Before Starting the CoC Application

The CoC Consolidated Application consists of three parts, the CoC Application, the CoC Priority Listing, and all the CoC's project applications that were either approved and ranked, or rejected. All three must be submitted for the CoC Consolidated Application to be considered complete.

 The Collaborative Applicant is responsible for reviewing the following:

 1. The FY 2018 CoC Program Competition Notice of Funding Available (NOFA) for specific application and program requirements.
 2. The FY 2018 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
 3. All information provided to ensure it is correct and current.
 4. Responses provided by project applicants in their Project Applications.
 5. The application to ensure all documentation, including attachment are provided.
 6. Questions marked with an asterisk (*), which are mandatory and require a response.

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this application, please reference the   FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA.   Please submit technical questions to the   HUD Exchange Ask A Question.

1A-1. CoC Name and Number: WA-502 - Spokane City & County CoC

1A-2. Collaborative Applicant Name: City of Spokane

1A-3. CoC Designation: CA

1A-4. HMIS Lead: City of Spokane

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1B-1. CoC Meeting Participants. For the period from May 1, 2017 to April 30, 2018, using the list below, applicant must: (1) select organizations and persons that participate in CoC meetings; and (2) indicate whether the organizations and persons vote, including selecting CoC Board members.

Organization/Person Categories	Participates in CoC Meetings	Votes, including selecting CoC Board Members
Local Government Staff/Officials	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes
Law Enforcement	Yes	Yes
Local Jail(s)	Yes	No
Hospital(s)	Yes	Yes
EMS/Crisis Response Team(s)	Yes	No
Mental Health Service Organizations	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes
Disability Service Organizations	Yes	Yes
Disability Advocates	Yes	Yes
Public Housing Authorities	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Yes	Yes
Youth Advocates	Yes	Yes
School Administrators/Homeless Liaisons	Yes	Yes
CoC Funded Victim Service Providers	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	Yes
Domestic Violence Advocates	Yes	Yes
Street Outreach Team(s)	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes
LGBT Service Organizations	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes
Mental Illness Advocates	Yes	Yes
Substance Abuse Advocates	Yes	Yes

Other:(limit 50 characters)		
Workforce Development	Yes	Yes
Philanthropic	Yes	Yes
DSHS Children's Administration	Yes	Yes

**1B-1a. Applicants must describe the specific strategy the CoC uses to solicit and consider opinions from organizations and/or persons that have an interest in preventing or ending homelessness.
(limit 2,000 characters)**

The CoC solicits and considers feedback via a variety of methods to ensure comprehensive engagement of the cross-system provider network, homeless advocates, and persons with lived experience. The CoC Board utilizes the local homeless coalition stakeholder email distribution chain to share notices about community projects intended to improve the homeless crisis response system's quality, effectiveness, and efficiency in serving those at-risk or literally homeless. The Board utilizes the coalition and its multiple subcommittees - comprised of frontline staff, program managers, advocates, and persons with lived experience- to provide feedback on strategies for reaching CoC Board goals for each population. The Board holds open public meetings and an annual joint meeting with the coalition where attendees are encouraged to weigh in on topics being discussed. As part of the new project proposal review process, new project proposals were presented to the CoC Board population-specific subcommittees for consideration by the CoC stakeholder community. The collaborative applicant manages these notifications and solicitations to the stakeholder community that have interest in preventing or ending homelessness.

**1B-2.Open Invitation for New Members. Applicants must describe:
 (1) the invitation process;
 (2) how the CoC communicates the invitation process to solicit new members;
(3) how often the CoC solicits new members; and
(4) any special outreach the CoC conducted to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join the CoC.
(limit 2,000 characters)**

Each year in the fall, the Executive Committee meets to discuss potential new Board members, to ensure a balanced and representative Board of organizations serving homeless populations inn various systems as well as persons with lived experience. This committee solicits nominations for Board positions from the CoC Stakeholders as positions become vacant. Individuals are chosen as representatives from service providers, persons with lived homeless experience, other key stakeholders, and the CoC at-large. During the annual CoC stakeholder meetings, nominations for potential Board members are solicited directly from attendees. Board members also actively recruit persons with lived experience that participate in community initiatives, provider recommendation, and advocates. The Executive Committee prepares for approval a slate of Board member candidates with brief biographies that outline

employment, board affiliations and other qualifications of candidates for the overall Board to review, discern, discuss and vote on.

**1B-3.Public Notification for Proposals from Organizations Not Previously Funded. Applicants must describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding, even if the CoC is not applying for new projects in FY 2018, and the response must include the date(s) the CoC publicly announced it was open to proposals.
(limit 2,000 characters)**

On July 6th, 2018, a Request for Proposals (RFP) for new projects was released by the Collaborative Applicant via email to a community RFP email distribution list maintained by local government comprised of individuals from all sectors of business. This distribution list included organizations that no longer receive CoC funding and numerous organizations that have never been funded under the CoC Program. The RFP and application materials were also posted to the Collaborative Applicant's website on July 6th. Agencies that have previously expressed interest in CoC funding to staff and the CoC Board were also included on communications to ensure broad solicitation of potential projects. As part of the review process, new project proposals were presented to the CoC Board population-specific subcommittees for consideration by the CoC stakeholder community.

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA.   Please submit technical questions to the   HUD Exchange Ask A Question.

1C-1. CoCs Coordination, Planning, and Operation of Projects. Applicants must use the chart below to identify the federal, state, local, private, and other organizations that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness that are included in the CoCs coordination, planning, and operation of projects.

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation 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
Funding Collaboratives	Yes
Private Foundations	Yes
Housing and services programs funded through U.S. Department of Justice (DOJ) Funded Housing and Service Programs	Yes
Housing and services programs funded through U.S. Health and Human Services (HHS) Funded Housing and Service Programs	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and services programs funded through State Government	Yes
Housing and services programs funded through Local Government	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	

1C-2. CoC Consultation with ESG Program Recipients. Applicants must describe how the CoC:
(1) consulted with ESG Program recipients in planning and allocating ESG funds; and
(2) participated in the evaluating and reporting performance of ESG Program recipients and subrecipients.
(limit 2,000 characters)

The City of Spokane is the CoC Collaborative Applicant and the sole ESG recipient in the CoC's jurisdiction. The CoC Board oversees the strategic planning and allocation of both funding streams as well as other local and state funding for homelessness. In the Consolidated Planning process, the City of

Spokane provides information on best practices, PIT and HIC data, as well as project and system level performance data. The second local Consolidated Plan jurisdiction, Spokane County, has a voting seat on the CoC Board and actively participates in all planning and funding allocation decisions. The CoC also provides PIT and HIC data on regional homelessness to the Spokane County to assist with their Consolidated Planning efforts. The CoC provides detailed information regarding historical trends in chronic homelessness, family homelessness, youth homelessness, sheltered/unsheltered individuals and families to Spokane City and County as well as an annual Housing Inventory report to the City and County.

1C-2a. Providing PIT and HIC Data to Consolidated Plan Jurisdictions. Did the CoC provide Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area?

Yes to both

1C-2b. Providing Other Data to Consolidated Plan Jurisdictions. Did the CoC provide local homelessness information other than PIT and HIC data to the jurisdiction(s) Consolidated Plan(s)?

Yes

1C-3. Addressing the Safety Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors. Applicants must describe:
(1) the CoC's protocols, including the existence of the CoC's emergency transfer plan, that prioritizes safety and trauma-informed, victim-centered services to prioritize safety; and
(2) how the CoC maximizes client choice for housing and services while ensuring safety and confidentiality.
(limit 2,000 characters)

Projects serving survivors weave client choice into service delivery as integral for understanding client needs and vulnerabilities, ensuring services aptly meet safety protocols. Clients work with housing advocates to develop a safety plan. The advocate serves as a guide through housing searches and assists in evaluating each option to identify the most appropriate choice to meet the needs. During this process, the advocate assists with connection to DV services and employment assistant programs. Services include mental health therapy and family law services (for dissolution of marriage and child custody). Per our Emergency Transfer Plan, safety is prioritized and services are provided in a trauma-informed, victim-centered manner. A safe unit is one the survivor believes is safe, as client choice is paramount to inform the transfer plan. An emergency transfer may be internal: an emergency relocation of a tenant to another unit where the tenant would not be categorized as a new applicant without having to undergo an application process; or external: an emergency relocation of a tenant to another unit where the tenant would be categorized as a new applicant. Tenants may request an internal and external emergency transfer concurrently if a safe unit is not immediately available to ensure greater

opportunity to move to a safe unit as quickly as possible. A tenant who is a survivor is eligible for an emergency transfer if the tenant requests the transfer and either: reasonably believes that there is a threat of imminent harm of further violence if the tenant remains in the unit; or was a victim of sexual assault that occurred on premises within 90 calendar days of the request. Housing Providers must provide reasonable accommodations for individuals with disabilities. The request for a transfer may be made verbally or in writing and must include the appropriate information in order to document eligibility for the transfer. Confidentiality must be followed.

1C-3a. Applicants must describe how the CoC coordinates with victim services providers to provide annual training to CoC area projects and Coordinated Entry staff that addresses best practices in serving survivors of domestic violence, dating violence, sexual assault, and stalking. (limit 2,000 characters)

For Victim's services, Catholic Charities, the Coordinated Entry (CE) system administrator for coordinated entry for families, collaborates with Lutheran Community Services and Juvenile Court to house CSEC/Youth and attend statewide Center for Children and Youth Justice (CCJY) conference/trainings yearly. They also collaborate with Partners With Families & Children to do on-site trainings with staff on child exploitation, child sex trafficking, and child pornography. This is a new training available in our annual learning collaborative. Annual trainings are also conducted with staff teams on domestic violence and trauma-informed care. The YWCA, Lutheran Community Services, and Transitions collaborated on a Department of Justice grant through the Office on Violence Against Women. The awarded 3-year grant includes expectations to provide ongoing training on domestic violence and sexual assault, with a focus on best practices, lethality assessments, and services to marginalized survivors (e.g. LGBTQ and veterans). These trainings are open to the entire system of care and are well attended. The grant also funds this collaborative to attend best practice trainings held by the National Network to End Domestic Violence. Providers attended trainings on services for immigrant survivors and on voluntary services. Learnings will be integrated into the annual training program for the CoC.

1C-3b. Applicants must describe the data the CoC uses to assess the scope of community needs related to domestic violence, dating violence, sexual assault, and stalking, including data from a comparable database. (limit 2,000 characters)

The CoC partners with the local YWCA and Lutheran Community Services to leverage guidance on community needs and service delivery related to domestic violence, dating violence, sexual assault, and stalking, as well as to access specialized services for clients in need throughout the system. A representative from the YWCA also sits on the CoC Board and provides technical guidance to our Coordinated Entry Work Group, which analyzes our CE, evaluates its effectiveness using qualitative and quantitative data, and makes recommendations for improvements. As a result of this connection, our system offers training for partner agencies on providing services to persons fleeing domestic violence as a part of their on-going training plans. Annually, the CoC evaluates information compiled in the PIT and HMIS to understand the

scope of community members fleeing domestic or dating violence. The CoC also receives guidance on community needs for prioritized populations from direct service providers regarding usage and gaps in services, as well as from our nationally-recognized Community Court. This data is shared with the CoC Planning and Implementation Committee and population-specific sub-committees to help inform programs and ensure they are being responsive to community needs. Finally, the APR process is utilized to further inform decisions regarding local needs. If an individual or family is fleeing from domestic violence, dating violence, sexual assault, or stalking the coordinated entry providers enter clients anonymously and remove any identifying information to ensure their safety is maintained. Finally, our system utilizes NNEDV data for coordinated entry and other services. All data from these various sources, ultimately, inform our CoC's strategic plans and crisis response system.

1C-4. DV Bonus Projects. Is your CoC applying for DV Bonus Projects?   Yes

1C-4a. From the list, applicants must indicate the type(s) of DV Bonus project(s) that project applicants are applying for which the CoC is including in its Priority Listing.

SSO Coordinated Entry	
RRH	X
Joint TH/RRH	

1C-4b. Applicants must describe:
(1) how many domestic violence survivors the CoC is currently serving in the CoC's geographic area;
(2) the data source the CoC used for the calculations; and
(3) how the CoC collected the data.
(limit 2,000 characters)

1. In 2017, 337 of the 1,482 exits from HMIS identifies as fleeing domestic violence (DV). However, during the 2018 point-in-time (PIT) count, our system saw a 24% increase in those identifying as fleeing DV. As rates of DV continue to increase, as does our CoC's service needs.
2. HMIS report combining exit data from our Homeless Families Coordinated Assessment (HFCA) and Singles Homeless Coordinated Assessment (SHCA) systems, as well as HMIS PIT data.
3. The report summary and comparisons represents all clients that enrolled after CY 2017 and later exited. These persons were then categorized by DV and Non-DV.

1C-4c. Applicants must describe:
(1) how many domestic violence survivors need housing or services in the CoC's geographic area;
(2) data source the CoC used for the calculations; and

(3) how the CoC collected the data.
(limit 2,000 characters)

1. Of the 337 DV exits recorded in HMIS, only 79 exited to permanent housing, leaving 227 individuals exiting to homelessness and still in need of assistance (in detail: 227 exited to homelessness, 2 exited to institutional settings, 79 exit to permanent housing, and 29 exited to unknown). In Transition's Office of Violence Against Women (OVW) grant quarterly report, it was stated that six survivors were served, however 34 more households were referred and more went un-referred because of lack of capacity to serve them. The local DV shelter, operated by YWCA, has been at full capacity, meaning those fleeing DV in emergency situations, are unable to access services. Data indicates the need throughout the CoC geographic area is significant, and continuing to rise.
2. HMIS reporting, OVW reporting, YWCA database
3. For HMIS data: This is the total count for each category, a roll-up of all the exit destinations that are considered a part of HUD's definition of an exit to a homeless situation, Institutions, etc. For OVW data: service records and referrals.

1C-4d. Based on questions 1C-4b. and 1C-4c., applicant must:
(1) describe the unmet need for housing and services for DV survivors, or if the CoC is applying for an SSO-CE project, describe how the current Coordinated Entry is inadequate to address the needs of DV survivors;
(2) quantify the unmet need for housing and services for DV survivors;
(3) describe the data source the CoC used to quantify the unmet need for housing and services for DV survivors; and
(4) describe how the CoC determined the unmet need for housing and services for DV survivors.
(limit 3,000 characters)

1. To the determine the need for additional resources for households experiencing domestic violence, our CoC looked at outcomes for the period July 2017 to June 2018 for households reporting DV status at project entry by system component and determined that additional investment in Rapid Re-Housing (RRH) for DV households was the top priority. Households that report DV status at entry into Coordinated Entry (CE) and that qualify for a RRH referral are successfully connected to a RRH program 22% less frequently than the general population that accesses CE. This indicates a need for increased RRH resources that prioritize serving households experiencing DV. Additionally, households experiencing DV with an enrollment in a RRH project are 12% less likely achieve a date of move-in. This indicates that RRH programming needs to be more tailored to meet the specific needs of DV households, particularly the level of engagement in the housing search process. Data indicates that households DV represent a large proportion of households accessing CE. Between July 2017 and June 2018, 47% of the households that accessed Homeless Families Coordinated Assessment (HFCA) reported being survivors of domestic violence and 25% of the individuals that accessed Singles Homeless Coordinated Assessment (SHCA) reported being survivors of DV. This number appears to be on the rise in our community, as percentage of households that reported fleeing DV during the annual PIT rose by 24% in 2018. Finally, 227 people, approximately 67% of DV survivors, are exiting to homelessness based off the HMIS report outcomes. This population is under-served in our community and data validates the need for targeted projects that address the unique and vital needs.

2. At minimum, 227 have unmet need for housing assistance.
3. HMIS exit reporting
4. We took the number of survivors in our community who identified as exiting services to homelessness.

1C-4e. Applicants must describe how the DV Bonus project(s) being applied for will address the unmet needs of domestic violence survivors. (limit 2,000 characters)

Spokane has a higher than normal rate of DV (9.4/1,000) compared to the state average of (7.4/1000), with an upward trend since 2009 (Spokane Community Indicators 2016). The 2018 PIT also saw a 24% increase in people fleeing DV. This funding would support, at a minimum, 30 additional households with obtaining stable permanent housing via rental assistance or one-time deposit payments and client-centered, trauma-informed supportive services. Survivors will have a housing advocate trained in DV trauma-informed care available to create a housing stability plan, which includes safety planning, to address barriers related to housing, employment, mental health and wellness, and family law services. The advocate will also aid with locating housing and navigating rental applications as well as assisting with communication to landlords. As part of receiving assistance through this project participants will have access to the Women's Opportunity Center located at the agency's facility that offers three targeted programs that support increased access to employment assistance, mainstream benefits, life/coping skills courses, free clothing boutique that provides individualized support for job interviews/employment/DV-related court appointments, and peer support networks. This will increase the percentage of survivors who move into permanent housing from 23% to 32% as well as aid with barriers to housing retention. Finally, working in partnership with agency experts and the Spokane Housing Authority, there will be increased connection and access to Housing Choice Vouchers to help serve more survivors. Economic self-sufficiency, housing choice, and increasing safety are reliant on their being available affordable housing options. This resource will help improve opportunity to serve those in need of the supports.

1C-4f. Applicants must address the capacity of each project applicant applying for DV bonus projects to implement a DV Bonus project by describing:
(1) rate of housing placement of DV survivors;
(2) rate of housing retention of DV survivors;
(3) improvements in safety of DV survivors; and
(4) how the project applicant addresses multiple barriers faced by DV survivors.
(limit 4,000 characters)

The YWCA of Spokane has a 47% rate of housing placement and a 90% rate of housing retention of DV survivors.
From July 2017 through June 2018, surveys completed by Safe Shelter and Counseling Center participants indicated that 91% of victims had identified/adopted strategies for enhancing their safety and 95% of victims had increased knowledge of available community resources. The YWCA offers the following wrap-around services designed to address barriers faced by DV survivors:

•The COUNSELING CENTER provides community-based advocacy and mental health therapy services to assist DV victims in finding the strength and capacity to choose their own futures (one-to-one and group settings).

•The LEGAL ADVOCACY program helps victims navigate criminal/civil proceedings. It is an integral part of the Spokane Regional Domestic Violence Team, a collaborative effort inclusive of Spokane City and County law enforcement, courts, and prosecutors' offices.

•The CIVIL LEGAL ASSISTANCE CENTER provides survivors with free legal counsel. Child custody and marriage dissolution are the most common cases.

•DSHS COMMUNITY SERVICES OFFICE (CSO) ADVOCATES help clients determine benefit eligibility and navigate application processes, while also providing safety planning and referral.

•HOUSING ADVOCATES work with community partners (Spokane Housing Authority and Catholic Charities) to help victims acquire stable housing, while also teaching Responsible Renters courses.

•The WRAP-AROUND WEDNESDAY program provides a "one-stop shop" with access to critical YWCA and community services (no appointments needed).

•CHILD ADVOCACY and MENTAL HEALTH THERAPY SERVICES support children and caregivers who have survived family violence and are in the process of rebuilding their lives.

•Free, on-site CHILD CARE nurtures the children of women who are participating in YWCA classes and services.

•The WOMEN'S OPPORTUNITY CENTER empowers economically disadvantaged participants to achieve financial independence by providing services that raise self-awareness and promote job readiness, living wages, and independence.

•The EARLY CHILDHOOD EDUCATION AND ASSISTANCE PROGRAM (ECEAP) teaches low-income, homeless, 3 and 4 year olds the social and learning skills needed to be successful in kindergarten, while also supporting parents to increase their self-sufficiency skills.

Finally, through ongoing contracts with Washington State, YWCA also provides direct access to safety-net programs like Temporary Assistance for Needy Families, Basic Food Employment and Training, Washington Connect, and WorkFirst Life Skills training.

All YWCA advocates meet Washington Administrative Code (WAC) standards for initial and ongoing training. Advocates also learn how to help victims overcome complex barriers, such as acute safety concerns, undocumented mental health issues, language barriers, criminal histories (often charges brought against them by their abusers), poor rental histories, damaged credit, etc. Goal setting occurs at weekly one-to-one meetings (and more often when needed). Each participating DV victim meets with a trained YWCA advocate to commence safety planning, which includes learning about options and community resources. Goals are connected to each client's identified needs and adjustments are made as circumstances change. Advocates also cover financial education concepts and facilitate parent education groups. In addition, YWCA is ADA compliant and provides interpretation services for victims with language and hearing barriers.

1C-5. PHAs within CoC. Applicants must use the chart to provide information about each Public Housing Agency (PHA) in the CoC's geographic areas:

(1) Identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA who were experiencing homelessness at the time of admission;
(2) Indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV Program; and
(3) Indicate whether the CoC has a move on strategy. The information should be for Federal Fiscal Year 2017.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2017 who were experiencing homelessness at entry	PHA has General or Limited Homeless Preference	PHA has a Preference for current PSH program participants no longer needing intensive supportive services, e.g. move on?
Spokane Housing Authority	52.00%	Yes-HCV	Yes

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-5a. For each PHA where there is not a homeless admission preference in their written policy, applicants must identify the steps the CoC has taken to encourage the PHA to adopt such a policy.
(limit 2,000 characters)

The programs provided through the Spokane Housing Authority (SHA) served a total of 448 persons that were homeless at entry. While the SHA does not have a homeless admission preference policy, current local preferences for SHA include elderly, disabled, and households with children. The SHA is participating in the Rental Assistance Demonstration (RAD) program and is phasing out its remaining 74 public housing units. By 1/1/19, the PHA will be a housing Choice Voucher only agency. In addition, we have a local preference for our Referral Voucher Program, which pairs housing with supportive services agencies who serve primarily homeless clients. In addition, SHA has allocated about 250 units of project-based vouchers (PBV) to permanent supportive housing for the homeless in the past 2-3 years. All PSH units served by SHA PBV have homeless preferences for admission for 75% of the units. The CoC Board Chair is also the executive director of the SHA. She is working with both Boards and stakeholders to proceed with a recommendation to adopt a homeless preference policy. The SHA will undertake a strategic planning process in early 2019 and will consider local preferences for admission as part of this process. A local preference for admission for homeless will be considered and likely adopted at that time as it is anticipated that both the CoC Board and other SHA stakeholders will recommend this during the SHA's outreach process. Ultimately, the SHA Board will have to review the recommendations and adopt updated local preferences.

1C-5b. Move On Strategy with Affordable Housing Providers. Does the CoC have a Move On strategy with affordable housing No

providers in its jurisdiction (e.g., multifamily assisted housing owners, PHAs, Low Income Tax Credit (LIHTC) developments, or local low-income housing programs)?

1C-6. Addressing the Needs of Lesbian, Gay, Bisexual, Transgender (LGBT). Applicants must describe the actions the CoC has taken to address the needs of Lesbian, Gay, Bisexual, and Transgender individuals and their families experiencing homelessness.
(limit 2,000 characters)

The policies and practices of the Spokane City/County CoC permeates other municipal pass-through funding for homelessness, therefore extending its policies across funding streams. This also applies to anti-discrimination policies, which are evaluated annually during our local competition process and discussed as part of regular, ongoing CoC committee meetings. Among the policies adopted across our continuum include: (1) The incorporation of the 2016 Final Equal Access in Accordance with an Individual's Gender Identity in Community Planning and Development Programs Rule, which is required to be adopted by all CoC-funded providers; (2) Agency-level implementation of policies on serving LGBTQ persons, inclusive of language about serving persons based on the gender in which they identify when they present; and (3) the adoption of an anti-discrimination policy effective as of December 2017. This is in line with the priorities of our CoC, which is exemplified through active recruitment and inclusion of LGBTQ community members being in leadership positions, including as a voting member of the CoC Board and as advocates in strategic planning and subcommittees. Finally, the CoC is committed to ensuring its partners have a thorough understanding of the Equal Access Final Rule, the Gender Identify Final Rule, and best practice in supporting LGBTQ populations. The CoC works on an ongoing basis to help educate through offering trainings, sending out information and case studies, creating opportunities to learn from the community of providers, and convening working groups and advisory councils to ensure uniform and consistent service delivery throughout the region. This has included organizing alongside our local LGBTQ agency experts to develop a training curriculum to be deployed across the system.

1C-6a. Anti-Discrimination Policy and Training. Applicants must indicate if the CoC implemented a CoC-wide anti-discrimination policy and conducted CoC-wide anti-discrimination training on the Equal Access Final Rule and the Gender Identity Final Rule.

1. Did the CoC implement a CoC-wide anti-discrimination policy that applies to all projects regardless of funding source?	Yes
2. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	Yes
3. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual's Gender Identity (Gender Identity Final Rule)?	Yes

1C-7. Criminalization of Homelessness. Applicants must select the specific strategies the CoC implemented to prevent the criminalization of homelessness in the CoC's geographic area. Select all that apply.

Engaged/educated local policymakers:	X
Engaged/educated law enforcement:	X
Engaged/educated local business leaders:	X
Implemented communitywide plans:	X
No strategies have been implemented:	☐
Other:(limit 50 characters)	
	☐
	☐
	☐

1C-8. Centralized or Coordinated Assessment System. Applicants must:
(1) demonstrate the coordinated entry system covers the entire CoC geographic area;
(2) demonstrate the coordinated entry system reaches people who are least likely to apply homelessness assistance in the absence of special outreach;
(3) demonstrate the assessment process prioritizes people most in need of assistance and ensures they receive assistance in a timely manner; and
(4) attach CoC's standard assessment tool.
(limit 2,000 characters)

The CoC employs two Coordinated Entry (CE) systems to meet the differing needs of households without minor children and families. Homeless Families Coordinated Assessment (HFCA) operates a centralized model at a safe location with flexible hours of operation and a variety of services available for families including childcare. Singles Homeless Coordinated Assessment (SHCA) operates a hub model with a main office where individuals can be assessed as well as trained satellite assessors at a variety of common service sites such as shelters, day centers, meal sites, and workforce programs across the CoC's geographic area. Additionally, Spokane County operates 211 services and an online portal to assist in the triage and referral to CE and emergency services. The CoC employs a street outreach (SO) team as a component of CE identify individuals and households experiencing unsheltered homeless who are not currently connected with services. This team has expertise in behavioral health counselling and coordinates its outreach efforts with other outreach teams in the jurisdiction including PATH-, SSVF-, STR-, and RHY-funded SO projects as well as locally funded workforce and physical health specialized SO teams. Both CE portals utilize the SPDAT series of assessments to prioritize households for service and to inform referral to the

appropriate intervention. All RRH services are collocated at both CE portals to ensure that households assessed for this intervention are immediately connected to a housing specialist. Households that assess for PSH are included in the CoC's chronically homeless individuals master list which is case conferenced bi-weekly to expedite move-in.

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Discharge Planning–State and Local. Applicants must indicate whether the CoC has a discharge policy to ensure persons discharged from the systems of care listed are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).

Foster Care:	X
Health Care:	X
Mental Health Care:	X
Correctional Facilities:	X
None:	

1D-2. Discharge Planning Coordination. Applicants must indicate whether the CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).

Foster Care:	X
Health Care:	X
Mental Health Care:	X
Correctional Facilities:	X
None:	

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

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1E-1. Project Ranking and Selection. Applicants must indicate whether the CoC used the following to rank and select project applications for the FY 2018 CoC Program Competition:
(1) objective criteria;
(2) at least one factor related to achieving positive housing outcomes;
(3) a specific method for evaluating projects submitted by victim services providers; and
(4) attach evidence that supports the process selected.

Used Objective Criteria for Review, Rating, Ranking and Section	Yes
Included at least one factor related to achieving positive housing outcomes	Yes
Included a specific method for evaluating projects submitted by victim service providers	Yes

1E-2. Severity of Needs and Vulnerabilities. Applicants must describe:
 (1) the specific severity of needs and vulnerabilities the CoC considered when reviewing, ranking, and rating projects; and
(2) how the CoC takes severity of needs and vulnerabilities into account during the review, rating, and ranking process.
(limit 2,000 characters)

When reviewing and scoring CoC projects, the Funding and RFP committee is provided with project performance which includes the population served and the average VI-SPDAT score at project entry. The VI-SPDAT measures a client's level of vulnerability and severity of need based on numerous factors. These include mental health and wellness, substance use, experience with abuse and trauma, involvement in high risk and/or exploitive situations, interaction with emergency services, self-care, history of homelessness, and involvement with child protective services, and the legal system. This information provides context on the project clientele and the level of barriers projects are working to systematically address via case management and connection to services. As part of project scoring, projects receive a greater number of points based on this measure with the caveat that projects receive referrals from our coordinated entry system and have no control over this element. Projects must serve those referred to their project that meet HUD CoC eligibility requirements.

1E-3. Public Postings. Applicants must indicate how the CoC made public:
(1) objective ranking and selection process the CoC used for all projects (new and renewal);
(2) CoC Consolidated Application–including the CoC Application, Priority Listings, and all projects accepted and ranked or rejected, which HUD required CoCs to post to their websites, or partners websites, at least 2 days before the CoC Program Competition application submission deadline; and
(3) attach documentation demonstrating the objective ranking, rating, and selections process and the final version of the completed CoC Consolidated Application, including the CoC Application with attachments, Priority Listing with reallocation forms and all project applications that were accepted and ranked, or rejected (new and renewal) was made publicly available, that legibly displays the date the CoC publicly posted the documents.

Public Posting of Objective Ranking and Selection Process		Public Posting of CoC Consolidated Application including: CoC Application, Priority Listings, Project Listings	
CoC or other Website	☐	CoC or other Website	☐
Email	☐	Email	☐
Mail	☐	Mail	☐
Advertising in Local Newspaper(s)	☐	Advertising in Local Newspaper(s)	☐
Advertising on Radio or Television	☐	Advertising on Radio or Television	☐
Social Media (Twitter, Facebook, etc.)	☐	Social Media (Twitter, Facebook, etc.)	☐

1E-4. Reallocation. Applicants must indicate whether the CoC has cumulatively reallocated at least 20 percent of the CoC's ARD between the FY 2014 and FY 2018 CoC Program Competitions.

Reallocation: No

1E-4a. If the answer is "No" to question 1E-4, applicants must describe how the CoC actively reviews performance of existing CoC Program-funded projects to determine the viability of reallocating to create new high performing projects.
(limit 2,000 characters)

Project performance is reviewed throughout a project's operating term as part of programmatic oversight and monitoring. Performance is reviewed at the end of the term as part of the APR to HUD. During the annual local competition for project renewal project performance is evaluated based on following factors as applicable to the project component type: population served, number of households (HH) served, utilization, percent of HH exiting to a permanent housing destination, percent of HH who successfully exit from street outreach, average VI-SPDAT score, average length of stay in project, percent of HH that exit to temporary & some institutional destinations, percent of HH exiting to a permanent housing destination, percent of HH exiting with increased income, average Length of Stay in project, percent of HH exiting to or retaining permanent housing, percent of HH exiting with increased income, extent to

which persons who exit homelessness to PH return to homelessness within 24 months, percentage of successful referral outcomes, Average number of referrals per client during the reporting period, average length of time between referral start date and successful outcome, costs per household served, data quality reporting timeliness, percent of budget expended at last completed grant term close out, percent of budget expended during current grant term to date. In addition to HMIS data performance, projects' policies and procedures are also evaluated to determine its implementation of housing first principles through HUD's HF Assessment tool. Based on scores from performance the housing first assessment are compiled to determine overall projects scores utilized to create an initial ranking list. Final adjustments are made, if needed, by the CoC Board to address underlying issues surrounding project compliance and financial management to identify projects that need to be placed on a corrective action plan or be reallocated to allow for higher preforming projects.

1E-5. Local CoC Competition. Applicants must indicate whether the CoC:
(1) established a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline–attachment required;
(2) rejected or reduced project application(s)–attachment required; and
(3) notify applicants that their project application(s) were being rejected or reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline–attachment required. :

(1) Did the CoC establish a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline? Attachment required.	Yes
(2) If the CoC rejected or reduced project application(s), did the CoC notify applicants that their project application(s) were being rejected or reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline? Attachment required.	Yes
(3) Did the CoC notify applicants that their applications were accepted and ranked on the Priority Listing in writing outside of e-snaps, at least 15 before days of the FY 2018 CoC Program Competition Application deadline?	Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA.   Please submit technical questions to the   HUD Exchange Ask A Question.

2A-1. Roles and Responsibilities of the CoC and HMIS Lead. Does your CoC have in place a Governance Charter or other written documentation (e.g., MOU/MOA) that outlines the roles and responsibilities of the CoC and HMIS Lead? Attachment Required. Yes

2A-1a. Applicants must: (1) provide the page number(s) where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document(s) referenced in 2A-1, and (2) indicate the document type attached for question 2A-1 that includes roles and responsibilities of the CoC and HMIS Lead (e.g., Governance Charter, MOU/MOA). Page 2 - CoC HMIS MOU

2A-2. HMIS Policy and Procedures Manual. Does your CoC have a HMIS Policy and Procedures Manual? Attachment Required. Yes

2A-3. HMIS Vender. What is the name of the HMIS software vendor? Eccovia Solutions

2A-4. HMIS Implementation Coverage Area. Using the drop-down boxes, applicants must select the HMIS implementation Coverage area. Single CoC

2A-5. Bed Coverage Rate. Using 2018 HIC and HMIS data, applicants must report by project type: (1) total number of beds in 2018 HIC; (2) total beds dedicated for DV in the 2018 HIC; and

(3) total number of beds in HMIS.

Project Type	Total Beds in 2018 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) beds	720	31	361	52.39%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	278	0	176	63.31%
Rapid Re-Housing (RRH) beds	358	0	358	100.00%
Permanent Supportive Housing (PSH) beds	808	0	313	38.74%
Other Permanent Housing (OPH) beds	95	0	70	73.68%

2A-5a. To receive partial credit, if the bed coverage rate is 84.99 percent or lower for any of the project types in question 2A-5., applicants must provide clear steps on how the CoC intends to increase this percentage for each project type over the next 12 months. (limit 2,000 characters)

The primary factor behind the lower than 84.99% bed coverage rate for Emergency Shelter projects has been resistance by the largest faith-based shelter provider in the CoC to participation in the CoC's HMIS. Extensive outreach has been attempted and the focus has now shifted to developing an integration process, using HUD's approved CSV/XML standard, to import data from the provider's internal database. In an effort to expedite progress, and better leverage community resources, assistance from local universities has been solicited. This will increase the capacity and capabilities of the HMIS Lead Agency, without increasing administrative costs.

Transitional housing (TH) inventory has continued to decline as part of the overall shift towards more cost effective interventions, with most reductions occurring in CoC funded inventory. Non-HMIS participating TH inventory is predominately provided by faith based providers that are unwilling to directly enter into the HMIS. Similar to efforts to increase ES bed coverage, work will continue on developing a CSV/XML process between faith based providers and the HMIS Lead Agency to centralize community homeless data, thus increasing the TH HMIS bed coverage rate.

In early 2018, local VA service providers began formal participation in the HMIS. As a result, Permanent Supportive Housing (PSH) HMIS bed coverage is now well above the stipulated threshold and will be approaching 100% coverage by the end of 2018. The HMIS Lead Agency will continue to provide support and training to ensure consistent participation.

In mid-2018, the last non-HMIS participating Other Permanent Housing (OPH) housing project began participation; 100% of OPH beds are now in the HMIS.

2A-6. AHAR Shells Submission: How many 2017 Annual Housing Assessment Report (AHAR) tables shells did HUD accept?   10

2A-7. CoC Data Submission in HDX. 04/27/2018

Applicants must enter the date the CoC submitted the 2018 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). (mm/dd/yyyy)

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

Instructions:

For guidance on completing this application, please reference the   FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA.   Please submit technical questions to the   HUD Exchange Ask A Question.

2B-1. PIT Count Date. Applicants must enter the date the CoC conducted its 2018 PIT count (mm/dd/yyyy).   01/25/2018

2B-2. HDX Submission Date. Applicants must enter the date the CoC submitted its PIT count data in HDX (mm/dd/yyyy).   04/27/2018

2C. Continuum of Care (CoC) Point-in-Time (PIT) Count: Methodologies

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2C-1. Change in Sheltered PIT Count Implementation. Applicants must describe any change in the CoC's sheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018. Specifically, how those changes impacted the CoC's sheltered PIT count results.
(limit 2,000 characters)

The CoC's Sheltered PIT Count strategy remained largely unchanged from past years' efforts; with two noteworthy exceptions. First, the introduction of mobile data collection software allowed the CoC to collect and process data more efficiently and accurately. This software, provided by Simtech Solutions, allowed volunteers and shelter agency staff to enter data via a web-based survey tool. PIT count coordinators monitored data entry, in real time, to ensure the highest possible accuracy and completeness.

Second, a more coordinated volunteer outreach strategy was employed to increase the overall number of volunteers available to assist existing shelter staff with data collection. Volunteers from past PIT count efforts were used as dedicated team leaders overseeing newer volunteers. Having more volunteers available increased the amount of interaction between PIT count volunteers and survey takers contributing to more accurate and complete data; the presence of veteran PIT count volunteers helped ensure consistency in the application of the methodologies employed by the CoC.

The best practices established by HUD for conducting the sheltered PIT count have been, and continue to be, the backbone of the CoC's planning efforts. Each year the HMIS Committee of the CoC carefully reviews updates to HUD guidelines to ensure practices are in alignment with federal guidelines. At the same time, the CoC continues to seek ways to innovate and improve on the strategies used to evaluate the extent of homelessness in the Spokane CoC.

2C-2. Did your CoC change its provider coverage in the 2018 sheltered count?   Yes

2C-2a. If "Yes" was selected in 2C-2, applicants must enter the number of beds that were added or removed in the 2018 sheltered PIT count.

Beds Added:	116
Beds Removed:	131

Total:	-15

2C-3. Presidentially Declared Disaster Changes to Sheltered PIT Count. Did your CoC add or remove emergency shelter, transitional housing, or Safe Haven inventory because of funding specific to a Presidentially declared disaster, resulting in a change to the CoC's 2018 sheltered PIT count?   No

2C-3a. If "Yes" was selected for question 2C-3, applicants must enter the number of beds that were added or removed in 2018 because of a Presidentially declared disaster.

Beds Added:	0
Beds Removed:	0
Total:	0

2C-4. Changes in Unsheltered PIT Count Implementation. Did your CoC change its unsheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018? If your CoC did not conduct and unsheltered PIT count in 2018, select Not Applicable.   Yes

2C-4a. If "Yes" was selected for question 2C-4, applicants must:
(1) describe any change in the CoC's unsheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018; and
(2) specify how those changes impacted the CoC's unsheltered PIT count results.
(limit 2,000 characters)

The CoC made multiple changes to the unsheltered portion of the PIT count, including: significant investments in mobile data collection technology, a new volunteer organizational structure (similar to the strategies employed for the sheltered PIT count), addition of new questions to improve data quality, and co-occurring homeless service events. These changes supplemented an already well informed and strategic approach to conducting the unsheltered PIT count, based on numerous years of evaluation by experts in the field of homelessness and a careful application of HUD best practices.

Mobile data collection software, provided by Simtech Solutions, allowed PIT count coordinators to direct volunteers in the field using the data collected in real time through the software – including correction of errors in real time. Geolocation data was used to develop heat map and GIS map overlays to identify which survey sites were the most active; this, in turn, was used to determine staffing and resource allocation while the count was underway.

Coordinators were also able to use identify response patterns in values entered by each volunteer. This helped identify differences in how volunteers were asking survey questions and the presence of bias. This data will improve the ability of the CoC to conduct PIT count training and inform overall PIT count strategy, leading to even better data quality and an improved methodology.

The presence of a co-occurring homeless services event, which consisted of a wide range of service providers located in a single location that was advertised well in advance of the date. This concentrated those experiencing homelessness in a more narrow geographic area, allowing PIT count volunteers a great opportunity to engage with those experiencing homelessness.

2C-5. Identifying Youth Experiencing Homelessness in 2018 PIT Count. Did your CoC implement specific measures to identify youth experiencing homelessness in its 2018 PIT count?   Yes

2C-5a. If "Yes" was selected for question 2C-5., applicants must describe:
(1) how stakeholders serving youth experiencing homelessness were engaged during the planning process;
(2) how the CoC worked with stakeholders to select locations where youth experiencing homelessness are most likely to be identified; and
(3) how the CoC involved youth experiencing homelessness in counting during the 2018 PIT count.
(limit 2,000 characters)

The formal planning structure used by the CoC to ensure a consistent, complete, and accurate, PIT count has always relied on the expertise of service providers specializing in unique sub-populations, like homeless youth. Youth providers review the CoC's PIT count plan and methodology as well as provide updates to the list of known locations frequented by youth experiencing homelessness maintained by the HMIS Lead Agency.

Dedicated positions on the HMIS oversight committee, which oversees the PIT count and HMIS related activities, for youth service providers ensures that the unique data collection challenges and needs of youth are always accounted for. Youth service experts on the committee provide input on questions to include in the data collection tool, the engagement strategies used by the dedicated youth outreach teams, and contribute to the analysis of the data obtained.

In addition to playing a key role in the planning process, youth service providers contributed to the collection of data through youth-specific outreach teams and by staffing youth-focused events held at locations frequented by youth (e.g. libraries, near schools, etc.). Thanks to the real-time geospatial data collected via the mobile data collection tool, PIT count coordinators were able to validate the list of data collection locations, allowing for increased efficiency and effectiveness when directing outreach teams and coordinating the distribution of incentive items (e.g. bags of hygiene supplies.)

Youth with lived homeless experience participated in the review of the questions included on the survey tool, assisted with training outreach volunteers, and

contributed to the overall PIT count strategy. It is clear that a successful youth count is dependent on the inclusion of youth throughout the process and the CoC will continue to pursue this strategy wherever possible.

2C-6. 2018 PIT Implementation. Applicants must describe actions the CoC implemented in its 2018 PIT count to better count:
(1) individuals and families experiencing chronic homelessness;
(2) families with children experiencing homelessness; and
(3) Veterans experiencing homelessness.
(limit 2,000 characters)

Shifts in the 2018 PIT led to better counting and increased understanding of people experiencing homelessness. The CoC looked to better count families, the chronic homeless, and veterans, as new projects came online to address needs for these populations. Strategic changes include: (1) Use of a mobile data collection tool using geospatial data for longitudinal analysis. The tool helped eliminate barriers caused by paper surveys. (2) Expanded outreach connection for max geographic coverage. This year's PIT coordinated with all regional outreach teams and expanded known locations to survey in more places where families, veterans, and chronically homeless frequent (food banks, meal sites, clothing banks, etc.). This was done by working with outreach committees, surveying consumers, and collecting data from past years. Use of specialized outreach teams (e.g. SSVF) meant further improvement to accessing supopulations. (3) Increased volunteer support. Nearly 100 volunteers were deployed in teams to maximize coverage. (4) Increased capacity dedicated to the PIT. Two MSW interns worked full-time on PIT activities, alongside 7 municipal staff and provider teams, to ensure individualized and focused attention to improving counts of target subpopulations. Increased staffing also meant improved management of volunteers and outreach teams, coordination, and an expanded and focused count. (5) Offered YYA-focused events in places they already go. This improved count of youth, children, and families. (6) We overlapped the PIT with the Homeless Connect, allowing us to survey more people, especially those living in vehicles who previously were hard to count. This included families, individuals, and veterans. These changes were led by the CoC Leadership, in partnership with service providers and people with lived homeless experience.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3A-1. First Time Homeless as Reported in HDX. In the box below, applicants must report the number of first-time homeless as reported in HDX.

Number of First Time Homeless as Reported in HDX.	4,332

3A-1a. Applicants must:
(1) describe how the CoC determined which risk factors the CoC uses to identify persons becoming homeless for the first time;
(2) describe the CoC's strategy to address individuals and families at risk of becoming homeless; and
(3) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time. (limit 2,000 characters)

The CoC works with mainstream service providers such as WA State Department of Social and Health Services (DSHS) and institutions/systems that discharge individuals including county jail, child welfare, juvenile justice, hospitals, and behavioral healthcare providers to refine local understanding of the primary risk factors for homeless. Additionally, vulnerability, as assessed by the VI-SPDAT tool, is the primary tool used to assess households' likelihood of becoming homeless for the first time. The CoC's coordinated entry (CE) process is a diversion-first model whereby CE staff explore a household's strengths and resources and help them better utilize this support network before intake into the homeless system. Diversion services include mediation with landlords, education on tenants' rights, housing search assistance, connection to mainstream benefits/employment resources, as well as limited financial support. The collaborative applicant is seeking to increase its investment in diversion to expand this highly successful model. Several at-risk household types have been identified locally as being especially vulnerable to experiencing homelessness for the first time without a higher level of intervention including short-term rental assistance. At-risk veteran households are referred to the prevention component of SSVF while at-risk individuals deemed disabled by DSHS are referred to the Housing and Essential Needs program. The YWCA also provides services to prevent households fleeing domestic violence from experiencing homelessness for the first time. The CoC Board and its subcommittees are responsible for the CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time. They meet regularly to assess system need and make targeted recommendations.

3A-2. Length-of-Time Homeless as Reported in HDX. Applicants must:
(1) provide the average length of time individuals and persons in families remained homeless (i.e., the number);
(2) describe the CoC's strategy to reduce the length-of-time individuals and persons in families remain homeless;
(3) describe how the CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and
(4) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the length of time individuals and families remain homeless.
(limit 2,000 characters)

The average length of time households experienced homelessness within the CoC was 39 days for clients in ES projects (a reduction from the previous year by 30 days) and 68 days for clients in ES and transitional housing projects (a reduction from the previous year by 42 days). The CoC has implemented reduction in the length of time clients/households are homeless in emergency shelter and transitional housing as a required performance outcome for all temporary housing projects. The CoC facilitated greater connection to coordinated entry through colocation of satellite assessors within emergency shelters and greater access permanent housing resources at emergency shelters and TH projects. The CoC has reprioritized its sheltering strategy from large shelters serving multiple populations to a series of targeted-capacity shelters with services tailored to meet the specific needs of the subpopulations they serve in order rapidly move clients from shelter into permanent housing. Additionally, the CoC continues to pursue tailored permanent housing resources for the populations for which transitional housing is considered a best practice, such as youth/young adults and survivors of domestic violence, to better facilitate rapid and stable exits to permanent housing. The CoC assesses individuals and families with the greatest vulnerabilities and barriers to housing at the coordinated entry point using the SPDAT. Priority is given based on scores, with priority consideration for those with the longest length-of-time homeless. The CoC's street outreach projects also target individuals with the longest lengths of homelessness who living in places not meant for human habitation and connects with services including permanent housing resources. The CoC Subcommittees on Youth, Veterans, Chronically Homeless Individuals, and Families are responsible for assessment and strategic planning to reduce the length of time households experience homelessness.

3A-3. Successful Permanent Housing Placement and Retention as Reported in HDX. Applicants must:
(1) provide the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid rehousing that exit to permanent housing destinations; and
(2) provide the percentage of individuals and persons in families in permanent housing projects, other than rapid rehousing, that retain their permanent housing or exit to permanent housing destinations.

	Percentage
Report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid re-housing that exit to permanent housing destinations as reported in HDX.	53%
Report the percentage of individuals and persons in families in permanent housing projects, other than rapid re-housing, that retain their permanent housing or exit to permanent housing destinations as reported in HDX.	94%

3A-3a. Applicants must:
(1) describe the CoC's strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations; and
(2) describe the CoC's strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations.
(limit 2,000 characters)

The CoC's geographic area experienced economic growth and has seen commensurate increases in the cost of housing and a consistently low vacancy. Low-income and homeless households face many barriers to housing in a highly competitive rental market. To increase the rate of PH placement from shelter, TH, and RRH the CoC has increased its investment in landlord incentive strategies, facilitated greater coordination between landlord liaisons (LLs), and supported legislative actions to decrease barriers for homeless households. The collaborative applicant (CA) reallocated some existing resources to provide rental assistance programs more opportunities to incentivize landlords to rent to homeless households and mitigate perceived risk of renting to them. The CA also reallocated existing resources and the CoC facilitated the acquisition of new resources to create new LLs positions with local rental assistance providers, including the Public Housing Authority (PHA), to provide more intentional relationship management with landlords and develop relationships with new landlords. The local LLs network was also established this year. These experts are codifying the CoC's strategy around landlord engagement, creating a unified set of standards for the CoC's LLs, developing a comprehensive interested landlord list, and engaging the local landlord association more strategically. The CA passed local legislation to prevent landlords from discriminating against potential tenants for their source of rental income. The legislation reinforces similar legislation at the state level which established a landlord mitigation fund to which all state rental assistance providers have access. The CA also sits on the WA State Advisory Council on Homelessness that will release a joint recommendation to the governor and state legislature with State Re-Entry Council to "ban the box" on rental applications to prevent landlords from discriminating against tenants for certain kinds of criminal history.

3A-4. Returns to Homelessness as Reported in HDX. Applicants must report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX.

	Percentage
Report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX	5%

3A-4a. Applicants must:
(1) describe how the CoC identifies common factors of individuals and persons in families who return to homelessness;
(2) describe the CoC's strategy to reduce the rate of additional returns to homelessness; and

(3) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the rate individuals and persons in families returns to homelessness. (limit 2,000 characters)

The CoC publishes quarterly system and project-level performance dashboards to changes in key measures, such as returns to homelessness. Projects or system components with high rates of returns to homelessness are assessed and assistance provided to increase housing stability. Our CoC has also started a Homeless Experience Survey that is a consumer-side data collection tool that asks people in the system a series of questions, including Primary and Secondary Reasons for Homelessness. This survey should help identify common factors the CoC can address to reduce the rates of returns to homelessness off individuals and families. Data is shared with CoC subcommittees on population-specific information to inform and improve service delivery, as well as the CoC Planning and Implementation Committee and Board strategic shifts. Among those shifts includes implementation of an integrated social services center (EnVision Center designated), which provides wrap-around services (e.g. health access, legal aid, housing, employment, skills training, basic needs, etc) to individuals and families at-risk of or experiencing homelessness. Also, the CoC is assessing ways to expand after-care services for individuals and families to have ongoing support for emerging needs and allow for immediate prevention service provision. Increasing PSH stock to ensure housing stability for those who may need a permanent subsidy is also a key strategy. The CoC Board is responsible for strategy of the homeless system and is dedicated to adding physical and virtual options to meet client needs and ensure improved services and reduce the rate of returns to homelessness. Finally, the City of Spokane is the HMIS Lead Agency and is responsible for producing the data to show performance on this measure, assisting the Board and agency partners in analyzing and understanding the data, leading to improved programming.

3A-5. Job and Income Growth. Applicants must:
 (1) describe the CoC's strategy to increase access to employment and non-employment cash sources;
(2) describe how the CoC works with mainstream employment organizations to help individuals and families increase their cash income; and
(3) provide the organization name or position title that is responsible for overseeing the CoC's strategy to increase job and income growth from employment.
(limit 2,000 characters)

The CoC has engaged in more meaningful collaboration with the public workforce system with the upcoming co-location of coordinated entry services and state benefits offices at the local WIOA One Stop Career Center. The CoC is working with the local WIOA board and WA Department of Social and Human Services (DSHS) to adopt an income growth assessment to be utilized at coordinated entry (CE) to facilitate a more cohesive referral pipeline to employment services and mainstream benefits. The collaborative applicant recently increased its investment in the local SOAR process by funding the Coordinated SOAR Initiative (CSI). Households that present at CE who are unlikely to obtain unemployment income due to a disability are connected with the CSI program with two dedicated benefits specialists. Individuals who are

able to work but face significant barriers to employment are linked with WIOA-funded supportive employment, job training, as well as other services funded through the WA State Division of Vocational Rehabilitation. Households also receive help with applying for benefits programs like Basic Food Employment and Training or TANF. The CoC's SOAR steering committee oversees strategic implementation, technical assistance, and training for SOAR. SOAR activities are incentivized in the RFP process for state and local dollars. As the CoC's relationship with the public workforce system expands, the SOAR steering committee will expand its scope to encompass the CoC's strategy around income growth and mainstream benefits navigation. The CoC has included income growth as a required performance outcome for all TH, RRH, and PSH projects and facilitates links between housing and employment services through CoC Sub-Committees. The CoC Board is responsible for system strategy. The CEO of the Spokane Workforce Council is on the Board. Staff from employment service agencies are on all CoC Subcommittees to inform targeted strategies for sub-populations.

3A-6. System Performance Measures Data Submission in HDX. Applicants must enter the date the CoC submitted the System Performance Measures data in HDX, which included the data quality section for FY 2017 (mm/dd/yyyy)   05/30/2018

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

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3B-1. DedicatedPLUS and Chronically Homeless Beds. In the boxes below, applicants must enter:
(1) total number of beds in the Project Application(s) that are designated as DedicatedPLUS beds; and
(2) total number of beds in the Project Application(s) that are designated for the chronically homeless, which does not include those that were identified in (1) above as DedicatedPLUS Beds.

Total number of beds dedicated as DedicatedPLUS	182
Total number of beds dedicated to individuals and families experiencing chronic homelessness	0
Total	182

3B-2. Orders of Priority. Did the CoC adopt the Orders of Priority into their written standards for all CoC Program-funded PSH projects as described in Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing? Attachment Required.

Yes

3B-2.1. Prioritizing Households with Children. Using the following chart, applicants must check all that apply to indicate the factor(s) the CoC currently uses to prioritize households with children during FY 2018.

History of or Vulnerability to Victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
Number of previous homeless episodes	X
Unsheltered homelessness	X
Criminal History	
Bad credit or rental history	
Head of Household with Mental/Physical Disability	X

3B-2.2. Applicants must:
(1) describe the CoC's current strategy to rapidly rehouse every household of families with children within 30 days of becoming homeless;
(2) describe how the CoC addresses both housing and service needs to ensure families successfully maintain their housing once assistance ends; and
(3) provide the organization name or position title responsible for overseeing the CoCs strategy to rapidly rehouse families with children within 30 days of becoming homeless.
(limit 2,000 characters)

Our CoC's current strategy to rapidly rehouse households with children include increasing housing stock through developing and maintaining relationships with landlords to bring existing units within the community into our pool of available units. We work to triage families for diversion services at their first connection with our crisis response system via coordinated entry for families to connect them with available resources and case managers to assist with self-resolution of their housing crisis. This includes assistance with mitigation of landlord issues, opportunities for increasing income through mainstream benefits, job training programs, and other services to obtain employment. Families are assessed through coordinated entry to determine the acuity and housing interventions the household may qualify for. Once placed on the list clients are encouraged to return via in-person or phone should their situation change for re-assessment. Households are prioritized for housing on the housing eligibility list based on their level of acuity, length of time homeless, and disability factors. Client choice is incorporated into the referral process as well. As part of our strategy to rehouse families quickly, we are consistently working to build our housing stock through development and construction of additional units. To ensure families successfully maintain their housing once assistance ends, clients are encouraged to connect with their case managers, peer navigators, and their support network to address issues as they arise before they impact their housing, employment, and other related aspects of their life. Not only do providers conduct follow-ups at 6 month, households can also connect with case managers in our diversion program for additional assistance. The Chair of the CoC Homeless Families subcommittee and City's Homeless Program Manager is responsible for the CoCs stagey to rapidly rehouse families within 30 days.

3B-2.3. Antidiscrimination Policies. Applicants must check all that apply that describe actions the CoC is taking to ensure providers (including emergency shelter, transitional housing, and permanent supportive housing (PSH and RRH) within the CoC adhere to antidiscrimination policies by not denying admission to or separating any family members from other members of their family or caregivers based on age, sex, gender, LGBT status, marital status, or disability when entering a shelter or housing.

CoC conducts mandatory training for all CoC and ESG funded service providers on these topics.	☐
CoC conducts optional training for all CoC and ESG funded service providers on these topics.	☐
CoC has worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	☐
CoC has worked with ESG recipient(s) to identify both CoC and ESG funded facilities within the CoC geographic area that may be out of compliance, and taken steps to work directly with those facilities to come into compliance.	☐
CoC has sought assistance from HUD through submitting AAQs or requesting TA to resolve non-compliance of service providers.	☐

3B-2.4. Strategy for Addressing Needs of Unaccompanied Youth Experiencing Homelessness. Applicants must indicate whether the CoC's strategy to address the unique needs of unaccompanied homeless youth includes the following:

Human trafficking and other forms of exploitation	Yes
LGBT 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

3B-2.5. Prioritizing Unaccompanied Youth Experiencing Homelessness Based on Needs. Applicants must check all that apply from the list below that describes the CoC's current strategy to prioritize unaccompanied youth based on their needs.

History or Vulnerability to Victimization (e.g., domestic violence, sexual assault, childhood abuse)	X
Number of Previous Homeless Episodes	X
Unsheltered Homelessness	X
Criminal History	X
Bad Credit or Rental History	X

3B-2.6. Applicants must describe the CoC's strategy to increase:
(1) housing and services for all youth experiencing homelessness by providing new resources or more effectively using existing resources, including securing additional funding; and
(2) availability of housing and services for youth experiencing unsheltered homelessness by providing new resources or more effectively using existing resources.
(limit 3,000 characters)

The CoC has adopted strategies to end youth homelessness rather than expand housing and services for youth experiencing homelessness. These new strategies have largely evolved out of the CoC's participation in the WA State 100 Day Challenge to End Youth Homelessness and are being overseen by the CoC's Subcommittee on Ending Youth Homelessness in collaboration with youth with lived experience. The CoC has been marshalling local government and foundation funding as well as working to increase the WA State Office of Homeless Youth's investment in Spokane County programs that house and serve youth. This has led to increased flexible funding to expedite housing for youth and young adults via youth-specific landlord mitigation fund and a pot of funds to cover move-in costs for young adults transitioning into independent permanent housing. Both resources are managed by the local Public Housing Authority (PHA). With these remarshalled resources, the PHA also newly

employs a landlord liaison to assist former foster youth in utilizing the jurisdiction FUP vouchers as well as other local voucher programs targeted a youth and young adults. Local foundation funding has also facilitated the compensation of youth with lived experience of homelessness for their participation in the development of the CoC's strategy to end youth homelessness and the hiring of a coordinator for the CoC's Youth Action Board (YAB) to better facilitate the incorporation of the YAB into the CoC's governance structure. While the CoC has been successful in obtaining new resources and remarshalling existing resources to increase rapid re-housing services for young adults, the lack of a dedicated emergency shelter for young adults means that unsheltered young adults lack access to safe and developmentally appropriate crisis housing while they engage the housing search process. The establishment of a young adult shelter is a priority for the CoC in order to close this service gap. A lack of placement opportunity for homeless minors has also been identified a local gap in services through review of exit and returns to homelessness data from the jurisdiction's two teen shelters. Host Homes as a program model for longer term placement have proven effective and the CoC is seeking opportunities for the establishment of a new program based on this model in partnership with other local funders. In order to ensure swift access to the CoC's resources and developmentally appropriate services for youth experiencing homelessness, the CoC is currently engaged in the design and implementation of a third coordinated entry portal targeted at YYA. In addition to assessment and referrals to housing interventions, Homeless Youth Coordinated Assessment (HYCA) will provide YYA with access to a number of other crucial services including employment, education, physical and behavioral health, legal assistance, benefits navigation, and family reunification.

3B-2.6a. Applicants must:
(1) provide evidence the CoC uses to measure both strategies in question 3B-2.6. to increase the availability of housing and services for youth experiencing homelessness;
(2) describe the measure(s) the CoC uses to calculate the effectiveness of the strategies; and
(3) describe why the CoC believes the measure it uses is an appropriate way to determine the effectiveness of the CoC's strategies.
(limit 3,000 characters)

To measure the effectiveness of the CoC's strategies to end youth homelessness, the CoC is developing a Youth System Performance Report, expanding on HUD's System Performance Measures with the inclusion of measures aligned with USICH's Criteria and Benchmarks for ending youth homelessness. RHY data elements are required in the data collection for all youth-serving projects funded by the collaborative applicant in order to better assess the effectiveness of CoC's strategies. The measures are: A) Safe and Stable Housing: A1) Percentage clients whose destination at exit is defined as temporary safe and stable housing (System Performance Measure [SPM] 7a). A2) Percentage of exited clients whose destination at exit is defined as permanent, safe, and stable housing (SPM 7b.1). A3) Percentage of returns to projects with a homeless eligibility requirement within 6-12 months of exiting to a PH destination (SPM 2a). A4) Average LOT between entry and exit in temporary housing projects. For night by night shelter measurement includes bed nights only (SPM 1a). B) Education & Employment: B1) Educational re-engagement: Percentage of clients whose school status at entry was dropped

out, suspended, or expelled, whose status at exit is attending school regularly or irregularly (Change in Data Element [DE] R5). B2) Educational engagement: Percentage of clients whose school status at entry was attending school regularly or irregularly, dropped out, suspended, or expelled, whose status at exit is graduated high school or obtained GED (Change in DE R5). B3) Educational attainment: Percentage of clients whose length of stay was at least 10 months (i.e. an academic year) who advanced one academic level from project entry to project exit (Change in DE R4). B4) Attachment to the workforce: Percentage of clients who were unemployed but able to work at entry, whose status at exit is employed full-time, part-time, or seasonal (Change in DE R6). B5) Increased income: Percentage of clients who exited with increased earned income or gained income through public benefits (SPM 4.4-4.6). C) Social and Emotional Well-Being: C1) Healthcare: Percentage of clients who obtain health insurance by project exit (Change in DE 4.4). C2) Physical health: Percentage of clients with a physical disability or chronic health condition at entry or those who are unsure if they have a physical disability or chronic health condition (DE 4.5 or 4.7) who receive a service connection to health/medical care during project enrollment (DE R14). C3) Mental health: Percentage of clients with a mental health issue at entry, or who are unsure if they have a one (DE 4.9), who received counseling during project enrollment (DE R18). C4) Substance abuse: Percentage of clients with a substance abuse problem at entry, or those who are unsure if they have one (DE 4.10), who receive a service connection to substance abuse treatment or substance abuse education/prevention services during project enrollment (DE R14).

3B-2.7. Collaboration–Education Services. Applicants must describe how the CoC collaborates with:
(1) youth education providers;
(2) McKinney-Vento State Education Agency (SEA) and Local Education Agency (LEA);
(3) school districts; and
(4) the formal partnerships with (1) through (3) above.
(limit 2,000 characters)

The CoC's governance charter requires the CoC to ensure that the Superintendent of the Northeast Washington Educational Service District 101 serves on the CoC Board in order to provide representation for all school districts within CoC's geographic area. Currently, McKinney Vento educational liaisons from multiple school districts within CoC's geographic area serve both on the CoC Families Subcommittee and the CoC Youth Subcommittee. The homeless youth subcommittee works on issues concerning educational rights, rights of foster children, discharge planning from juvenile systems and coordinated housing services. In addition to CoC Board and Subcommittee participation, a McKinney Vento educational liaison and a representative from the local community college system serve on the collaborative applicant's departmental oversight board as dictated by the City of Spokane. McKinney Vento liaisons are active HMIS users and, while FERPA prevents them entering personally identify information into the database, they are able to receive referrals from housing providers working with families with school-aged children and unaccompanied homeless students to ensure that students have access to all the educational rights, services, and resources available to them. Catholic Charities of Eastern Washington's Homeless Student Stability Program places community health workers, through MOU's with the school districts, in the

elementary schools throughout the CoC's geographic area (Spokane County) that experience the highest rates of student homeless to provide those youth and families experiencing or at-risk of homelessness with prevention/diversion services and housing resources made available by the CoC.

3B-2.7a. Applicants must describe the policies and procedures the CoC adopted to inform individuals and families who become homeless of their eligibility for education services.
(limit 2,000 characters)

As a part of the passage of the HEARTH Act, the CoC adopted a HUD Educational Assurances Policy that mandates CoC-funded projects incorporate four assurances that are related to education and early care. The Continuum of Care collaborates with local education agencies to assist in the identification of homeless families as well as informing these homeless families and youth of their eligibility for McKinney-Vento education services through incorporation of representatives of local education agencies on the CoC Board. This has enabled the population specific CoC committee to easily connect with leadership and frontline staff at these educational agencies when needed to ensure streamlined processes for connecting families to these services. The CoC requires projects to consider the educational needs of children when families are placed in emergency or transitional shelter and when possible place families with children as close as possible to their school of origin so as not to disrupt the children's education. Providers must also demonstrate that their programs have established policies and practices that are consistent with, and do not restrict the exercise of rights provided by the education subtitle of the McKinney-Vento Act, and other laws relating to the provision of educational and related services to individuals and families experiencing homelessness. Lastly, providers must demonstrate that programs that provide housing or services to families are designating a staff person to ensure that children are enrolled in school and connected to the appropriate services within the community, including early childhood programs such as Head Start.

3B-2.8. Does the CoC have written formal agreements, MOU/MOAs or partnerships with one or more providers of early childhood services and supports? Select "Yes" or "No". Applicants must select "Yes" or "No", from the list below, if the CoC has written formal agreements, MOU/MOA's or partnerships with providers of early childhood services and support.

	MOU/MOA	Other Formal Agreement
Early Childhood Providers	No	Yes
Head Start	No	Yes
Early Head Start	No	Yes
Child Care and Development Fund	No	Yes
Federal Home Visiting Program	No	No
Healthy Start	No	No
Public Pre-K	No	No
Birth to 3 years	No	No
Tribal Home Visting Program	No	No
Other: (limit 50 characters)		

3B-3.1. Veterans Experiencing Homelessness. Applicants must describe the actions the CoC has taken to identify, assess, and refer Veterans experiencing homelessness, who are eligible for U.S. Department of Veterans Affairs (VA) housing and services, to appropriate resources such as HUD-VASH, Supportive Services for Veterans Families (SSVF) program and Grant and Per Diem (GPD).
(limit 2,000 characters)

Our street outreach workers strive to identify veterans during their initial engagement and work to connect veterans to resources specifically available to them throughout our CoC and other federal programs like VASH, GPD, and other veteran benefit programs. Once identified, they are entered into HMIS for addition to our master list and connected with the local provider of the SSVF program which conducts an assessment. Staff work with the client to connect and/or refer them to other programs targeted to serve veterans and their unique needs. If they do not meet the eligibility requirements of SSVF or VASH, they are connected with coordinated entry for referral into the main crisis response system. The client's choice is taken into consideration once referred to a homeless housing vacancy. The receiving agency connects the veteran with targeted resources to address mental health, connection to mainstream benefits, and employment programs. The chair of the CoC Veteran Leadership Committee includes representatives from VASH, GPD, and State Veteran Service Officers that are continuously collaborative to reduce duplication of efforts to streamline the process to access services and housing for veterans. This leadership team is continually connecting with agencies that may serve veterans that do not participate in HMIS to standardizing the process for directly providing client information in order to identify all veterans experiencing homelessness and enhance comprehensiveness of the veteran master list.

3B-3.2. Does the CoC use an active list or by name list to identify all Veterans experiencing homelessness in the CoC? Yes

3B-3.3. Is the CoC actively working with the VA and VA-funded programs to achieve the benchmarks and criteria for ending Veteran homelessness? Yes

3B-3.4. Does the CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach? No

3B-5. Racial Disparity. Applicants must: (1) indicate whether the CoC assessed No

**whether there are racial disparities in the
provision or outcome of homeless
assistance;
(2) if the CoC conducted an assessment,
attach a copy of the summary.**

4A. Continuum of Care (CoC) Accessing Mainstream Benefits and Additional Policies

Instructions:

For guidance on completing this application, please reference the   FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA.   Please submit technical questions to the   HUD Exchange Ask A Question.

4A-1. Healthcare. Applicants must indicate, for each type of healthcare listed below, whether the CoC:
(1) assists persons experiencing homelessness with enrolling in health insurance; and
(2) assists persons experiencing homelessness with effectively utilizing Medicaid and other benefits.

Type of Health Care	Assist with Enrollment	Assist with Utilization of Benefits?
Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	Yes	Yes
Private Insurers:	Yes	Yes
Non-Profit, Philanthropic:	Yes	Yes
Other: (limit 50 characters)		

4A-1a. Mainstream Benefits. Applicants must:
(1) describe how the CoC works with mainstream programs that assist persons experiencing homelessness to apply for and receive mainstream benefits;
(2) describe how the CoC systematically keeps program staff up-to-date regarding mainstream resources available for persons experiencing homelessness (e.g., Food Stamps, SSI, TANF, substance abuse programs); and
(3) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy for mainstream benefits. (limit 2,000 characters)

The CoC Program is supported with local and State funding that helps provide additional funds to support our CoC projects and their provision of supportive services and case management to connect clients with mainstream resources. Agencies also leverage additional federal and private funds to assist in programmatic goals of the CoC. Our community has increased partnerships to expand access and sustainability of the SOAR program. Staff have been trained in the SOAR program to decrease the application time and increase successful outcomes for SSI/SSDI applications. The CoC has a leadership role in training for provider staff and local strategic planning for the expansion of this initiative. Providers are required to facilitate connection to mainstream benefits such as TANF, food stamps, substance abuse programs, and other mainstream benefit

programs to increase housing stability. The CoC and the City of Spokane staff actively work with system leaders and department representatives from Washington State departments to streamline processes to expedite clients' access to other state benefit programs at the local level. The CoC subpopulation committees and the SOAR workgroup meet every month to enhance coordination and availability of services amongst agencies and other community events such as resource fairs and community court. Ultimately, City of Spokane, CoC subpopulation committee chairs, and the local SOAR lead are responsible for overseeing the CoC's strategy for mainstream benefits.

4A-2.Housing First: Applicants must report:
(1) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition; and
(2) total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach–meaning that the project quickly houses clients without preconditions or service participation requirements.

Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition.	23
Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach–meaning that the project quickly houses clients without preconditions or service participation requirements.	23
Percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects in the FY 2018 CoC Program Competition that will be designated as Housing First.	100%

4A-3. Street Outreach. Applicants must:
(1) describe the CoC's outreach;
(2) state whether the CoC's Street Outreach covers 100 percent of the CoC's geographic area;
(3) describe how often the CoC conducts street outreach; and
(4) describe how the CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance.
(limit 2,000 characters)

The Collaborative Applicant (CA) funds a street outreach program which is a collaboration between Singles Homeless Coordinated Assessment (SHCA) and Spokane's major provider of behavioral health services which is the local PATH recipient. This team's target population is homeless adults with the longest lengths of homelessness. Daily, the team patrols areas of regular encampment activity in both the urban center of the CoC's geographic area and the outlying, more rural parts of the community. Local data indicates that individuals occupying encampments are the least likely request assistance by accessing shelter or coordinated entry. Individuals encountered receive food, water, and a first aid kit; are referred to emergency shelter; and provided with a durable resource guide with a detailed service map. Once a relationship has been developed, households are assessed for permanent housing. This can be done in the field or at a scheduled appointment. A case management relationship is maintained until/unless a warm hand off can be made to another provider or

until a permanent housing placement can be made. A byname list of individuals with the highest levels of acuity and longest lengths of homelessness is case conferenced bi-weekly at a meeting led by SHCA/street outreach and staffed by partner agencies including emergency shelters, emergency healthcare providers, community court, and other frontline staff from service providers who regularly interact with the chronically homeless. In order to ensure 100% coverage of the CoC's jurisdiction, the CA has doubled its investment in street outreach in the last fiscal year and has facilitated increased collaboration between the PATH-, Opioid STR-, SSVF-, and RHY-funded street outreach teams as well as the locally funded workforce connections outreach team and the free clinic's health outreach team. Outreach is conducted on a daily basis and the new funding has allowed the outreach team to expand its evening and weekend hours.

4A-4. Affirmative Outreach. Applicants must describe:
(1) the specific strategy the CoC implemented that furthers fair housing as detailed in 24 CFR 578.93(c) used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status or disability; and
(2) how the CoC communicated effectively with persons with disabilities and limited English proficiency fair housing strategy in (1) above.
(limit 2,000 characters)

The CoC partners with the Northwest Fair Housing Alliance to provide educational opportunities related to affirmatively furthering fair housing. One of the CoC's key learning opportunities is the annual Inland Northwest Fair Housing Conference that is a one day conference to learn about fair housing laws and best practices including marketing housing and services related information to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status or disability. The CoC Board governance charter as well as the CoC policies and procedures dictate a CoC-wide anti-discrimination policy and requires providers to implement their projects as such. This information was shared via email to the homeless coalition stakeholders. Additional and specific requests can be made directly to the agency for those in need of accessing provider information. The CoC relays on its partners and their access to translation services for ensuring information for persons with disabilities and limited English proficiency is made available upon request. Written pamphlets are available in various locations and event throughout the community that are frequently by those that may be in need of services through our homeless crisis response system.

4A-5. RRH Beds as Reported in the HIC. Applicants must report the total number of rapid rehousing beds available to serve all household types as reported in the Housing Inventory Count (HIC) for 2017 and 2018.

	2017	2018	Difference
RRH beds available to serve all populations in the HIC	636	358	-278

4A-6. Rehabilitation or New Construction No
Costs. Are new proposed project

applications requesting $200,000 or more in funding for housing rehabilitation or new construction?

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

4B. 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
1C-5. PHA Administration Plan–Homeless Preference	No	PHA Administratio...	09/14/2018
1C-5. PHA Administration Plan–Move-on Multifamily Assisted Housing Owners' Preference	No		
1C-8. Centralized or Coordinated Assessment Tool	Yes	Coordinated Asses...	09/14/2018
1E-1. Objective Critiera–Rate, Rank, Review, and Selection Criteria (e.g., scoring tool, matrix)	Yes	Objective Critier...	09/14/2018
1E-3. Public Posting CoC-Approved Consolidated Application	Yes		
1E-3. Public Posting–Local Competition Rate, Rank, Review, and Selection Criteria (e.g., RFP)	Yes	Public Posting–Lo...	09/14/2018
1E-4. CoC's Reallocation Process	Yes	CoC's Reallocatio...	09/14/2018
1E-5. Notifications Outside e-snaps–Projects Accepted	Yes	Notifications Out...	09/14/2018
1E-5. Notifications Outside e-snaps–Projects Rejected or Reduced	Yes	Notifications Out...	09/14/2018
1E-5. Public Posting–Local Competition Deadline	Yes	Public Posting–Lo...	09/14/2018
2A-1. CoC and HMIS Lead Governance (e.g., section of Governance Charter, MOU, MOA)	Yes	CoC HMIS MOU	09/12/2018
2A-2. HMIS–Policies and Procedures Manual	Yes	HMIS Policies and...	09/12/2018
3A-6. HDX–2018 Competition Report	Yes		
3B-2. Order of Priority–Written Standards	No	Order of Priority...	09/14/2018

3B-5. Racial Disparities Summary	No		
4A-7.a. Project List–Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
Other	No		
Other	No		
Other	No		

Attachment Details

Document Description: PHA Administration Plan–Homeless Preference

Attachment Details

Document Description:

Attachment Details

Document Description: Coordinated Assessment Tools

Attachment Details

Document Description: Objective Critiera–Rate, Rank, Review, and Selection Criteria & Tools

Attachment Details

Document Description:

Attachment Details

Document Description: Public Posting–Local Competition Rate, Rank, Review, and Selection Criteria

Attachment Details

Document Description: CoC's Reallocation Process

Attachment Details

Document Description: Notifications Outside e-snaps–Projects Accepted

Attachment Details

Document Description: Notifications Outside e-snaps–Projects Rejected or Reduced

Attachment Details

Document Description: Public Posting–Local Competition Deadline

Attachment Details

Document Description: CoC HMIS MOU

Attachment Details

Document Description: HMIS Policies and Procedures

Attachment Details

Document Description:

Attachment Details

Document Description: Order of Priority–Written Standards

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

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	09/11/2018
1B. Engagement	09/14/2018
1C. Coordination	09/14/2018
1D. Discharge Planning	09/11/2018
1E. Project Review	09/14/2018
2A. HMIS Implementation	09/14/2018
2B. PIT Count	09/14/2018
2C. Sheltered Data - Methods	09/14/2018
3A. System Performance	09/14/2018
3B. Performance and Strategic Planning	09/14/2018
4A. Mainstream Benefits and Additional Policies	09/14/2018
4B. Attachments	Please Complete

Submission Summary   No Input Required

1C-5. PHA Administration Plan–Homeless Preference

SHA Policy Excerpt

Permanent Supportive Housing with PBV

The SHA has committed project-based vouchers to more than 200 permanent supportive housing units. Dedicated PBV units in these projects are specifically designated for households meeting the definition of homeless or chronically homeless (individuals or families). The goal of the PSH with PBV program is to provide permanent affordable housing for homeless individuals and families while insuring them access to supportive services to maintain long-term housing stability for the household. Projects allocated PBV that are specifically designated PSH, will be required to provide a selection preference for homeless or chronically homeless households. In addition, if any state or local funding source requires admission based the use of coordinated entry, tenant selection will be based only on the coordinated entry referral and the owner's screening criteria.

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CHHS

🏠 ❯ Funding Opportunities ❯ Continuum of Care

Continuum of Care RFP

FY 2018 Continuum of Care (CoC) Program Funds Available for New and Renewal Projects

The CoC Program designed to promote a community-wide commitment to the goal of ending homelessness; to provide funding for efforts by nonprofit providers, States, and local governments to quickly re-house homeless individuals, families, persons fleeing domestic violence, and youth while minimizing the trauma and dislocation caused by homelessness; to promote access to and effective utilization of mainstream programs by homeless; and to optimize self-sufficiency among those experiencing homelessness.

The FY 2018 CoC Renewal Project Application is available in the Related Documents Section. Please read the instructions in the Funding Notice before starting the application.

The City is initiating a Request for Proposals (RFP), asking social service agencies to fill out applications for new permanent supportive housing, rapid rehousing, and/or joint transitional rapid rehousing projects to serve persons

Related Documents

Continuum of Care FY 2018

- FY 2018 CoC Competition Priority List (PDF 353 KB)

- FY 2018 CoC New & Renewal Scoring and Ranking Process (PDF 356 KB)

- FY 2018 CoC New Project Application - Joint TH - RRH (Word 67 KB)

- FY 2018 CoC New Project Application - PSH (Word 68 KB)

- FY 2018 CoC New Project Application - RRH (Word 67 KB)

- FY 2018 CoC New Project Application -

experiencing homelessness and survivors of domestic violence, dating violence, and stalking. Additional funds are available for permanent supportive housing, rapid rehousing, and coordinated entry.

Renewal applications are available as of June 27th and NEW project applications are available as of July 6th. All application materials for both new and renewal projects are due August 5th and must be submitted to chhsrfp@spokanecity.org. Please see the separate RFP notices for details and instructions.

Closed RFP(s)   ⌄

SSO CE (Word 64 KB)

- FY 2018 CoC New Project Application RFP (PDF 714 KB)

- FY 2018 New Project Application - Budget Tables (Excel 67 KB)

- Housing First Assessment - New Projects (Excel 262 KB)

- FY 2018 CoC Renewal Project RFP (PDF 699 KB)

- FY 2018 CoC Renewal Project Application (Excel 260 KB)

Items of Interest

- CHHS Board

- Funding Cycle Changes

The City of Choice

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Reallocation under the Continuum of Care Program

HUD CoC funding reallocation can occur in following the scenarios:

1. Sub-recipient no longer interested in continuing the project or part of the project. The procedure below is implemented as soon as the Collaborative Applicant is made aware by the current sub-recipient of the intent to close or decrease the size of the project.
2. Sub-recipient no longer needs the CoC funding as other funding is available for the project or part of the project. The procedure below is implemented as soon as the Collaborative Applicant is made aware by the current sub-recipient that HUD funding is no longer needed for the project or part of the project.
3. Sub-recipient underperforms and the CoC Board decides to reallocate the full or partial funding of the project to a new sub-recipient.

The procedure below is implemented as soon as the CoC Board makes the decision to defund a current sub-recipient, a project or part of a project due to underperformance. Underperformance is defined as any of the following:

a. Continued underperformance as it relates to local and federal performance outcomes
b. Continued underperformance as it relates to efficient use of available project capacity, the project is not using its available capacity
c. Continued underperformance as it relates to full drawdowns of allocated HUD CoC funds
d. Continued underperformance as it relates to compliance with local and federal project review and certification standards
e. Misuse of federal funds and not following federal legislation with no plans to come in compliance are grounds for immediate defunding. In this case Collaborative Applicant, on behalf of the CoC Board, will take immediate steps to accelerate the procedure below as to not put at risk the households served by the underperforming project.

This Memorandum of Understanding ("Memorandum") made and entered into this ___ day of _Nov._ , 2016 by and between the Spokane City/County Continuum of Care ("CoC"), and the City of Spokane Community, Housing & Human Services Department HMIS Team ("HMIS Lead"). The purpose of this Memorandum is to set out the membership and responsibilities of the CoC and its HMIS Committee and the responsibilities of the HMIS Lead.

Background

The Spokane City/County Continuum of Care was created in 2016 for the purposes of meeting the Department of Housing and Urban Development's (HUD) requirements for a regional Continuum of Care;

The City of Spokane Community, Housing & Human Services Department agreed to serve as the collaborative applicant for the CoC under a separate memorandum of understanding;

Whereas HMIS Lead has operated the HMIS program in the region since 1998; and

Whereas the HUD regulations require, that, the Continuum of Care must:

> (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, with HMIS requirements as prescribed by HUD, and the specific responsibilities identified in the CoC and HMIS Committee portions of this document.

> (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 or HMIS Administrator;

> (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.

Federal Register / Vol. 77, No. 147 / Tuesday, July 31, 2012 / Rules and Regulations Subpart B—Establishing and Operating a Continuum of Care § 578.7 Responsibilities of the Continuum of Care

Therefore, the parties to this Memorandum agree to the following:

CoC Responsibilities

- Support HMIS participation through funding considerations when deciding funding for CoC projects, giving preference to agencies/organizations that comply with HMIS participation requirements.
- Regularly review data quality and other reporting updates submitted by the HMIS Committee.
- Regularly monitor HMIS Lead and participating agencies for compliance.
- Ensure CoC participating agencies participation and investment in HMIS through promotion of the HMIS as the sole repository of data within the CoC.
- Ensure CoC participating agencies work with HMIS Lead staff to ensure the accuracy of all data in the system to include, but not limited to, the data which populates both the CoC NOFA and AHAR reports.

HMIS Committee Responsibilities

- Assist with determining the guiding principles and vision for the HMIS program, including strategic planning.
- Assist with expanding HMIS participation and reducing reliance on 'legacy' databases, including: coordination of resources, coordination of data integration, and determination of policies and procedures.
- Advise on governing policies and procedures for the HMIS program.
- Review and provide input on the HMIS cost structure.
- Evaluate and propose modifications to HMIS program priorities, including scope of work.
- Provide input on the minimum data requirements for HMIS participating projects.
- Define criteria, standards, and parameters, for the release of aggregate data and reports out of the HMIS.
- Advise on compliance and privacy protection provisions in the administration of the HMIS.
- Advise on HMIS trainings, including course content and training options.
- Participate in the selection of the HMIS software used by the CoC.
- Set and evaluate performance standards for HMIS Lead.

HMIS Lead Agency Responsibilities

- Respond to CoC and HMIS Committee concerns.
- Oversee the day-to-day administration of the HMIS program.
- Provide staffing and a budget for operation of HMIS.
- Secure and manage contracts with the software vendor and ongoing communications.
- Ensure system integrity and availability.
- Provide effective training on software and related issues, including ethics and client confidentiality.
- Provide training to participating agencies on all funder and CoC guidelines and requirements for the collection and entry of data.
- Provide technical support to participating agencies.
- Regularly review data quality and related system metrics and provide reports to the HMIS Committee for review.
- Monitor HMIS participating agencies to ensure compliance with established HMIS policies and procedures. Report violations to the HMIS Committee for recommendation and submission to the CoC Board.
- Educate the CoC and HMIS Committee leadership to enhance their participation in, and understanding of, the HMIS program.
- Maintain knowledge about program components and data usage in order to guide end users on program design to ensure the most efficient accurate data is collected.
- Staff the CoC HMIS Committee.

Termination

The effective date of this MOU is the date of the signature last affixed to this MOU and shall continue for three calendar years from the date of signature, unless terminated earlier by advanced written agreement of both parties sixty (60) days prior to early termination.

The CoC Board will make a decision to renew, or not renew, this MOU during the last scheduled CoC Board meeting, immediately prior to the conclusion of the three calendar year stipulated agreement. Termination of the MOU will result in a three calendar year transition period between the current HMIS Lead and the newly designated lead.

As part of the decision process, the CoC HMIS Committee will conduct a performance review of the HMIS Lead based on metrics agreed upon by the HMIS Lead and CoC Board. The results of the performance

review and a recommendation regarding the renewal of the MOU term will be submitted to the full CoC Board.

IN WITNESS WHEREOF, the parties hereto have caused this Memorandum to be executed as of the date first referenced above.

Signature Page

For Spokane City/County Continuum of Care

Signature: *Pamela J Tietz*

Printed Name: Pamela J Tietz

Title: Chair

Address: C/o 55 W. Mission Spokane WA 99201

Phone: 509-252-7139

City of Spokane:

Title: Director, CHHS

Address: 808 W. Spokane Falls Blvd Spokane WA 99201

Phone: 509-625-6055

Spokane City/County CoC Homeless Management Information System (HMIS) Policies and Procedures Manual

Policies and Procedures Manual

Overview

The CoC for its Homeless Management Information System (HMIS) Implementation develops these policy standards and subsequent procedures of data usage for all users and user agencies. This manual serves to protect the confidentiality of all personal information entered into the Homeless Management Information System while identifying the reasonable, responsible, and limited uses and disclosures of data, which comply with federal regulations set by the Department of Housing and Urban Development (HUD) and state regulations. Its purpose is to provide guidance based on federal and state regulations for agencies in their daily operations. It in no way should serve as a substitute or supersede any federal or state regulations outlined and updated by HUD in its Data and Technical Standards. All agencies are responsible for maintaining their own compliance with federal and state regulations as well as any outside applicable regulations such as the Health Insurance Portability and Accountability Act (HIPAA) standards.

Policies and Procedures Manual

Table of Contents

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A. *Community, Housing, and Human Services Department (CHHSD) (HMIS Lead Agency)*

Policy: The Community, Housing, and Human Services Department (CHHSD) is the HMIS Lead agency and is responsible for system administration and project management of the CoC's HMIS database for CoC WA502

Procedure: The HMIS Lead Agency will engage in the following in support of the HMIS:

A. Respond to CoC and HMIS Committee concerns and needs.
B. Oversee the day-to-day administration of the HMIS Program.
C. Ensure system integrity and availability.
D. Provide effective training on software and related issues, including ethics and client confidentiality.
E. Secure and manage contracts with the software vendor and ongoing communications.
F. Provide staffing and a budget for operation of the HMIS.
G. Provide training to participating agencies on all funder and CoC guidelines and requirements for the collection and entry of data.
H. Provide technical support to participating agencies.
I. Regularly review data quality and related system metrics and provide reports to the HMIS Committee for review.
J. Monitor HMIS participating agencies to ensure compliance with established HMIS policies and procedures. Report violations to the HMIS Committee for recommendation and possible submission to the CoC.
K. Educate the CoC and HMIS Committee leadership to enhance their participation in, and understanding of, the HMIS Program.
L. Maintain knowledge about program components and data usage in order to guide end users on program design to ensure the most efficient, and accurate, data is collected.
M. Staff the HMIS Committee.

B. Spokane City/County Continuum of Care (CoC) Governance Board

Policy: the Spokane City/County Continuum of Care (CoC) Governance Board will provide oversight of the HMIS Program.

Procedure: the CoC will engage in the following in support of the HMIS:

A. Support HMIS participation through funding considerations when deciding funding for CoC projects, giving preference to agencies/organizations that comply with HMIS participation requirements.
B. Support the CHHSD HMIS Lead Agency in prioritizing the creation of tailored data quality reports incorporated into contract language for CoC and non-CoC funded projects.
C. Regularly review data quality and other reporting updates submitted by the HMIS Committee.
D. Regularly monitor HMIS Lead and participating agencies for compliance.
E. Ensure CoC participating agencies participation and investment in the HMIS through promotion of the HMIS as the sole repository of data within the CoC.
F. Ensure CoC participating agencies work with HMIS Lead staff to ensure the accuracy of all data in the system to include, but not limited to, the data which populates: CoC NOFA, AHAR, PIT, System Performance Measure's Report and other reports as needed.
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D. Covered Homeless Organization(CHO)

Definition: Any CHO ('Agency') (including all its affiliates) that records, uses or processes* PII (Personally Identifiable Information) on clients experiencing homelessness or those at risk of experiencing homelessness for an HMIS (Section 4.1.1, *2004 HMIS Data and Technical Standards*).
*Processing refers to any and all operations performed on the PII (i.e. collection, maintenance, etc.).

Policy: Any CHO participating in the HMIS will abide by all policies and procedures outlined in this manual and as specified in the HMIS Agency Partner Agreement.

Procedure: Any CHO, organization, or group, who has signed the Agency Partner Agreement will be given access to the HMIS database through trained HMIS Users (see E. HMIS Users below).

Policy: CHOs are responsible for communicating needs and questions regarding the CoC's HMIS directly to the CHHS Department's HMIS Team

Procedure: Users at CHOs will communicate needs, issues and questions to the HMIS Team using the support request application in ClientTrack.

E. HMIS Users

Policy: Any individual who uses ClientTrack must have a signed HMIS User Agreement on file with and abide by all policies and procedures in this Manual, HMIS User Agreement, and other standards and practices as adopted by the CHHSD and/or the HMIS Committee.

Procedure:
CHOs are responsible for identifying the employees needing access to the CoC's HMIS and ensuring that completed HMIS User Agreements are submitted to the HMIS Lead Agency.

HMIS Users are responsible for adhering to policies and procedures in data collection and privacy and security practices, ensuring quality, timely data entry, and correcting errors as they become known.

Directors or managers who do not wish to become an HMIS user but who are ultimately responsible for their agency's HMIS data may attend HMIS trainings as desired and receive aggregate reporting from users they oversee.

Directors and managers are responsible for notifying the HMIS Lead Agency to de-activate an HMIS users account if that person is no longer employed or requires their HMIS account to be revoked. Revocation requests resulting from termination of employment must be received within 24 hours of the termination of employment. The HMIS Program Manager reserves the right to revoke and/or re-instate a user at any time.

F. HMIS and Evaluation Committee

Policy: The CoC will have an HMIS Advisory Committee to provide community feedback on HMIS implementation related activities and issues.

Procedure: The HMIS and Evaluation Committee will engage in the following activities in support of the HMIS:

A) Assist with determining the guiding principles and vision for the HMIS

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Program, including strategic planning.

B) Assist with expanding HMIS participation and reducing reliance on 'legacy' databases, including: coordination of resources, coordination of data integration, and determination of policies and procedures.

C) Advise on governing policies and procedures for the HMIS Program.

D) Review and provide input on the HMIS cost structure.

E) Evaluate and propose modifications to HMIS program priorities, including scope of work.

F) Provide input on the minimum data requirements for HMIS participating projects.

G) Define criteria, standards, and parameters, for the release of aggregate data and reports out of the HMIS.

H) Advise on compliance and privacy protection provisions in the administration of the HMIS.

I) Advise on HMIS trainings, including course content and training options.

J) Participate in the selection of the HMIS software used by the CoC.

K) Set and evaluate performance standards for the HMIS Lead agency.

L) Provide input into the RFP and evaluation process of Lead HMIS candidates should the CoC Board decide to put this project out to RFP.

II.   Privacy Standards

A   *Personally Identifying Information (PII)*

Definition: Any information maintained by or for a member of the Spokane City/County CoC or other Covered Homeless Organization about a homeless client or homeless individual which:

- Identifies, either directly or indirectly, a specific individual;
- Can be manipulated by a reasonably foreseeable method to identify a specific individual; or
- Can be linked with other available information to identify a specific individual (Section 4.1.1, *2004 HMIS Data and Technical Standards*).

Policy: A CHO will enter into the HMIS a required set of data for each client, including all universal, program specific, and contractually required data elements, and as dictated by the CHO's contract. Clients that do not agree to have their PII entered must be entered per the prescribed anonymous client

process.

Procedure: All HMIS users will be trained in appropriate and accurate procedures for entering PII into HMIS. This training is provided by the HMIS staff within the CHHS Department. HMIS users will abide by the HMIS User Agreement and the consent of the client (HMIS Client Release of Information.)

The HMIS Program Manager reserves the right to de-identify any client at any time and to make the final decision on de-identifying client's being served by multiple agencies at once.

B. HMIS Uses and Disclosures

Policy: A CHO may use or disclose PII from an HMIS under the following circumstances:
* To provide or coordinate services for an individual;
* For functions related to payment or reimbursement for services;
* To provide data for new funding applications;
* To carry out administrative functions, including but not limited to legal, audit, personnel, oversight and management functions; or
* For creating de-identified PII (Section 4.1.3, *2004 HMIS Data and Technical Standards*).

Procedure: All CHOs must comply with or consult the HMIS Lead Agency before providing any information outside of the above stated standards.

C. Applying the Standard

Policy: All standards described in this manual pertain to any homeless assistance organization that records, uses or processes personally identifying information (PII) for an HMIS and/or identify as a CHO. One exception exists to this policy: any CHO covered under HIPAA is not required to comply with the standards in this manual if the CHO determines that a substantial portion of its PII about homeless clients or homeless individuals is protected health information as defined in the HIPAA rules (Section 4.1.2, *2004 HMIS Data and Technical Standards*).

Procedure: A CHO must comply with HIPAA rules instead of HMIS policies if it determines that a substantial portion of its PII about homeless clients or homeless individuals is protected health information as defined in the HIPAA rules. Exempting HIPAA covered entities from the HMIS privacy and security

rules avoids all possible conflicts between the two sets of rules. Requests for exemption must be submitted, in writing, to the HMIS Program Manager.

D. Other Allowable Uses and Disclosures

Policy: Provided below are additional uses and disclosures of information allowable by HUD standards. It should be noted that these additional uses and disclosures are permissive and not mandatory (except for first party access to information and any required disclosures for oversight of compliance with HMIS privacy and security standards). However, nothing in this standard modifies an obligation under applicable law to use or disclose personal information (Section 4.1.3, *2004 HMIS Data and Technical Standards*).

Procedure: A CHO must comply with below standards for additional disclosure to applicable entities.

1. Legal:

Policy: A CHO may use or disclose PII when required by law to the extent that the disclosure complies with and remains within the boundaries of said law.

Procedure: A CHO must take immediate actions to notify the HMIS Lead Agency about all legal disclosures. By sharing, or releasing, information CHO is acknowledging that it has the right to share or release said information and assumes liability for the shared or released information. If uncertainty exists about the CHO's authority to disclose, or the action is not specified in this document, the CHO must contact the HMIS Program Manager before approving any disclosure.

2. Health and Safety

Policy: A CHO may, consistent with applicable law and standards of ethical conduct, use or disclose PII if:
- The CHO, in good faith, believes the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of an individual or the public; and
- The use or disclosure is made to a person reasonably able to prevent or lessen the threat, including the target of the threat.

Procedure: A CHO must take immediate actions to notify the HMIS Lead Agency about all legal disclosures. By sharing, or releasing, information CHO is acknowledging that is has the right to share or release said information and assumes liability for the shared or

released information.

3. **Abuse, Neglect, Domestic Violence**

Policy: CHO may disclose PII about an individual whom the CHO reasonably believes to be a victim of abuse, neglect or domestic violence to any government authority (including a social service or protective services agency) if it is authorized by law to receive reports of abuse, neglect or domestic violence under any of the following circumstances:

- Where such disclosure is required by law and the disclosure complies and is limited to the confines of said law;
- If the individual agrees to disclosure;

    To the extent that the disclosure is expressly authorized by statute or regulation; and the CHO believes the disclosure is necessary to prevent serious harm to the individual or other potential victims; OR if the individual is unable to agree because of incapacity, a law enforcement or other public official authorized to receive the report represents that the PII for which disclosure is sought is not intended to be used against the individual and that an immediate enforcement activity that depends upon the disclosure would be materially and adversely affected by waiting until the individual is able to agree to the disclosure.

Procedure: A CHO that makes a permitted disclosure must promptly inform the individual that a disclosure has been or will be made, except if:

- The CHO, in the exercise of professional judgment, believes informing the individual would place the individual at risk of serious harm; or
- The CHO would be informing a personal representative (such as a family member or friend), which it reasonably believes is responsible for the abuse, neglect or other injury, and that informing this personal representative would not be in the best interests of the individual (determined by the CHO).

4. **Law Enforcement**

Policy: A CHO may, consistent with applicable law and standards of ethical conduct, disclose PII to a law enforcement official under any of the following circumstances:

- In response to a request for the purpose of identifying or locating

a suspect, fugitive, material witness or missing person and the PII disclosed consists only of name, address, date of birth, place of birth, Social Security Number, and distinguishing physical characteristics.

- If the official is an authorized federal official seeking PII for the provision of protective services to the President or other authorized persons OR for the conduct of investigations authorized by 18 U.S.C. 871 and 879 (threats against the President and others).

Procedure: A CHO must take immediate actions to notify the HMIS Program Manager about all legal disclosures. By sharing, or releasing, information CHO is acknowledging that is has the right to share or release said information and assumes liability for the shared or released information.

III.   Privacy Requirements

Policy: All CHOs must comply with the baseline privacy requirements described here with respect to: data collection limitations; data quality; purpose and use limitations; openness; access and correction; and accountability. A CHO may adopt additional substantive and procedural privacy protections that exceed the baseline requirements for each of these areas in its privacy notice. A CHO may maintain a common data storage medium with another organization (including but not limited to another CHO) that includes the sharing of PII. When PII is shared between organizations, responsibilities for privacy and security may reasonably be allocated between the organizations (Section 4.2, *2004 HMIS Data and Technical Standards)*.

Procedure: All CHO policies regarding privacy requirements must at a minimum include the criteria following in this document. Additional requirements may be added at the discretion of each CHO.

AL Limits on Data Collection

Policy: A CHO may collect PII only when appropriate to the purposes for which the information is obtained or when required by law. A CHO must collect PII by lawful and fair means and, where appropriate, with the knowledge or consent of the individual (Section 4.2.1, *2004 HMIS Data and Technical Standards*).

Procedure: A CHO must post a copy of the HMIS Client Notice of Uses and Disclosures form at each intake desk (or comparable location) that explains

Policies and Procedures Manual

generally the reasons for collecting any and all information. Data allowable includes all HUD mandated data as well as any other data deemed necessary and approved by the CHO which complies with federal regulations and the policies and procedures of this document.

Additional Privacy Protections

1. **Client Confidentiality**

    Policy: The CHO will ensure the confidentiality of all client data. No identifiable client data will be entered into the HMIS without client consent, and no identifiable client data will be shared outside of the limits of that consent or applicable law.

    Procedure: Access to client data will be tightly controlled using security technology and restrictive access policies. Only individuals authorized to view or edit individual client data will have access to that data.

2. **Informed Consent**

    Policy: CHOs will collect and retain signed client consent forms before any client data will be entered into the HMIS. CHO staff will thoroughly explain the client consent to each client.

    Procedure: Client consent forms must be completed with each individual or household accessing services before any information is entered into the HMIS. Consent forms should be stored in a secure place and made available to the HMIS Lead Agency upon request. Storing the consent form in the HMIS, via the import feature in the HMIS for client document storage, is allowable.

3. **Additional User Privacy Measures**

    Policy: A CHO may, in its privacy notice, commit itself to additional privacy protections consistent with HMIS requirements, including, but not limited to:
    - Restricting collection of personal data, other than required HMIS data elements;
    - Obtaining oral or written consent from the individual for the collection of personal information from the individual or from a third party (Section 4.2.1, *2004 HMIS Data and Technical Standards*).

    Procedure: All additional privacy measures must comply with

federal, state, and local, regulations and the policies and procedures of this document. Prior authorization from the HMIS Program Manager, in writing, is required prior to implementing any additional privacy measures.

B. Required Data Collection

Policy: CHOs will collect all required sets of data variables for each client as determined by HUD HMIS Data and Technical Standards, state and local funder requirements, and the HMIS Committee.

Procedure: Copies of all relevant data collection guidelines, training aids, and data collection templates, will be posted to www.spokanehmis.org. The HMIS Lead Agency will send out updates to HMIS users--via email and regularly offered training—on changes, best practices, and other information related to data collection.

C. Appropriate Data Collection

Policy: PII collected by a CHO must be relevant to the purpose for which it is to be used. To the extent necessary for those purposes, PII should be accurate, complete and timely. HMIS users will only collect client data relevant to the delivery of services to people experiencing a housing crisis, (Section 4.2.2, *2004 HMIS Data and Technical Standards*) or as determined by the HMIS Lead Agency.

Procedure: Users will refer to policies outlined in the Data Quality Plan for timelines, accuracy and completeness. Users will ask the HMIS Lead Agency System for any necessary clarification of appropriate data collection.

D. Privacy Notice -- Identifying Purpose and Use Limitation

Policy: A CHO must specify in its privacy notice the purposes for which it collects PII and must describe all uses and disclosures. A CHO may use or disclose PII only if the use or disclosure is allowed by this standard and is described in its privacy notice (Section 4.2.3, *2004 HMIS Data and Technical Standards*).

Procedure: Except for first party access to information and any required disclosures for oversight of compliance with HMIS privacy and security standards, all uses and disclosures are permissive and not mandatory. Uses

and disclosures not specified in the privacy notice can be made only with the consent of the individual or when required by law. A CHO must take immediate actions to notify the HMIS Lead Agency about all legal disclosures.

E. Anonymous Clients

Rationale: Anonymous clients, also known as de-identified clients, in the HMIS negatively affect data quality and can make it more difficult to connect clients with services. Having a clear understanding of privacy policies and laws is a necessity when explaining to clients what purpose their data fills and how it is protected in, and out, of the HMIS. Educating clients and earning their trust, through thoughtful policies and practices related to the security of their data, will lead to a reduction in the rate of anonymous records.

Policy: The CHO will ensure all clients are fully educated on their rights **and** the benefits to their identifiable information being entered into the HMIS. It is always the client's right to determine whether or not their identifiable information is entered

Procedure: Prior to entering client data into the HMIS, the client will be presented with a copy of the current release of information document and posted privacy notice. The CHO will make every effort to explain the conditions in the release of information document, the potential risks and benefits to participation in the HMIS, and answer any questions the client might have.

F. Ethical Data

Policy: Data contained in the HMIS will only be used to support the delivery of homeless and housing services within the CoC (WA502). Each HMIS User will affirm the principles of ethical data use and client confidentiality contained in this document.

Procedure: All HMIS users will sign an HMIS User Agreement before being given access to the HMIS. Any individual or CHO misusing, or attempting to misuse HMIS data will be denied access to the database, and his/her/its relationship with the HMIS will be terminated.

G. Termination

Policy: All HMIS users and CHOs are subject to the privacy and confidentiality terms outlined in this document as well as the federal regulations in the HUD Data and Technical Standards and as stated in the Agency Partner Agreement.

At any point, if a breach of rules and/or policies occurs the user may be penalized by loss of access to HMIS and may be liable for civil and/or criminal penalties under federal and state law.

Procedure: The CHO or HMIS User shall inform the HMIS Lead Agency in a timely manner of any breach to the privacy and security policies outlined in this document, the Agency Partner Agreement, the HMIS User Agreement, or the HUD Data and Technical Standards. The HMIS Program Manager will investigate the issue and determine a proper course of action for correction. If a permanent resolution is unforeseen or the HMIS Program Manager deems it necessary, a CHO and/or user termination may occur:

- The Partner Agency will be notified in writing of the intention to terminate their participation in the HMIS.
- The HMIS Program Manager will revoke access of the HMIS User or CHO staff to the HMIS.
- The HMIS Program Manager will keep all termination records on file.

Voluntary Termination

Policy: Should the CHO or HMIS User decide not to comply with the rules and policies of this document, the Agency Partner Agreement, HMIS User Agreement, and regulations in the HUD Data and Technical Standards, for any reason, they may voluntarily terminate their user agreement.

Procedure: The CHO must use the following measures to terminate participation in the:

- The CHO or HMIS User shall inform the HMIS Program Manager in writing of their intention to terminate their agreement to participate in the HMIS.
- The HMIS Program Manager will inform partners and any other relevant parties of the change.
- The HMIS Program Manager will revoke access of the CHO and/or HMIS User in the HMIS.
- The HMIS Program Manager will keep all termination records on file.

H. Openness and Disclosures

Policy: A CHO must publish a privacy notice describing its policies and practices for the processing of PII and must provide a copy of its privacy notice to any individual upon request. If a CHO maintains a public web page, the CHO

must post the current version of its privacy notice on the web page. A CHO must state in its privacy notice that the policy may be amended at any time and that amendments may affect information obtained by the CHO before the date of the change. (Section 4.2.4, *2004 HMIS Data and Technical Standards*).

Procedure: All amendments to the privacy notice must be consistent with the requirements of these privacy standards. A CHO must maintain permanent documentation of all privacy notice amendments. Copies of the current privacy notice must be available to all clients, including a sign stating the availability of its privacy notice to any individual who requests a copy. In addition, CHOs who receive federal financial assistance shall provide required information in languages other than English that are common in the community, if speaker of these languages are found in significant numbers and come into frequent contact with the program. *CHOs are also reminded that they are obligated to provide reasonable accommodations for persons with disabilities throughout the data collection process.

*Note: This obligation does not apply to CHOs who do not receive federal financial assistance and who are also exempt from the requirements of Title III of the Americans with Disabilities Act because they qualify as ''religious entities'' under that Act.

Policy: A CHO may, in its privacy notice, commit itself to additional privacy protections consistent with HMIS requirements, including, but not limited to:
- Giving a copy of its privacy notice to each client on or about the time of first data collection.
- Adopting a policy for changing its privacy notice that includes advance notice of the change, consideration of public comments, and prospective application of changes (Section 4.2.4, *2004 HMIS Data and Technical Standards*).

Procedure: All additional privacy protections must remain consistent with current HUD requirements and be present on the privacy notice.

I. Access and Correction

Policy: A CHO must consider any request by an individual for correction of inaccurate or incomplete PII pertaining to the individual. A CHO can reject repeated or harassing requests for access or correction (Section 4.2.5, 2004 HMIS Data and Technical Standards).

Procedure: In its privacy notice, a CHO may reserve the ability to rely on the

following reasons for denying an individual inspection or copying of the individual's PII:

- Information compiled in reasonable anticipation of litigation or comparable proceedings;
- Information about another individual (other than a health care or homeless provider);
- Information obtained under a promise of confidentiality (other than a promise from a health care or homeless provider) if disclosure would reveal the source of the information; or
- Information, the disclosure of which would be reasonably likely to endanger the life or physical safety of any individual.

A CHO that denies an individual's request for access or correction must explain the reason for the denial to the individual and must include documentation of the request and the reason for the denial and make it available to the HMIS Lead Agency upon request

Below are the different parties' access levels to data and sharing capabilities. Any additional questions or concerns should be discussed with the HMIS Program Manager.

1. **Covered Homeless Organization**

Policy: CHOs will have access to retrieve any individual and aggregate data entered into the HMIS entered by the CHO. When generating reports, users will be able to generate data from any records entered by the CHO or that the CHO has permission to use.

Procedure: the HMIS is an 'open system', meaning that a signed HMIS Client Release of Information form must be signed by each client in order for personally identifiable information to be entered All client acknowledgement of data collection and consent to share data forms used by CHOs must indicate that the data entered into the HMIS is viewable by all users of the system.

2. **HMIS Lead Agency**

Policy: The HMIS Lead Agency will have access to retrieve all data in the HMIS. Staff will not access individual client data for purposes other than

maintenance, checking for data integrity, or other relevant business needs. Client data will only be reported in aggregate form.

Procedure: The HMIS Lead Agency staff will be responsible for ensuring that no individual client data is retrieved for purposes other than maintenance and performing data quality checks.

3. Client

Policy: Any client will have access on demand to view, or keep a printed copy of, their own records contained in the HMIS. All requests for client information will follow agency policy guidelines for release of information. The client will also have access to a logged audit trail of changes to those records. No client shall have access to another client's records in the HMIS.

*Procedure***:** A client will submit an oral or written request to a case manager, at the CHO that collected the data, requesting access to their records in the HMIS. The case manager, or any available staff person with access, will verify the client's identity and print all requested information. The case manager can also request a logged audit trail of the client's record from the HMIS Lead Agency. The HMIS Lead Agency will provide the requested audit trail information to the requesting case worker electronically for dissemination to the client requesting the data.

4. Public

Policy: The HMIS Lead Agency staff, on behalf of the HMIS Committee, will address all requests for data from entities other than CHOs or clients. No individual client data will be provided to any group or individual that is neither the CHO, which entered the data, nor the client without proper authorization or consent.

Procedure: All requests for data from anyone other than a CHO or client will be directed to the HMIS Lead Agency staff. As part of the HMIS Program Manager's regular employment functions, periodic public reports about homelessness and housing issues will be published and posted electronically to the HMIS Lead Agency's website at:

www.spokanehmis.org. No PII data will be released in any of these reports.

5. **Inter-Agency Data Sharing**

Policy: All client data entered into the HMIS, except Case Notes and records restricted to the entering User/CHO, is viewable by all users and CHOs that are party to the HMIS Agency Partner Agreement.

Procedure: All client acknowledgements of data collection and consent to share data forms used by CHOs must indicate that the data entered into the HMIS is viewable by all users of the system

6. **Access to Physical Database**

Policy: No one will have direct access to the HMIS database unless explicitly given permission by the HMIS Program Manager.

Procedure: In contract with the HMIS Lead Agency, Eccovia Solutions, Inc. will monitor access of the database server and employ security methods to prevent unauthorized database access.

7. **On-Site Review**

Policy: The HMIS Lead Agency may perform annual on-site reviews at each CHO of data, security, and privacy, processes related to the HMIS.

*Procedure***:** The CHO will be provided advance notice before each onsite review, a list of the documents or processes that are being reviewed, key staff needed to complete the review, and expectations regarding outcomes.

J. *Accountability*

Procedure: Each CHO must develop and maintain a written copy of procedures for accepting and considering questions or complaints. This must be accessible to all staff members and updated as needed to comply with all HUD regulations. A CHO must require each member of its staff (including employees, volunteers, affiliates, contractors and associates) to sign (annually or otherwise) a confidentiality agreement that acknowledges receipt of a copy of the privacy notice and that pledges to

comply with the privacy notice (Section 4.2.6, 2004 HMIS Data and Technical Standards).

Additional Protections
Policy: A CHO may, in its privacy notice, commit itself to additional privacy protections consistent with HMIS requirements. Additional corrections include but are not limited to:

- Establishing a method, such as an internal audit, for regularly reviewing compliance with its privacy policy;
- Establishing an internal or external appeal process for hearing an appeal of a privacy complaint or an appeal of a denial of access or correction rights; and/or
- Designating a chief privacy officer to supervise implementation of the CHO's privacy standards.

Procedure: Any additional privacy protections should comply with all federal HUD HMIS Data and Technical Standards and policies in this document. Additional protections must be written out in each CHO's policies and procedures documents.

K. Client Grievance

Policy: Clients will contact the CHO with which they have a grievance for resolution of HMIS problems. CHOs will report all HMIS-related client grievances to the HMIS Lead Agency.

Procedure: Clients will bring HMIS complaints directly to the CHO with which they have a grievance. CHOs will provide a copy of the HMIS Policies and Procedures Manual upon request, and respond to the client grievance. CHOs will send email notification to the HMIS Lead Agency of any HMIS-related client grievance and the outcome. The HMIS Lead Agency staff will record all grievances and will report these complaints to the HMIS Committee.

Policy: If the client is not satisfied with the results of the grievance with the CHO, the client may contact the HMIS Lead Agency staff for further assistance.

Procedure: Clients bringing HMIS complaints to the HMIS Lead Agency will be provided a copy of the HMIS Policies and Procedures Manual

upon request. The HMIS Lead Agency staff will work to resolve the client grievance, consulting with the CHO as necessary.

L. CHO Grievance

Policy: a representative of the CHO will contact the HMIS Lead Agency with any grievance related to any aspect of the HMIS. The HMIS Lead Agency will report all grievances to the HMIS Committee for review and resolution.

Procedure: CHOs will submit HMIS complaints directly to the HMIS Program Manager/Director at the HMIS Lead Agency. A copy of the HMIS Policies and Procedures Manual will be provided electronically to the CHO representative submitting the grievance. The HMIS Lead Agency will notify the HMIS Committee of all grievances. The HMIS Committee will assist in determining appropriate resolution for each grievance submitted. The HMIS Lead Agency will record all grievances and review these complaints with the HMIS Committee.

IV.   Security Standards

A. System Security

Policy: A CHO must apply system security provisions to all the systems where personally identifying information is stored, including, but not limited to, a CHO's networks, desktops, laptops, mainframes and servers (Section 4.3.1, 2004 HMIS Data and Technical Standards).

Procedure: Each CHO must apply and maintain security provisions in the form of virus protection, firewalls, and other provisions listed below in this section to ensure the confidentiality of its clients.

1.   Additional Security Protections

*Policy***:** A CHO may commit itself to additional security protections consistent with HMIS requirements by applying system security provisions to all electronic and hard copy information that is not collected specifically

for the HMIS. A CHO may also seek an outside organization to perform an internal security audit and certify system security (Section 4.3.1, 2004 HMIS Data and Technical Standards).

Procedure: Additional security protections may be utilized as each CHO believes necessary, but must be compliant with HMIS requirements.

2. Hardware/Software Requirements

Policy: CHOs will provide their own computer and method of reliably connecting to the Internet, and thus the HMIS.

Procedure: It is the responsibility of the CHO to provide a computer and connection to the Internet. If desired by the CHO, the HMIS Program Manager will provide advice as to the type of computer and connection.

3. Data Access Location

*Policy***:** Users will ensure the confidentiality of client data, following all security policies in this document and adhering to the standards of ethical data use, regardless of the location of the connecting computer.

Procedure: All Policies and Procedures and security standards will be enforced regardless of the location of the connecting computer.

4. User Access

Policy: Only authorized users will have access to the HMIS via a user name and password. Users will keep their access information confidential.

Procedure:
The HMIS Lead Agency will provide user names and initial passwords to each user upon completion of training and signing of user agreements. Written information specifically pertaining to user access (e.g., username and password) may not be stored or displayed in any publicly accessible location. User names will be unique for each user and will not be exchanged with other users. The sharing of username and passwords will be considered a breach of policy resulting in access being revoked. Agencies will notify the HMIS Program Manager immediately of

employee reassignment to non-HMIS job responsibilities or termination so the login can be inactivated within 24 hours of the personnel action. Users not accessing the HMIS within three months may have their login inactivated.

5. Virus Protection

Policy: A CHO must protect systems that access HMIS from viruses by using commercially available virus protection software. It may also commit itself to additional security measures beyond this standard if in line with HMIS regulations.

Procedure: A CHO must regularly update virus definitions from the virus software vendor. Virus protection must include automated scanning of files as they are accessed by users on the system where the HMIS application is accessed.

6. Firewalls

Policy: A CHO must protect systems the access HMIS from malicious intrusion behind a secure firewall. It may also commit itself to additional security measures beyond this standard if in line with HMIS regulations.

Procedure: Each CHO must maintain its own up to date firewall, however, each individual workstation does not need its own firewall, as long as there is a firewall between that workstation and any systems, including the Internet and other computer networks, located outside of the organization.

7. User Licenses

Policy: User licenses are controlled by the HMIS Lead Agency regardless of program access.

Procedure: Licenses are assigned once training is completed successfully.

8. HMIS User Agreements

Policy: Each User will sign an HMIS User Agreement before being granted access to the HMIS.

Policies and Procedures Manual

Procedure:
Each year, the HMIS Lead Agency will instruct HMIS users on the process for completing the annual privacy training. These instructions will be sent to HMIS users via email.

The annual privacy training will be followed by a quiz that tests users on their understanding of Spokane City/County CoC HMIS privacy and security issues, policies, and requirements. All users will be required to pass the quiz in order to maintain access rights to the HMIS.

Users who do not attend the required training and/or fail the quiz will have their accounts suspended until compliance is achieved.

9. HMIS Agency Partner Agreement

Policy: Each agency participating in the Balance of State HMIS will sign the HMIS Agency Partner Agreement before any data may be entered for its clients. This agreement will be reviewed annually.

Procedure: Each year, the HMIS Program Manager will review the HMIS Agency Partner Agreement with the HMIS Committee for possible revision.

An original signed copy of the Agency Agreement must be sent directly to the HMIS Program Manager. An electronic copy will be returned to each signatory.

Any agency that fails to send the updated Agency agreement by the date specified in the instructions will lose access to HMIS at the user level until the agreement is received.

10. Training

Policy: All users must be trained by the HMIS Lead Agency and sign an HMIS User Agreement prior to receiving a login to the HMIS. All users must complete an Annual Privacy Training in order to maintain access to the HMIS.

Procedure: New or current users can sign up for HMIS training by registering through the HMIS Lead Agency website:

www.spokanehmis.org. HMIS Lead Agency staff will provide training to all new users.

11. Data Retrieval

Policy: Users will maintain the security of any client PII data extracted from the database and stored locally, including all data used in reporting. Users will not electronically transmit any PII client data across a public network.

Procedure: PII data extracted from the database and stored locally will be stored in a secure location and will not be transmitted outside of the private local area network. Security questions will be addressed to the HMIS Program Manager.

B. Hard Copy Security

Policy: A CHO must secure any paper or other hard copy containing PII that is either generated by or for HMIS, including, but not limited to reports, data entry forms and signed consent forms. CHO may commit itself to additional security protections consistent with HMIS requirements by applying hard copy security provisions to paper and hard copy information that is not collected specifically for the HMIS (Section 4.3.2, 2004 HMIS Data and Technical Standards).

Procedure: A CHO must supervise at all times any paper or other hard copy generated by or for HMIS that contains PII when the hard copy is in a public area. When CHO staff is not present, the information must be secured in areas that are not publicly accessible. Written information specifically pertaining to user access (e.g., username and password) must not be stored or displayed in any publicly accessible location.

C. Physical Access

Policy: A CHO must staff computers stationed in public areas that are used to collect and store HMIS data at all times. When workstations are not in use and staff is not present, steps should be taken to ensure that the computers and data are secure and not usable by unauthorized

individuals. A CHO may commit itself to additional security protections consistent with HMIS requirements.

Procedure: A CHO must take steps to secure each computer by automatically turning on a password protected screen saver when the workstation is temporarily not in use. If staff from a CHO will be gone for an extended period of time, staff should log off the data entry system.

1. **CHO Technical Support Requirements**

Policy: CHOs will provide their own technical support for all hardware and software used to connect to the HMIS.

Procedure: CHOs will provide technical support for the hardware, software and Internet connections necessary to connect to the HMIS according to their own organizational needs.

V.   Data Quality

A. *Data Entry*

Policy: HMIS users and CHOs will be responsible for the accuracy of their data entry.

Procedure: The CHO must maintain standards for periodically checking data for completeness, accuracy and timeliness. The HMIS Lead Agency maintains Data Quality Standards to help all CHOs manage the monitoring of their data quality. CHO staff will perform regular data quality checks on the data entered into the HMIS using the processes identified in the HMIS Data Quality Plan. When patterns of error have been discovered, users will be required to correct the data, data entry processes (if applicable) and will be monitored for compliance.

B. *Data Quality Plan*

Policy: The Data Quality Plan, designed by the HMIS Lead Agency in collaboration with the HMIS Committee, is the official document pertaining to all data quality measures including but not limited to accuracy, completeness, and timeliness. This should be referenced for all data quality standards. Any questions about materials in this document or items that are unclear should be

addressed with the HMIS Program Manager.

Procedure: The Data Quality Standards should be referenced and followed for all data quality procedures. Each CHO must retain copies of this document and have available for all relevant staff members. If questions are left unaddressed, they should be brought to the attention of the HMIS Lead Agency in a timely manner.

VI. System Updates

A. Notification Process

Policy: HMIS users and CHOs will be notified of changes to the HMIS via the HMIS listerv. Additionally, a history of updates will be posted to the HMIS Team website and the bulletin board/current news function in the HMIS.

Procedure: Synchronization of the development environment to the production environment will take place during the last Friday of each month at 7am (PST). Notification to current HMIS users will include an overview of each change, including the following information:

- If applicable, the name of the data element(s) impacted as it appears in the most current version of the HUD HMIS Data Standards;
  - o Custom data elements, or those that don't otherwise appear in funder documentation, should be identified by the specific question as it appears in applicable workflows and/or forms;
- The location of the data element/change within the applicable forms and workflows;
- The specific nature of the change and why it is necessary;
- Any impact on reporting or other features in the HMIS as a result of the change.

Synchronization changes will be posted monthly on the HMIS Team website and submitted via the HMIS Listserv to all current users one calendar week prior to the scheduled synchronization. Each document will be entitled: Synchronization Summary, preceded by the month in which the synchronization occurred. For example, January Synchronization Summary.

If an 'emergency' or otherwise unforeseen need to schedule a synchronization occurs, the HMIS Lead Agency will make every effort to notify users via the

HMIS User Listserv at the soonest possible opportunity.

TABLE OF CONTENTS

I.   This Document

The intent of this document is to provide written standards for the implementation of HUD's Notice CPD-14-012 on Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status. Spokane's Continuum of Care voted to adopt the CPD-14-012 notice on August 21st, 2015. This document also covers the CoC prioritization of Veterans not eligible for services through Supportive Services for Veteran Families (SSVF) or Veteran's Administration (VA) programs. These written standards that provide a guide for implementing the Chronic Homeless and Veteran's Prioritization were adopted by the Continuum of Care Advisory Committee on October 13th, 2015.

II.   Basic Definitions

SHCA- Single Homeless Coordinated Assessment

HFCA- Homeless Families Coordinated Assessment

Housing First- Housing First is an approach in which housing is offered to people experiencing homelessness without preconditions (such as sobriety, mental health treatment, or a minimum income threshold) or service participation requirements and in which rapid placement and stabilization in permanent housing are primary goals. PSH projects that use a Housing First approach promote the acceptance of applicants regardless of their sobriety or use of substances, completion of treatment, or participation in services. HUD encourages all recipients of CoC Program-funded PSH to follow a Housing First approach to the maximum extent practicable.
(The entire Housing First definition can be found here)

Chronic Homelessness- The definition of Chronic Homelessness for the purposes of SHCA is defined by HUD as, "either (1) an unaccompanied homeless individual with a disabling condition who has been continuously homeless for a year or more, OR (2) an unaccompanied individual with a disabling condition who has had at least four episodes of homelessness in the past three years." Documentation needed to prove an individual meets the Chronic Homeless definition is explained in detail below in Section **Error! Reference source not found.**.
(The entire Chronic Homeless definition can be found here)

Prioritization: implementing an admissions preference for chronically homeless persons for CoC Program funded PSH beds. As well as an admission preference for Veterans that are ineligible for housing assistance through SSVF and VA funded programs.
(HUD's definition of Prioritization can be found here)

Service Prioritization Decision Assistance Tool (SPDAT): The SPDAT is an assessment tool used universally across organizations funded by the City of Spokane to provide Homeless Services. The SPDAT measures areas of vulnerability and assigns a vulnerability score that assists the Coordinated Assessment systems in the process of prioritization.

III.   Chronic Homeless Prioritization
(all information regarding Chronic Homeless Prioritization can be found [here](#))

While the Coordinated Assessment (CA) systems are able to assess all homeless households, both CA's will follow a prioritization process, as recommended by HUD. The prioritization process will help connect the most vulnerable homeless population with the highest level of housing support.

Dedicated PSH beds are required to house persons experiencing chronic homelessness unless there are no persons within the CoC that meet that criterion. If this occurs, the recipient may then follow the order of priority listed in Section V. The bed will continue to be a dedicated bed, so when that bed becomes vacant again it must be used to house a chronically homeless person unless there are still no persons who met that criterion within the CoC.

HUD recognizes that some persons—particularly those living on the streets or in places not meant for human habitation—might require significant engagement and contacts prior to their entering housing and recipients are not required to keep units vacant where there are persons who meet a higher priority within the CoC and who have not yet accepted the PSH opportunities offered them.

IV.   Veteran Prioritization

Spokane's Continuum of Care will give preference to Veteran Households that do not qualify for assistance through SSVF or VA services in an effort to End Veteran Homelessness. The CA systems will work closely with SSVF and the VA to ensure that Veteran Households determined ineligible for their programs are prioritized for CoC Program funded housing. Veteran households that do not meet the criteria for VA or SSVF programs in Spokane will be placed at the top of the CA Eligibility List and connected with the most appropriate housing intervention based on client choice and VI-SPDAT/SPDAT score.

Using a list generated out of HMIS that reports all of the veteran households experiencing homelessness in the Spokane CoC, the VA and SSVF teams are streamlining outreach efforts to target those Veterans in our community. If it is determined at one of the programs that the household is not eligible for any services through the VA or SSVF, the veteran program will refer the veteran household to the appropriate CA system (SHCA for single veteran household, HFCA for a veteran family). This prioritization process is not limited to PSH beds only, but will be the prioritization process for all CoC funded beds. CoC funded programs will use a Veteran's "But For" form certifying that the Veteran Household is not eligible to receive services through the VA or SSVF.

V. Order of Priority

Order of Priority in PSH beds dedicated to Persons experiencing Chronic Homelessness:

1. FIRST PRIORITY: Chronically Homeless Veteran Households determined not eligible for VA or SSVF services.

2. SECOND PRIORITY: Chronically Homeless Individuals and Families with the longest History of Homelessness **AND** with the most severe needs.

3. THIRD PRIORITY: Chronically Homeless individuals and Families with the longest history of Homelessness.

4. FOURTH PRIORITY: Chronically Homeless individuals and families with the most severe needs.

5. FIFTH PRIORITY: All other Chronically Homeless Individuals and Families

*Order of Priority in PSH beds **NOT** dedicated to Persons experiencing Chronic Homelessness:*

1. FIRST PRIORITY: Veteran Households determined not eligible for VA or SSVF services.

2. SECOND PRIORITY: Homeless Individuals and Families with a disability with the most severe service needs

3. THIRD PRIORITY: Homeless Individuals and Families with a disability with a long period of continuous or episodic homelessness

4. FOURTH PRIORITY: Homeless Individuals and Families with disability coming from places not meant for Human Habitation, Safe Havens or Emergency Shelters

5. FIFTH PRIORITY: Homeless Individuals and Families with a disability coming from Transitional Housing.

VI.   Assessment Process

Coordinated assessment makes referrals to all project receiving Emergency Solutions Grants (ESG), CoC Program Funds, Consolidated Homeless Grant (CHG) Funds and City administered Housing and Homeless Assistance Act (HHAA) Funds. All eligible households will receive an initial assessment and referrals to appropriate community- based services through the HFCA and SHCA programs.

VII.   Housing Placement Process

The Coordinated Assessment sites will be responsible for screening for initial eligibility. Assessments completed at the Coordinated Assessment sites are based on client self-report, so it is imperative that projects providing PSH to households referred from CA follow the record-keeping requirements outlined in this document to verify the Chronic Homeless status.

Determining Veteran Priority:
- Referral from SSVF or VA programs to either HFCA or SHCA will place the veteran household on the top of the eligibility list.
- Veterans "But For" Form certifying the household is not eligible for VA or SSVF and a copy of the Veteran's DD-214 form verifying military service.
- Universal Data Element 3.7 will be used to identify veteran households in HMIS.

Determining order of Priority for Chronic Homeless dedicated beds:
- Universal Data Elements 3.8 & 3.17 are used to determine Chronic Homeless status in HMIS. The Chronic Homeless value will be used for the purposes of prioritization.
- The Universal Data Element 3.17 "Length of Time on Street" will be used to determine length of homelessness experienced by the household.
- The full SPDAT will be used determine the severity of service needs experienced by the homeless household.

Determining order of Priority for Non-Chronic Homeless dedicated beds:
- Disability status will be determined at the Coordinated Assessment site by the HMIS Universal Data Element 3.8 "Disabling Condition"
- The full SPDAT will be used to determine the severity of service needs experienced by the homeless household.
- The Universal Data Element 3.17 "Length of Time on Street" will be used to determine the history of homelessness
- The Universal Data Element 3.9 "Residence Prior to Project Entry" will be used to determine if the household is coming from a place not meant for human habitation, emergency shelter or safe haven.
- The Universal Date Element 3.9 "Residence Prior to Project Entry" will be used to determine if the household is coming from a Transitional Housing program.

VIII.   Recordkeeping Requirements
(all information regarding recordkeeping requirements can be found [here](#))

Preferred method of obtaining evidence of Chronic Homeless Status:
(1) Third-party documentation
(2) Intake worker observations
(3) Certification from the person seeking assistance.

<u>Gathering Evidence of Chronically Homeless Status:</u>

Evidence of an individual or head of household's current living situation may be documented by:
(1) a written observation by an outreach worker,
(2) a written referral by housing or service provider, OR
(3) a certification by the household seeking assistance that demonstrates that the individual or head of household is currently homeless and living in a place not meant for human habitation, in an emergency shelter or a safe haven.

For Individuals currently residing in an institution, acceptable evidence includes:
(1) Discharge paperwork or a written or oral referral from a social worker, case manager or other appropriate official of the institution stating the beginning and end dates of the time residing in that institution that demonstrate the person resided there for less than 90 days. All oral statements must be recorded by the intake worker; or
(2) Where the evidence above is not obtainable, a written record of the intake worker's due diligence in attempting to obtain the evidence described in the above paragraph and a certification by the individual seeking assistance that states that they are exiting or have just exited an institution where they resided for less than 90 days; and

(3) Evidence that the individual was homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter, and met the criteria in paragraph one of the definition for chronically homeless, immediately prior to entry into the institutional care facility.

Evidence that the homeless occasion was continuous, for at least one year:

Recipients must provide evidence that the homeless occasion was continuous, for a year period, without a **break** in living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter. A **break** is considered at least seven or more consecutive nights not residing in a place not meant for human habitation, in shelter, or in a safe haven.

At least 9 months of the 1-year period must be documented by one of the following:
(1) HMIS Data
(2) Written Referral
(3) Written Observation by an outreach worker
(4) Only in rare and extreme cases, HUD will allow a certification from the individual or head of household seeking assistance in place of the third-party documentation for up to the entire period of homelessness.
Where third-party documentation cannot be obtained the worker must obtain a certification from the individual or head of household seeking assistance and evidence of the efforts made to obtain third-party evidence as well as documentation of the severity of the situation in which the individual or head of household has been living.

Evidence that the household experienced at least four separate homeless occasions over 3 years Recipients must provide evidence that the head of household experienced at least four, separate occasions of homelessness in the past 3 years.

At least three occasions must be documented by either:
(1) HMIS Data
(2) A Written Referral
(3) A Written Observation
Any other occasion may be documented by a self-certification with no other supporting documentation.
Where third-party documentation cannot be obtained the worker must obtain a certification from the individual or head of household seeking assistance and evidence of the efforts made to obtain third-party evidence as well as documentation of the severity of the situation in which the individual or head of household has been living

Evidence of diagnosis with one or more of the following conditions:

- Substance use disorder,
- Serious mental illness,
- Developmental disability,
- Post-traumatic stress disorder,
- Cognitive impairments resulting from brain injury, OR
- Chronic physical illness or disability.

Evidence of this criterion must include one of the following:
- Written verification of the condition from a professional licensed by the state to diagnose and treat the condition;
- Written Verification from the Social Security Administration
- Copies of a disability check (e.g., social security disability insurance check or Veterans Disability Compensation)
- Intake or referral staff observation, confirmed by written verification of the condition from a professional licensed by the state to diagnose and treat the condition that is confirmed later than 45 days of the application for assistance and accompanied with one of the types of evidence above
- Other documentation approved by HUD