A project that has its purpose facilitating the movement of homeless individuals and families to permanent housing within a reasonable amount of time (usually 24 months).

Unduplicated Count – The number of people who are homeless within a specified location and time period. An unduplicated count ensures that individuals are counted only once regardless of the number of times they entered or exited the homeless system or the number of programs in which they participated. Congress directed HUD to develop a strategy for data collection on homelessness so that an unduplicated count of the homeless at the local level could be produced.

Universal Data Elements – Data required to be collected from all clients serviced by homeless assistance programs using an HMIS. These data elements include date of birth, gender, race, ethnicity, veteran's status, and Social Security Number (SSN). These elements are needed for CoCs to understand the basic dynamics of homelessness in their community and for HUD to meet the Congressional directive.

Written Consent – Written consent embodies the element of informed consent in a written form. A client completes and signs a document consenting to an understanding of the options and risks of participating or sharing data in an HMIS system. The signed document is then kept on file at the agency.

Glossary Source: U.S. Department of Housing and Urban Development Office of Special Needs Assistance Programs



AGENCY PARTICIPATION AGREEMENT For HMIS

COUNCIL FOR THE HOMELESS
CLARK COUNTY
VANCOUVER, WA

And

The Homeless Management Information System (HMIS) is used for recording and sharing information among service-providers on services provided to the homeless and other clients in Clark County. Our HMIS uses a web-based system called ServicePoint that is owned by Bowman Internet Systems.

The lead organization is the Council for the Homeless. The System Administrator is the HMIS Administrator. The System Administrator is the primary communications coordinator between the Council for the Homeless and Participants. In this agreement, "Participant" is an agency that uses ServicePoint; "Client" is a consumer of services.

This agreement is between the Council for the Homeless, System Administrator, and _____ (Participant). Additional organizations may join this agreement in accordance with the ServicePoint User Policies and Procedures .

1. **Operating Policies:** Each Participant agrees to follow and comply with the User Policies and Procedures and the Clark County Data Privacy, Security and Quality Plans (Attachment B).
2. **Technical Support:** Bowman Internet Systems is providing hosting services to the Council for the Homeless for ServicePoint. Bowman provides hosting, maintenance, monitoring, and administration for Bowman leased servers. The System Administrator and Bowman will provide continuing technical support as related to the ServicePoint system within budgetary constraints. Participating agencies will identify staff that will use the system and receive user licenses. If a member terminates this agreement, they shall promptly return any licenses or documentation to the System Administrator. Bowman Internet Systems shall operate and maintain the network server, software, and any other network or communication devices at the host site which is necessary for the proper functioning of the ServicePoint system. Each Participant shall provide and maintain its own computers and connection to the Internet.
3. **Computers:** Security for data maintained in our HMIS depends on a secure computing environment. Computer security is adapted from relevant provisions of the Department of Housing and Urban Development's (HUD) "Homeless Management Information Systems (HMIS) Data and Technical Standards Notice" (Docket No. FR 4848-N-01; see <http://epic.org/privacy/poverty/hmis.pdf>). As new HUD Data and Technical Standards are finalized they will be integrated into our policies and procedures. Agencies are encouraged to directly consult these documents for complete documentation of HUD's standards relating to HMIS. Agency will allow access to HMIS only from computers which are:
 - a. physically present on Agency's premises; [remote access policy (Attachment C) and ServicePoint Remote Access Agreement (Attachment D) is only an option with written approval of Agency and System Administrator and will be audited by the System Administrator];
 - b. owned by Agency; or
 - c. approved by Agency for the purpose of accessing and working with HMIS; and
 - d. protected from viruses by commercially available virus protection software;
 - e. protected with a software or hardware firewall;
 - f. maintained to insure that the computer operating system running the computer used for the HMIS is kept current in terms of security and other operating system patches, updates, and fixes;

Attachment A

- g. accessed through web browsers with 128-bit encryption [e.g., Mozilla Firefox, version 26 or higher; Internet Explorer, version 8.0 or 9.0; Google Chrome, version 27.0.1453.116 or higher (some users have reported that Google Chrome locks up during use of HMIS)]. Some browsers have the capacity to remember passwords so that the user does not need to type in the password when returning to password-protected sites. If available, this default shall **not** be used with respect to HMIS; the end-user is expected to physically enter the password each time he or she logs on to the system;
 - h. staffed at all times when in public areas. When computers are not in use and staff is not present, steps should be taken to ensure that the computers and data are secure and not publicly accessible. These steps should minimally include: Logging off the data entry system, physically locking the computer in a secure area, or shutting down the computer entirely.
4. Passwords: Agency will permit access to HMIS only with use of a User ID and password which the user may not share with others. Written information pertaining to user access (e.g. username and password) shall not be stored or displayed in any publicly accessible location. All users must sign a Statement of Confidentiality included on the User Agreement (Attachment E).
5. Training: The System Administrator shall assure the provision of training of necessary Participant staff in the use of ServicePoint. The System Administrator will provide training updates as necessary and reasonable due to staff changes and changes in technology.
6. Data: Any client data created or entered into ServicePoint by a Participant is accessible by that Participant. Each Participant is bound by all restrictions placed upon the data by the client of any Participant. Each Participant must close the elements of a ServicePoint record that are restricted as requested by the client. Each Participant must also keep the Release of Information forms signed by each client entered in ServicePoint as an open case to be shared with other Participants.

A Participant shall not knowingly enter false or misleading data under any circumstances. All Participants shall provide the System Administrator with the appropriate ResourcePoint Data. Violation of any of the above section by a Participant is a material violation of this agreement.

If this agreement is terminated, the System Administrator may upon request provide to the Participant a copy of their client data. The copy shall be in both machine-readable and hardcopy form. Nonetheless, the System Administrator and remaining Participants shall continue a right of use of all client data previously entered by the terminating Participant. This use is subject to restrictions requested by the client and may be used only in furtherance of the purpose of the ServicePoint application in Clark County, WA.

7. Confidentiality of Information: Each Participant understands that participation in the ServicePoint system will make confidential information in the Client Profile available to other Participants as outlined in the User Policies and Procedures (Attachment A). It is the responsibility of each Participant to observe all applicable laws and regulations regarding client confidentiality. Only client specific data approved for release by the client and properly recorded by the Participant shall be accessible to other Participants or made available in reports.

If the Client's Release of Information Form is withdrawn by a client of a Participant, that Participant maintains an ongoing responsibility to make that client's information unavailable to all other Participants. When a Participant withdraws from the ServicePoint system the former Participant must notify the System Administrator of the withdrawal, and the System Administrator will assure that all of their clients' information in ServicePoint has been promptly closed to sharing with all other Participants.

Participant (Agency) represents that: *(check applicable items)*

- a. it is: ; is not a "covered entity" whose disclosures are restricted under HIPAA (45 CFR 160 and 164);
- b. it is: ; is not a program whose disclosures are restricted under Federal Drug and Alcohol Confidentiality Regulations: 42 CFR Part 2;
- c. If Agency is subject to HIPAA, (45 CFR 160 and 164) or 42 CFR Part 2, a fully executed Business Associate or Business Associate/Qualified Service Organization Agreement must be attached to this agreement before information may be entered. Sharing of information will not be permitted otherwise.

Attachment A

- d. If the Agency is subject to any laws or requirements which restrict the Agency's ability to either enter or authorize sharing of information, the Agency will ensure that any entry it makes and all designations for sharing fully comply with all applicable laws or other restrictions.
- e. To the extent that information entered by the Agency into HMIS is or becomes subject to additional restrictions, the Agency will immediately inform the System Administrator in writing of such restrictions.

Aggregate data may be made available by the Council for the Homeless to other entities for funding or planning purposes pertaining to providing services to the homeless. Data released by the Council for the homeless must never directly identify individual clients.

8. Transferability: No right, privilege, license, duty or obligation, whether specified or not in this agreement or elsewhere, can be transferred or assigned, whether or not done voluntarily or done through merger, consolidation or in any other manner.
9. Mutuality: This agreement applies to, amongst and between each individual Participant, the System Administrator and the Council for the Homeless.
10. Limitation of Liability and Indemnification: No party to this agreement shall assume any additional liability of any kind due to its execution of this agreement or participation in the ServicePoint system. It is the intent of the parties that each party shall remain liable, to the extent provided by law, regarding its own acts and omissions; but that no party shall assume additional liability on its own behalf or liability for the acts of any other person or entity through participation in ServicePoint. The parties specifically agree that this agreement is for the benefit of the parties only and this agreement creates no rights in any third party.

Each party shall indemnify and hold harmless all other parties as well as the officers, directors, employees, volunteers, and agents of those parties from any actions, liabilities, demands, costs, and expenses including court costs and attorneys fees that may arise from that party's negligent, or intentional acts or omissions under this agreement.

11. Limitation of Liability: The System Administrator and the Council for the Homeless shall not be liable to any member agency for any cessation, delay, or interruption of services, nor for any malfunction of hardware, software, or equipment to the extent that any such event is beyond reasonable control. If such an event continues for more than 30 days, the Participant may terminate this agreement immediately upon written notification to the System Administrator and the Council for the Homeless and other Participants. If a Participant terminates thereby, the parties shall seek mutual resolution to any dispute.
12. Disclaimer of Warranties: The System Administrator makes no warranties, expressed or implied, including the warranties or merchantability and fitness for a particular purpose, to any Participant or any other person or entity as to the services of the ServicePoint system or to any other matter.
13. Term and Termination: The initial term of this agreement is two years. The agreement will automatically renew for additional two-year periods at the expiration of the then current term. Any party may terminate this agreement at any time by giving thirty days written notice to the other party.
14. Amendments and Waivers: This agreement cannot be altered or modified except by a writing signed by the Participant, the System Administrator, and the Council for the Homeless. No waiver of any right under this agreement is effective except by a writing signed by the Participant, the System Administrator, and the Council for the Homeless. No waiver or breach shall be considered a waiver or breach of any other provision of this agreement or of any subsequent breach or default. Each Participant shall receive notice from the System Administrator of any breach or waiver of a breach.
15. Notices: All notices under this agreement must be in writing.
16. Scope of Agreement: This agreement, together with attachments and any referenced material, is the entire agreement between the parties and is binding upon the parties and any permitted successors or assigns.

Attachment A

17. Applicable Law: This agreement is governed by and subject to the laws of the State of Washington. No legal cause of action arising from this agreement may be brought except in courts with designated jurisdiction over Clark County, Washington.

18. Display of Notice: Pursuant to the notice published by the Department of Housing and Urban Development (HUD) on July 30, 2004, Agency will prominently display a Notice of Uses and Disclosures (ServicePoint HMIS Privacy Notice) in its program offices where intake occurs and will take appropriate steps to ensure that all Clients whose information is entered into or accessed from HMIS, read and understand the contents of the Notice. The Notice will be substantially in the form of the **Notice to Clients of Uses & Disclosures**, except that (a) where an Agency's treatment of information is materially limited by other applicable laws or requirements, the Agency's Notice must reflect the more stringent requirements, and (b) Agency will update its Notice whenever a new form of **Notice to Clients of Uses & Disclosures** is provided. Agency will provide a written copy of the Agency's Notice then in effect to any Client who requests it and will provide a copy of such Notice to all Clients who are asked to sign a Consent form. Agency will maintain documentation of compliance with these notice requirements by, among other things, maintaining copies of all Notices it uses and the dates upon which they were first used.

EXTENT OF AGREEMENT

This document represents the entire agreement between the parties and supercedes all prior representations, negotiations, or agreements, whether written or oral.

PARTICIPANT

By: _____ Date: _____

Agency: _____

Title: _____

COUNCIL FOR THE HOMELESS

By: _____ Date: _____

Andy Silver, Executive Director
Council for the Homeless
Clark County

By: _____ Date: _____

Dale Whitley
HMIS System Administrator
Council for the Homeless

Notice to Clients of Uses & Disclosures

Clark County Homeless Management Information System

We will enter information you provide our agency into a computerized record-keeping system called ServicePoint. Several local agencies use this system in order to better organize and deliver helpful services to individuals and families in Clark County that are homeless. Our goal is to improve efforts to work together to end homelessness. Information you provide can play an important role, including:

- Help us prioritize, plan, and provide meaningful services to you and your family;
- Assist our agency to improve its work with families and individuals that are homeless;
- Allow local agencies to work better together to fight homelessness;
- Provide statistics for local, state, and national policy makers to set effective goals.

IMPORTANT POINTS ABOUT HOW YOUR INFORMATION WILL BE USED

- We will use ServicePoint to keep an electronic record of your involvement with our agency
- All the rest of your information will be kept confidential unless you give us specific permission to share it. A portion of the information I provide is shared between all of the agencies that use this system. The information the agency will share consists of basic demographic data (e.g., name, birth date) and a list of the services and referrals you receive from our agency.
- The data provided will be aggregated along with data from other WA State counties and from the Department of Social and Health Services (DSHS) for the purpose of further analysis. Names and other identifying information will not be included in any reports or publications. Only a limited few staff members in the research division who have signed confidentiality agreements will be able to see this information.
- **For client protection, substance abuse, mental health, HIV, and domestic violence records will not be shared without a specific release of information.**

HOW WILL MY INFORMATION BE KEPT SECURE?

We have implemented safeguards to make sure that your information is kept safe and secure:

- The computer program we use has the highest degree of security protection available;
- Any information that could identify you, like your name or birth date, will be viewed only by people working to provide services to you and will be removed before reports are issued to local, state, or national agencies;
- All employees receive training in privacy protection and agree to follow rules before using the system.

KNOW YOUR INFORMATION RIGHTS

As a client receiving services from a ServicePoint agency, you have the following rights:

1. *Access to your record.* You have the right to view your ServicePoint record. At your request, we will prepare a report of your records or assist you in viewing them within two business days (48 hours).
2. *Correction of your record.* You have the right to have your record corrected so that information is current, accurate, and fair in its use.
3. *Refusal.* You have the right to refuse consent. You cannot be denied services that you would otherwise qualify for if you refuse to sign the ServicePoint general consent form. Please note that if you refuse, information will still be entered into the system for statistical purposes, but all of your information will be closed so that no other user agency will have access to it.
4. *Withdrawal of the Release of Information Form.* This agreement can be withdrawn at any time upon spoken or written demand.
5. *Grievance.* You have the right to be heard if you feel that you have been unjustly served, put at personal risk, or harmed. Employees or agencies that misuse information are subject to warnings, reprimands, and dismissal from the ServicePoint system.



Clark County HMIS Data Privacy, Data Security and Data Quality Plans

I. Clark County HMIS data privacy plan

Information Privacy Principle: Personal information should be acquired, disclosed, and used only in ways that respect an individual's privacy.

HMIS participating programs will request the client's signature on the Release of Information Form for each homeless or low-income client. Data may be entered but not shared depending on the specific type of client information. The following fields are required for clients with a signed Release of Information Form:

1. Client Profile
2. Shelter Status including check in/check out
3. Entry/Exit Data
4. Service Records/Referrals
5. HUD Universal Data Elements (either in the client's profile or Entry/Exit)

If a client chooses not to sign a Release of Information Form, then the User will enter the client information and close this record from being shared with all other Participants. In the Service Record, there are certain services, referrals, and agencies not to be shared with other agencies:

1. Domestic Violence
2. HIV/AIDS
3. Substance Abuse
4. Mental Health

Note: This information may be released if the client signs a Release of Information Confidentiality of Information: Each Participant understands that participation in the ServicePoint system will make confidential information in the Client Profile available to other Participants as outlined in the User Policies and Procedures (Agency Agreement, Attachment A). It is the responsibility of each Participant to observe all applicable laws and regulations regarding client confidentiality. Only client specific data approved for release by the client and properly recorded by the Participant shall be accessible to other Participants or made available to those Participants within reports.

Client information should be accessed only in order to retrieve data relevant to a client requesting services from a participating agency.

Clients have the right to see their information on ServicePoint. If a client requests to see their information, the Participating Agency/User who receives the request must review the information with the client.

If a Client's Release of Information Form is withdrawn by the client of a Participant, that Participant maintains an ongoing responsibility to make that client's information unavailable to all other Participants. When a Participant withdraws from the ServicePoint system the former Participant must notify the System Administrator of the withdrawal, and the System Administrator will assure that all of their clients' information in ServicePoint has been promptly closed to sharing with all other Participants.

Aggregate data may be made available by the Council for the Homeless to other entities for funding or planning purposes pertaining to providing services to the homeless. However, the data released by the Council for the Homeless must never directly identify individual clients.

If a participating agencies' HMIS users are found to be in violation of this privacy plan, resulting sanctions may include suspending or revoking system privileges at the discretion of the HMIS lead agency.

II. Clark County HMIS Data Security Plan

Security for data maintained in our HMIS depends on a secure computing environment. Computer security is adapted from relevant provisions of the Department of Housing and Urban Development's (HUD) "Homeless Management Information Systems (HMIS) Data and Technical Standards Notice" (Docket No. FR 4848-N-01; see <http://epic.org/privacy/poverty/hmis.pdf>). Agencies are encouraged to directly consult that document for complete documentation of HUD's standards relating to HMIS. Agency will allow access to HMIS only from computers which are:

- a. physically present on Agency's premises; [remote access policy (Attachment C) and ServicePoint Remote Access Agreement (Attachment D) is only an option with written approval of Agency and System Administrator and will be audited by the System Administrator];
- b. owned by Agency; or
- c. approved by Agency for the purpose of accessing and working with HMIS; and
- d. protected from viruses by commercially available virus protection software;
- e. protected with a software or hardware firewall;
- f. authorized to access the ServicePoint HMIS website through installation of the Bowman PKI (Public Key Infrastructure certificate);
- g. maintained to insure that the computer operating system running the computer used for the HMIS is kept current in terms of security and other operating system patches, updates, and fixes;
- h. accessed through web browsers with 128-bit encryption [e.g., Mozilla Firefox, version 26 or higher; Internet Explorer, version 8.0 or 9.0; Google Chrome, version 27.0.1453.116 or higher. Some browsers have the capacity to remember passwords so that the user does not need to type in the password when returning to password-protected sites. If available, this default shall not be used with respect to HMIS; the end-user is expected to physically enter the password each time he or she logs on to the system];
- i. staffed at all times when in public areas. When computers are not in use and staff is not present, steps should be taken to ensure that the computers and data are secure and not publicly accessible. These steps should minimally include: Logging off the data entry system, physically locking the computer in a secure area, or shutting down the computer entirely.

Passwords: Agency will permit access to HMIS only with use of a User ID and password which the user may not share with others. Written information pertaining to user access (e.g. username and password) shall not be stored or displayed in any publicly accessible location. All users must sign a Statement of Confidentiality included on the User Agreement (Attachment E).

Security Training and review: all users will receive security training prior to being given access to the HMIS, and that the training will reflect the policies and principles of the Continuum of Care. The HMIS Lead will complete an annual security review with participating agencies to ensure the implementation of the security requirements. This security review will include completion of a security checklist ensuring that each of the security standards is implemented in accordance with the HMIS security plan.

III. Clark County HMIS Data Quality Plan

Training:

The System Administrator shall assure the provision of training of necessary participant staff in the use of ServicePoint. The System Administrator will provide training updates as necessary and reasonable due to staff changes and changes in technology.

Data Timeliness and Quality:

HMIS data is expected be entered within 5 working days following client contact. Monthly HMIS data quality report cards will be provided to all participating agencies for the purpose of evaluating data quality and correcting errors/omissions. All HMIS participating agencies are expected to maintain a data report card grade of "A" (or over 95% completeness) for their programs. Programs who continually fail to meet their data quality expectations will be brought to the CoC steering Committee's attention for review and may be may subject to corrective action in the form of completing additional training, suspending or revoking specific user licenses or a participating program's HMIS system access as determined by the HMIS Lead Agency. Overall system-wide data quality will be reported to all CoC members at the bi-monthly continuum of care coalition meeting.

Data User's Meetings:

Bi-monthly HMIS Data User Group meetings will be held for the purpose of addressing implementation and on-going operational issues. The User Group exists for the purpose of reviewing data quality, information sharing, problem-solving, and generating recommendations for the continued improvement of the local project and software upgrades. At least one representative from each HMIS participating agency is expected to attend.



Attachment C

Homeless Management Information System (HMIS)

REMOTE ACCESS POLICY

The Agency Administrator and the System Administrator must approve remote access for a user. Since data entered into the data base requires a release of information signed by the client, it is important for all users to follow confidentiality policies covered in the Agency Participation Agreement and that client data pertinent to that client and agency only be accessed.

All remote access must be approved in writing and the ServicePoint Remote Access form (Attachment D) completed and signed by the Agency Administrator and the System Administrator.

The System Administrator will periodically audit all remote access. These audit reports show what clients were viewed, added, or edited by user. These reports also show dates and times a client's file were accessed.

Violation of confidentiality policies can result in the termination of the Agency Participation Agreement.



Attachment D

Homeless Management Information System (HMIS)

ServicePoint Remote Access Agreement

The following user has been approved for remote access to the ServicePoint data base. The user will access only client data pertinent to that client for their agency. Remote access usage will be audited by the System Administrator.

User: _____

Agency: _____

Time Duration: _____

Agency Administrator Signature

Date

System Administrator Signature

Date



USER AGREEMENT

AGENCY: _____

USER NAME: _____

Statement of Confidentiality*

Employees, volunteers, and any other persons with access to the Continuum of care Homeless Management Information System (HMIS) are subject to certain guidelines regarding the use of the HMIS. The HMIS contains a range of personal and private information on individuals. All such information must be treated carefully and professionally by all who access it.

Guidelines for use of the HMIS include:

- Personal User Identification and Passwords must be kept secure and not shared.
- Informed client or guardian consent, as documented by a **current** standard Release of Information (ROI) form, is required before entering, updating, editing, printing, or disclosing basic identifying information and non-confidential service transactions via the HMIS.
- Only **general, non-confidential** information is to be entered in the "other notes/comments" section of the Client Profile in the HMIS. Confidential information, including TB and HIV/AIDS diagnosis, domestic violence, and mental and/or physical health information, is not permitted to be entered in this section.
- Informed client or guardian consent, as documented by a **current** Agency-modified Release of Information form with a HMIS clause, is required before entering, updating, editing, printing, or disclosing information beyond basic identifying non-confidential information and service transactions.
- Confidential information obtained from the HMIS is to remain confidential, even if my relationship with _____ (agency name) changes or concludes for any reason.
- Information beyond basic identifying data, that includes all assessment screens (all screens beyond profile, agency, and community fields), is not to be edited. If an update or correction is needed, a new assessment must be created.
- Only individuals that exist as clients under the Agency's jurisdiction may be entered into the HMIS.
- Misrepresentation of the client base by entering known, inaccurate information is prohibited.
- Client records are not to be deleted from the HMIS. If a client or guardian of a client chooses to rescind consent to participate in the HMIS, her/his file shall become "inactive."
- Discriminatory comments based on race, color, religion, national origin, ancestry, handicap, age, sex, and sexual orientation are not permitted in the HMIS. Profanity and offensive language are not permitted in the HMIS.
- The HMIS is to be used for business purposes only. Transmission of material in violation of any United States Federal or State of Washington regulations or laws is prohibited and includes material that is copyrighted, legally judged to be threatening or obscene, and considered protected by trade secret. The HMIS will not be used to defraud the Federal, State, or local government or an individual entity or to conduct any illegal activity.
- Any unauthorized access or unauthorized modification to the HMIS computer system information or interference with normal system operations will result in immediate suspension of your access to the HMIS and may jeopardize your employment status with _____ (agency name).

Failure to comply with the provisions of this Confidentiality Statement is grounds for immediate termination. Your signature below indicates your agreement to comply with this statement of confidentiality. There is no expiration date of this agreement.

_____	_____	_____	_____
Signature	Date	Witness Signature, Title	Date
_____	_____	_____	_____
Printed Name	Date	Witness Printed Name	Date

*The original Statement of Confidentiality should be kept on file at the Agency. Forms on individuals no longer employed by the Agency should be kept on file for five years.

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

PHAs are 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 PHA to establish other local preferences, at its discretion. Any local preferences established must be consistent with the PHA plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources.

VHA Policy

Local preferences are numerically ranked, with number 1 being the highest preference.

1. Preference for applicants where VHA has determined that a voucher is required due to:
 1. A resident of another VHA subsidy program where the resident is under-housed/overcrowded and a suitable sized unit is not expected to be available within 90 days;
 2. A resident of another VHA subsidy program where the resident requires an accessible unit or other reasonable accommodation related to a disability and a suitable unit is not expected to be available within 90 days; or
 3. The resident is being displaced by VHA, a VHA affiliated non-profit, or other local government acquisition, disposition or condemnation action and the VHA has determined the family requires a voucher in order to secure replacement housing.
2. Preference for families with school children who are homeless and that have been identified as such and referred to VHA by a school district homeless liaison where the school district has a signed Memorandum of Understanding (MOU) with the VHA or; families that are participants in the Washington State Health Care Authority's (HCA) Health Home Program and that have been referred to the VHA by a local organization or health plan that contracts with the HCA and has a signed MOU with the VHA.

WA-508 Continuum of Care Resolution Regarding HUD Notice CPD 14-012

Purpose:

On October 28th, 2015 the Vancouver/Clark County (WA-508) Continuum of Care formally adopted the policies laid out in HUD Notice CPD 14-012 for how to prioritize people experiencing chronic homelessness for permanent supportive housing. However, the Steering Committee did not provide guidance on how our coordinated assessment should implement said policy. The purpose of this resolution is to provide that guidance.

Resolution:

The following is the prioritization for CoC Program-funded Permanent Supportive Housing:

- 1) First priority: households who are chronically homeless with the longest history of homelessness AND with the most severe service needs.

The Vulnerability Assessment Tool (VAT) shall be used to determine service needs for individuals who are chronically homeless and the VI-SPDAT will be used to determine service needs for families who are chronically homeless. Individuals who score a 26 or higher on the VAT will be considered having severe service needs and families that score 12 or higher on the VI-SPDAT will be considered to have severe service needs. Length of homelessness will be used as a tie-breaker if more than one household has the same score. Any household with more than a year of continuous homelessness or a cumulative total of more than a year in the last 3 years will qualify as to the length for this preference.

- 2) Second priority: households who are chronically homeless with longest history of homelessness.

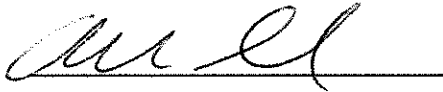
Individuals who are chronically homeless and score under a 26 on the VAT and families who are chronically homeless but score under a 12 on the VI-SPDAT will qualify for this preference as long as they have had more than a year of continuous homelessness or a cumulative total of more than a year in the past 3 years. The longer the length of homelessness the higher priority will be given.

- 3) Third priority: households who are chronically homeless with the most severe service needs.

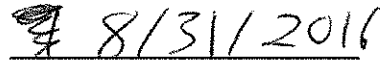
This priority will be given to chronically homeless individuals who score a 26 or higher on the VAT or chronically homeless families who score a 12 or higher on the VI-SPDAT who have at least four episodes of homelessness in the past 3 years, but those episodes total less than a year. The higher the VAT or VI-SPDAT score the higher the priority.

4) Fourth priority: all other households who are chronically homeless.

Any other individual or family that is chronically homeless will be eligible for this preference.

A handwritten signature in black ink, appearing to be 'M. L.', written over a horizontal line.

CoC Steering Committee Rep

A handwritten date '8/31/2016' in black ink, written over a horizontal line.

Date

Performance Measurement Module (Sys PM)

Summary Report for WA-508 - Vancouver/Clark 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)		
	Previous FY	Current FY	Previous FY	Current FY	Difference	Previous FY	Current FY	Difference
1.1 Persons in ES and SH		1562		42			20	
1.2 Persons in ES, SH, and TH		1831		95			35	

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.

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Previous FY	Current FY	Previous FY	Current FY	Difference	Previous FY	Current FY	Difference
1.1 Persons in ES and SH	-	-	-	-	-	-	-	-
1.2 Persons in ES, SH, and TH	-	-	-	-	-	-	-	-

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 (0 - 180 days)		Returns to Homelessness from 6 to 12 Months (181 - 365 days)		Returns to Homelessness from 13 to 24 Months (366 - 730 days)		Number of Returns in 2 Years	
		# of Returns	% of Returns	# of Returns	% of Returns	# of Returns	% of Returns	# of Returns	% of Returns
Exit was from SO	191	34	18%	21	11%	17	9%	72	38%
Exit was from ES	381	68	18%	16	4%	25	7%	109	29%
Exit was from TH	102	12	12%	6	6%	5	5%	23	23%
Exit was from SH	0	0		0		0		0	
Exit was from PH	508	32	6%	14	3%	27	5%	73	14%
TOTAL Returns to Homelessness	1182	146	12%	57	5%	74	6%	277	23%

Performance Measurement Module (Sys PM)

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

This measures the change in PIT counts of sheltered and unsheltered homeless person as reported on the PIT (not from HMIS).

	Previous FY PIT Count	2015 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	695	662	-33
Emergency Shelter Total	227	226	-1
Safe Haven Total	0	0	0
Transitional Housing Total	251	230	-21
Total Sheltered Count	478	456	-22
Unsheltered Count	217	206	-11

Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

	Previous FY	Current FY	Difference
Universe: Unduplicated Total sheltered homeless persons		1835	
Emergency Shelter Total		1518	
Safe Haven Total		0	
Transitional Housing Total		462	

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

	Previous FY	Current FY	Difference
Universe: Number of adults (system stayers)		15	
Number of adults with increased earned income		0	
Percentage of adults who increased earned income		0%	

Performance Measurement Module (Sys PM)

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

	Previous FY	Current FY	Difference
Universe: Number of adults (system stayers)		15	
Number of adults with increased non-employment cash income		0	
Percentage of adults who increased non-employment cash income		0%	

Metric 4.3 – Change in total income for adult system stayers during the reporting period

	Previous FY	Current FY	Difference
Universe: Number of adults (system stayers)		15	
Number of adults with increased total income		0	
Percentage of adults who increased total income		0%	

Metric 4.4 – Change in earned income for adult system leavers

	Previous FY	Current FY	Difference
Universe: Number of adults who exited (system leavers)		5	
Number of adults who exited with increased earned income		0	
Percentage of adults who increased earned income		0%	

Metric 4.5 – Change in non-employment cash income for adult system leavers

	Previous FY	Current FY	Difference
Universe: Number of adults who exited (system leavers)		5	
Number of adults who exited with increased non-employment cash income		2	
Percentage of adults who increased non-employment cash income		40%	

Metric 4.6 – Change in total income for adult system leavers

	Previous FY	Current FY	Difference
Universe: Number of adults who exited (system leavers)		5	
Number of adults who exited with increased total income		2	
Percentage of adults who increased total income		40%	

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

	Previous FY	Current FY	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.		1730	
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.		465	
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)		1265	

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

	Previous FY	Current FY	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.		2040	
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.		619	
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.)		1421	

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 2016.

Performance Measurement Module (Sys PM)

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

	Previous FY	Current FY	Difference
Universe: Persons who exit Street Outreach		307	
Of persons above, those who exited to temporary & some institutional destinations		75	
Of the persons above, those who exited to permanent housing destinations		33	
% Successful exits		35%	

Metric 7b.1 – Change in exits to permanent housing destinations

	Previous FY	Current FY	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited		1578	
Of the persons above, those who exited to permanent housing destinations		529	
% Successful exits		34%	

Metric 7b.2 – Change in exit to or retention of permanent housing

	Previous FY	Current FY	Difference
Universe: Persons in all PH projects except PH-RRH		434	
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations		399	
% Successful exits/retention		92%	