

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:

1. Reviewing the FY 2017 CoC Program Competition NOFA in its entirety for specific application and program requirements.
2. Ensuring all questions are answered completely.
3. Reviewing the FY 2017 CoC Consolidated Application Detailed Instructions, which gives additional information for each question.
4. Ensuring all imported responses in the application are fully reviewed and updated as needed.
5. The Collaborative Applicant must review and utilize responses provided by project applicants in their Project Applications.
6. Some questions require the Collaborative Applicant to attach documentation to receive credit for the question. This will be identified in the question.

- Note: For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses. These are noted in the application.

- 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 application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

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

1A-3. CoC Designation: CA

1A-4. HMIS Lead: City of Spokane

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1B-1. From the list below, select those organization(s) and/or person(s) that participate in CoC meetings. Using the drop-down boxes, indicate if the organization(s) and/or person(s): (1) participate in CoC meetings; and (2) vote, including selection of CoC Board members. Responses should be for the period from 5/1/16 to 4/30/17.

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board Members
Local Government Staff/Officials	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes
Law Enforcement	Yes	Yes
Local Jail(s)	Yes	No
Hospital(s)	Yes	Yes
EMT/Crisis Response Team(s)	No	No
Mental Health Service Organizations	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes
Disability Service Organizations	Yes	Yes
Disability Advocates	Yes	Yes
Public Housing Authorities	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Yes	Yes
Youth Advocates	Yes	Yes
School Administrators/Homeless Liaisons	Yes	Yes
CoC Funded Victim Service Providers	Yes	No
Non-CoC Funded Victim Service Providers	Yes	Yes
Domestic Violence Advocates	Yes	Yes
Street Outreach Team(s)	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes
LGBT Service Organizations	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes
Other:(limit 50 characters)		

Workforce Development	Yes	Yes
Philanthropic/local funders	Yes	Yes
DSHS Children's Administration	Yes	Yes

Applicant must select Yes, No or Not Applicable for all of the listed organization/person categories in 1B-1.

1B-1a. Describe the specific strategy(s) the CoC uses to solicit and consider opinions from organizations and/or persons that have an interest in preventing or ending homelessness. (limit 1000 characters)

The CoC ensures that a full range of opinions are considered by having diverse board membership and subcommittee membership to address local needs. Each subcommittee seeks participation from service and housing providers involved in any issue the CoC is addressing through direct engagement and recruitment of leadership of that organization. On an annual basis the CoC solicits participation from community members that have an interest via volunteer recruitment for the annual PIT count as well as various population specific activities throughout the year to strategize on gaps in the systems and ways to streamline the process for persons experiencing homelessness.

1B-2. Describe the CoC's open invitation process for soliciting new members, including any special outreach. (limit 1000 characters)

The Executive Committee of the CoC Board serves as the nominating committee for new members. Each year in the fall, the Executive Committee meets to discuss potential new Board members as needed to ensure a balanced and representative Board as well as discuss any revisions to the governance charter. The CoC Board must represent relevant organizations and projects serving homeless populations. The Executive Committee discerns and solicits nominations for Board positions from the CoC Stakeholders. Individuals are chosen as representatives from service providers, persons with lived homeless experience, other key community stakeholders, and the CoC at-large. At the annual stakeholder meeting of the CoC, nominations for potential Board members are solicited at the meeting.

1B-3. Describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding in the FY 2017 CoC Program Competition, even if the CoC is not applying for new projects in FY 2017. The response must include the date(s) the CoC made publicly knowing they were open to proposals. (limit 1000 characters)

A Request for Proposals (RFP) was released by the Collaborative Applicant via a community RFP email distribution list maintained by local government comprised of individuals from all sectors of business. The proposal was also posted to the Collaborative Applicant's website. Agencies that have expressed

interest in such funding opportunities were also included on communications. Organizations that have expressed interest in receiving funding for the homeless services they provide that the collaborative applicant passes through to local nonprofits were also included on the email communications.

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. Using the chart below, identify the Federal, State, Local, Private and Other organizations that serve homeless individuals, families, unaccompanied youth, persons who are fleeing domestic violence, or those at risk of homelessness that are included in the CoCs coordination; planning and operation of projects. Only select "Not Applicable" if the funding source(s) do not exist in the CoC's geographic area.

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	No
Housing and service programs funded through Department of Justice (DOJ) resources	Yes
Housing and service programs funded through Health and Human Services (HHS) resources	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and service programs funded through state government resources	Yes
Housing and service programs funded through local government resources	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	

1C-2. Describe how the CoC actively consults with Emergency Solutions Grant (ESG) recipient’s in the planning and allocation of ESG funds. Include in the response: (1) the interactions that occur between the CoC and the ESG Recipients in the planning and allocation of funds; (2) the CoCs participation in the local Consolidated Plan jurisdiction(s) process by providing Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions; and (3) how the CoC ensures local homelessness information is clearly communicated and addressed in Consolidated Plan updates. (limit 1000 characters)

The City of Spokane is the CoC Collaborative Applicant and the sole ESG recipient. The CoC Board oversees the strategic planning and allocation of both funding streams as well as other local and state funding for homelessness. In

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

1C-3. CoCs must demonstrate the local efforts to address the unique needs of persons, and their families, fleeing domestic violence that includes access to housing and services that prioritizes safety and confidentiality of program participants. (limit 1000 characters)

Through coordinated entry households are asked whether they are fleeing or in danger from a DV, dating violence, sexual assault or stalking situation. If the client indicates yes, they are entered anonymously in HMIS and informed that this will not limit their options but will be a safety measure for their protection. The household can choose which housing and services best fit their needs based on their vulnerability assessment and available services. Clients are connected with local victim service providers for legal advice, advocacy, and counseling. The YWCA, Spokane's main DV service provider, provides immediate shelter for anyone in a DV situation and has the capacity to conduct coordinated entry assessments.

1C-3a. CoCs must describe the following: (1) how regular training is provided to CoC providers and operators of coordinated entry processes that addresses best practices in serving survivors of domestic violence; (2) how the CoC uses statistics and other available data about domestic violence, including aggregate data from comparable databases, as appropriate, to assess the scope of community needs related to domestic violence and homelessness; and (3) the CoC safety and planning protocols and how they are included in the coordinated assessment. (limit 1,000 characters)

The CoC partners with the local YWCA to leverage guidance on serving DV survivors and to access specialized services for clients in need throughout the system. Providers include training for staff on providing services to persons fleeing DV in their on-going training plans. Annually the CoC evaluates information compiled in the PIT and HMIS to understand the scope of community members fleeing from domestic violence. The CoC also receives guidance on community needs for prioritized populations from direct service providers regarding usage and gaps in services. The APR process is also utilized to inform decisions regarding local needs. If an individual or family is fleeing from domestic violence the coordinated entry providers enter clients anonymously and remove any identifying information to ensure their safety is maintained.

1C-4. Using the chart provided, for each of the Public Housing Agency's (PHA) in the CoC's geographic area: (1) identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA's that were homeless at the time of admission; and (2) indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV program.

Attachment Required: If the CoC selected, "Yes-Public Housing", "Yes-HCV" or "Yes-Both", attach an excerpt from the PHA(s) written policies or a letter from the PHA(s) that addresses homeless preference.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2016 who were homeless at entry	PHA has General or Limited Homeless Preference
Spokane Housing Authority	8.60%	No

1C-4a. For each PHA where there is not a homeless admission preference in their written policies, identify the steps the CoC has taken to encourage the PHA to adopt such a policy. (limit 1000 characters)

While the PHA does not have a homeless admission preference policy and does not have plans to do so at this time, the programs provided through the housing authority served a total of 275 persons that were homeless at entry and continue to provide monthly referral options to housing providers as well as those that are funded under the CoC Program. This effort is to transition clients, as appropriate, onto other subsidies available in our community ultimately providing tangible space for new homeless persons to be served via our crisis response system.

1C-5. Describe the actions the CoC has taken to: (1) address the needs of Lesbian, Gay, Bisexual, Transgender (LGBT) individuals and their families experiencing homelessness, (2) conduct regular CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity, including Gender Identify Equal Access to Housing, Fina Rule; and (3) implementation of an anti-discrimination policy. (limit 1000 characters)

The CoC has incorporated the 2016 Final Equal Access in Accordance with an Individual's Gender Identify in Community Planning and Development Programs Rule into its policies and procedures which is required to be adopted by all CoC funded providers. Providers have implemented their own policies regarding serving LGBTQ persons which includes serving persons based on the gender in which they identify when they present. The CoC also includes a member of the LGBTQ community on the board as well as voting member as well incorporate

advocates in strategic planning and subcommittee participation. The CoC has adopted an anti-discrimination policy with an expected timeline for implementation of December 2017.

1C-6. Criminalization: Select the specific strategies implemented by the CoC to prevent the criminalization of homelessness in the CoC's geographic area. Select all that apply.

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Engaged/educated local business leaders	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input checked="" type="checkbox"/>
No strategies have been implemented	<input type="checkbox"/>
Other:(limit 50 characters)	
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

When "No Strategies have been implemented" is selected no other checkbox may be selected.

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Discharge Planning-State and Local: Select from the list provided, the systems of care the CoC coordinates with and assists in state and local discharge planning efforts to ensure those who are discharged from that system of care are not released directly to the streets, emergency shelters, or other homeless assistance programs. 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-1a. If the applicant did not check all the boxes in 1D-1, provide: (1) an explanation of the reason(s) the CoC does not have a discharge policy in place for the system of care; and (2) provide the actions the CoC is taking or plans to take to coordinate with or assist the State and local discharge planning efforts to ensure persons are not discharged to the street, emergency shelters, or other homeless assistance programs. (limit 1000 characters)

N/A

1D-2. Discharge Planning: Select the system(s) of care within the CoC's geographic area the CoC actively coordinates with to ensure persons who have resided in any of the institutions listed below longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. 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"/>

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

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1E-1. Using the drop-down menu, select the appropriate response(s) that demonstrate the process the CoC used to rank and select project applications in the FY 2017 CoC Program Competition which included (1) the use of objective criteria; (2) at least one factor related to achieving positive housing outcomes; and (3) included a specific method for evaluating projects submitted by victim service providers.

Attachment Required: Public posting of documentation that supports the process the CoC used to rank and select project application.

Used Objective Criteria for Review, Rating, Ranking and Section	Yes
Included at least one factor related to achieving positive housing outcomes	Yes
Included a specific method for evaluating projects submitted by victim service providers	No

1E-2. Severity of Needs and Vulnerabilities

**CoCs must provide the extent the CoC considered the severity of needs and vulnerabilities experienced by program participants in their project ranking and selection process. Describe: (1) the specific vulnerabilities the CoC considered; and (2) how the CoC takes these vulnerabilities into account during the ranking and selection process. (See the CoC Application Detailed Instructions for examples of severity of needs and vulnerabilities.)
(limit 1000 characters)**

Three measures were reviewed by the RFP & Evaluation CoC Committee to take into consideration how project performance may have been impacted by serving the most vulnerable. These measures: (1) the percentage of clients entering from a place not meant for human habitation, (2) the percentage of households with zero income at entry, and (3) the percentage of clients reporting more than one disability type at entry. Once the initial project ranking list is creating based on project performance and adherence the Housing First philosophy, the CoC Board considers the projects that are serving a prioritized population and the level of service for the population in our community to ensure services are available.

1E-3. Using the following checklist, select: (1) how the CoC made publicly available to potential project applicants an objective ranking and selection process that was used for all project (new and renewal) at least 2 days before the application submission deadline; and (2) all parts of the CoC Consolidated Application, the CoC Application attachments, Priority Listing that includes the reallocation forms and Project Listings that show all project applications submitted to the CoC were either accepted and ranked, or rejected and were made publicly available to project applicants, community members and key stakeholders.

Attachment Required: Documentation demonstrating the objective ranking and selections process and the final version of the completed CoC Consolidated Application, including the CoC Application with attachments, Priority Listing with reallocation forms and all project applications that were accepted and ranked, or rejected (new and renewal) was made publicly available. Attachments must clearly show the date the documents were publicly posted.

Public Posting	
CoC or other Website	<input checked="" type="checkbox"/>
Email	<input checked="" type="checkbox"/>
Mail	<input type="checkbox"/>
Advertising in Local Newspaper(s)	<input type="checkbox"/>
Advertising on Radio or Television	<input type="checkbox"/>
Social Media (Twitter, Facebook, etc.)	<input type="checkbox"/>

1E-4. Reallocation: Applicants must demonstrate the ability to reallocate lower performing projects to create new, higher performing projects. CoC's may choose from one of the following two options below to answer this question. You do not need to provide an answer for both.

Option 1: The CoC actively encourages new and existing providers to apply for new projects through reallocation.

Attachment Required - Option 1: Documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

Option 2: The CoC has cumulatively reallocated at least 20 percent of the CoC's ARD between FY 2013 and FY 2017 CoC Program Competitions.

No Attachment Required - HUD will calculate the cumulative amount based on the CoCs reallocation forms submitted with each fiscal years Priority Listing.

Reallocation: Option 1

Attachment Required - provide documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

1E-5. If the CoC rejected or reduced project application(s), enter the date the CoC and Collaborative Applicant notified project applicants their project application(s) were being rejected or reduced in writing outside of e-snaps. 09/26/2017

Attachment Required: Copies of the written notification to project applicant(s) that their project application(s) were rejected. Where a project application is being rejected or reduced, the CoC must indicate the reason(s) for the rejection or reduction.

1E-5a. Provide the date the CoC notified applicant(s) their application(s) were accepted and ranked on the Priority Listing, in writing, outside of e-snaps. 09/14/2017

Attachment Required: Copies of the written notification to project applicant(s) their project application(s) were accepted and ranked on the Priority listing.

Reallocation Supporting Documentation

Attachment Required - provide documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

Document Type	Required?	Document Description	Date Attached
Reallocation Supporting Documentation	No	Supporting for Q ...	09/04/2017

Attachment Details

Document Description: Supporting for Q 1E-4 Option 1

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

Attachment Required: If “Yes” is selected, a copy of the sections of the Governance Charter, or MOU/MOA addressing the roles and responsibilities of the CoC and HMIS Lead.

2A-1a. Provide the page number(s) where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document(s) referenced in 2A-1. In addition, indicate if the page number applies to the Governance Charter or MOU/MOA. Page 1, of the Memorandum of Understanding – Spokane City/County CoC HMIS Lead

2A-2. Does the CoC have a HMIS Policies and Procedures Manual? Attachment Required: If the response was “Yes”, attach a copy of the HMIS Policies and Procedures Manual. Yes

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

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

2A-5. Per the 2017 HIC use the following chart to indicate the number of beds in the 2017 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 2017 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	709	45	315	47.44%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	359	0	283	78.83%
Rapid Re-Housing (RRH) beds	636	0	632	99.37%
Permanent Supportive Housing (PSH) beds	836	0	279	33.37%
Other Permanent Housing (OPH) beds	125	0	35	28.00%

2A-5a. To receive partial credit, if the bed coverage rate is below 85 percent for any of the project types, the CoC must provide clear steps on how it intends to increase this percentage for each project type over the next 12 months.

(limit 1000 characters)

2017 ESG HMIS bed coverage represents an improvement of approximately 18% over 2016; the slight decreases in PSH and OPH coverage is the result of new projects coming online that will be included in the HMIS as soon as possible, resulting in much improved coverage in 2018 as a result. The CoC intends to increase the percentage of emergency shelter, TH, PSH, and OPH beds by leveraging other funding sources to expand the capacity of the crisis response system.

Work with faith based and non-HMIS participating providers to use the HUD CSV import/export guidelines is ongoing. Some local agencies, particularly faith-based, rely on non-HMIS databases for their data needs and wish to avoid duplicating data entry. However, the increasing importance placed on HMIS participation by funders, including non-government and private funders, and the CoC leadership, has led to more interest in either direct participation or data sharing via XML/CSV imports/exports.

2A-6. Annual Housing Assessment Report (AHAR) Submission: How many Annual Housing Assessment Report (AHAR) tables were accepted and used in the 2016 AHAR? 10

2A-7. Enter the date the CoC submitted the 2017 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). (mm/dd/yyyy) 04/28/2017

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

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2B-1. Indicate the date of the CoC's 2017 PIT count (mm/dd/yyyy). If the PIT count was conducted outside the last 10 days of January 2017, HUD will verify the CoC received a HUD-approved exception. 01/26/2017

2B-2. Enter the date the CoC submitted the PIT count data in HDX. (mm/dd/yyyy) 04/28/2017

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

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2C-1. Describe any change in the CoC’s sheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017. Specifically, how those changes impacted the CoCs sheltered PIT count results. (limit 1000 characters)

The CoC's methodology, refined over many years and based off of HUD guidance and established best practices, remained largely unchanged; however, a complete review of all PIT practices was conducted by experts in the field of homelessness, including the formerly homeless, to ensure that the practices used were effective in achieving an accurate count. These advisory committees also participated in data collection and communication efforts and helped review and verify collected data.

Additionally, the complete list of all housing providers was disseminated out to every level of the CoC to ensure that all housing providers were solicited to participate in the PIT and that the bed and unit data was accurate.

2C-2. Did your CoC change its provider coverage in the 2017 sheltered count? Yes

2C-2a. If “Yes” was selected in 2C-2, enter the change in provider coverage in the 2017 sheltered PIT count, including the number of beds added or removed due to the change.

Beds Added:	513
Beds Removed:	324
Total:	189

2C-3. Did your CoC add or remove emergency shelter, transitional housing, or Safe-Haven inventory because of funding specific to a Presidentially declared disaster resulting in a change to the CoC's 2017 sheltered PIT count? No

2C-3a. If "Yes" was selected in 2C-3, enter the number of beds that were added or removed in 2017 because of a Presidentially declared disaster.

Beds Added:	0
Beds Removed:	0
Total:	0

2C-4. Did the CoC change its unsheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017? No
 CoCs that did not conduct an unsheltered count in 2016 or did not report unsheltered PIT count data to HUD in 2016 should compare their efforts in 2017 to their efforts in 2015.

2C-4a. Describe any change in the CoC’s unsheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017. Specify how those changes impacted the CoC’s unsheltered PIT count results. See Detailed Instructions for more information. (limit 1000 characters)

N/A

2C-5. Did the CoC implement specific measures to identify youth in their PIT count? Yes

2C-5a. If "Yes" was selected in 2C-5, describe the specific measures the CoC; (1) took to identify homeless youth in the PIT count; (2) during the planning process, how stakeholders that serve homeless youth were engaged; (3) how homeless youth were engaged/involved; and (4) how the CoC worked with stakeholders to select locations where homeless youth are most likely to be identified. (limit 1000 characters)

The HMIS Lead Agency created a specific advisory committee to review the processes and methodology used in executing the annual Point-in-Time Count to ensure that special populations, like youth, were covered to the fullest capabilities of the CoC. The committee itself was comprised of formerly homeless youth, youth service providers, and government institutions (e.g. juvenile justice) that provide services or engage with youth.

The committee reviewed every aspect of the PIT process, including the data collection tool and outreach/data collection locations, and provided recommendations.

In order to ensure good geographical coverage and to increase participation from youth experiencing homelessness, special outreach teams, comprised of formally homeless youth and youth service providers, were dispersed

throughout the community. Each team was assigned specific locations to cover in order to maximize the available resources.

2C-6. Describe any actions the CoC implemented in its 2017 PIT count to better count individuals and families experiencing chronic homelessness, families with children, and Veterans experiencing homelessness. (limit 1000 characters)

In 2017, the HMIS Lead Agency convened a committee--comprised of service providers and the formerly homeless--to conduct a methodical review of the PIT methodology used in past PIT counts in order to identify possible improvements and to ensure all HUD requirements were being met for the 2017 PIT.

The committee focused on the chronic homeless and veteran sub-populations, due to the increases seen within the CoC over the last couple PIT counts. Data on the number of those experiencing homelessness from survey locations used in previous PIT counts was reviewed to determine priorities for outreach efforts and to ensure that that outreach teams covered the maximum geographical coverage. A substantial effort was spent ensuring that the data collection tool and instructions provided to PIT volunteers covered all required components and were clearly articulated and that ever possible service provider was identified for outreach and inclusion in the PIT count.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**3A-1. Performance Measure: Reduction in the Number of First-Time Homeless. Describe: (1) the numerical change the CoC experienced; (2) the process the CoC used to identify risk factors of becoming homeless for the first time; (3) the strategies in place to address individuals and families at risk of becoming homeless; and (4) the organization or position that is responsible for overseeing the CoC's strategy to reduce or end the number of individuals and families experiencing homelessness for the first time.
(limit 1000 characters)**

The CoC experienced an increase in the number of people who became homeless for the 1st time by 432 persons. Identification of risk factors for homelessness begins at coordinated entry (CE) using the VI-SPDAT triage tool to assess households for vulnerability and barriers to housing. Households that are more likely to resolve a housing crisis are referred for diversion. Diversion is the first level of intervention when households accesses CE. Diversion services include mediation with landlords, education on tenants' rights, housing search assistance, connection to mainstream benefits/employment resources, as well as limited financial support. The CoC Board and its Sub-Committees are responsible for the strategy of our system. They meet regularly to assess system need and make targeted recommendations. The CoC recently chose to invest more heavily in emergency shelter and street outreach which resulted in many individuals accessing services for the first time.

**3A-2. Performance Measure: Length-of-Time Homeless. CoC 's must demonstrate how they reduce the length-of-time for individuals and families remaining homeless. Describe (1) the numerical change the CoC experienced; (2) the actions the CoC has implemented to reduce the length-of-time individuals and families remain homeless; (3) how the CoC identifies and houses individuals and families with the longest length-of-time homeless; and (4) identify the organization or position that is responsible for overseeing the CoC's strategy to reduce the length-of-time individuals and families remain homeless.
(limit 1000 characters)**

The CoC experienced an overall decrease in the average length of time (LOT) persons remain homeless (28 fewer days for ES and TH projects). For persons in ES only, the average LOT increased slightly (9 days). The CoC has implemented reduction in LOT homeless as a required performance outcome for all temporary housing projects and facilitated greater connection to

coordinated entry and access permanent housing resources at emergency shelters and TH projects. The CoC assesses individuals and families with the greatest vulnerabilities and barriers to housing at the coordinated entry point using the SPDAT. Priority is given based on scores, with priority consideration for those with the longest length-of-time homeless. The CoC Subcommittees on Chronically Homeless Individuals and Families are responsible for assessment and strategic planning to reduce the LOT households experience homelessness. The RFP & Evaluation Committee implements funding priorities such as reduction LOT homeless.

3A-3. Performance Measures: Successful Permanent Housing Placement and Retention

Describe: (1) the numerical change the CoC experienced; (2) the CoCs strategy to increase the rate of which individuals and families move to permanent housing destination or retain permanent housing; and (3) the organization or position responsible for overseeing the CoC’s strategy for retention of, or placement in permanent housing. (limit 1000 characters)

The CoC experienced a decrease in exits to PH from ES, TH, and RRH project of 1%, a decrease in exits to/retention of PH in PSH and OPH projects, and a decrease in successful exits from street outreach of 13%. In the past year, the CoC invested very heavily in expanding street outreach to target those with the highest barriers to housing and longest lengths of homelessness. In addition to improving implementation and monitoring of housing projects, the CoC has prioritized improving access to permanent housing options through landlord incentive and mitigation initiatives and expanded partnerships with the Spokane Housing Authority and others. The CoC Board is responsible for the overall strategy for the system. The City of Spokane also takes responsibility for continued partnership growth and expansion in order to bring about positive outcomes for our citizens. Finally, agency partners play a pivotal role in facilitating ongoing success of the partnerships and client access to them.

3A-4. Performance Measure: Returns to Homelessness.

Describe: (1) the numerical change the CoC experienced, (2) what strategies the CoC implemented to identify individuals and families who return to homelessness, (3) the strategies the CoC will use to reduce additional returns to homelessness, and (4) the organization or position responsible for overseeing the CoC’s efforts to reduce the rate of individuals and families’ returns to homelessness. (limit 1000 characters)

Across all project types the CoC experienced no change (17%) in returns to homeless within 2 years of exit to PH. The CoC publishes quarterly system and project-level performance dashboards to changes in key measures such as returns to homelessness. Projects or system components with high rates of return to homeless are assessed and technical assistance provided to increase housing stability. The CoC is assessing ways to expand after-care services for individuals and families to have ongoing support to address emerging needs and allow for immediate prevention services to be provided. Increasing PSH stock to ensure housing stability for those who may need a permanent subsidy is also a key strategy. The CoC Board is responsible for overall strategy for the

homeless system. The City of Spokane acts as the HMIS Lead Agency so it is responsible for producing the data to show performance on this measure and can assist the Board and the agency partners in analyzing and understanding the data.

3A-5. Performance Measures: Job and Income Growth

**Describe: (1) the strategies that have been implemented to increase access to employment and mainstream benefits; (2) how the CoC program-funded projects have been assisted to implement the strategies; (3) how the CoC is working with mainstream employment organizations to help individuals and families increase their cash income; and (4) the organization or position that is responsible for overseeing the CoC’s strategy to increase job and income growth from employment, non-employment including mainstream benefits.
(limit 1000 characters)**

Clients who are unlikely to obtain unemployment income due to a disability are connected with the CoC’s SSI/SSDI Outreach Access and Recovery (SOAR) process. Clients who are able to work are linked with supportive employment, job training, and services. Clients often also receive help with applying for benefits programs like Basic Food Employment and Training or TANF. The CoC’s SOAR steering committee oversees strategic implementation, technical assistance, and training for SOAR. SOAR activities are incentivized in the RFP process for state and local dollars. The CoC has included income growth as a required performance outcome for all TH, RRH, and PSH projects and facilitates links between housing and employment services through CoC Sub-Committees. The CoC Board is responsible for system strategy. The CEO of the Spokane Area Workforce Development Council is on the Board. Staff from employment service agencies are on CoC Sub-Committees to inform targeted strategies for sub-populations.

3A-6. Did the CoC completely exclude a geographic area from the most recent PIT count (i.e. no one counted there, and for communities using samples in the area that was excluded from both the sample and extrapolation) where the CoC determined there were no unsheltered homeless people, including areas that are uninhabitable (deserts, forests). No

**3A.6a. If the response to 3A-6 was “Yes”, what was the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoCs unsheltered PIT count?
(limit 1000 characters)**

N/A

3A-7. Enter the date the CoC submitted the System Performance Measures data in HDX, 06/02/2017

**which included the data quality section for FY
2016.
(mm/dd/yyyy)**

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

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3B-1. Compare the total number of PSH beds, CoC program and non CoC-program funded, that were identified as dedicated for yes by chronically homeless persons in the 2017 HIC, as compared to those identified in the 2016 HIC.

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	350	325	-25

3B-1.1. In the box below: (1) "total number of Dedicated PLUS Beds" provide the total number of beds in the Project Allocation(s) that are designated ad Dedicated PLUS beds; and (2) in the box below "total number of beds dedicated to the chronically homeless:, provide the total number of beds in the Project Application(s) that are designated for the chronically homeless. This does not include those that were identified in (1) above as Dedicated PLUS Beds.

Total number of beds dedicated as Dedicated Plus	0
Total number of beds dedicated to individuals and families experiencing chronic homelessness	325
Total	325

3B-1.2. Did the CoC adopt the Orders of Priority into their standards for all CoC Program funded PSH projects as described in Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing. Yes

3B-2.1. Using the following chart, check each box to indicate the factor(s) the CoC currently uses to prioritize households with children based on need during the FY 2017 Fiscal Year.

History of or Vulnerability to Victimization	<input checked="" type="checkbox"/>
Number of previous homeless episodes	<input checked="" type="checkbox"/>

Unsheltered homelessness	<input checked="" type="checkbox"/>
Criminal History	<input checked="" type="checkbox"/>
Bad credit or rental history (including not having been a leaseholder)	<input type="checkbox"/>
Head of Household with Mental/Physical Disability	<input checked="" type="checkbox"/>

3B-2.2. Describe: (1) the CoCs current strategy and timeframe for rapidly rehousing every household of families with children within 30 days of becoming homeless; and (2) the organization or position responsible for overseeing the CoC’s strategy to rapidly rehouse families with children within 30 days of becoming homeless. (limit 1000 characters)

Rapid Re Housing (RRH) plays an integral role in our homeless system’s response to families experiencing homelessness. Homeless Families Coordinated Assessment (HFCA) provide initial screening using the VI-SPDAT tool and diversion services in order to prioritize dollars for literally homeless families. The HFCA, Homeless Diversion, and Families RRH programs were co-located as of January 2016 in order to provide a direct connection from assessment to permanent housing. The Homeless Families Subcommittee is responsible for overseeing the CoC’s strategy to rapidly rehouse families. It is composed of family housing providers and other stakeholders in ending family homelessness such as low-income childcare providers, public education representatives, public child welfare (Children’s Administration), employment services, and behavioral health providers. The goal of this committee is that families receive wraparound services that ensure they are stable once connected to permanent housing.

3B-2.3. Compare the number of RRH units available to serve families from the 2016 and 2017 HIC.

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH units dedicated for use by chronically homelessness persons identified on the HIC.	189	433	244

3B-2.4. Describe the actions the CoC is taking to ensure emergency shelters, transitional housing, and permanent supportive housing (PSH and RRH) providers within the CoC adhere to anti-discrimination policies by not denying admission to, or separating any family members from other members of their family or caregivers based on age, sex, gender, LGBT status, marital status or disability when entering a shelter or Housing. (limit 1000 characters)

The CoC has adopted an anti-discrimination policy into its CoC-wide policies and procedures in which each CoC funded providers is required to adopt and implement. The implementation of this policy is evaluated during the local competition for funding. The Collaborative Applicant evaluates provider

adherence to this policy during monitoring activities as well. The local interagency group regularly meets and discusses potential needs and gaps each agency is experiencing. Providers also take steps to assist clients with accessing various services that will assist and allow them to feel safe in the environment they choose to stay in. This training and education to staff is also evaluated during the local competition process for CoC funding.

3B-2.5. From the list below, select each of the following the CoC has strategies to address the unique needs of unaccompanied homeless youth.

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

3B-2.6. From the list below, select each of the following the CoC has a strategy for prioritization of unaccompanied youth based on need.

History or Vulnerability to Victimization (e.g., domestic violence, sexual assault, childhood abuse)	<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	<input type="checkbox"/>

3B-2.7. Describe: (1) the strategies used by the CoC, including securing additional funding to increase the availability of housing and services for youth experiencing homelessness, especially those experiencing unsheltered homelessness; (2) provide evidence the strategies that have been implemented are effective at ending youth homelessness; (3) the measure(s) the CoC is using to calculate the effectiveness of the strategies; and (4) why the CoC believes the measure(s) used is an appropriate way to determine the effectiveness of the CoC's efforts. (limit 1500 characters)

The CoC actively prioritizes the acquisition of new funds to serve homeless youth. Within the last year, the CHHS department successfully applied for the Young Adult Housing Program from the Washington State Department of Commerce's new Office of Homeless Youth (OHY) to provide Transitional and Rapid Re-Housing to youth aged 18-24. The TH component of this program was recently retooled to provide bridge housing to unsheltered youth with rapid connections to permanent housing through short- and medium-term rental assistance. Spokane has a deficit in crisis housing for young adults and data

from our RRH programs indicate that youth are more successful in obtaining and maintaining permanent housing when they are given the space to practice independent living skills. HOME TBRA funds have also been re-programmed to serve transition age youth and the Spokane Housing Authority was awarded private flex funds to cover move-in costs for these clients and to provide landlords incentives to rent to youth. In addition to measures common to all housing programs such as housing stability and income growth, many youth programs assess their effectiveness by utilizing a self-sufficiency matrix developed by OHY to assess youths' progress in areas of education, employment, stable housing, family/social relations, etc. The validity of this tool, which is based on the Arizona Self-Sufficiency Matrix, is well-researched and provides a crucial layer to performance evaluation for youth programs.

3B-2.8. Describe: (1) How the CoC collaborates with youth education providers, including McKinney-Vento local educational authorities and school districts; (2) the formal partnerships the CoC has with these entities; and (3) the policies and procedures, if any, that have been adopted to inform individuals and families who become homeless of their eligibility for educational services. (limit 1000 characters)

As of 06/14/2016 the CoC adopted a new governance structure, part of which dictates that the current Superintendent of the Northeast Washington Educational Service District 101 serves on the CoC Board in order to provide representation for all school districts within CoC's service region. Currently, McKinney Vento educational liaisons from multiple school districts serve both on the CoC Families Subcommittee and the CoC Youth Subcommittee. Additionally a McKinney Vento educational liaison serves on the CHHS Board. The McKinney Vento liaisons participates in the youth subcommittee and the family 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-2.9. Does the CoC have any written formal agreements, MOU/MOAs or partnerships with one or more providers of early childhood services and supports? Select "Yes" or "No".

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

**3B-3.1. Provide the actions the CoC has taken to identify, assess, and refer homeless Veterans who are eligible for Veterans Affairs services and housing to appropriate resources such as HUD-VASH and Supportive Services for Veterans Families (SSVF) program and Grant and Per Diem (GPD).
(limit 1000 characters)**

Our street outreach workers strive to identify veterans during their initial engagement and work to connect veterans to resources specifically available to them. Once identified, they are first connected with the local provider of the SSVF program which makes an assessment and the works with the client to connect and/or refer them to other programs such as HUD-VASH or GPD programs. If they do not meet the eligibility requirements of the program, they are connected with the coordinated entry for referral into the main crisis response system to the appropriate agency with an opening. The receiving agency connects the veteran with vet-specific resources, availability and client choice, as well as any community programs that specialize in serving veterans and their unique needs. The Veteran leadership committee completed a system mapping and gap analysis project utilizing the SSVF toolkit to improve processes for addressing housing gaps and additional needs.

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

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

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

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

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4A-1. Select from the drop-down (1) each type of healthcare organization the CoC assists program participants with enrolling in health insurance, and (2) if the CoC provides assistance with the effective utilization of Medicaid and other benefits.

Type of Health Care	Yes/No	Assist with Utilization of Benefits?
Public Health Care Benefits (State or Federal benefits, e.g. Medicaid, Indian Health Services)	Yes	Yes
Private Insurers:	Yes	Yes
Non-Profit, Philanthropic:	Yes	Yes
Other: (limit 50 characters)		

4A-1a. Mainstream Benefits

CoC program funded projects must be able to demonstrate they supplement CoC Program funds from other public and private resources, including: (1) how the CoC works with mainstream programs that assist homeless program participants in applying for and receiving mainstream benefits; (2) how the CoC systematically keeps program staff up-to-date regarding mainstream resources available for homeless program participants (e.g. Food Stamps, SSI, TANF, substance abuse programs); and (3) identify the organization or position that is responsible for overseeing the CoCs strategy for mainstream benefits. (limit 1000 characters)

The CoC Program is supported with local and State funding that helps provide additional funds to support our CoC projects and their provision of supportive services and case management to connect clients with mainstream resources. Agencies also leverage additional federal and private funds to assist in programmatic goals of the CoC. At least one staff person at each agency has been trained in the SOAR program to decrease the application time and increase successful outcomes for SSI/SSDI applications. The CoC has a leadership role in training for provider staff and local strategic planning for the expansion of training. Providers are required to provide training to staff on mainstream resources available including Food stamps and TANF. This connection to resources is also reviewed during the APR process for positive outcomes by Collaborative Applicant staff as the responsible entity for strategic

planning and support to the CoC Board and projects.

4A-2. Low Barrier: Based on the CoCs FY 2017 new and renewal project applications, what percentage of Permanent Housing (PSH) and Rapid Rehousing (RRH), Transitional Housing (TH), Safe-Haven, and SSO (Supportive Services Only-non-coordinated entry) projects in the CoC are low-barrier?

Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO project applications in the FY 2017 competition (new and renewal)	21.00
Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2017 competition.	21.00
Percentage of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications in the FY 2017 competition that will be designated as "low barrier"	100.00%

4A-3. Housing First: What percentage of CoC Program Funded PSH, RRH, SSO (non-coordinated entry), safe-haven and Transitional Housing; FY 2017 projects have adopted the Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH project applications in the FY 2017 competition (new and renewal).	21.00
Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications that selected Housing First in the FY 2017 competition.	21.00
Percentage of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications in the FY 2017 competition that will be designated as Housing First.	100.00%

4A-4. Street Outreach: Describe (1) the CoC's outreach and if it covers 100 percent of the CoC's geographic area; (2) how often street outreach is conducted; and (3) how the CoC has tailored its street outreach to those that are least likely to request assistance. (limit 1000 characters)

The CoC funds a street outreach program which is a collaboration between for Coordinated Assessment (CA) and Spokane's major provider of behavioral health services. In addition to daily patrols of areas of regular encampment activity, the street outreach team receives referrals from across Spokane County which are funneled to the team by CHHS from other City entities who may encounter homeless encampments. Citizens may also report encampments via the City's 311 hotline. Unsheltered individuals encountered are immediately assessed for permanent housing if they are willing, referred to emergency shelter, and provided with a durable resource pocket guide. A by-name list of unsheltered individuals with the highest levels of acuity and longest lengths of homelessness is reviewed bi-weekly with partner agencies including emergency shelters, emergency healthcare providers, community court, and other frontline staff from service providers who regularly interact with the chronically homeless.

**4A-5. Affirmative Outreach
 Specific strategies the CoC has implemented that furthers fair housing as detailed in 24 CFR 578.93(c) used to market housing and supportive**

services to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status, or disability; who are least likely to apply in the absence of special outreach.

Describe: (1) the specific strategies that have been implemented that affirmatively further fair housing as detailed in 24 CFR 578.93(c); and (2) what measures have been taken to provide effective communication to persons with disabilities and those with limited English proficiency. (limit 1000 characters)

The CoC partners with the Northwest Fair Housing Alliance to provide educational opportunities related to affirmatively furthering fair housing. Additional partners include, the City of Spokane, Spokane Housing Authority, Spokane County, Spokane Low Income Housing Consortium, City of Coeur D’Alene and Washington State Human Rights Commission. One of the CoC’s key educational components is the annual Inland Northwest Fair Housing Conference which is a one day conference to learn about fair housing laws and best practices. The CoC is also working on a collaborative regional response to completing a fair housing assessment. Members of the CoC will be involved in public outreach and engaged in the planning process to ensure our regional response is inclusive of all individuals. The CoC relays on its partners and their access to translation services for information for persons with disabilities, which is available upon request.

4A-6. Compare the number of RRH beds available to serve populations from the 2016 and 2017 HIC.

	2016	2017	Difference
RRH beds available to serve all populations in the HIC	388	636	248

4A-7. Are new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction? No

4A-8. Is the CoC requesting to designate one or more SSO or TH projects to serve homeless households with children and youth defined as homeless under other Federal statues who are unstably housed (paragraph 3 of the definition of homeless found at 24 CFR 578.3). No

4B. Attachments

Instructions:

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

Document Type	Required?	Document Description	Date Attached
01. 2016 CoC Consolidated Application: Evidence of the CoC's communication to rejected participants	Yes	Reduced and Rejec...	09/27/2017
02. 2016 CoC Consolidated Application: Public Posting Evidence	Yes	FY 2017 CoC Conso...	09/25/2017
03. CoC Rating and Review Procedure (e.g. RFP)	Yes	CoC Project Ranki...	09/25/2017
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	CoC's Rating and ...	09/25/2017
05. CoCs Process for Reallocating	Yes	CoCs Process for ...	09/27/2017
06. CoC's Governance Charter	Yes	2017 WA-502 CoC P...	09/25/2017
07. HMIS Policy and Procedures Manual	Yes	HMIS Policy and P...	09/25/2017
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 Administratio...	09/28/2017
10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter)	No	CoC-HMIS MOU	09/25/2017
11. CoC Written Standards for Order of Priority	No	CoC Written Stand...	09/27/2017
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
13. HDX-system Performance Measures	Yes	HDX-system Perfor...	09/25/2017
14. Other	No		
15. Other	No		

Attachment Details

Document Description: Reduced and Reject Applications Formal Notification

Attachment Details

Document Description: FY 2017 CoC Consolidated Application: Public Posting Evidence

Attachment Details

Document Description: CoC Project Ranking Procedures

Attachment Details

Document Description: CoC's Rating and Review Procedure: Public Posting Evidence

Attachment Details

Document Description: CoCs Process for Reallocating

Attachment Details

Document Description: 2017 WA-502 CoC P&Ps includes Charter

Attachment Details

Document Description: HMIS Policy and Procedures Manual 2017

Attachment Details

Document Description:

Attachment Details

Document Description: PHA Administration Plan - Note Not Applicable to WA-502

Attachment Details

Document Description: CoC-HMIS MOU

Attachment Details

Document Description: CoC Written Standards for Order of Priority

Attachment Details

Document Description:

Attachment Details

Document Description: HDX-system Performance Measures

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. Identification	08/24/2017
1B. Engagement	09/27/2017
1C. Coordination	09/27/2017
1D. Discharge Planning	09/04/2017
1E. Project Review	09/25/2017
1F. Reallocation Supporting Documentation	09/04/2017
2A. HMIS Implementation	09/25/2017
2B. PIT Count	09/06/2017
2C. Sheltered Data - Methods	08/25/2017
3A. System Performance	09/06/2017
3B. Performance and Strategic Planning	09/27/2017

4A. Mainstream Benefits and Additional Policies	09/27/2017
4B. Attachments	09/28/2017
Submission Summary	No Input Required



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Continuum of Care RFP

Update - 08/16/2017

DEADLINE EXTENDED FOR NEW PROJECT APPLICATIONS

Due to significant community interest, the deadline for new project applications under the FY 2017 Continuum of Care Program RFP for Permanent Housing is extended to **August 24th at 5:00 PM**. No new applications will be accepted beyond this revised deadline.

Please note that this deadline extension does not apply to renewal project applications for grants currently funded under the Continuum of Care Program. The application deadline for renewal grant applications remains August 18th at 5:00 PM.

For further questions, contact Rebekah Hollwedel at 509.625.6321.

Continuum of Care Program 2017 Competition – New Project Application

Related Documents

Continuum of Care Program 2017 Competition

- [FY 2017 CoC Program Application](#) (PDF 1.2 MB)
- [FY 2017 Initial Project Ranking List](#) (PDF 103 KB)
- [FY2017 HUD CoC New Project Application](#) (PDF 515 KB)
- [2017 CoC Funding Notice](#) (PDF 495 KB)
- [2017 CoC Project Review, Scoring, and Ranking Procedures](#) (PDF 388 KB)

This RFP is now OPEN. The application process closes on August 18, 2017.

Applications are due August 18th and must be submitted to chhsrfp@spokanecity.org. Please see the notice for details and instructions.

Access the application CoC 2017 New Project Application in the Related Documents Section. Please read the instructions in the Funding Notice before starting the application.

Direct any questions to:
Rebekah Hollwedel, 509.625.6321
rhollwedel@spokanecity.org

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

Items of Interest

- [CHHS Board](#)

Closed RFP(s)



The City of Choice

808 W. Spokane Falls
Blvd.
Spokane, WA 99201

Dial 311 or 509.755.CITY
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Closed RFP(s)



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Reallocation under the Continuum of Care Program

HUD CoC funding reallocation can occur in following the scenarios:

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

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

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

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

Policies and Procedures Manual

Policies and Procedures Manual

Overview

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

Policies and Procedures Manual

Table of Contents

I. Roles and Responsibilities	5
A. CHHS/HMIS Department	5
B. Governance Board/Committee	5
C. Covered Homeless Organization (CHO)	6
D. HMIS Users.....	6
E. HMIS Committee	7
II. Privacy Standards	8
A. Personally Identifying Information (PII).....	8
B. HMIS Uses and Disclosures.....	8
C. Applying the Standard	9
D. Other Allowable Uses and Disclosures.....	9
1. Legal:.....	9
2. Health and Safety	10
3. Abuse, Neglect, Domestic Violence.....	10
4. Law Enforcement.....	11
III. Privacy Requirements.....	12
A. Limits on Data Collection	12
1. Client Confidentiality	12
2. Informed Consent	13
3. Additional User Privacy Measures.....	13
B. Required Data Collection	13
C. Appropriate Data Collection.....	14
D. Privacy Notice -- Identifying Purpose and Use Limitation.....	14
E. Anonymous Clients.....	14

Policies and Procedures Manual

F. Ethical Data.....	15
G. Termination.....	15
H. Openness and Disclosures.....	16
I. Access and Correction.....	17
1. Covered Homeless Organization.....	18
2. HMIS Lead Agency.....	18
3. Client.....	18
4. Public.....	19
5. Inter-Agency Data Sharing.....	19
6. Access to Physical Database.....	20
7. On-Site Review.....	20
J. Accountability.....	20
K. Client Grievance.....	21
L. User Grievance.....	21
IV. Security Standards.....	22
A. System Security.....	22
1. Additional Security Protections.....	22
2. Hardware/Software Requirements.....	22
3. Data Access Location.....	23
4. User Access.....	23
5. Virus Protection.....	23
6. Firewalls.....	24
7. User Licenses.....	24
8. HMIS User Agreements.....	24
9. HMIS Partner Agency Agreements.....	24
10. Training.....	25

Policies and Procedures Manual

11. Data Retrieval.....	25
B. Hard Copy Security.....	26
C. Physical Access	26
1. CHO Technical Support Requirements.....	26
V. Data Quality.....	27
A. Data Entry	27
B. Data Quality Plan	27

Policies and Procedures Manual

I. Roles and Responsibilities

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

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

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

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

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

Policy: the Spokane City/County Continuum of Care (CoC) Governance Board

Page 5

Revision: 7/24/2017

Policies and Procedures Manual

will provide oversight of the HMIS Program.

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

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

D. Covered Homeless Organization (CHO)

Definition: Any CHO ('Agency') (including all its affiliates) that records, uses or processes* PII (Personally Identifiable Information) on clients experiencing homelessness or those at risk of experiencing homelessness for an HMIS (Section 4.1.1, 2004 HMIS Data and Technical Standards).

*Processing refers to any and all operations performed on the PII (i.e. collection, maintenance, etc.).

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

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

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

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

Policies and Procedures Manual

E. HMIS Users

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

Procedure:

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

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

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

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

F. HMIS Committee

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

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

- A) Assist with determining the guiding principles and vision for the HMIS Program, including strategic planning.
- B) Assist with expanding HMIS participation and reducing reliance on 'legacy' databases, including: coordination of resources, coordination of data integration, and determination of policies and procedures.
- C) Advise on governing policies and procedures for the HMIS Program.
- D) Review and provide input on the HMIS cost structure.

Policies and Procedures Manual

- E) Evaluate and propose modifications to HMIS program priorities, including scope of work.
- F) Provide input on the minimum data requirements for HMIS participating projects.
- G) Define criteria, standards, and parameters, for the release of aggregate data and reports out of the HMIS.
- H) Advise on compliance and privacy protection provisions in the administration of the HMIS.
- I) Advise on HMIS trainings, including course content and training options.
- J) Participate in the selection of the HMIS software used by the CoC.
- K) Set and evaluate performance standards for the HMIS Lead agency.

II. Privacy Standards

A Personally Identifying Information (PII)

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

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

Policy: A CHO will enter into the HMIS a required set of data variables for each client, including all universal and program specific data elements, which are specified in the HUD HMIS Data and Technical Standards (see Appendix A for list of Data Elements). Clients that do not agree to have their PII entered must be entered per the prescribed anonymous client process.

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

The HMIS Program Manager reserves the right to de-identify any client at

Policies and Procedures Manual

any time and to make the final decision on de-identifying client's being served by multiple agencies at once.

B. HMIS Uses and Disclosures

Policy: A CHO may use or disclose PII from an HMIS under the following circumstances:

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

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

C. Applying the Standard

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

Procedure: A CHO must comply with HIPAA rules instead of HMIS policies if it determines that a substantial portion of its PII about homeless clients or homeless individuals is protected health information as defined in the HIPAA rules. Exempting HIPAA covered entities from the HMIS privacy and security rules avoids all possible conflicts between the two sets of rules. Requests for exemption must be submitted, in writing, to the HMIS Program Manager.

D. Other Allowable Uses and Disclosures

Policy: Provided below are additional uses and disclosures of information allowable by HUD standards. It should be noted that these additional uses and disclosures are permissive and not mandatory (except for first party access to information and any required disclosures for oversight of compliance with HMIS

Policies and Procedures Manual

privacy and security standards). However, nothing in this standard modifies an obligation under applicable law to use or disclose personal information (Section 4.1.3, *2004 HMIS Data and Technical Standards*).

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

1. Legal:

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

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

2. Health and Safety

Policy: A CHO may, consistent with applicable law and standards of ethical conduct, use or disclose PII if:

- The CHO, in good faith, believes the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of an individual or the public; and
- The use or disclosure is made to a person reasonably able to prevent or lessen the threat, including the target of the threat.

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

3. Abuse, Neglect, Domestic Violence

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

Policies and Procedures Manual

- Where such disclosure is required by law and the disclosure complies and is limited to the confines of said law;
- If the individual agrees to disclosure;
To the extent that the disclosure is expressly authorized by statute or regulation; and the CHO believes the disclosure is necessary to prevent serious harm to the individual or other potential victims;
OR if the individual is unable to agree because

of incapacity, a law enforcement or other public official authorized to receive the report represents that the PII for which disclosure is sought is not intended to be used against the individual and that an immediate enforcement activity that depends upon the disclosure would be materially and adversely affected by waiting until the individual is able to agree to the disclosure.

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

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

4. Law Enforcement

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

- In response to a request for the purpose of identifying or locating a suspect, fugitive, material witness or missing person and the PII disclosed consists only of name, address, date of birth, place of birth, Social Security Number, and distinguishing physical characteristics.
- If the official is an authorized federal official seeking PII for the provision of protective services to the President or other authorized persons OR for the conduct of investigations authorized by 18 U.S.C. 871 and 879 (threats against the President and others).

Policies and Procedures Manual

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

III. Privacy Requirements

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

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

AL Limits on Data Collection

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

Procedure: A CHO must post a copy of the HMIS Client Notice of Uses and Disclosures form at each intake desk (or comparable location) that explains generally the reasons for collecting any and all information. Data allowable includes all HUD mandated data as well as any other data deemed necessary and approved by the CHO which complies with federal regulations and the policies and procedures of this document.

Additional Privacy Protections

1. Client Confidentiality

Policy: The CHO will ensure the confidentiality of all client data. No

Policies and Procedures Manual

identifiable client data will be entered into the HMIS without client consent, and no identifiable client data will be shared outside of the limits of that consent or applicable law.

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

2. Informed Consent

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

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

3. Additional User Privacy Measures

Policy: A CHO may, in its privacy notice, commit itself to additional privacy protections consistent with HMIS requirements, including, but not limited to:

- Restricting collection of personal data, other than required HMIS data elements;
- Obtaining oral or written consent from the individual for the collection of personal information from the individual or from a third party (Section 4.2.1, *2004 HMIS Data and Technical Standards*).

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

B. Required Data Collection

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

Policies and Procedures Manual

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

C. Appropriate Data Collection

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

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

D. Privacy Notice -- Identifying Purpose and Use Limitation

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

Procedure: Except for first party access to information and any required disclosures for oversight of compliance with HMIS privacy and security standards, all uses and disclosures are permissive and not mandatory. Uses and disclosures not specified in the privacy notice can be made only with the consent of the individual or when required by law. A CHO must take immediate actions to notify the HMIS Lead Agency about all legal disclosures.

E. Anonymous Clients

Rationale: Anonymous clients in HMIS negatively affect data quality for the Annual Homeless Assessment Report (AHAR) and other HUD reports. HUD does allow for anonymous clients, but they also count that data as missing, and

Policies and Procedures Manual

HUD funding is increasingly being tied to data quality. There is certainly a need to accommodate clients who need services, but who do not feel comfortable sharing their personally identifying information in HMIS. Having a clear understanding of the privacy policies and laws is a necessity when explaining to clients what purpose their data fills and how it is protected.

Policy: The CHO will ensure all clients are fully educated on their rights **and** the benefits to their identifiable information being entered into the HMIS.

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

F. Ethical Data

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

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

G. Termination

Policy: All HMIS users and CHOs are subject to the privacy and confidentiality terms outlined in this document as well as the federal regulations in the HUD Data and Technical Standards and as stated in the Partner Agency Agreement. At any point, if a breach of rules and/or policies occurs the user may be penalized by loss of access to HMIS and may be liable for civil and/or criminal penalties under federal and state law.

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

Policies and Procedures Manual

necessary, a CHO and/or user termination may occur:

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

Voluntary Termination

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

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

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

H. Openness and Disclosures

Policy: A CHO must publish a privacy notice describing its policies and practices for the processing of PII and must provide a copy of its privacy notice to any individual upon request. If a CHO maintains a public web page, the CHO must post the current version of its privacy notice on the web page. A CHO must state in its privacy notice that the policy may be amended at any time and that amendments may affect information obtained by the CHO before the date of the change. (Section 4.2.4, *2004 HMIS Data and Technical Standards*).

Procedure: All amendments to the privacy notice must be consistent with the requirements of these privacy standards. A CHO must maintain permanent documentation of all privacy notice amendments. Copies of the current privacy notice must be available to all clients, including a sign stating the availability of its privacy notice to any individual who requests a copy. In addition, CHOs who

Policies and Procedures Manual

receive federal financial assistance shall provide required information in languages other than English that are common in the community, if speaker of these languages are found in significant numbers and come into frequent contact with the program. *CHOs are also reminded that they are obligated to provide reasonable accommodations for persons with disabilities throughout the data collection process.

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

Policy: A CHO may, in its privacy notice, commit itself to additional privacy protections consistent with HMIS requirements, including, but not limited to:

- Giving a copy of its privacy notice to each client on or about the time of first data collection.
- Adopting a policy for changing its privacy notice that includes advance notice of the change, consideration of public comments, and prospective application of changes (Section 4.2.4, *2004 HMIS Data and Technical Standards*).

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

I. Access and Correction

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

Procedure: In its privacy notice, a CHO may reserve the ability to rely on the following reasons for denying an individual inspection or copying of the individual’s PII:

- Information compiled in reasonable anticipation of litigation or comparable proceedings;
- Information about another individual (other than a health care or homeless provider);
- Information obtained under a promise of confidentiality (other than a promise from a health care or homeless provider) if disclosure would

Policies and Procedures Manual

- Information, the disclosure of which would be reasonably likely to endanger the life or physical safety of any individual.

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

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

1. Covered Homeless Organization

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

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

2. HMIS Lead Agency

Policy: The HMIS Lead Agency will have access to retrieve all data in the HMIS. Staff will not access individual client data for purposes other than maintenance, checking for data integrity, or other relevant business needs. Client data will only be reported in aggregate form.

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

3. Client

Policies and Procedures Manual

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

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

4. Public

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

Procedure: All requests for data from anyone other than a CHO or client will be directed to the HMIS Lead Agency staff. As part of the HMIS Program Manager's regular employment functions, periodic public reports about homelessness and housing issues will be published and posted electronically to the HMIS Lead Agency's website at: www.spokanehmis.org. No PII data will be released in any of these reports.

5. Inter-Agency Data Sharing

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

Policies and Procedures Manual

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

6. Access to Physical Database

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

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

7. On-Site Review

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

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

J. Accountability

Procedure: Each CHO must develop and maintain a written copy of procedures for accepting and considering questions or complaints. This must be accessible to all staff members and updated as needed to comply with all HUD regulations. A CHO must require each member of its staff (including employees, volunteers, affiliates, contractors and associates) to sign (annually or otherwise) a confidentiality agreement that acknowledges receipt of a copy of the privacy notice and that pledges to comply with the privacy notice (Section 4.2.6, 2004 HMIS Data and Technical Standards).

Additional Protections

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

- Establishing a method, such as an internal audit, for regularly reviewing compliance with its privacy policy;

Policies and Procedures Manual

- Establishing an internal or external appeal process for hearing an appeal of a privacy complaint or an appeal of a denial of access or correction rights; and/or
- Designating a chief privacy officer to supervise implementation of the CHO's privacy standards.

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

K. Client Grievance

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

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

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

Procedure: Clients bringing HMIS complaints to the HMIS Lead Agency will be provided a copy of the HMIS Policies and Procedures Manual upon request. The HMIS Lead Agency staff will work to resolve the client grievance, consulting with the CHO as necessary.

L. User Grievance

Policy: Users will contact the HMIS Lead Agency with any grievance regarding HMIS. The HMIS Lead Agency will report all HMIS-related user grievances to the HMIS Committee for review and resolution.

Policies and Procedures Manual

Procedure: Users will bring HMIS complaints directly to the HMIS Lead Agency. The HMIS Lead Agency will provide a copy of the HMIS Policies and Procedures Manual upon request, and respond to any user issues. The HMIS Lead Agency will notify the HMIS Committee of any HMIS-related user grievance. The HMIS Lead Agency will record all grievances and review these complaints with the HMIS Committee.

IV. Security Standards

A. System Security

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

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

1. Additional Security Protections

Policy: A CHO may commit itself to additional security protections consistent with HMIS requirements by applying system security provisions to all electronic and hard copy information that is not collected specifically for the HMIS. A CHO may also seek an outside organization to perform an internal security audit and certify system security (Section 4.3.1, 2004 HMIS Data and Technical Standards).

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

2. Hardware/Software Requirements

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

Procedure: It is the responsibility of the CHO to provide a computer and

Policies and Procedures Manual

connection to the Internet. If desired by the CHO, the HMIS Program Manager will provide advice as to the type of computer and connection.

3. Data Access Location

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

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

4. User Access

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

Procedure:

The HMIS Lead Agency will provide user names and initial passwords to each user upon completion of training and signing of user agreements. Written information specifically pertaining to user access (e.g., username and password) may not be stored or displayed in any publicly accessible location. User names will be unique for each user and will not be exchanged with other users. The sharing of username and passwords will be considered a breach of policy resulting in access being revoked. Agencies will notify the HMIS Program Manager immediately of employee reassignment to non-HMIS job responsibilities or termination so the login can be inactivated within 24 hours of the personnel action. Users not accessing the HMIS within three months may have their login inactivated.

5. Virus Protection

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

Procedure: A CHO must regularly update virus definitions from the virus

Policies and Procedures Manual

software vendor. Virus protection must include automated scanning of files as they are accessed by users on the system where the HMIS application is accessed.

6. Firewalls

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

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

7. User Licenses

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

Procedure: Licenses are assigned once training is completed successfully.

8. HMIS User Agreements

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

Procedure:

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

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

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

Policies and Procedures Manual

9. HMIS Partner Agency Agreement

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

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

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

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

10. Training

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

Procedure: New or current users can sign up for HMIS training by registering through the HMIS Lead Agency website: www.spokanehmis.org. HMIS Lead Agency staff will provide training to all new users.

11. Data Retrieval

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

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

Policies and Procedures Manual

HMIS Program Manager.

B. Hard Copy Security

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

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

C. Physical Access

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

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

1. CHO Technical Support Requirements

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

Procedure: CHOs will provide technical support for the hardware, software

Policies and Procedures Manual

and Internet connections necessary to connect to the HMIS according to their own organizational needs.

V. Data Quality

A. Data Entry

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

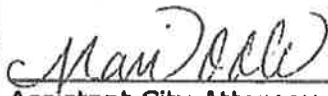
Procedure: The CHO must maintain standards for periodically checking data for completeness, accuracy and timeliness. The HMIS Lead Agency maintains Data Quality Standards to help all CHOs manage the monitoring of their data quality. CHO staff will perform regular data quality checks on the data entered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

B. Data Quality Plan

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

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

INSERT CONSULTANT/COMPANY NAME	CITY OF SPOKANE:
By:  (signature)	By:  (signature)
Print Name: <u>Pam Tietz</u>	Print Name: <u>Dawn Kinder</u>
Title: <u>CoC WA-502 Board chair</u>	Title: <u>Director - CHHS</u>
Date: <u>9/25/17</u>	Date: <u>9/25/17</u>
Email: <u>ptietz@spokanehousing. org</u>	






ATTEST:	APPROVED AS TO FORM:
<hr/>	 Assistant City Attorney
City Clerk	

Attachments that are part of this Contract Amendment:

*** 1C-4. Using the chart provided, for each of the Public Housing Agency's (PHA) in the CoC's geographic area: (1) identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA's that were homeless at the time of admission; and (2) indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV program.**

Attachment Required: If the CoC selected, "Yes-Public Housing", "Yes-HCV" or "Yes-Both", attach an excerpt from the PHA(s) written policies or a letter from the PHA(s) that addresses homeless preference.

WA-502 Spokane City/County's PHA does NOT have a general or limited homeless preference. The attachment is required in the system, so this document reflects that this attachment is NOT required for our CoC application.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2016 who were homeless at entry	PHA has General or Limited Homeless Preference
Spokane Housing Authority	8.60%	No 
		-- select -- 
		-- select -- 
		-- select -- 
		-- select -- 

Memorandum of Understanding – Spokane City/County CoC HMIS Lead

This Memorandum of Understanding ("Memorandum") made and entered into this 25th day of Nov., 2016 by and between the Spokane City/County Continuum of Care ("CoC"), and the City of Spokane Community, Housing & Human Services Department HMIS Team ("HMIS Lead"). The purpose of this Memorandum is to set out the membership and responsibilities of the CoC and its HMIS Committee and the responsibilities of the HMIS Lead.

Background

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

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

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

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

(5) In consultation with the collaborative applicant and the HMIS Lead, develop, follow, and update annually a governance charter, which will include all procedures and policies needed to comply with subpart B of this part, with HMIS requirements as prescribed by HUD, and the specific responsibilities identified in the CoC and HMIS Committee portions of this document.

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

- (1) Designate a single Homeless Management Information System (HMIS) for the geographic area;
- (2) Designate an eligible applicant to manage the Continuum's HMIS, which will be known as the HMIS Lead or HMIS Administrator;
- (3) Review, revise, and approve a privacy plan, security plan, and data quality plan for the HMIS;
- (4) Ensure consistent participation of recipients and sub-recipients in the HMIS; and
- (5) Ensure the HMIS is administered in compliance with requirements prescribed by HUD.

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

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

CoC Responsibilities

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

Memorandum of Understanding – Spokane City/County CoC HMIS Lead

HMIS Committee Responsibilities

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

HMIS Lead Agency Responsibilities

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

Termination

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

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

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

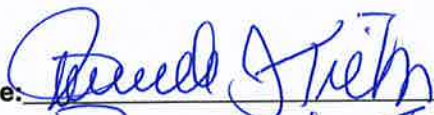
Memorandum of Understanding – Spokane City/County CoC HMIS Lead

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

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

Signature Page

For Spokane City/County Continuum of Care

Signature: 

Printed Name: Pamela J. Tietz

Title: Chair

Address: 4055 W. Mission Spokane WA 99201

Phone: 509-252-7139

City of Spokane: 

Title: Director, CHHS

Address: 808 W. Spokane Falls Blvd Spokane WA 99201

Phone: 509-425-4055

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

FY2016 - Performance Measurement Module (Sys PM)

Summary Report for WA-502 - Spokane City & County CoC

Measure 1: Length of Time Persons Remain Homeless

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

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

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

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

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Previous FY	Current FY	Previous FY	Current FY	Difference	Previous FY	Current FY	Difference
1.1 Persons in ES and SH	672	1537	60	69	9	51	36	-15
1.2 Persons in ES, SH, and TH	1370	2116	138	110	-28	86	55	-31

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

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

NOTE: Due to the data collection period for this year's submission, the calculations for this metric are based on the data element 3.17 that was active in HMIS from 10/1/2015 to 9/30/2016. This measure and the calculation in the SPM specifications will be updated to reflect data element 3.917 in time for next year's submission.

	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	-	1537	-	188	-	-	61	-
1.2 Persons in ES, SH, and TH	-	2116	-	212	-	-	89	-

FY2016 - 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	47	2	4%	2	4%	3	6%	7	15%
Exit was from ES	519	67	13%	25	5%	28	5%	120	23%
Exit was from TH	333	28	8%	8	2%	21	6%	57	17%
Exit was from SH	0	0		0		0		0	
Exit was from PH	1834	82	4%	103	6%	97	5%	282	15%
TOTAL Returns to Homelessness	2733	179	7%	138	5%	149	5%	466	17%

FY2016 - 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	1034	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
Unsheltered Count	132	172	40

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	2267	867
Emergency Shelter Total	691	1683	992
Safe Haven Total	0	0	0
Transitional Housing Total	729	613	-116

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	126	-3
Number of adults with increased earned income	1	1	0
Percentage of adults who increased earned income	1%	1%	0%

FY2016 - 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	126	-3
Number of adults with increased non-employment cash income	34	31	-3
Percentage of adults who increased non-employment cash income	26%	25%	-2%

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	126	-3
Number of adults with increased total income	35	31	-4
Percentage of adults who increased total income	27%	25%	-3%

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	1153	759
Number of adults who exited with increased earned income	50	137	87
Percentage of adults who increased earned income	13%	12%	-1%

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	1153	759
Number of adults who exited with increased non-employment cash income	106	162	56
Percentage of adults who increased non-employment cash income	27%	14%	-13%

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	1153	759
Number of adults who exited with increased total income	148	278	130
Percentage of adults who increased total income	38%	24%	-13%

FY2016 - 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	2665	1197
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	629	261
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	2036	936

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	4838	689
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	1010	257
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	3828	432

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.

FY2016 - 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	397	354
Of persons above, those who exited to temporary & some institutional destinations	0	137	137
Of the persons above, those who exited to permanent housing destinations	34	124	90
% Successful exits	79%	66%	-13%

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	3281	277
Of the persons above, those who exited to permanent housing destinations	1800	1926	126
% Successful exits	60%	59%	-1%

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	641	-115
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	701	544	-157
% Successful exits/retention	93%	85%	-8%