

Before Starting the CoC Application

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

The Collaborative Applicant is responsible for:

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

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

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

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

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

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

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

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

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

1A. Continuum of Care (CoC) Identification

Instructions:

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

1A-1. CoC Name and Number: WA-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 form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board	Sits on CoC Board
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
Law Enforcement	Yes	No	Yes
Local Jail(s)	Yes	No	Yes
Hospital(s)	Yes	No	Yes
EMT/Crisis Response Team(s)	No	No	No
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes	Yes
Public Housing Authorities	Yes	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
School Administrators/Homeless Liaisons	Yes	Yes	Yes
CoC Funded Victim Service Providers	Yes	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	Yes	Yes
Street Outreach Team(s)	Yes	No	No
Youth advocates	Yes	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes	Yes
Other homeless subpopulation advocates	Yes	No	Yes
Homeless or Formerly Homeless Persons	Yes	Yes	Yes
Private Funder	Yes	Yes	Yes
Workforce Development	Yes	Yes	Yes
Chair of Homeless Coalition	Yes	Yes	Yes

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

The Spokane CoC ensures that a full range of opinions are considered by having diverse Board membership and creating subcommittees to address local needs. The CHHS Board is comprised of advisory committees with experts in the fields of affordable housing, homelessness, strategic planning and performance review. The CoC has responded to the unique needs of homelessness in Spokane by forming two workgroups that address youth and veteran homelessness. The Homeless Youth Coalition meets monthly and includes representatives from the Juvenile Courts, Youth Employment & Homeless Youth shelter providers. The Veteran’s subcommittee meets bi-weekly and is comprised of the VA, HCHV, SSVF, SHA, and City staff. The subcommittee continues to play integral role in the Mayor’s Challenge to End Veteran Homelessness. Working together we exceeded our original goal to house 150 homeless veterans in 2015, and continue to assist with achieving a functional zero in veteran homelessness.

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

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings between July 1, 2015 and June 20, 2016.	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 20, 2016.
Volunteers of America	Yes	Yes	No
Spokane Neighborhood Action Partners	No	Yes	No

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

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

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

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

The CoC Advisory Committee has established the process of collectively creating the action steps and assigning responsible parties. Each member is responsible for facilitating the community connections and partnerships necessary to accomplish the action steps. Progress on the action steps is reviewed quarterly and necessary adjustments are made. The advisory committee holds an annual community stakeholder meeting to engage with interested individuals for board development. Each CoC competition cycle City staff forward the notice of funding for new projects to an extensive distribution list as well continuously work to include interested parties in the monthly CoC meetings.

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

1C. Continuum of Care (CoC) Coordination

Instructions:

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

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

Funding or Program Source	Coordinates with Planning, Operation and Funding of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	No
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	No
Housing and service programs funded through Federal, State and local government resources.	Yes

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

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

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

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

The City of Spokane and Spokane County are the two Consolidated Plan jurisdictions located within the Spokane Continuum of Care. City and County staff work in partnership to coordinate local planning efforts that support goals, needs and priorities outlined in the Consolidated Plan and Plan to End Homelessness. Additionally, staff from the City and County meet monthly to consult with partner agencies represented on the CoC Advisory Committee. Representatives from the CoC review and make comment on planning documents to ensure consistency with the both Consolidated Planning documents. Moreover, the City of Spokane and Spokane County provide consistency letters that support planning efforts made toward ending and reducing homelessness.

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

The City of Spokane is the only Consolidated Plan jurisdiction that is also an ESG recipient. The CoC plays an integral role in strategic funding decisions, development of the performance standards and evaluation of ESG project outcomes. The CoC Advisory committee makes funding priority recommendations to for projects requesting funding for all homeless system funding in our continuum. The CoC sets performance standards for the entire Continuum and reviews project and system performance data derived from HMIS quarterly to further inform decision making. Currently, ESG is funding Spokane's shelter and Rapid Re-Housing (RRH) projects. The CoC expects Emergency Shelter and RRH Projects to coordinate services closely to ensure that the length of time that households experiencing homelessness is as brief as possible and monitors the length of homelessness as an indicator of how the Continuum is responding to homelessness.

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

One of the first questions asked at the Coordinated Assessment (CA) site is whether the household is fleeing or in danger from a DV, dating violence, sexual assault or stalking situation. If the client responds, "yes" they are entered anonymously in HMIS and informed that being "anonymous" will not limit their

options, but is an extra safety measure for protection. The household can choose which housing and services best meets their needs based on their vulnerability assessment and available services. Clients are asked if they are interested in other DV services, and encouraged to contact local victim service providers for legal advice, advocacy & counseling. The YWCA, Spokane's main DV service provider, provides immediate shelter for anyone in a DV situation and is also an assessment site for CA and connects homeless households seeking DV services to housing through CA in the same way as described above.

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

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 7/1/15 to 6/30/16 who were homeless at entry	PHA has General or Limited Homeless Preference
Spokane Housing Authority	15.00%	No

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

Our continuum has a total of 657 beds available to persons experiencing homelessness that is supported by state and local funding sources. Through these funds Spokane provides beds in multiple project types, including Rapid Rehousing, Transitional housing, Permanent Supportive Housing and Emergency Shelter depending on the individual's needs and vulnerability score determined by Coordinated Assessment. Case management support for the most vulnerable households with intensive service needs is also provided.

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

Engaged/educated local policymakers:	
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	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input checked="" type="checkbox"/>
No strategies have been implemented	<input type="checkbox"/>
Other:(limit 1000 characters)	
A strategy under Spokane's Plan to End Homelessness is to reduce the criminalization of homelessness by defining constructive approaches. The City of SPokane has committed to work with the CoC to bring together stakeholders to review current ordinances impacting citizens experiencing homelessness in Spokane in 2016. The stakeholders will include legal advocates, criminal justice representatives, city council members, CoC Advisory Committee members an police officers.	<input checked="" type="checkbox"/>
Spokane Municipal Court began Community Court system in 2013 as a collabortive project to find alternatives to jail time for non-violent offenders who committ quality of life offences. In exchange for dismissal of the non-violent crime committed, participants agree to perform community service, connect with the services they need and check-in regularly at the court. This has been especially effective for people experiencing homelessness in Spokane because of the wrap around serived available at the court and the connections with the resources needed instead of unnecessary jail time.	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

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

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

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

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

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

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

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

N/A

1E. Centralized or Coordinated Assessment (Coordinated Entry)

Instructions:

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

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

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

Spokane's Coordinated Assessment (CA) system is Housing First orientated, such that people are housed quickly without preconditions or service participation requirements. The CA system has multiple entry points & has developed partnerships with other resources utilized by homeless persons (ie. DSHS, SSA, VA, Police, Fire, ER) to ensure any homeless household can be connected to CA at one of the entry points. At whichever entry point a household contacts CA, an HMIS entry and vulnerability assessment is completed to see what type of intervention the household qualifies for. Assessments can be done virtually anywhere as the outreach team is equipped with tablets to connect with persons where they are residing, whether it is an encampment or another remote location. Assessors support the household through the housing process or facilitate a "warm transfer" with another provider to ensure on-going engagement and the necessary support is provided to persons navigating the housing process.

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

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

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

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

Instructions

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

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

How many renewal project applications were submitted in the FY 2016 CoC Program Competition?	21
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	5
How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2016 CoC Program Competition?	16
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2016 CoC Competition?	100.00%

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

Performance outcomes from APR reports/HMIS:	
% permanent housing exit destinations	<input checked="" type="checkbox"/>
% increases in income	<input checked="" type="checkbox"/>

Monitoring criteria:	
Utilization rates	<input checked="" type="checkbox"/>
Drawdown rates	<input checked="" type="checkbox"/>
Frequency or Amount of Funds Recaptured by HUD	<input checked="" type="checkbox"/>

Need for specialized population services:

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

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

The renewal application review process for the CoC focused on four areas: barriers to project entry, Housing First service model, the project’s past performance and vulnerability of the clients the project serves. The Spokane CoC uses a standardized assessment tool, the SPDAT, which measures the vulnerability of a homeless household in areas including financial stability, current or past substance use, vulnerability to victimization, vulnerability to illness or death, utilization of emergency services and length of time on the street. The SDPAT scores of the clients served by each project were averaged and weighted in the scoring process, giving projects with a higher average SPDAT score higher points. Projects that were identified as serving the clients with the highest service needs in a housing first model were retained in Tier 1. Projects that had higher barriers to entry, did not use a Housing First model and had a lower average of SPDAT scores were not recommended for renewal.

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

The CoC conducted an internal competition prior to the opening of the FY 2016 Competition. The CoC Advisory Committee was informed of the initial ranking criteria for the internal competition on 5/25/16. The projects that were recommended for reallocation were notified on 8/30/16 in writing which included the appeal process. The final review, ranking and selection criteria were made publically available by posting the ranking procedures on the website on 8/04/16. The final ranking was publically posted on the CHHS website on 9/9/16.

1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2016 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached). 09/12/2016

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

1F-5a. If the CoC rejected project application(s), on what date did the CoC and Collaborative Applicant notify those project applicants that their project application was rejected? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.) 08/30/2016

1F-6. In the Annual Renewal Demand (ARD) is the CoC's FY 2016 CoC's FY 2016 Priority Listing equal to or less than the ARD on the final HUD-approved FY2016 GIW? No

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

Instructions

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

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

The CoC Board monitors performance by reviewing both project performance and system performance annually. The CoC Lead provides project performance reports to each project quarterly, as well as on-going technical assistance to sub-recipients to assist with accomplishing performance measures and financial management of the grant. Additionally, the CoC Lead conducts annual site monitorings of CoC funded projects to review client files for eligibility documentation, compliance of policies and procedures with federal regulations & compliance in financial administration. The CoC Lead conducts follow up monitoring as needed to ensure any issues identified in monitoring have been resolved in a timely manner.

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

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

2A-1. Does the CoC have a Governance Charter that outlines the roles and responsibilities of the CoC and the HMIS Lead, either within the Charter itself or by reference to a separate document like an MOU/MOA? In all cases, the CoC's Governance Charter must be attached to receive credit, In addition, if applicable, any separate document, like an MOU/MOA, must also be attached to receive credit. No

2A-1a. Include the page number where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document referenced in 2A-1. In addition, in the textbox indicate if the page number applies to the CoC's attached governance charter or attached MOU/MOA. Not Applicable

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

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

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

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

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

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

Instructions

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

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

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

2B-2.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$196,608
ESG	\$11,747
CDBG	\$0
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$208,355

2B-2.2 Funding Type: Other Federal

Funding Source	Funding
Department of Education	\$0
Department of Health and Human Services	\$0
Department of Labor	\$0
Department of Agriculture	\$0
Department of Veterans Affairs	\$0
Other Federal	\$2,625
Other Federal - Total Amount	\$2,625

2B-2.3 Funding Type: State and Local

Funding Source	Funding
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City	\$25,924
County	\$0
State	\$165,305
State and Local - Total Amount	\$191,229

2B-2.4 Funding Type: Private

Funding Source	Funding
Individual	\$0
Organization	\$0
Private - Total Amount	\$0

2B-2.5 Funding Type: Other

Funding Source	Funding
Participation Fees	\$5,864
Other - Total Amount	\$5,864

2B-2.6 Total Budget for Operating Year	\$408,073
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2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

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

2C-1. Enter the date the CoC submitted the 2016 HIC data in HDX, (mm/dd/yyyy): 01/28/2016

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

Project Type	Total Beds in 2016 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	713	55	193	29.33%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	411	19	316	80.61%
Rapid Re-Housing (RRH) beds	388	0	345	88.92%
Permanent Supportive Housing (PSH) beds	864	12	391	45.89%
Other Permanent Housing (OPH) beds	104	0	79	75.96%

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

The CoC intends to continue implementing the strategies identified in the 2015 and 2016 applications to further increase coverage. As stated in the 2015 application, the CoC is continuing efforts to obtain data from faith based providers, which are unwilling to participate in HMIS, via a CSV or XML format. Staffing changes, concerns regarding the data being collected by some of these providers, and the time spent training agencies that are new to HMIS, has created challenges that have required additional time to address.

Aside from continued work on current strategies, the CoC is working with agencies, both HMIS and non-HMIS, to help eliminate duplicative data entry in non-HMIS databases. Creating the ability to track data elements, specific to the needs of individual agencies, further incentivizes HMIS participation and helps make the entire CoC more efficient.

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

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

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

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

Instructions:

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

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

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	0%	11%
3.2 Social Security Number	2%	14%
3.3 Date of birth	1%	0%
3.4 Race	0%	0%
3.5 Ethnicity	1%	3%
3.6 Gender	0%	0%
3.7 Veteran status	1%	2%
3.8 Disabling condition	1%	0%
3.9 Residence prior to project entry	2%	0%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	0%	0%
3.15 Relationship to Head of Household	0%	0%
3.16 Client Location	0%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	7%	0%

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

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

None	<input type="checkbox"/>
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2D-3. If you submitted the 2016 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR? 10

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

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

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

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

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

N/A

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

Instructions:

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

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

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

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

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

2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX: (mm/dd/yyyy) 01/28/2016

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

Instructions:

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

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

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

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

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

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

The CoC's sheltered methodology remains largely unchanged from past years. The techniques applied include the use of a paper survey form defined by the CoC and informed by experts in the field of homelessness. Multiple data quality

features and controls (e.g. numbered/color coded forms and questions to ensure that clients aren't counted twice) are included on the survey tool to ensure that the best possible data is collected and entered into the CoC's HMIS. Further validation of the data occurs after it is entered into the CoC's HMIS.

PIT data for HMIS participating providers is taken directly from the HMIS. Notice to HMIS participating providers occurs well in advance of the date of the PIT and includes direct technical assistance and review of data to ensure the highest degree of accuracy possible. This review is in addition to the regular monthly data quality validation that occurs for all projects that participate in the CoC's HMIS.

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

N/A

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

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

N/A

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

Instructions:

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

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

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

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

The CoC used the same approaches as were used in past years' sheltered PIT data collection efforts. A substantial amount of effort and resources has gone into refining and improving upon the process used. The CoC, in order to ensure consistent and valid longitudinal data, which is critical for strategic planning and systems analysis, is working to ensure consistency in the methodology used between each year's sheltered PIT count.

Every aspect of the PIT is reviewed, prior to the start of each year's efforts, to ensure that any necessary changes are made.

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

Instructions:

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

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

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

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

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

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

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

Instructions:

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

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

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

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

The CoC uses a combination of HMIS, polling locations where survey data is collected, and dedicated street outreach teams--comprised of specialists in the field of homeless outreach--to get an accurate total of unsheltered homeless persons. The location of the polling stations and the sites visited by the street outreach teams are based on the known locations of unsheltered homeless. Locations are updated annually based on feedback from homeless providers, public safety, and other community partners. The process used by the CoC has been carefully developed over many years of critically evaluating the practices and strategies used to arrive at the current, and most effective, approach. The methodologies used reflect a careful review of suggestions and guidance from HUD, input from local experts and providers, and intensive analysis done after each year's PIT count.

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

The HMIS Lead agency (City of Spokane) relies heavily on specially trained outreach teams that provide year-round services to the unsheltered homeless to assist with the unsheltered PIT efforts. Each team has a 'service area' that they focus on. During the planning efforts for the 2016 PIT, data on the service area of each outreach team was mapped, using GIS, to determine coverage areas and possible gaps. Additional mapping data, in the form of a spreadsheet highlighting known encampments and contacts with unsheltered homeless, was also used to maximize the effectiveness of the resources deployed for the unsheltered PIT.

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

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

N/A

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

Instructions:

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

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

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

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

N/A

3A. Continuum of Care (CoC) System Performance

Instructions

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

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

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

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

	2015 PIT (for unsheltered count, most recent year conducted)	2016 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	1,034	981	-53
Emergency Shelter Total	579	526	-53
Safe Haven Total	0	0	0
Transitional Housing Total	323	283	-40
Total Sheltered Count	902	809	-93
Total Unsheltered Count	132	172	40

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

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

	Between October 1, 2014 and September 30, 2015
Universe: Unduplicated Total sheltered homeless persons	2,884
Emergency Shelter Total	2,205
Safe Haven Total	0
Transitional Housing Total	733

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

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

(limit 1000 characters)

The Spokane CoC is working to reduce the number of persons who become homeless for the first time by identifying risk factors, tracking new entries to homelessness in HMIS & strategically allocating resources to ensure the homeless system can respond to emergent needs of persons in crisis. The CoC is identifying risk factors of becoming homeless for the first time through the CA entry assessment in HMIS. The entry assessment data can be analyzed using the household's history of homelessness in HMIS to identify possible risk factors for first time homelessness. Additionally, the CoC leverages local Homeless Housing Assistance Act dollars that funds a Diversion program to partner with the CA program with the intent of reducing the number of persons becoming homeless for the first time. The diversion program provides a variety of services including mediation with landlords, connection to mainstream resources, housing search & stabilization planning, and limited financial assistance.

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

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

(limit 1000 characters)

The Spokane CoC tracks and records the length of time a household is homeless in HMIS. The CoC also adopted HUD's prioritization strategy which takes into account the length of time a household is homeless in the prioritization process. The Coordinated Assessment system uses a real time list that is generated from HMIS that provides the information needed to prioritize according to HUD's recommendations which includes the length of time the household has been homeless.

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

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

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

	Between October 1, 2014 and September 30, 2015
Universe: Persons in SSO, TH and PH-RRH who exited	833

Of the persons in the Universe above, how many of those exited to permanent destinations?	497
% Successful Exits	59.66%

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

	Between October 1, 2014 and September 30, 2015
Universe: Persons in all PH projects except PH-RRH	404
Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations?	356
% Successful Retentions/Exits	88.12%

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

The Spokane CoC uses HMIS to track the rate of returns to homelessness by measuring the number of exits to permanent destinations that have returned to homelessness at various time intervals. The CoC Advisory Committee reviews recurrence on a quarterly basis. The first strategy the CoC implemented is a progressive engagement model of services, where households may reengage in services as needed. Secondly, the CoC has a housing placement team that works with Coordinated Assessment to facilitate house the most vulnerable clients in a unit that meets their needs as the first intervention. This process helps to prevent the most vulnerable clients from cycling through multiple interventions and back into homelessness before being connected with the most appropriate housing. The third strategy utilizes the housing placement team to prevent eviction into homelessness for clients by providing landlord mediation and finding alternative permanent housing options that can meet the client's needs.

3A-6. Performance Measure: Job and Income Growth. Performance Measure: Job and Income Growth. Describe the CoC's specific strategies to assist CoC Program-funded projects to increase program participants' cash income from employment and non-employment non-cash sources. (limit 1000 characters)

As an action step in Spokane's 2015 Plan to End Homelessness, the CoC committed to increase earned income system wide from 26% to 30%. Agencies

funded by the CoC put on a job fair in 2015 increasing the partnership between employment vendors and homeless programs. Three CoC funded agencies developed a Collaborative Employment Services Program that works together to share best practices in employment with the entire CoC and pursues connections with employment partners. One strategy to assist clients in increasing non-employment income was the implementation of SSI/SSDI Outreach Access and Recovery (SOAR) this year. In August 2016, eight agencies sent representatives to receive SOAR training. Spokane has also required SOAR activities for projects funded with state and local dollars to ensure that clients that have a disability and are experiencing homelessness are connected with SSI or SSDI in an expedited manner.

**3A-6a. Describe how the CoC is working with mainstream employment organizations to aid homeless individuals and families in increasing their income.
(limit 1000 characters)**

Many CoC projects provide computer access online to assist households in applying for TANF/Work First assistance. Other resources that households are often connected with is the Basic Food Employment and Training program (funded by Federal Department of Agriculture), Work Source(funded by the Department of Labor) or the Division of Vocational Rehabilitation. Ninety-five percent of COC-funded projects reported that their participants are connected to mainstream employment organizations regularly. The Building Changes program that focuses on connecting homeless youth to employment and educational services has served a total of 20 youths since its inception in April of 2016. Our local YWCA operates the Women's Opportunity Center that focuses on assisting women with employment and their needs in order to be successful such as clothing, computer skills, interpersonal skills, wellness and financial counseling.

**3A-7. What was the the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoC's unsheltered PIT count?
(limit 1000 characters)**

N/A?

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

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

N/A

**3A-8. Enter the date the CoC submitted the system performance measure data into HDX. The System Performance Report generated by HDX must be attached.
(mm/dd/yyyy)** 08/10/2016

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

N/A

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

Objective 1: Ending Chronic Homelessness

Instructions:

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

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

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

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

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons	219	188	-31
Sheltered Count of chronically homeless persons	156	94	-62
Unsheltered Count of chronically homeless persons	63	94	31

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

Reductions of the chronically homeless population was achieved by prioritizing chronically homeless clients, those with the longest length of homelessness and highest barriers, for homeless housing including PSH units. Continuous review, evaluation, and adjustment of the Coordinated Assessment system used to assess and place prioritized populations also assisted in this reduction. In addition the creation and implementation of the local Housing Placement Committee ensured that appropriate clients were appropriately prioritized and served.

The increase in the unsheltered chronically homeless population was affected by the closure of the warming center program. For the 2016 PIT our temperature rose above 32 degrees closing the warming center and increasing the unsheltered population. In fall of 2016 and winter of 2017 Spokane is launching a 24/7 Shelter model which will provide a safe space 24 hours a day, regardless of temperature, for singles and families experiencing homelessness.

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

	2015	2016	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	280	350	70

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

In the 2015 CoC application all CoC funded PSH projects dedicated all units for use by chronically homeless individuals which increased those units in the 2016 HIC. In addition, state and local homeless funds managed by the CoC Collaborative applicant used for support services in permanent housing were prioritized for applicants serving chronically homeless. This commitment by our CoC lead to an increased PSH unit stock dedicated to chronically homeless populations in our region.

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

3B-1.3a. If “Yes” was selected for question 3B-1.3, attach a copy of the CoC’s written standards or other evidence that clearly shows the incorporation of the Orders of Priority in Notice CPD 14-012 and indicate the page(s) for all documents where the Orders of Priority are found. pages 3-4

3B-1.4. Is the CoC on track to meet the goal of ending chronic homelessness by 2017? Yes

This question will not be scored.

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

The CoC has continued to implement strategies to reach the goal of ending chronic homelessness by 2017. The Spokane constructed 100 new units in 2016 that is housing individuals that on average have been homeless for 8 years. An additional 50 units are planned for development in 2017 for households experiencing Chronic Homelessness (CH). The CoC has also partnered with the Spokane Housing Authority to connect residents of PSH projects who no longer need the intensive support services with a permanent voucher, creating a higher rate of turnover in the PSH units and enabling the CoC to house more CH households. Outreach teams are focused engaging the unsheltered CH population and directly connect them with PSH. Shelters are focused on providing residents with direct connections to the appropriate permanent housing option. By funding a continuum of services and prioritizing the households with the greatest vulnerability, chronically homeless households are able to more quickly be connected with the resources needed to end their homelessness. As a CoC we are collaborating across funding sources to leverage available resources in order to further our community’s response in addressing the continued high need among the chronically homelessness.

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

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

Instructions:

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

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

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

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

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

Rapid Re Housing (RRH) plays an integral role in our homeless system's response to families experiencing homelessness. The Diversion and Coordinated Assessment (CA) programs help in the process by providing initial screening and diverting households from entering the homeless system, thus freeing up the homeless dollars for literally homeless families. The CA, diversion and RRH programs were co-located as of January 2016 in order streamline the process and provide a direct connection from assessment to RRH, shelter or transitional housing. RRH serves literally homeless households based on assessed vulnerability using the VI-SPDAT tool. The CoC prioritizes ESG funds for RRH and has increased CoC funds directed at RRH through reallocation in the 2013 & 2014 CoC competition, with our current allocation for RRH being 34.7% due to additional bonus funding for RRH from the 2015 competition.

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

	2015	2016	Difference
RRH units available to serve families in the HIC:	70	54	-16

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

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

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

PIT Count of Homelessness Among Households With Children

	2015 (for unsheltered count,		
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	most recent year conducted)	2016	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	121	103	-18
Sheltered Count of homeless households with children:	115	100	-15
Unsheltered Count of homeless households with children:	6	3	-3

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

The CoC has seen a consistent decrease in the number of homeless households with children since 2009. During 2015 two CoC Transitional Housing projects were re-purposed to rapid rehousing projects. This re-purposing in addition to adaptations to rapid rehousing and Coordinated Assessment projects increased efficiency the homeless housing system reducing the length of time households are homeless and leading to the decrease in the total number of sheltered and unsheltered homeless households with children.

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

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

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

Diversion from institutions and decriminalization of youth actions that stem from being trafficked:	<input checked="" type="checkbox"/>
Increase housing and service options for youth fleeing or attempting to flee trafficking:	<input checked="" type="checkbox"/>
Specific sampling methodology for enumerating and characterizing local youth trafficking:	<input checked="" type="checkbox"/>
Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:	<input checked="" type="checkbox"/>

Community awareness training concerning youth trafficking:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

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

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

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

	FY 2014 (October 1, 2013 - September 30, 2014)	FY 2015 (October 1, 2014 - September 30, 2105)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	72	85	13

3B-2.8a. If the number of unaccompanied youth and children, and youth-headed households with children served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2015 is lower than FY 2014 explain why. (limit 1000 characters)

N/A

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

	Calendar Year 2016	Calendar Year 2017	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	\$1,556,352.00	\$2,667,357.00	\$1,111,005.00
CoC Program funding for youth homelessness dedicated projects:	\$425,344.00	\$425,344.00	\$0.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	\$1,131,008.00	\$2,242,013.00	\$1,111,005.00

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

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	23
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:	12
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	11

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

As a part of the HEARTH Act Educational Assurances Policy adopted by the Spokane CoC on 8/4/12, a McKinney-Vento local educational liaison participates on the CoC Advisory committee to provide representation for the school district. Currently, there is a McKinney Vento educational liaison serving on both the CoC Advisory Committee and the CHHS Board. Additionally the superintendent of Spokane's largest school district serves on the CoC Board. The McKinney Vento liaison also participates on the youth subcommittee of the CoC Advisory committee to develop stronger partnerships across systems impacting homeless children and unaccompanied youth. The homeless youth subcommittee works on issues concerning educational rights, rights of foster children, discharge planning from juvenile systems and coordinated housing services.

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

(limit 2000 characters)

With the adoption of the Hearth Act Educational Assurances Policy in 2012, the CoC ensures homeless families and unaccompanied youth are informed of their eligibility and receive access to educational services. Under this policy, the CoC requires the Coordinated Assessment (CA) system to consider the school of origin in the housing placement process. It also requires housing programs serving families or unaccompanied youth to explain and provide a copy of the McKinney Vento homeless education rights during the intake process. If the parent or guardian signs a consent form, the housing provider will contact the school district McKinney Vento homeless liaison directly to ensure that the children are able to continue to access education and issues of transportation can be resolved. Each housing provider must identify a lead person within the agency that will be the contact for the school district if issues, concerns or changes to processes/law/procedures occur. The CoC lead ensures these procedures are being followed through sub-recipient site monitoring. Coordination between education and housing providers occurs at the CoC Advisory Committee where a McKinney Vento Liaison represents the school district and provides updates to the CoC as well as connects households to housing options through CA. The homeless youth sub-committee made up of partners from juvenile justice, RHY, McKinney Vento liaisons and housing providers collaborate to ensure unaccompanied youth are aware of their rights to educational services and have an appropriate advocate, if needed. The shelter for youth experiencing homelessness has an on-site school offering GED prep and a high school completion program through Community Colleges of Spokane, to ensure access to education is as simple as possible.

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

We have multiple agencies that have agreements with a program provides service to youth. Catholic Charities operates a daycare center, St. Anne's, which provides child care for homeless families. Transitions operates a program called EduCare that is a DEL child care center. our local YWCA operates an Early Childhood Education and Assistance Program (ECEAP)that is funded by Washington State.

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

Objective 3: Ending Veterans Homelessness

Instructions:

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

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

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

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	101	103	2
Sheltered count of homeless veterans:	91	90	-1
Unsheltered count of homeless veterans:	10	13	3

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

The increase in homeless veterans counted from the 2015 PIT to the 2016 PIT is a result of the increased veteran outreach efforts and stronger coordination with SSVF and Health Care for Homeless Vets. While the PIT methodology remained the same, there were more outreach efforts funded by the VA programs providing better coverage for the 2016 PIT count.

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

The CoC has a sub-committee working to end veteran homelessness made up of staff from the City of Spokane, VA, SSVF and the Grant Per Diem program. The Veteran outreach team is the front line for identifying and connecting homeless veterans to permanent housing options. Another tool for connecting veterans with the proper resources is the Veteran's Hotline which is staffed 24/7 & provides one contact number for homeless veterans. Staff provides a prescreening via the phone and makes referrals to the appropriate resources. The outreach team also utilizes a Veteran's "Master List" generated from HMIS to identify homeless veterans. This list is the first step in leveraging data across funding sources to track the progress on the goal of ending veteran homelessness.

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

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2016	% Difference
Total PIT Count of sheltered and unsheltered homeless veterans:	87	103	18.39%
Unsheltered Count of homeless veterans:	27	13	-51.85%

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

This question will not be scored.

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

The CoC developed a veteran's leadership team to focus on ending veteran homelessness. Continued barriers in our community are: continued targeted outreach of the unsheltered using the developed master list; greater agency participation in updating the master list; increasing landlord resources for the SSVF and HCHV programs; and low housing vacancy rate (less than 1%). This small rental market in Spokane makes it difficult to house folks with multiple co-occurring issues. While the CoC has prioritized veterans who don't qualify for VA housing resources for CoC resources, the challenge to provide an adequate level of service for these very high need clients' needs to be addressed. The CoC has adopted priorities for PSH that include Veterans who are not eligible for SSVF or HUD-VASH. The Spokane Housing Authority has provided five monthly housing choice vouchers that are being utilized by Veteran households.

An ad-hoc landlord liaison committee collaborate to recruit new landlords.

4A. Accessing Mainstream Benefits

Instructions:

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

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

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

FY 2016 Assistance with Mainstream Benefits

Total number of project applications in the FY 2016 competition (new and renewal):	21
Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 2a, 2b and 2c on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	11
Percentage of renewal and new project applications in the FY 2016 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	52%

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

The CoC works closely with Better Health Together, the Spokane region Accountable Community of Health, to ensure homeless participants are connecting with the proper health related resources and enrolling in health insurance. There are 33 partnering organizations in the Spokane region with approximately 85 certified Navigators who assist with enrollment. The goal is to reduce the uninsured rate in the Spokane region to under 5%. As of January 2016, this goal was achieved in Spokane County as the uninsured rate was less than 5%, showing a successful outcome of the extensive partnering throughout

the region. A comprehensive list of all of the partnering organizations and a table showing the significant decrease in the uninsured rate in the Spokane region is attached to the application.

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

Educational materials:	<input checked="" type="checkbox"/>
In-Person Trainings:	<input checked="" type="checkbox"/>
Transportation to medical appointments:	<input checked="" type="checkbox"/>
Assist with the connection to a primary care physician	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not Applicable or None:	<input type="checkbox"/>

4B. Additional Policies

Instructions:

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

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

FY 2016 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2016 competition (new and renewal):	21
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2016 competition:	21
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2016 competition that will be designated as "low barrier":	100%

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

FY 2016 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2016 competition (new and renewal):	21
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2016 competition:	19
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2016 competition that will be designated as Housing First:	90%

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

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

Use of phone or internet-based services like 211:	<input checked="" type="checkbox"/>
Marketing in languages commonly spoken in the community:	<input checked="" type="checkbox"/>
Making physical and virtual locations accessible to those with disabilities:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

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

	2015	2016	Difference
RRH units available to serve all populations in the HIC:	229	388	159

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

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

(limit 1000 characters)

N/A

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

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

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

N/A

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

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

N/A

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

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

This response does not affect the scoring of this application.

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

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

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

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

4C. Attachments

Instructions:

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

Document Type	Required?	Document Description	Date Attached
01. 2016 CoC Consolidated Application: Evidence of the CoC's communication to rejected participants	Yes	Reallocation Noti...	09/02/2016
02. 2016 CoC Consolidated Application: Public Posting Evidence	Yes	Consolidated App...	09/14/2016
03. CoC Rating and Review Procedure (e.g. RFP)	Yes	2016 CoC Renewal,...	08/19/2016
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	Web Posting - CoC...	08/24/2016
05. CoCs Process for Reallocating	Yes	CoCs Process for ...	08/19/2016
06. CoC's Governance Charter	Yes	Governance Charter	09/05/2016
07. HMIS Policy and Procedures Manual	Yes	HMIS Policy and P...	09/07/2016
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes	PHA Administrativ...	09/07/2016
10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter)	No		
11. CoC Written Standards for Order of Priority	No	CoC Written Stand...	08/19/2016
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
13. HDX-system Performance Measures	Yes	2016 System Perfo...	09/07/2016
14. Other	No	Q4A-3 Partnering ...	09/09/2016
15. Other	No		

Attachment Details

Document Description: Reallocation Notification WA0248 CCS / YWCA

Attachment Details

Document Description: Consolifdated Application Posting & Priority Listing Posting/Communication

Attachment Details

Document Description: 2016 CoC Renewal, Ranking, & Review Process

Attachment Details

Document Description: Web Posting - CoC Review Rank & Reallocation Procedures

Attachment Details

Document Description: CoCs Process for Reallocating

Attachment Details

Document Description: Governance Charter

Attachment Details

Document Description: HMIS Policy and Procedures Manual

Attachment Details

Document Description:

Attachment Details

Document Description: PHA Administrative Plan - N/A

Attachment Details

Document Description:

Attachment Details

Document Description: CoC Written Standards for Order of Priority

Attachment Details

Document Description:

Attachment Details

Document Description: 2016 System Performance Measures

Attachment Details

Document Description: Q4A-3 Partnering Organization List

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. Identification	08/11/2016
1B. CoC Engagement	09/14/2016
1C. Coordination	09/14/2016
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	09/15/2016

1D. CoC Discharge Planning	08/19/2016
1E. Coordinated Assessment	09/09/2016
1F. Project Review	09/14/2016
1G. Addressing Project Capacity	09/09/2016
2A. HMIS Implementation	08/30/2016
2B. HMIS Funding Sources	09/09/2016
2C. HMIS Beds	08/22/2016
2D. HMIS Data Quality	08/30/2016
2E. Sheltered PIT	08/11/2016
2F. Sheltered Data - Methods	08/15/2016
2G. Sheltered Data - Quality	09/14/2016
2H. Unsheltered PIT	08/15/2016
2I. Unsheltered Data - Methods	08/22/2016
2J. Unsheltered Data - Quality	08/15/2016
3A. System Performance	09/14/2016
3B. Objective 1	09/09/2016
3B. Objective 2	09/12/2016
3B. Objective 3	09/09/2016
4A. Benefits	09/09/2016
4B. Additional Policies	09/09/2016
4C. Attachments	09/14/2016
Submission Summary	No Input Required

CoC Project Review, Scoring & Ranking Procedures

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- I. Purpose of this Document
- II. Application Process
- III. CoC Project Review Procedure
- IV. Project Scoring and Ranking Procedure
- V. Reallocation Process
- VI. Appeal Process

CoC Project Review, Scoring & Ranking Procedures

I. Purpose of this Document

The purpose of reviewing, scoring and ranking CoC Projects is to ensure Spokane's Continuum of Care is strategically allocating resources across funding sources in a way that aligns with Spokane's Homeless Plan goals and The Federal Plan Opening Door's goals of ending homelessness. The purpose of this document is to detail the procedures for reviewing, scoring and ranking CoC Project applications prior to renewal.

II. Application Process

All renewal contracts are required to complete a separate renewal application. Agencies receiving multiple grants through the Continuum of Care (CoC) Program will be required to submit individual renewal applications for each grant. Projects will be ranked using two components: Project accessibility & services provided and the Project Performance Report. Applications will be scored (100 points possible) and ranked by members of the Community, Housing and Human Services (CHHS) Board Evaluation and Review Committee supplemented with non-funded CoC Advisory Committee members. Renewal applicants will be notified via email once the final renewal rankings have been approved by members of the CHHS Board.

III. CoC Project Review Procedure

The review process will be split into two components, reviewing three factors. The first component, the Staff Review, encompasses the barriers to entry and housing first philosophy of each project and is worth 45% of the project score. The second component, CoC Project Performance measures, will be reviewed by an Ad-Hoc Committee of CoC Advisory Committee Members who do not receive CoC funds, and is worth 55% of the project score. This will also include the vulnerability of the population served by each project which will be measured by the program's respective average SPDAT or VI-SPDAT score of the clients served.

A. Staff Review

Component One: Barriers to Project entry and Housing First Philosophy (45% of total score). Projects were asked to review *Project Accessibility, Client Support and Housing Stability* questions and provide backup documentation to staff explaining how they are putting these strategies into practice. Staff reviewed this application and the backup documentation provided to determine if project will receive points for each strategy. Questions are weighted equally for each project type (i.e. PSH, PH-RRH, TH, SSO).

B. CoC Ad Hoc Committee Review

Component Two: Project Performance (55% of total score).

CoC Project Review, Scoring & Ranking Procedures

The following information will be provided for each project to the RFP evaluation committee for review. Committee members will score the overall performance of the project. Performance data was pulled from HMIS for the reporting period of 4/1/2015 – 3/31/2016 to ensure that the data was as current as possible and the period of performance was consistent between all projects reviewed.

Supportive Services Only Projects-

Project Performance:

Population Served

Utilization

Number of Households Served

% of Households exiting to a permanent destination

Serving clients of greatest need (Average VI-SPDAT score)

Average Length of Stay in project

Extent to which persons who exit homelessness to PSH return to homelessness within 6, 12 & 24 months

Financial Management:

Sub-recipient Award Amount

% of budget expended at CoC13 grant close out

% of budget expended at CoC14 grant to date

Transitional Housing Projects-

Project Performance:

Population Served

Utilization

Number of Households Served

% of Households exiting to a permanent destination

% of Households exiting with income

Serving clients of greatest need (Average VI-SPDAT score)

Average Length of Stay in project

Extent to which persons who exit homelessness to PSH return to homelessness within 6, 12 & 24 months

Financial Management:

Sub-recipient Award Amount

% of budget expended at CoC13 grant close out

% of budget expended at CoC14 grant to date

CoC Project Review, Scoring & Ranking Procedures

Permanent Housing, Rapid Re Housing Projects-

Project Performance:

Population Served

Number of Households Served

% of Households exiting to a permanent destination

% of Households exiting with income

Average Length of Stay in project

Serving Clients of greatest need (average VI-SPDAT score)

Financial Management:

Sub-recipient Award Amount

% of budget expended at CoC13 grant close out

% of budget expended at CoC14 grant to date

Permanent Supportive Housing Projects-

Project Performance:

Population Served

Utilization

Number of Households Served

% of Households exiting to a permanent destination

% of Households exiting with income

Average Length of Stay in project

Serving Clients of greatest need (average SPDAT score)

Financial Management:

Sub-recipient Award Amount

% of budget expended at CoC13 grant close out

% of budget expended at CoC14 grant to date

IV. Project Scoring and Ranking Procedure

A. Scoring Procedure

The ad hoc committee determined that the scoring criteria would be based on three components, low barriers to entry, if the project uses a housing first model, and project performance measures outlined above. The CoC Program Renewal Ranking Application which encompassed the first

CoC Project Review, Scoring & Ranking Procedures

component was worth 45% of total score, the Project Performance Scoring was worth 55% of the total score.

Two staff members scored the CoC Program Renewal Ranking Application for the barriers to entry and housing first model by the strategy listed. Each housing first and low barrier strategy was scored at 0%, 50% or 100%. Zero points were awarded for any strategy where the box was not checked, indicating that the project does not implement this practice OR for a box that was checked where there was no supporting documentation or contradictory supporting documentation. Fifty percent of the points were awarded for a box that was checked where supporting documentation was provided, but did not clearly show how the statement was being implemented. One hundred percent of the points were awarded for a checked box and clear supporting documentation was provided showing how the strategy was being implemented.

Committee members were provided the project performance and financial management data listed above in Section III-B. Staff provided the data and color coded the performance measures to indicate how close the project was to meeting HUD's goals of project performance. Committee members scored the performance measures between 0-55.

B. Ranking Procedure

The average staff score was added to the average of the Committee score to get the overall score of the project. Projects were then ranked by the combined score for the initial ranking, not considering the re-allocated or bonus projects.

V. Reallocation Process

The committee reviewed the ranking and recommended projects for reallocation based on timeliness of submitted application, if the project was low barrier and practicing a housing first model, and project performance measures. The reallocation recommendations are to be approved first by the CoC Advisory Committee and the final approval of the recommendations was completed by the Community Housing and Human Services Board.

VI. Appeal Process

Projects that were recommended for reallocation are notified by letter on a date to be determined and given the details on how to appeal the decision of the reallocation. Below is the appeal language each reallocated project was given, ensuring each applicant had the necessary information to appeal the decision: *(Section updated once the current NOFA is released.)*

Excerpt from Notice of Funding Availability for the 2016 Continuum of Care Program Competition FR-6000-N-25 Additional Overview Information Section G. Local Competition Deadlines

CoC Project Review, Scoring & Ranking Procedures

Eligible project applicants that attempted to participate in the CoC planning process in the geographic area in which they operate, that believe they were denied the right to participate in a reasonable manner may submit an application to HUD and may be awarded a grant from HUD by following the procedure found in 24 CFR 578.35. Solo applicants must submit their project application to HUD by **7:59:59 p.m. eastern time, September 14, 2016**, which must include the CoC's notification of rejection of the project in the local competition as an attachment to the Solo Applicant's project application. If the CoC fails to provide written notification, outside of *e-snaps*, the Solo Applicant must attach a statement that the CoC did not provide the Solo Applicant written notification of the CoC rejecting the project in the local CoC competition.

CoC Project Review, Scoring & Ranking Procedures

Addendum

FY2016 HUD Renewal Application Checklist Section

Addendum

FY2016 HUD Renewal Application

Component I: Project Accessibility, Client Support, Housing Stability and connection to non-CoC resources (45 pts)

ALL PROJECTS (SSO/TH/PH-RRH/PSH):

Project Accessibility:

Admission/tenant screening and selection practices promote the acceptance of applicants regardless of the client:

- Sobriety or use of substances;
- Completion of treatment;
- Minimum income requirements; and
- Participation in services.

Admission/tenant screening and selection practices provide access for each person experiencing homelessness to inclusive and nondiscriminatory shelter, housing and services, including those who are transgender and gender non-conforming.

Client Support and Stability:

Supportive services emphasize engagement and problem-solving over therapeutic goals. Service plans are highly tenant-driven without predetermined goals.

Case managers/service coordinators are trained in and actively employ evidence-based practices for client/tenant engagement such as motivational interviewing and client-centered counseling.

Connection to Non-CoC resources:

Detail how your agency/project is participating in the planning process for the implementation of the Affordable Care in Washington State and how your project is encouraging project recipients to participate in enrollment and outreach activities to ensure eligible households take advantage of new healthcare options.

HOUSING PROVIDERS ONLY (TH/PH-RRH/PSH):

Project Accessibility:

- Applicants are not rejected on the basis of poor credit or financial history, poor or lack of rental history.
- Applicants are not rejected on the basis of minor criminal convictions.
- Applicants are seldom rejected on the basis of behaviors that indicate lack of “housing readiness.”
- Applicants are not rejected because of lack of resources to pay application, deposit or other fees and/or applicants are given reasonable flexibility to pay required program entry fees.

Client Support and Housing Stability:

- Participation in services or program compliance is not a condition of permanent supportive or transitional housing tenancy.
- Use of alcohol or drugs in itself (without other lease violations) is not considered a reason for eviction.
- Tenants in permanent supportive housing and transitional housing are given reasonable flexibility in paying their tenant share or program fee (after subsidy) on time and offered special payment arrangements (e.g. payment plan) for rent arrears and/or assistance with financial management.
- Services are informed by a harm reduction philosophy that recognizes that drug and alcohol use and addiction are a part of the tenants’ lives, where tenants are engage in non-judgmental communication regarding drug and alcohol use, and where tenants are offered education regarding how to avoid risky behaviors and engage in safer practices.
- Actions that can cause a tenant to be terminated are limited to those that are necessary to protect the health and safety of other residents and staff.

TH ONLY:

Client Support and Housing Stability:

Transitional housing programs serving the prioritized populations of fleeing DV, exiting an institution and/or unaccompanied/independent youth are providing services applicable to that special population.

Actions that can cause a participant to be terminated are limited to those that are necessary to protect the health and safety of other residents and staff.

CoC Project Review, Scoring & Ranking Procedures

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CoC Project Review, Scoring & Ranking Procedures

I. Purpose of this Document

The purpose of reviewing, scoring and ranking CoC Projects is to ensure Spokane's Continuum of Care is strategically allocating resources across funding sources in a way that aligns with Spokane's Homeless Plan goals and The Federal Plan Opening Door's goals of ending homelessness. The purpose of this document is to detail the procedures for reviewing, scoring and ranking CoC Project applications prior to renewal.

II. Application Process

All renewal contracts are required to complete a separate renewal application. Agencies receiving multiple grants through the Continuum of Care (CoC) Program will be required to submit individual renewal applications for each grant. Projects will be ranked using these two components: Project accessibility & services provided and the Project Performance Report. Applications will be scored (100 points possible) and ranked by members of the Community, Housing and Human Services (CHHS) Board Evaluation and Review Committee supplemented with non-funded CoC Advisory Committee members. Renewal applicants will be notified via email once the final renewal rankings have been approved by members of the CHHS Board.

III. CoC Project Review Procedure

The review process will be split into three components, reviewing four factors. The first component, the Staff Review, encompasses the barriers to entry and housing first philosophy of each project and is worth 36% of the project score. The second component, CoC Project Performance measures, will be reviewed by an Ad-Hoc Committee of CoC Advisory Committee Members who do not receive CoC funds, and is worth 44% of the project score. Finally the vulnerability of the population served by each project will be worth 20% and will be measured by the average SPDAT score of the clients served. The first two components were completed in the local competition prior to the release of the CoC15 NOFA, the third component was completed once the NOFA was released to ensure the ranking encompassed all of the necessary considerations.

A. Staff Review

Component One: Barriers to Project entry and Housing First Philosophy (38% of total score). Projects were asked to review the following questions and provide backup documentation to staff explaining how they are putting these strategies into practice. Staff reviewed this application and the backup documentation provided to determine if project will receive points for each strategy. Questions are weighted equally for each project type (i.e. PSH, PH-RRH, TH, SSO).

ALL PROJECTS (SSO/TH/PH-RRH/PSH):

Project Accessibility:

CoC Project Review, Scoring & Ranking Procedures

Admission / tenant screening and selection practices promote the acceptance of applicants regardless of their sobriety or use of substances, competition of treatment and participation in services.

Client Support and Housing Stability:

Supportive services emphasize engagement and problem-solving over therapeutic goals. Service plans are highly tenant-driven without predetermined goals.

Case managers/service coordinators are trained in and actively employ evidence-based practices for client/tenant engagement such as motivational interviewing and client-centered counseling.

HOUSING PROVIDERS ONLY (TH/PH-RRH/PSH):

Project Accessibility:

Applicants are seldom rejected on the basis of poor credit or financial history, poor or lack of rental history.

Applicants are seldom rejected on the basis of minor criminal convictions.

Applicants are seldom rejected on the basis of behaviors that indicate lack of “housing readiness.”

Applicants are not rejected because of lack of resources to pay application, deposit or other fees and/or applicants are given reasonable flexibility to pay required program entry fees.

Client Support and Housing Stability:

Participation in services or program compliance is not a condition of permanent supportive or transitional housing tenancy.

Use of alcohol or drugs in itself (without other lease violations) is not considered a reason for eviction.

Tenants in permanent supportive housing and transitional housing are given reasonable flexibility in paying their tenant share or program fee (after subsidy) on time and offered special payment arrangements (e.g. payment plan) for rent arrears and/or assistance with financial management.

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Services are informed by a harm reduction philosophy that recognizes that drug and alcohol use and addiction are a part of the tenants' lives, where tenants are engage in non-judgmental communication regarding drug and alcohol use, and where tenants are offered education regarding how to avoid risky behaviors and engage in safer practices.

TH ONLY:

Client Support and Housing Stability:

Transitional housing programs serving the prioritized populations of fleeing DV, exiting an institution and/ or unaccompanied/ independent youth

B. CoC Ad Hoc Committee Review

Component Two: Project Performance (44% of total score).

The following information will be provided for each project to the RFP evaluation committee for review. Committee members will score the overall performance of the project. Performance data was pulled from HMIS for the calendar year of 2014 to ensure that the data was as current as possible and the period of performance was consistent between all projects reviewed.

Supportive Services Only Projects-

Project Performance:

Population Served

Number of Households Served in 2014

Number of Exits

% of Households exiting to a permanent destination

% of Households exiting project with income

Financial Management:

Sub-recipient Award Amount

% of budget expended at CoC12 grant close out

Cost per household served

Transitional Housing Projects-

Project Performance:

Population Served

Number of Households Served in 2014

Number of Exits

% of Households exiting to a permanent destination

% of Households who remain stably housed

CoC Project Review, Scoring & Ranking Procedures

% of Households exiting with income
Average Length of Stay in project

Financial Management:

Sub-recipient Award Amount
% of budget expended at CoC12 grant close out
Cost per household served

Permanent Housing, Rapid Re Housing Projects-

Project Performance:

Population Served
Number of Households Served in 2014
Number of Exits
% of Households exiting to a permanent destination
% of Households who remain stably housed
% of Households exiting with income
Average Length of Stay in project

Financial Management:

Sub-recipient Award Amount
% of budget expended at CoC12 grant close out
Cost per household served

Permanent Supportive Housing Projects-

Project Performance:

Population Served
Number of Households Served in 2014
% of Chronic Homeless units designated in project
Number of Exits
% of Households exiting to a permanent destination
% of Households who remain stably housed
% of Households exiting with income
Average Length of Stay in project

Financial Management:

Sub-recipient Award Amount
% of budget expended at CoC12 grant close out
Cost per household served

C. Population Served by Project & Level of Vulnerability

CoC Project Review, Scoring & Ranking Procedures

Component Three: Level of Client Service Need served by Project (20% of total score).

To determine the level of service need of the clients served by each project, the SPDAT scores of the clients enrolled in each project were averaged to giving each project an overall vulnerability score. Because SPDAT is the universal assessment tool used by CoC projects as a way to assess each client's vulnerability and level of service need, the average score was used as a way to factor the project's population into the review. This review was completed after the NOFA was released, to ensure the ranking of projects fairly considered the vulnerability of the population served by the projects.

IV. Project Scoring and Ranking Procedure

A. Scoring Procedure

The ad hoc committee determined that the scoring criteria would be based on four components, low barriers to entry, if the project uses a housing first model, performance measures and level of service need of the clients served. The CoC Program Renewal Ranking Application which encompassed the first two components was worth 36% of total score, the Project Performance Scoring was worth 44% of the total score and the level of service need (as measured by the average SPDAT score of the enrolled clients) was worth 20% of the total score.

Two staff members scored the CoC Program Renewal Ranking Application for the barriers to entry and housing first model by the strategy listed. Each housing first and low barrier strategy was scored at 0%, 50% or 100%. 0 points were awarded for any strategy where the box was not checked, indicating that the project does not implement this practice OR for a box that was checked where there was no supporting documentation or contradictory supporting documentation. 50% of the points were awarded for a box that was checked where supporting documentation was provided, but did not clearly show how the statement was being implemented. 100% of the points were awarded for a checked box and clear supporting documentation was provided showing how the strategy was being implemented.

Committee members were provided the project performance and financial management data listed above in Section III-B. Staff provided the data and color coded the performance measures to indicate how close the project was to meeting HUD's goals of project performance. Committee members scored the performance measures between 0-55.

The average SPDAT score for each project was converted into a percentage of the total SPDAT score, then applied to the 25 points possible for this component. For example, if the project's average SPDAT score was 45 out of the total 60 points possible on the SPDAT, the project's SPDAT score would equal 75% ($45/60=.75$). That project would then get 75% of the possible 25 points or 18.75 points.

B. Ranking Procedure

The average staff score was added to the average of the Committee score and the Project's Vulnerability Score to get the overall score of the project. Projects were then ranked by the combined score for the initial ranking, not considering the re-allocated or bonus projects.

CoC Project Review, Scoring & Ranking Procedures

V. Reallocation Process

The committee reviewed the ranking and recommended projects for reallocation based on timeliness of submitted application, if the project was low barrier and practicing a housing first model, the performance measures and the vulnerability of the population served by each project. The reallocation recommendations were approved first by the CoC Advisory Committee and the final approval of the recommendations was completed by the Community Housing and Human Services Board.

VI. Appeal Process

Projects that were recommended for reallocation were notified by letter on October 15th, 2015 and given the details on how to appeal the decision of the reallocation. Below is the appeal language each reallocated project was given, ensuring each applicant had the necessary information to appeal the decision:

Excerpt from Notice of Funding Availability for the 2015 Continuum of Care Program Competition FR-5900-N-25 **Additional Overview Information Section G. Local Competition Deadlines**

Project applicants whose project was rejected may appeal the local CoC competition decision to HUD if the project applicant believes it was denied the opportunity to participate in the local CoC planning process in a reasonable manner by submitting a Solo Application in *e-snaps* directly to HUD prior to the application deadline of **7:59:59 p.m. eastern time on November 20, 2015**. The CoC's notification of rejection of the project in the local competition must be attached to the Solo Application. If the CoC fails to provide written notification outside of *e-snaps*, the Solo Applicant must attach evidence that it attempted to participate in the local CoC planning process and submitted a project application that met the local deadlines, along with a statement that the CoC did not provide the Solo Applicant written notification of the CoC rejecting the project in the local CoC competition.

Spokane Regional Continuum of Care HMIS Policies and Procedures Manual

Adopted by the City of Spokane Community, Housing and Human Services
(CHHS) Board on April 2, 2014

Jerrie Allard, Director of CHHS

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BACKGROUND

The Spokane Regional Homeless Management Information System (“HMIS”) is a tool designed to collect and store client-level data regarding the characteristics and service needs of persons experiencing homelessness or persons at risk of homelessness. HMIS data is used to report to program funders, to complete major annual data projects, to support grant applications and for local strategic planning. The Spokane Regional HMIS has been operating since 1996 and has gained national recognition for both the database project and Spokane’s homeless service providers.

In 2004 the HMIS was upgraded to operate on the web. Currently, the City of Spokane Community, Housing and Human Services Department (CHHSD) administer the HMIS, using an online system provided through a software vendor called ClientTrack.

This document provides the policies and procedures that govern HMIS operations, including the roles and responsibilities for participating agency staff. All Participating Agencies are to remain in compliance with policies and procedure listed herein as confirmed in their signed partner agency agreements.

1. TERMINOLOGY

Benchmark: standard a standard against which something can be measured or assessed

Client: An individual about whom a Contributing HMIS Organization (CHO) collects or maintains personally identifiable information:

1. Because the individual is receiving , has received, may receive, or has inquired about assistance from a CHO; or
2. In order identify needs, or to plan or develop appropriate assistance within the CoC.

Continuum of Care (CoC): The range of services provided regionally by nonprofit homeless service providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing

developers, law enforcement, and organizations that serve veterans, organized to assist persons experiencing homelessness and person at risk of homelessness.

Contributing HMIS Organization (CHO): an organization that operates a project that contributes data to an HMIS.

Database: an electronic system for organizing data so it can easily be searched and retrieved.

Homeless Management Information System (HMIS): the information system designated by the CoC to comply with HUD requirements established in notice. The HMIS is used to record, analyze, and transmit client and activity data in regard to the provision of shelter, housing, and services to individuals and families who are experiencing homeless or at risk of experiencing homelessness.

HMIS Lead: an entity designated by the CoC to operate the CoC's HMIS in accordance with HUD requirements established in notice.

Contract Compliance Officer: the staff person assigned duties as outlined in Section 2, Roles and Responsibilities, 2.1a.

HMIS Coordinator: the staff person assigned duties as outlined in Section 2, Roles and Responsibilities, 2.1b.

Clerk III: the staff person assigned duties as outlined in Section 2, Roles and Responsibilities, 2.1c.

Licensed User: also referred to as "user" an individual who uses or enters data in an HMIS or another administrative database from which data is periodically provided to an HMIS.

HMIS Lead Security Officer: the staff person assigned duties as outlined in Section 2.3, HMIS Security Officer Responsibilities, 2.3a.

Agency HMIS Security Officer: the staff person assigned duties as outlined in Section 2.3, HMIS Security Officer Responsibilities, 2.3b.

HMIS Vendor: also referred to as "the vendor", a contractor who provides materials or services for the operation of an HMIS. An HMIS vendor includes an HMIS software provider, web server host, data warehouse provider, as well as a provider of other information technology or support.

Protected Identifying Information: Information about a person that can be used to distinguish or trace a person's identity, either alone or in combination with other information. Generally this includes, but is not necessarily limited to, a person's name and social security number.

Spokane Regional HMIS: The Homeless Management Information System provided by the software vendor and tailored to cover service activities occurring through Spokane City and Spokane County.

2. ROLES AND RESPONSIBILITIES

2.1 HMIS Lead Responsibilities

Policy: The City of Spokane Community, Housing and Human Services Department serves as HMIS Lead and will be responsible for the organization and management of the Spokane Regional HMIS.

2.1a Contract Compliance Officer Responsibilities

- Monitoring compliance and review of control decisions.
- Overseeing of all contractual agreements with funders, CHOs, vendors.
- Authorizing usage and access to the HMIS.
- Communicating with CHO leadership and other stakeholders regarding the HMIS project.
- Supervising of staff including reasonable divisions of labor; hiring; and orientation of new staff to program operations, guiding principles and policies and procedures.
- Acting as the liaison with HUD and the WA Department of Commerce.

2.1b HMIS Coordinators

- Setting up User Licenses.
- Providing training and technical assistance to licensed users and CHOs.
- Coordinating technical support from software vendor.
- Monitoring agency participation including timeliness and completeness of entry.
- Communicating any planned or unplanned interruption in services.
- Mining the database to respond to the information needs of community stakeholders.
- Developing reports to submit data to funders/partner agencies.
- Measuring data quality.
- Monitoring system login activity/user technical assistance needs,
- Analysis of Data Trends.
- Auditing Policy and Procedure compliance.
- Performing data integration between local and state HMIS systems.
- Revising/updating HMIS forms.

2.1c Clerk III

- Assisting HMIS Coordinators as needed.

2.2 Agency Responsibilities:

Policy: Each participating agency will be responsible for adherence to the Policies and Procedures described in this document and for oversight of all agency personnel that have access to the HMIS.

Responsibilities:

2.2a Agency Director or Designee

- Designating an Agency HMIS Security Officer.
- Reviewing quality and completeness of site/project specific data.
- Notifying an HMIS Coordinator of HMIS staffing changes.
- Training staff on site-specific HMIS procedures.

- Ensuring each licensed HMIS user has completed all required license request forms and Partner agency user responsibility and Confidentiality agreement and that these are passed along to a HMIS coordinator.

2.2b Licensed Users

- Entering HMIS data as accurately and completely as possible.
- Entering HMIS data pertaining to activities occurring in any given month no later than the fifth day of the following month.
- Taking appropriate measures to prevent unauthorized disclosure of sensitive data.
- Reporting security violations.
- Complying with signed HMIS user agreements and partner agency agreements.
- Updating user contact information as needed.
- Logging out of the HMIS system when not actively engaged in data entry, review or analysis.
- Maintaining a unique user name and passwords used to access HMIS. Sharing of User Names and/or passwords is prohibited.
- Directing all HMIS related questions to one of the two HMIS Coordinators.

2.3 HMIS Security Officer Responsibilities

Policy: The HMIS Security Officers are responsible for ensuring compliance with state and federal HMIS data security guidelines and local HMIS data security procedures.

Responsibilities:

2.3a HMIS Lead Security Officer

- Updating HMIS security plan as needed.
- Conducting annual HMIS security monitoring at lead agency and at CHOs.
- Providing technical assistance regarding HMIS security.
- Responding to security incidents.
- Ensuring that criminal background checks are completed for each Agency HMIS security officer.

2.3b Agency HMIS Security Officer

- Reporting security incidents to HMIS Lead Security Officer.
- Ensuring that criminal background checks are completed for each user.

3. Operational Policies and Procedures

3.1 HMIS Access

Policy: Each end user will be designated a user access level that controls the level and type of access the user has within the CoC's HMIS database.

Procedures:

- An HMIS Coordinator, with input from the requesting agency, will assign the level and type of access the user will have in the system.
- Agency Staff is required to communicate to an HMIS Coordinator within one business day when an end user's need for access changes.
- An HMIS Coordinator will terminate a user's access upon email notification from Agency HMIS Coordinator.
- An HMIS Coordinator may revoke user access to anyone suspected or found to be in violation of the policies outlined in this document as stipulated in Section 4 (Violations and Sanctions).
- The table below lists the levels of access tied to existing user roles. Consult an HMIS Coordinator to learn about other customizable roles that may be offered.

User Type	Level of Access
CoC HMIS Coordinator	Access to <u>all</u> information and functions within the CoC's HMIS database.
Agency Staff	Access to data entry and reporting features.

3.2 Data

3.2a Collection of Data

Policy: All users of the CoC's HMIS database will abide by federal, state, and local laws regarding the collection of data. Failure to comply may result in revocation of HMIS access and criminal and/or civil legal penalties.

Procedures:

- Before data collection begins the client(s) must be presented with the Client Informed Consent form.
- Clients that are currently fleeing, or are otherwise in danger, from DV cannot have any identifiable information entered into the HMIS.
- Participating Agencies must store signed Informed Consent Information Release Form in client paper file for auditing purposes.
- Participating Agencies must post a Privacy Notice that explains the uses and disclosures of information.

- If client refuses consent, the end user should not include any personal identifiers (First Name, Last Name, and Social Security Number) in the HMIS. It is the responsibility of the end user to determine whether or not the inclusion of a Date of Birth (DOB) could identify the client. If it is determined that the DOB would identify the client, an approximate DOB must be entered.
- It is also the responsibility of the end user to determine if there are any other data fields that might identify the client and remove them.
- The Client ID Number, for clients that have refused consent or must otherwise have their identifiers removed, must be written on the client's paper file for internal identification and monitoring.
- User must follow the HMIS Data Entry Manual.

3.2b Release of Data by CHHSD

Policy: All effort will be made to limit the sharing of data that identifies individual clients.

Procedures:

- Requests for data must be submitted to an HMIS Coordinator via email or submission of a ticket through the CoC's HMIS database.
- The CHHSD will abide by all applicable federal and state laws governing data security and confidentiality.

3.2c Data Sharing

Policy: All agencies participating in the CoC's HMIS database will complete, and abide by, the Agency HMIS Participation Agreement.

Procedures:

- If the Agency agrees to the sharing of data, and the client has signed the section of the Client Consent Form permitted the sharing of data, staff will enter MOU #500 in the Information Release and Security portion of the client's record in HMIS.
- If the Agency does not agree to the sharing of data, staff will set the client record to Restrict to Org in the Information Release and Security portion of the client's record in HMIS.

3.2c Data Quality Plan

Data Quality is a term that refers to the reliability and validity of client-level data collected in the HMIS. It is measured by the extent to which the client data in the system reflects actual information in the real world. With good data quality, the CoC can "tell the story" of the population experiencing homelessness. The quality of data is determined by assessing certain characteristics such as timeliness, completeness, and accuracy. In order to assess data quality, a community must first think about what data quality means and document this understanding in a data quality plan. This data quality plan has three components: Data Timeliness, Data Completeness, and Data Accuracy/Consistency. This document may be revised to comply with all HUD guidance established in Notice.

Component 1: Data Timeliness

Entering HMIS data in a timely manner is important for several reasons. First, it reduces human error that may occur when too much time has elapsed between data collection or service transaction and data entry. Second, timely data entry ensures that data is available when it is needed for: monitoring purposes, meeting funder requirements, informing stakeholders, and strategic community planning. Finally, timely data entry is essential for purposes of data integration between the local HMIS and the Washington State HMIS (administered through the Washington State Department of Commerce). As a recipient of state funds the CoC is obligated to transfer HMIS data between the local HMIS and the state HMIS on a monthly basis. When data is changed on the local system after a transfer has been made, it can result in a mismatch between the two systems.

Policy: HMIS data entry pertaining to activities (project entries, assessments, project exits, and services provided) occurring in any given month shall be entered no later than the fifth day of the following month.

Procedures:

- If data pertaining to activities occurring in a given month must be corrected in HMIS after the fifth day of the following month, data entry staff must contact an HMIS Coordinator to ensure the corrections are appropriately transferred to the state HMIS.
- Data in HMIS must be corrected if inaccuracies are discovered. However, an agency's data entry process must allow adequate time for data review and completion of necessary corrections prior to each month's fifth day cutoff. Frequent changes to HMIS data after the fifth day cutoff cannot be the norm. Frequent changes made to HMIS data after the fifth day cutoff may result in monitoring findings.
- *Exception:* The CoC recognizes that certain types of projects (high-volume shelters and some services-only projects) may have difficulty entering exit data by the 5th day cutoff in cases where it is not known if clients will be returning for additional service. In such cases, clients must be exited from the project after a period of no service, not to exceed three months. When exit data is entered, including project exit dates, data should be in reference to the date the client last received service through the project.
- *Exception:* The CoC recognizes that occasional structural changes within HMIS may result in the need to modify historical records or create new records dated in the past. An HMIS Coordinator will work with staff to ensure that these changes are made appropriately and that changes are integrated with the state HMIS as needed.

Component 2: Data Completeness

Data completeness directly impacts the CoC's ability to understand the extent and nature of homelessness, patterns of service use, and the effectiveness of programs and strategies. To ensure ongoing facilitation of confidence in reporting and analysis of HMIS, this document establishes benchmarks for acceptable rates of missing or unknown data for each HMIS data element. Ideally, each agency participating in HMIS would collect 100% of all HMIS data elements for each client served. However, due to the differences in service delivery and data collection requirements that can exist across project types, this is not always possible. Therefore, the CoC has established acceptable rates of missing or

unknown data across each data element and each project type. Special consideration is given to situations where clients have refused consent to have personal identifiers entered into HMIS, or in situations where personal identifiers are prohibited by law from being entered in HMIS. Since clients should never be forced to provide information for entry to HMIS, clients that have refused consent to have personal identifiers entered into HMIS are excluded from calculation of missing or unknown data rates.

Policy: Each project participating in HMIS shall maintain data completeness at or better than the benchmarks for missing (null) and unknown (don't know/refused) as provided in Table ### (to be added at later date).

Procedures:

- Data entry staff shall monitor data completeness and accuracy and make corrections as needed, within timeliness standards.
- An HMIS Coordinator will regularly monitor data completeness in reference to acceptable rates, and will work with data entry staff to ensure corrections are completed if needed.
- If data completeness rates frequently fall out of acceptable ranges, an HMIS Coordinator will contact Program Managers to determine further action needed.
- Data completeness rates outside of acceptable ranges may result in monitoring finding.

Component 3: Data Accuracy/Consistency

Information entered into the HMIS must be valid and must accurately represent the circumstances pertaining to person being served in projects contributing data to the HMIS. False or inaccurate information is considered to be more detrimental to HMIS data quality than incomplete information, as the latter results in a gap that can be acknowledged and mitigated. HMIS data must also be consistent to ensure confidence in reporting and analysis of HMIS data. Consistency pertains to data collection practices as well as a common understanding of all data collection staff.

Policy: All data entered into the HMIS shall be a reflection of information provided by the client, as documented by data collection staff, or otherwise updated by the client and shall reflect the intent of each data element as established by HUD in Notice. Knowingly recording inaccurate information in the HMIS is strictly prohibited.

Procedures:

- On a monthly basis, data entry staff shall review project data and correct any inaccurate data within timeliness standards.
- The CHHS Department will provide standard HMIS training to all new HMIS system users and will develop training materials for ongoing reference.
- The CHHS Department will provide updated training and reference materials in accordance with updated HMIS requirements established by HUD or other funders in notice.
- During annual monitoring, CHHS staff will review client paper files against associated HMIS records to check for accuracy.

3.3 Technical Support

Policy: All requests for technical assistance, where possible, will be submitted via the electronic tracking system provided via the CoC's HMIS database.

Procedures:

- An HMIS Coordinator providing the support will determine how best to provide the requested assistance (e.g. phone, site visit, etc) and will work to resolve issues ASAP.
- The order in which requests are processed is at the discretion of the HMIS Coordinator handling the request.
- The HMIS Coordinator may, if necessary, forward submitted issues to the HMIS Vendor (ClientTrack) for assistance.

3.4 Maintenance of Computer Equipment used to Access HMIS

Policy: Participating Agencies will commit to a reasonable program of equipment maintenance to sustain HMIS operations.

Procedures:

- The participating agency will purchase, maintain, and periodically upgrade equipment capable of running a modern internet browser which is used to access the HMIS system.
- Prior to disposing of any equipment used to access or store HMIS data, the participating agency will ensure that any HMIS data stored on the device has been removed.
- Participating agencies are responsible for troubleshooting onsite hardware and software issues.
- All HMIS data, in electronic or hard-copy form, will be stored in secure locations.
- All equipment used to access the HMIS system will be stored in secure locations.

3.5 Client Rights

3.5a Informed Consent and Confidentiality:

Policy: Personally identifying information about clients served may only be collected and entered into HMIS after first obtaining written informed consent from each adult to whom the information applies.

Procedures:

- Adults may provide consent on behalf of any dependent children.
- Unaccompanied children under age 18 may provide consent for themselves.
- Informed consent may be obtained telephonically, provided that written consent is obtained at the first time the individual is physically present at an organization with access to the HMIS.
- A completed HMIS Informed Consent Form must be stored in each client's paper file.
- Form will be presented, and explained, to all adult signers prior to beginning the collection of data.

3.5b Revocation of Consent:

Policy: Clients may revoke consent to have their personally identifying information in HMIS at any time.

Procedures:

- To revoke consent, clients should submit a request to staff at the agency that initially collected their data or contact an HMIS Coordinator.
- If the request is submitted to Agency staff, a ticket must be submitted via the HMIS Issue Tracker system. An HMIS Coordinator will complete the request ensuring that all identifiable information is removed.

3.5c: Record Access:

Policy: Clients have the right to know what information is contained in their HMIS records, the right to know who entered the information, and the right to know which agency that person was associated with at the time the information was entered.

Procedures:

- Requests for this information should be directed to an HMIS Coordinator at the City of Spokane.

3.5d Refusal to Provide Information:

Policy: Clients have the right to refuse to provide information for HMIS purposes, and cannot be denied service due to this refusal.

Procedure:

- When clients refuse to provide information the staff person entering data into the HMIS should indicate the appropriate response of 'Refused'.

3.6 System Availability

Policy: The system will be available at all times to licensed users, except as needed for maintenance.

Procedures:

- The HMIS Lead Agency will inform end users of planned or unplanned interruptions in service and will work to resolve service as quickly as possible.

3.7 Participation Fees

Policy: The CHHSD reserves the right to charge participation fees.

Procedure:

- Participating Agencies should consult the HMIS Fee Schedule document for current HMIS participation costs.

4. Security Policies and Procedures

4.1 User Authentication

Policy: The HMIS can only be accessed with a valid username and password combination. An HMIS Coordinator will provide unique username and initial password for eligible individuals after completion of required training and signing of the HMIS User Agreement and receipt of these Policies and Procedures.

Procedures:

- Users must sign the HMIS User Agreement and are responsible for adhering to the letter, and intent, of the agreement.
- HMIS Coordinator will be responsible for the distribution, collection, and storage of the signed HMIS User Agreements and receipts of these Policies and Procedures.
- An HMIS Coordinator will assign new user with a username and an initial password.
- End user will be required to create a permanent password within 1 business day or access will be terminated.
- Users will maintain password confidentiality. The sharing of passwords or accounts is prohibited.
- Agency staff is required to notify An HMIS Coordinator when user leaves employment with the Agency, or no longer needs access, within one business day.
- An HMIS Coordinator will terminate access upon notification by agency staff within one business day.

4.2 Extracted Data Security Measures

Policy: Users will maintain the security of any client data extracted from the HMIS and stored locally in compliance with all applicable state and federal laws.

Procedures:

- Extracted data that contains personally identifiable information must be stored in a secure location that is not accessible to the general public, is secured via physical or electronic means, and is restricted to only those staff that has an immediate need.
- Any security questions can be addressed to an HMIS Coordinator.

4.4 Backup and Recovery Procedures

Policy: The HMIS Lead Agency will coordinate with the Vendor to ensure proper backup and recovery, if needed, of HMIS data.

Procedure:

- The Vendor will perform regular schedule backups of the system to prevent the loss of data, per contract.

4.5 Hardware Security Measures

Policy: All computers and networks used to access HMIS must have virus protection software and firewall installed. Virus definitions and firewall must be regularly updated.

Procedures:

- HMIS Lead Agency must confirm that Participating Agencies have virus protection software and firewall installed prior to granting HMIS access
- Anti-Virus software must be set to automatically update.
- Firewall must be placed between any computer and internet connection for the entire network, be protected with at minimum Wired Equivalent Privacy (WEP), use Network Address Translation (NAT), and maintain the most recent virus security updates.
- The Agency Director, or Designee, is responsible for ensuring Agency compliance.

4.6 Security Review

Policy: Each HMIS Lead Agency will complete an annual security review to ensure the implementation of the security requirements for itself and Participating Agencies, per the HMIS Security Checklist

Procedures: (Waiting on HUD guidance)

4.7 Violations and Sanctions

Policy: Any user found to be in violation of these policies and procedures may have their HMIS access suspended or revoked and may be liable for civil and/or criminal penalties.

Procedures:

- Users are obligated to report suspected instances of non-compliance to the Agency Program Manager, or Designee, who will in turn notify an HMIS Coordinator ASAP.
- An HMIS Coordinator will investigate potential violations.

5. Appendices

APPENDIX A: AGENCY PARTICIPATION AGREEMENT

APPENDIX B: HMIS USER AGREEMENT

APPENDIX C: HMIS LICENSE REQUEST

APPENDIX D: HMIS LICENSE REQUEST INSTRUCTIONS

APPENDIX E: CLIENT INFORMED CONSENT

APPENDIX F: HMIS FEE SCHEDULE



COMMUNITY, HOUSING AND
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To Whom it May Concern,

Spokane's PHA does not have a homeless admissions preference. As directed (see below) this attachment is in place of the PHA Administration Plan as it is not applicable for our area.

Question Subject: CoC Program Application: 1C-4 + Attachments

Question Text:

Re: 1C-4 PHAs Homeless Preference

Spokane's PHA does not have a homeless admissions preference, so we are answering "NO" on that part of the question.

According to the detailed instructions, "If a "Yes" option is selected, the Collaborative Applicant must attach documentation to this application in order to receive credit for each homeless preference". I have attached the part of the detailed instructions where it looks like we do not need to attach the administration plan.

Our attachments page is showing that it is incomplete because we have not attached the PHA Admin plan because we are answering "No" to that question. Is the PHA Admin plan required even if there is no homeless preference to verify?

Additional Information:

Added by Requestor on 11-12-2015 02:52 PM (CST)

re: Additional Info for Q1C-4

Project Number: COC_REG_2015_121691

Added by Requestor on 11-12-2015 02:53 PM (CST)

Here is another screen shot

Response:

Thank you for your question.

The Attachment "PHA Administration Plan" is programmed as a required attachment in e-snaps. We recommend that you attach a document stating that Spokane's PHA does not have a homeless admissions preference, and the documentation is not applicable.

TABLE OF CONTENTS

- I. Purpose of this Document
- II. Basic Definitions
- III. Chronic Homeless Prioritization
- IV. Veteran Prioritization
- V. Order of Priority
- VI. Assessment Process
- VII. Housing Placement Process
- VIII. Recordkeeping Requirements

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.

Gathering Evidence of Chronically Homeless Status:

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

Performance Measurement Module (Sys PM)

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than October, 1, 2012.

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.

Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

a. This measure is of the client's entry, exit, and bed night dates strictly as entered in the HMIS system.

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Previous FY	Current FY	Previous FY	Current FY	Difference	Previous FY	Current FY	Difference
1.1 Persons in ES and SH		672		60			51	
1.2 Persons in ES, SH, and TH		1370		138			86	

b. Due to changes in DS Element 3.17, metrics for measure (b) will not be reported in 2016.

This measure includes data from each client's "Length of Time on Street, in an Emergency Shelter, or Safe Haven" (Data Standards element 3.17) response and prepends this answer to the client's entry date effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

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

Performance Measurement Module (Sys PM)

Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)	Returns to Homelessness in Less than 6 Months (0 - 180 days)		Returns to Homelessness from 6 to 12 Months (181 - 365 days)		Returns to Homelessness from 13 to 24 Months (366 - 730 days)		Number of Returns in 2 Years	
		# of Returns	% of Returns	# of Returns	% of Returns	# of Returns	% of Returns	# of Returns	% of Returns
Exit was from SO	23	2	9%	0	0%	1	4%	3	13%
Exit was from ES	392	40	10%	16	4%	34	9%	90	23%
Exit was from TH	338	34	10%	18	5%	12	4%	64	19%
Exit was from SH	0	0		0		0		0	
Exit was from PH	1325	59	4%	44	3%	83	6%	186	14%
TOTAL Returns to Homelessness	2078	135	6%	78	4%	130	6%	343	17%

Performance Measurement Module (Sys PM)

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

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

	Previous FY PIT Count	2015 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	1149	1034	-115
Emergency Shelter Total	561	579	18
Safe Haven Total	0	0	0
Transitional Housing Total	433	323	-110
Total Sheltered Count	994	902	-92
Unsheltered Count	155	132	-23

Metric 3.2 – Change in Annual Counts

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

	Previous FY	Current FY	Difference
Universe: Unduplicated Total sheltered homeless persons		1400	
Emergency Shelter Total		691	
Safe Haven Total		0	
Transitional Housing Total		729	

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

	Previous FY	Current FY	Difference
Universe: Number of adults (system stayers)		129	
Number of adults with increased earned income		1	
Percentage of adults who increased earned income		1%	

Performance Measurement Module (Sys PM)

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

	Previous FY	Current FY	Difference
Universe: Number of adults (system stayers)		129	
Number of adults with increased non-employment cash income		34	
Percentage of adults who increased non-employment cash income		26%	

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

	Previous FY	Current FY	Difference
Universe: Number of adults (system stayers)		129	
Number of adults with increased total income		35	
Percentage of adults who increased total income		27%	

Metric 4.4 – Change in earned income for adult system leavers

	Previous FY	Current FY	Difference
Universe: Number of adults who exited (system leavers)		394	
Number of adults who exited with increased earned income		50	
Percentage of adults who increased earned income		13%	

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

	Previous FY	Current FY	Difference
Universe: Number of adults who exited (system leavers)		394	
Number of adults who exited with increased non-employment cash income		106	
Percentage of adults who increased non-employment cash income		27%	

Metric 4.6 – Change in total income for adult system leavers

	Previous FY	Current FY	Difference
Universe: Number of adults who exited (system leavers)		394	
Number of adults who exited with increased total income		148	
Percentage of adults who increased total income		38%	

Performance Measurement Module (Sys PM)

Measure 5: Number of persons who become homeless for the 1st time

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

	Previous FY	Current FY	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.		1468	
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.		368	
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)		1100	

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

	Previous FY	Current FY	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.		4149	
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.		753	
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)		3396	

Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD’s Homeless Definition in CoC Program-funded Projects

This Measure is not applicable to CoCs in 2016.

Performance Measurement Module (Sys PM)

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

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

	Previous FY	Current FY	Difference
Universe: Persons who exit Street Outreach		43	
Of persons above, those who exited to temporary & some institutional destinations		0	
Of the persons above, those who exited to permanent housing destinations		34	
% Successful exits		79%	

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

	Previous FY	Current FY	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited		3004	
Of the persons above, those who exited to permanent housing destinations		1800	
% Successful exits		60%	

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

	Previous FY	Current FY	Difference
Universe: Persons in all PH projects except PH-RRH		756	
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations		701	
% Successful exits/retention		93%	

Q4A-3: Collaborating Organizations for Health Insurance Enrollment + Positive Outcome of the Partnership

Partnering Organizations:

The following organizations have trained Navigators to assist with enrollment in Whitman, Spokane, Lincoln, Adams, Pend Oreille, Stevens and Ferry Counties. There are approximately 85 certified Navigators for 2016-2017.

- Aging and Long Term Care of Eastern Washington
- Center for Justice
- Christ Clinic
- Columbia Basin Health Association
- Community Health Association of Spokane (CHAS)
- Community Health Systems (Deaconess, Rockwood)
- Community Minded Enterprises
- Frontier Behavioral Health
- Life Services
- N.E. Washington Health Programs
- NATIVE Project
- Odessa Memorial Health Center
- Planned Parenthood
- Providence Hospital Systems
- Spokane AIDS Network
- Spokane Regional Health Dist.
- Unify Community Health
- WSU Health & Wellness

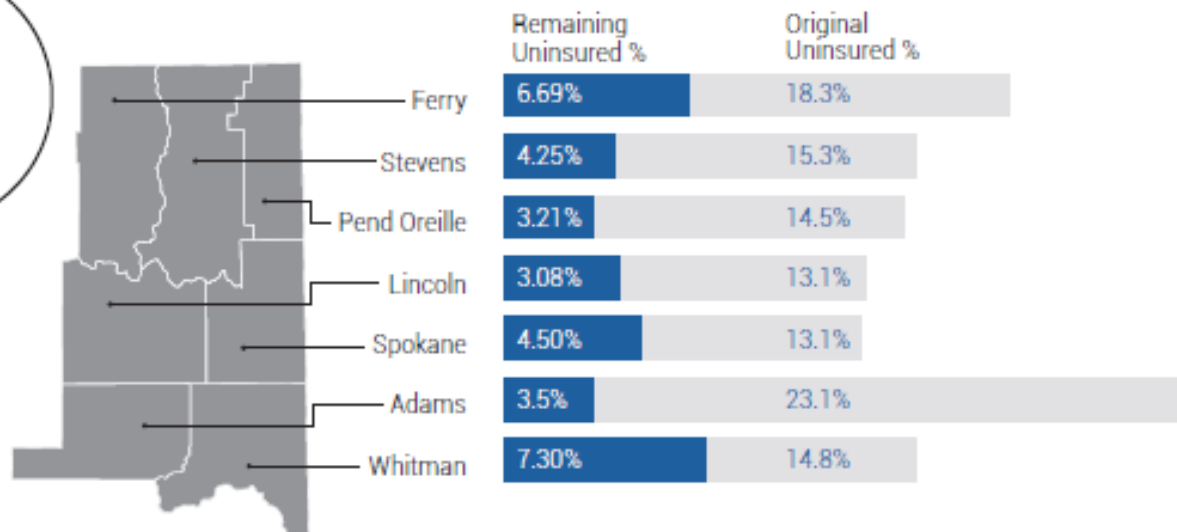
Q4A-3: Collaborating Organizations for Health Insurance Enrollment + Positive Outcome of the Partnership



97% of eligible people have health insurance in our region



INSURANCE OPPORTUNITY BY COUNTY



Launching with an audacious goal of enrolling 10,000 people in health insurance through Washington HealthPlanFinder, in 2016 our Navigators have enrolled over 130,000 people, while providing needed technical assistance each month to our 100+ community based Navigators.

Throughout the year, BHT coordinates numerous outreach activities to support enrollment in Apple Health and Qualified Health Plans. Navigators are always available to support people facing special circumstances such as people losing other coverage due to a change in employment, income, or life circumstance.