Before Starting the CoC Application

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

The Collaborative Applicant is responsible for reviewing the following:

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

1A. Continuum of Care (CoC) Identification

Instructions:

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

1A-1. CoC Name and Number: WA-501 - Washington Balance of State CoC

1A-2. Collaborative Applicant Name: State of Washington Department of Commerce

1A-3. CoC Designation: CA

1A-4. HMIS Lead: State of Washington Department of Commerce

1B. Continuum of Care (CoC) Engagement

Instructions:

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

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

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

Other:(limit 50 characters)		
Public Child Welfare Agency	Yes	No
Department of Veterans Affairs	Yes	No
HUD - Local Field Office	Yes	No

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

The BoS CoC strategy is twofold. First, we attempt to get as much participation in our meetings as possible, from as many organizations and persons as possible, by broadcasting our CoC information to a very wide audience. We send out formal invitations to join our CoC through our partners, such as the statewide DV network, statewide Office of Homeless Youth, and statewide Office of Adult and Family Homelessness. We post the information about our meetings on our website. We intentionally seek out agencies from underrepresented parts of our CoC and send individualized invitations. We also directly seek out a variety of state agencies that interact with our population, such as the Department of Social and Health Services, the Office of Superintendent of Public Instruction, and the Department of Children, Youth, and Families.
Secondly, we provide as many forums as possible for people to share their opinions. We have monthly webinars where all members are invited, and quarterly in-person meetings at various locations in our BoS. Any action item of significance requires a majority vote, and each county in our BoS has a vote. For example, when we were deciding whether or not to merge with the Yakima CoC, we had a lengthy discussion from CoC members before deciding to take a vote of all members. Our CoC also has committees of smaller groups which meet to talk about specific subpopulations and/or topics related to homelessness. These committees are led by an elected chair, not by someone from the Collaborative Applicant organization. One such committee, the Youth Committee, led our successful YHDP application and will be heavily involved in the rollout. Another committee, the Policies and Procedures committee, was led by a formerly homeless person and helped draft our policies and procedures. Our philosophy with much of our work is not just to solicit and consider opinions from our partners, but to provide them an opportunity to collectively steer the CoC.

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

(1) Our open invitation process is both formal and informal. At least annually we

send out formal invitations to join our CoC through our partners, such as the statewide DV network, statewide Office of Homeless Youth, and statewide Office of Adult and Family Homelessness. Our website includes a standing invitation to join the CoC. We post the information about our meetings on our website. We intentionally seek out agencies from underrepresented parts of our CoC and send individualized invitations. We also directly seek out a variety of state agencies that interact with our population. Finally, we invite people to join our CoC informally as we meet them at conferences, meetings, or webinars and learn that they have a role in serving people experiencing homelessness in our BoS.
(2) We communicate the invitation process electronically through email and our website. We also invite persons face to face at meetings and conferences.
(3) We invite people through our formal process at least once a year. New members are solicited informally throughout the year whenever we interact with someone who works with our target population. We frequently include announcements at our webinars to others who are active in their communities to join the CoC. Our announcements of the CoC webinars also include an invitation.
(4) Through the YHDP process we have solicited a new CoC member who was formerly homeless. We will soon have more members from our YHDP Youth Action Board that will be full CoC members and bring their lived experience to our group. Our co-chair, who is a formerly homeless person, also conducts outreach to invite homeless and formerly homeless persons to participate.

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

Our CoC distributed our RFP for new projects to our widest network, including all known organizations involved in homelessness. We also distributed the RFP to non-CoC funded victim service providers in our CoC, statewide Office of Family and Adult Homelessness grantees, affordable housing developers, technical assistance providers, and advocates. Our announcement said that, "applicants not currently administering CoC Program grants are encouraged to apply, and applicants from counties without current CoC Program grants are given priority in the competition." We give priority to projects in counties without CoC funds through additional points to incentivize new agencies in underrepresented areas. Our RFP also said that, "priority technical assistance will be given to projects in counties not currently served by HUD CoC Program funds and applicants not currently administering HUD CoC Program funds." This was another effort to encourage new organizations to apply. We publicly announced this RFP on July 23, 2018. We continued to advertise the RFP throughout the Competition period at all of our CoC meetings.
Our process has proven success. In 2017, 5 of the 10 applicants were first-time applicants. In 2018, 4 of the 12 applications were from agencies who have never received CoC funding.

1C. Continuum of Care (CoC) Coordination

Instructions:

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

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

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	Yes
Funding Collaboratives	Yes
Private Foundations	Yes
Housing and services programs funded through U.S. Department of Justice (DOJ) Funded Housing and Service Programs	Yes
Housing and services programs funded through U.S. Health and Human Services (HHS) Funded Housing and Service Programs	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and services programs funded through State Government	Yes
Housing and services programs funded through Local Government	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	
Faith-Based Organizations	Yes

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

(1) The Collaborative Applicant for the CoC (Commerce) is also the only ESG recipient in the CoC. Therefore, consultation in planning and allocating ESG funds by the CoC is regular and ongoing. ESG utilization and funding planning occurs at the CoC Steering Committee meetings as well as Statewide

Coordinating Committee meetings (such as the September 28, 2017 meeting in Leavenworth) which include all CoCs and all ESG recipients and in the state. Local governments, non-profits, housing authorities, advocates, state agencies, mainstream service providers, and funders all participate in these meetings. (2) HMIS, HIC, and PIT data are shared with the CoC Steering Committee and Statewide Coordinating Committee, in addition to ESG, CDBG, HOME and HOPWA recipients and subrecipients in the state. These data are analyzed monthly. ESG, CoC, state, and local program performance is measured quarterly, broken down by county, provider, and project, and shared via email, newsletter and online tableau in the County Report Card. Commerce (the CoC Collaborative Applicant and ESG recipient) invites the CoC and all grantees, service providers, and other ESG recipients in the state to a webinar to review and discuss quarterly performance results and make recommendations for changes or additions to performance measures and the evaluation process. This analysis of our progress toward the Con Plan and CoC priorities informs state funding decisions, CoC strategies, and the development of the Con Plan.

1C-2a. Providing PIT and HIC Data to Consolidated Plan Jurisdictions. Did the CoC provide Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area?	Yes to both
1C-2b. Providing Other Data to Consolidated Plan Jurisdictions. Did the CoC provide local homelessness information other than PIT and HIC data to the jurisdiction(s) Consolidated Plan(s)?	Yes

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

(1) The CoC recently added several additional requirements to its policies and procedures related to improving services to survivors of domestic violence, dating violence, sexual assault, and stalking. The requirements apply to all CoC projects, regardless of whether or not they are dedicated to serving survivors. One requirement is that all CoC projects must have an emergency transfer policy. This policy must allow survivors to request a transfer from their current unit to a unit that is safer, provided that the housing provider has a unit(s) available. If the housing provider does not have a unit(s) available, it needs to work with other nearby housing providers to secure safe housing for the survivor. In addition to an emergency transfer plan, the BoS CoC now requires all CoC projects to have a policy to ensure that survivors receive trauma-

informed and victim-centered services. The CoC also recommends that CoC projects adopt trauma-informed and victim-centered services for all its populations.
(2) The BoS also requires all CoC projects to have a policy that ensures that projects maximize client choice in housing (location, project type, etc.) and services (type of services, intensity, etc.) while also ensuring safety and confidentiality for survivors. CoC projects are required to allow survivors maximum control over where they live and the services they receive.

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

The Washington State Coalition Against Domestic Violence (WSCADV), an active CoC participant, has developed training on DV for professionals in many different fields during its 25+ year history. This year the WSCADV Housing Director delivered a training on DV specifically for housing/homeless providers. The Housing Director communicated with executive directors of each county's state-funded DV agencies to share this comprehensive training so that each region of the CoC might participate jointly. The training includes the following topics: the intersection of DV and homelessness, recognizing and responding to DV, safety planning, legal protections for survivors, serving immigrant survivors, and working with DV agencies and advocates. The training is flexible according to each county's training needs and is presented by the local DV agency with WSCADV help if requested. This training has been tailored for and presented to PHAs, homeless shelters, permanent supportive housing staff, coordinated entry assessors, and other community stakeholders providing housing resources or participating in the county's planning committee to end homelessness. Key portions of the training were also presented at the 2018 Washington State Conference on Ending Homelessness, attended by the majority of BoS housing providers. While the training hasn't been conducted in each county yet, the materials are available and training from WSCADV staff will be supported through 2019.
Overall, the Housing Director noted that most of the BoS DV providers had positive things to say about the relationship and communication with their local housing provider(s), including in the important areas of safety planning and basic training. Only a small handful had less than positive things to say about the relationship, and one of those regions is working closely with the Housing Director to improve. She also said that our BoS has, "a much more positive outlook than the majority of CoCs around the country."

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

The CoC uses a variety of data points from different data sources to help us assess the scope of community needs for survivors. We use PIT data to capture the approximate total number of DV survivors in need of housing. These numbers tell us that we have a significant need for additional DV housing, as

approximately 169 DV survivors in our CoC are currently without shelter and another 315 are in temporary homeless housing. The CoC also uses numbers from the annual National Census of Domestic Violence Services, conducted by the National Network to End Domestic Violence. Approximately 60% our state's domestic violence programs participated in this survey. The agencies participating documented 872 unmet requests for services on one day. Of those requests, 95% (828) were for housing. Lastly, the CoC reviews local data collected by DV agencies within the BoS. For example, the Family Support Center (a DV provider in Thurston County) reported that 85 survivor led households were on their master list waiting for housing on 8/14/18. All of our data sources are pointing to a significant need for DV housing resources in our CoC.

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

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

SSO Coordinated Entry	
RRH	X
Joint TH/RRH	X

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

(1) The CoC is currently serving 50 people who are fleeing DV and another 217 that have experienced DV but are no longer fleeing.
(2) We used HMIS data to calculate these numbers. We used the HMIS field that asks if the client is currently fleeing domestic violence, and the HMIS field that asks if the client is a survivor of domestic violence.
(3) We collect this data at intake and at program status update in HMIS. All DV survivors are entered into HMIS without identifiers for confidentiality. Since participants know their information will be confidential, we think we get more accurate responses to these questions.

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

(1) A total of 657 DV survivors need housing or services in our CoC's

geographic area. 315 of those were in ES, 173 were in TH, and 169 were unsheltered.
(2) We used the 2018 PIT data, which was entered into HMIS, for these calculations. We used the data field in HMIS that asks if the person is a survivor of domestic violence. These people were entered into HMIS without personally identifying information.
(3) We collected this data during the 2018 PIT count, where all sheltered and unsheltered participants were asked if they are a survivor of domestic violence.

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

(1) Our CoC has a significant need for housing with services for survivors of domestic violence. All of the data points we rely on to understand our need for DV housing are telling us that we have a significant unmet need. There were 169 unsheltered survivors in our CoC at last count (January 2018) in need of housing and services.
(2) We have an unmet need for survivors throughout our BoS. Our 2018 PIT Count counted 657 homeless DV survivors, 169 of whom are unsheltered. The annual National Census of Domestic Violence Services revealed that statewide, there were 872 unmet requests for services on a single day. 95% of these requests were for housing. This data tells us that housing is the primary need, but we know from DV best practices that trauma-informed and victim-centered services are also needed to help survivors maintain their housing. We have a particular need for housing and services for DV survivors in Thurston County, which is a primary reason why our top rated DV application is from Thurston County. Thurston County counted 128 homeless DV victims in the 2018 PIT Count, including 72 that were unsheltered. Their count of 128 homeless survivors was 45 more than the next highest county in our BoS. Thurston County provider Family Support Center also reported 85 survivor-led households on their master list waiting for housing on 8/14/18. Moreover, in 2017 Thurston County had five homicides related to domestic violence, more than any other BoS county. Cowlitz County, the other county with a DV bonus application, has a domestic violence incidence rate that is 56% higher than the state average. With only one DV shelter in the county and a 1% rental vacancy rate, persons fleeing DV in Cowlitz County have a very hard time finding safe and secure housing, which is why we are applying for a DV bonus project in Cowlitz County.
(3) The CoC used 2018 PIT data, local wait list data, data from the annual National Census of Domestic Violence Services, and data from the Washington State Coalition Against Domestic Violence to quantify the unmet need for housing and services for DV survivors.
(4) The CoC determined the unmet need analyzing our 2018 PIT data, DV statistics, local data from victim service providers in our CoC, and qualitative information from Thurston and Cowlitz County. Both DV bonus applicant

agencies provided significant quantitative and qualitative data demonstrating an unmet need for housing and services for DV survivors in their region.

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

Both the Thurston County and Cowlitz County DV bonus projects will address the unmet needs of domestic violence survivors.
The Thurston County project will serve approximately 50 homeless persons annually with RRH who are homeless and have experienced domestic violence. This will make a significant dent in the county's unmet need of 128 homeless DV victims. The project will prioritize the survivors in the most need, to ensure that they have a safe place to live. The agency operates under the Housing First model, ensuring that program participants remain in housing and are not exited to homelessness for things like failing to participate in support services or inability to stay clean and sober. The project will also perform outreach in the more rural, underserved parts of Thurston County to make sure that all service providers who encounter survivors, and survivors themselves, know where to go to get safe housing. The agency also employs a landlord liaison to make sure that housing units are readily available for program participants.
The Cowlitz County DV bonus project will serve approximately 15 homeless DV survivor households annually with their joint TH/RRH project. A trained domestic violence advocate will work with each household to help them stabilize in housing, maintain their safety, and avoid returning to homelessness. They will also prioritize the households most in need. Housing units will be inspected for safety and security. The agency's landlord liaison will provide connections to housing to make sure victims access safe housing of their choosing quickly.
Both projects will provide safe housing for survivors along with case management and program policies that ensure clients will remain safe in that housing until they are ready to exit to a permanent destination.

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

Family Support Center's 'RRH for Survivors of Violence Project' is expected to have strong outcomes, based on the agency's past performance:
(1) 91% of persons served in its CoC projects exited to permanent housing. Of those, 28% were fleeing domestic violence.
(2) 87% of persons served by all Family Support Center programs had not returned to homelessness at the two-year follow-up mark, as tracked in HMIS.
(3) 76% of survivors seeking services gained access to a minimum of three onsite services to support their greater health, safety, wellbeing and stability. Moreover, 100% of survivors interested in completing a safety plan completed a lethality assessment and gained the skills and knowledge to increase their

safety.
(4) Family Support Center prioritizes the most vulnerable, high barrier families for services. They know that their clients face a number of challenges, including mental illness, active addictions, and multiple evictions, in addition to the effects of domestic violence - trauma, PTSD, fear for one's safety, etc. While Family Support Center provides many of the DV service needs, they also work with local service providers to meet all the needs of the individual survivor household. Their advocates thoughtfully work with survivors in accessing housing, and ensuring all of their various needs, regardless how big or small, are addressed in a safe, survivor driven manner.

Lower Columbia CAP's 'Home Again' project also expects to have strong outcomes, based on its past performance:
(1) 96% of all DV survivors served by its programs exited to permanent housing between January 2016 - June 2018.
(2) 93% of all DV survivors served between January 2016 - June 2018 had not returned to homelessness.
(3) Survivors access coordinated entry through the domestic violence shelter, which serves as the DV portal. This allows seamless service delivery for recovery services within the same program and facility. Safety planning is offered as a continuous process that begins with a shelter stay or a turn-away from shelter. DV advocates assist each survivor with developing a client-oriented safety plan that honors choice. Direct referral to Lower Columbia CAP minimizes the potential for a breach of privacy through multiple agencies. The safety plan follows the client to the transitional/rapid rehousing referral, similar to current practice. The safety plan is reviewed and incorporated into the housing stability plan. Case management routinely reviews the safety plan in concert with the housing stability plan with the client, using a problem-solving approach as circumstances change, and advising them of the need to consult with their advocate for safety plan updates.
(4) Housing safety – Safety plans are incorporated into housing stability plans and regularly reviewed with the client to determine the need for updates. Client choice is honored in housing selection. Landlord negotiation and tenant skills are offered by CAP. Proactive relocation can enhance personal safety or health or avoid an eviction while preserving the landlord relationship. Legal advocacy helps address court issues, family court, CPS cases or other issues that can make housing access difficult. Assistance accessing mainstream benefits is provided when needed.
Economic stability is a key service to many survivors. Educational and employment goals are part of the housing stability plan. Referrals are made internally to Work First, Community Jobs, Basic Food Employment Training and supportive employment. External referrals are made for education advancement, specialized occupational training and supportive employment. Financial literacy, 2nd chance banking, and one-on-one financial coaching for credit recovery are available at CAP.

1C-5. PHAs within CoC. Applicants must use the chart to provide information about each Public Housing Agency (PHA) in the CoC's geographic areas:
(1) Identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA who were

**experiencing homelessness at the time of admission;
(2) Indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV Program; and
(3) Indicate whether the CoC has a move on strategy. The information should be for Federal Fiscal Year 2017.**

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2017 who were experiencing homelessness at entry	PHA has General or Limited Homeless Preference	PHA has a Preference for current PSH program participants no longer needing intensive supportive services, e.g. move on?
Thurston County Public Housing Authority	43.00%	Yes-Both	Yes
Bellingham Housing Authority	17.00%	Yes-Both	No
Housing Authority of Island County	85.00%	Yes-HCV	No
Yakima Housing Authority	37.00%	No	No
Walla Walla Housing Authority	53.00%	No	No

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

**1C-5a. For each PHA where there is not a homeless admission preference in their written policy, applicants must identify the steps the CoC has taken to encourage the PHA to adopt such a policy.
(limit 2,000 characters)**

Three of our strongest Housing Authority partners have homeless preferences in place. We continue to work with other PHAs where homeless preferences are not part of their written policies. We encourage adoption among PHAs in the Balance of State through meetings, correspondence, and personal contact. Our collaborative applicant leadership spoke at the February 2018 agenda of the Association of Washington Housing Authorities (AWHA) board meeting and led a discussion that touched on PHAs and homeless preferences. The executive director of Yakima Housing Authority, whose agency is part of our newly merged CoC, is the incoming president of AWHA and has committed to take up this topic for serious discussion in the coming year.

1C-5b. Move On Strategy with Affordable Housing Providers. Does the CoC have a Move On strategy with affordable housing providers in its jurisdiction (e.g., multifamily assisted housing owners, PHAs, Low Income Tax Credit (LIHTC) developments, or local low-income housing programs)? Yes

**Move On strategy description.
(limit 2,000 characters)**

The CoC has a Move On strategy in place with the Drexel House and the Housing Authority of Thurston County. The Drexel House, administered by Catholic Community Services, has a formal agreement with the Housing Authority of Thurston County to help transition its PSH participants onto the Housing Choice Voucher program when they no longer need intensive services.

After one year at the Drexel House, residents are permitted to request a Housing Choice Voucher from the Housing Authority. The Housing Authority expedites the process and gives the Drexel House resident a Housing Choice Voucher, allowing them to move anywhere within the Housing Authority's service area. This opens up a unit at the Drexel House for another chronically homeless household. The partnership allows Drexel House to serve more individuals and place them into permanent housing upon exit.

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

To align ourselves with the HUD Equal Access Rules, our CoC requires in its policies and procedures that all CoC projects must have a policy prohibiting discrimination against program participants based on actual or perceived gender identity, sexual orientation, or marital status. We also encourage our projects to post signage at their office for clients and staff related to anti-discrimination. We recently provided an overview and training of the Equal Access Rules to our Steering Committee (including CoC project providers) to ensure everyone understood their requirements under the Rules and CoC policies. Furthermore, we advised our providers that the Equal Access Rules apply to all HUD CPD programs, and that the 2012 Equal Access Rule applies to all HUD-funded programs. Therefore, CoC projects know that other HUD and CPD projects they manage or partner with must adhere to the Equal Access Rules.

At the local level, several of our BoS CoC projects have taken the following additional steps to address the needs of LGBT individuals and their families experiencing homelessness: changing intake forms to contain gender neutral language; asking about LGBT status at CE intake and assigning a higher vulnerability score; posting LGBT-friendly signage in public places; offering motel space instead of shelter to lower the risk of assault or other harmful incident; soliciting feedback for service improvements; allowing for maximum client choice in housing and services; and partnering with local LGBT advocacy organizations to provide services to program participants.

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

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

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

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

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

(1) Our BoS CoC Coordinated Entry guidelines require our CE providers to cover the entire geographic region for which they are responsible. We have a provider assigned to each geographic region in our BoS to ensure full coverage. Every BoS county has at least one access point for persons experiencing homelessness. Many mid-size and large counties have multiple access points and conduct regular outreach to help ensure that people throughout their geographic area connect with CE. Our state-funded Consolidated Homeless Grant partners at Commerce recently conducted an evaluation of each CE site in our BoS to ensure it was functioning properly and covering its assigned geographic region.
(2) Many of our county coordinated entry systems provide regular outreach to connect people to CE who may not otherwise apply. For example, coordinated entry systems go into jails, conduct mobile assessments, establish satellite locations, partner with law enforcement, advertise in all parts of the community, go to homeless and migrant camps, and hire outreach staff who are bilingual, know sign language, and/or trained in trauma-informed practices.
(3) Our BoS CoC Coordinated Entry guidelines require that all assessment tools must aim to determine which households have the greatest need and that all

factors included in the assessment must be based on the greatest need. The vast majority of our CE systems use the VI-SPDAT as their assessment tool, which prioritizes people in the most need. In 2015, 24% of all persons served in our BoS were unsheltered. This percentage rose to 39% in 2016 and 47% in 2017, demonstrating that our CoC's CE is continuing to improve its prioritization towards those most in need.
(4) See attachments page.

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

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

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

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

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

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

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

Instructions

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

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

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

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

The selection criteria for all CoC renewal projects, up to 100 points, includes 40 points for serving vulnerable households. Projects can receive up to 10 points for serving Chronically Homeless persons, up to 10 points for serving families with children or unaccompanied youth, up to 10 points for serving unsheltered persons or households fleeing domestic violence, and up to 10 points for serving people with disabling conditions, which include mental illnesses, physical disabilities, substance abuse, and/or chronic health conditions. Applicants can receive points for each of these four categories, depending on the household's characteristics. Renewal projects also receive 4 points if they are the only CoC project in their county.
The selection criteria for all CoC bonus and reallocation projects, up to 110 points, requires that projects agree to serve the most vulnerable and operate the program using a Housing First/Low Barrier model in order to pass threshold. Moreover, the selection criteria includes up to 20 points for how well the applicant describes its process for prioritizing the most vulnerable populations (HUD notices CPD 16-11 and CPD 17-01 are referenced to help projects define the most vulnerable), up to 20 points for the extent the project follows a Housing

First/Low Barrier model, and 5 points for being in a county that does not already have a CoC Program grant.

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

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

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

Reallocation: Yes

1E-5. Local CoC Competition. Applicants must indicate whether the CoC:
(1) established a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline–attachment required;
(2) rejected or reduced project application(s)–attachment required; and

(3) notify applicants that their project application(s) were being rejected or reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline–attachment required. :

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

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

2A-1. Roles and Responsibilities of the CoC and HMIS Lead. Does your CoC have in place a Governance Charter or other written documentation (e.g., MOU/MOA) that outlines the roles and responsibilities of the CoC and HMIS Lead? Attachment Required.	Yes
2A-1a. Applicants must: (1) provide the page number(s) where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document(s) referenced in 2A-1, and (2) indicate the document type attached for question 2A-1 that includes roles and responsibilities of the CoC and HMIS Lead (e.g., Governance Charter, MOU/MOA).	1. Page One 2. MOU
2A-2. HMIS Policy and Procedures Manual. Does your CoC have a HMIS Policy and Procedures Manual? Attachment Required.	Yes
2A-3. HMIS Vender. What is the name of the HMIS software vendor?	Bitfocus-Clarity
2A-4. HMIS Implementation Coverage Area. Using the drop-down boxes, applicants must select the HMIS implementation Coverage area.	Regional (multiple CoC)

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

(3) total number of beds in HMIS.

Project Type	Total Beds in 2018 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) beds	3,519	603	1,671	57.30%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	2,128	168	1,228	62.65%
Rapid Re-Housing (RRH) beds	2,194	66	1,975	92.81%
Permanent Supportive Housing (PSH) beds	2,423	167	1,726	76.51%
Other Permanent Housing (OPH) beds	544	30	347	67.51%

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

To increase HMIS bed coverage over the next 12 months the CoC is planning an outreach effort targeted to the following three groups : Yakima county (the new geographic area added to the CoC through CoC merger where there is low HMIS bed coverage), other counties with lower than average bed coverage, and other providers across the CoC not participating in HMIS. HMIS Lead Agency staff will contact each provider directly. Each will 1st receive an HMIS overview which includes the following: history of HMIS at the national and state level; information about CoC and community benefits of HMIS (reporting, performance measurement, and by name lists); provider benefits (case management tool, inter-agency data sharing opportunities, and easier linkage to CE); costs (only costs to providers are staff time and hardware as the licenses and technical assistance are provided by the HMIS lead); the security and confidentiality of HMIS; and address any questions or concerns they have or have heard from others about HMIS. Then the organization director and potential users will be invited to a demonstration of the system, via webinar or in-person. Should the provider still choose not to participate, the CoC will check in with them quarterly. After six months should CoC HMIS coverage remain under 85%, the CoC, Collaborative Applicant, and HMIS Lead Agency will discuss options for incentives for using HMIS.

2A-6. AHAR Shells Submission: How many 2017 Annual Housing Assessment Report (AHAR) tables shells did HUD accept? 12

2A-7. CoC Data Submission in HDX. Applicants must enter the date the CoC submitted the 2018 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). (mm/dd/yyyy) 04/30/2018

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

Instructions:

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

2B-1. PIT Count Date. Applicants must enter the date the CoC conducted its 2018 PIT count (mm/dd/yyyy).	01/25/2018
2B-2. HDX Submission Date. Applicants must enter the date the CoC submitted its PIT count data in HDX (mm/dd/yyyy).	04/30/2018

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

Instructions:

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

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

The CoC conducts a complete census count across all 34 counties of our CoC for the sheltered portion of the PIT. Each year the Department of Commerce (the CoC Collaborative Applicant and HMIS Lead Agency) improves internal practices as well as training and support to CoC communities to improve the quality of the sheltered count. This year we identified and began working with PIT projects from our HIC in October 2017. Projects that participate in HMIS year-round received data quality reviews and, if necessary, TA to ensure their HMIS practices would result in complete and accurate PIT sheltered counts. PIT projects from the HIC that did not use HMIS were identified and staff were trained to collect data on surveys, which were entered into HMIS for reporting and deduplication. Commerce also increased the number of in-person PIT training events from three to five and increased training webinars from one to two (one count strategies training and one data entry training) both of which were recorded and posted to our PIT website. The count training placed an increased emphasis on creating local awareness and participation so that privately funded PIT projects that don't use HMIS will be included in the sheltered count. Communities developed stakeholder driven processes to ensure all providers, including those with limited participation in other local planning efforts, were included. In Whatcom county, local county leads worked with the Lummi Nation to make a concerted effort to count members of the tribe experiencing homelessness in sheltered programs. This effort identified a 65-bed TH project with 53 persons counted during the PIT. A more substantial change to our coverage area resulted in our CoC merger with Yakima county which added 1,124 beds and 402 persons to our PIT sheltered count. Commerce devoted TA resources to Yakima to ensure a successful first count. Overall, 66 projects with 1,705 beds and 722 persons were identified and added to our sheltered count.

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

2C-2a. If "Yes" was selected in 2C-2, applicants must enter the number of

beds that were added or removed in the 2018 sheltered PIT count.

Beds Added:	1,453
Beds Removed:	570
Total:	883

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

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

Beds Added:	0
Beds Removed:	0
Total:	0

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

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

(1) As a large, rural CoC, a comprehensive unsheltered count is challenging. Each year we enhance our planning, coordination, and training to add new best practices. Before the 2018 PIT unsheltered count, in-person training provided by the Commerce, the CoC CA, increased from 4 to 7. Commerce bolstered coordination with OSPI, our state education agency, to provide consistent instructions for liaisons that recommended roles for them in the count and increased awareness and participation. We placed increased emphasis on collaborating with persons experiencing homelessness and law enforcement in the local planning stages and the day of the count to identify and safely access encampments. We recommended outreach and magnet events to encourage people to come and receive services. At these events in Thurston county we

beta tested digital data entry in the field on tablets to streamline electronic PII consent, data collection, and data entry. Kitsap county tripled their magnet events and communities throughout the CoC increased services to encourage more participation. The CoC merged with Yakima county, increasing the area of the CoC by about 4,300 square miles and devoted additional TA to ensure a successful first count as part of our CoC.
(2) These changes had a clear effect on our results. Of the 18 counties that saw increases, 9 attributed it to better coverage and participation due to improved community awareness, more volunteers, better access to encampments, and more magnet events. Thurston county estimates most of their increase of 196 can be attributed to better coverage due to an influx of financial resources from their largest city. Pacific, Grant, Whatcom, Chelan, and Douglas counties, who reported a cumulative 449 unsheltered increase, all made efforts to improve their canvassing of rural areas. The addition of Yakima county to the CoC accounted for 228 of the total 879 increase in the CoC unsheltered count.

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

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

(1) The CoC held seven in-person and online trainings for CoC stakeholders in preparation for the 2018 PIT Count. We emphasized the importance of counting youth and shared best practices and strategic discussions around how and where to count youth. The CoC solicited input from the Office of Homeless Youth, the CoC Youth Committee, and various service providers and distributed this guidance in written resources and technical assistance. Early in the planning process, the CoC held a meeting in Spokane to seek input from youth providers related to planning and methodology. Several new youth providers and formerly homeless youth participated in breakout groups and work-sessions. Many local PIT coordinators involved youth stakeholderx in the local planning process. Skagit county, for example, included both of its youth providers on their PIT Planning Committee, which met regularly beginning in July 2017. (2) Many local coordinators worked with stakeholders to identify areas where youth are most likely to be identified on the night of the count. In Kitsap and Clallam counties, for example, PIT coordinators included the local youth drop-in centers in the planning process to help identify locations. Thurston county collaborated closely with its outreach team to gather information about where youth might be staying. Thurston and Skagit counties hosted magnet events specifically for youth. (3) Led by Community Youth Services, the CoC trained communities on how to involve youth throughout the PIT planning process, especially to help them plan their magnet events. In Spokane, youth

joined service providers in planning for how to apply best practices to the count in their region. The BoS plans to involve the Youth Action Board members, assembled through the YHDP, in the 2019 PIT planning process. On the day of the count, current and formerly homeless youth greeted youth attending magnet events and led survey teams into known locations of unsheltered youth.

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

The CoC conducted 7 online and in person trainings throughout the state, from November through January, to share best practices, facilitate local collaboration and planning, and solicit input from stakeholders. Regional PIT coordinators collaborated with local stakeholders to ensure complete coverage of all homeless populations. (1) Strategic actions for counting CH included improving magnet events and accessing known unsheltered locations across the CoC. Magnet events improved by expanding advertising to include radio, newspaper, posting and distributing flyers at public locations such as malls, libraries, coffee shops, parks, etc., and adding services and greater incentives for people to attend. CoC training also included strategies for outreach and access to encampments and other known locations aided by other homeless or formerly homeless individuals, law enforcement, and other state agencies such as the Dept. of Transportation. Whatcom and Grays Harbor counties were among those that added volunteers to improve coverage across their cities and remote rural areas. (2) To better count families with children, the CoC collaborated with OSPI (the state education agency) to issue guidance for school districts and liaisons. The guidance encouraged them to participate by distributing information to students and their families, referring them to count locations off school property, teaming up with local coordinators to help identify locations of students experiencing homelessness, and reviewing PIT count data for accuracy and completeness. (3) To improve the Veterans count, SSVF and other Veteran-specific providers used local by-name lists and direction from current Veterans to help identify known locations. Chelan and Douglas counties incorporated feedback and recruited volunteers from organizations like the VFW, SSVF, and HUD-VASH providers. The CoC chair, a formerly homeless Veteran, offered strategies for asking for and collecting accurate data from Veterans.

3A. Continuum of Care (CoC) System Performance

Instructions

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

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

Number of First Time Homeless as Reported in HDX.	12,969

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

(1) The CoC determined the primary risk factors for persons becoming homeless for the first time through a long series of discussions with housing and services providers, outreach workers and case managers. As part of the discussions, current and trending data was gathered from PIT Counts, Coordinated Entry managers, outreach workers, case worker data, HMIS data, ER referrals and data from counselors serving homeless housing. A number of risk factors were identified including: insufficient income to afford increasing rents; underemployment/unemployment; domestic violence; mental illness; drug abuse; physical disabilities; behavioral health; eviction history; and criminal history.
(2) The CoC strategy to address the issue of persons at risk of homelessness is to make an early identification and assessment of individuals and families facing these risk factors, engaging them to determine if they are candidates for diversion/prevention assistance which can resolve the major factors placing them at risk or if the assessment concludes that intervention and placement in homeless housing resources is appropriate. To the extent that resources are available in the community, the strategy uses the following tools to prevent further risks and homelessness through Diversion efforts: eviction prevention, including landlord/tenant mediation; rental assistance (utilities/rent deposits, short-term rental assistance); assistance with obtaining mainstream resources for which they are eligible; medical assistance; child care; counseling; education; financial literacy; and early childhood education.
(3) Department of Commerce

3A-2. Length-of-Time Homeless as Reported in HDX. Applicants must:

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

(1) 106 Days
(2) To reduce the number of days families and individuals remain homeless, the CoC has focused on Coordinated Entry and local Diversion efforts. The CoC guidelines require Coordinated Entry managers to prioritize the hardest to serve for housing placement. Because the most vulnerable homeless are most likely to have relatively longer periods of homelessness, this helps reduce the overall average length of time. The second strategy is to conduct strong street outreach and use Diversion wherever possible. Whatcom County Homeless Street Outreach team and other outreach teams conduct periodic street contact with the homeless, maintaining a first name basis. Specific Diversion options are offered such as: eviction prevention, including landlord/tenant mediation; rental assistance (utilities/rent deposits, short-term rental assistance); counseling; medical assistance; and short-term rental assistance. Finally, WA Commerce has performance standards requiring shelters to reduce length of stay in CoC shelter to <20 days in homeless program contracts.
(3) We identify persons who have remained homeless for the longest period of time through Coordinated Entry, PIT and street outreach efforts. Additional efforts to identify and assist long-term homeless include Stand Downs and Project Connect Events in our largest communities. We are a Housing First Continuum where all of our PH projects seek rapid intake. Our CE identifies those with the highest risks/vulnerability through the VI-SPADT scoring system of vulnerability and uses the list to give first priority to housing with those with the highest rated housed first. Those with the highest vulnerability score have typically remained homeless the longest. Outreach workers and providers track by name the most vulnerable, maintaining master list registers and following up every two weeks.
(4) Department of Commerce

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

	Percentage
Report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid re-housing that exit to permanent housing destinations as reported in HDX.	47%
Report the percentage of individuals and persons in families in permanent housing projects, other than rapid re-housing, that retain their permanent housing or exit to permanent housing destinations as reported in HDX.	91%

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

(1) Our PH strategies are based on improving the participants' readiness for permanent housing and increasing PH resources available to them. Most of our program staff have been trained in Progressive Engagement techniques and delivering client-centered services; and use these tools to prepare clients for PH. Housing stability plans which address client safety, self-sufficiency, and removing barriers to client's readiness for PH are developed early in the participants' stay in TH. These efforts are aimed at increasing housing stability when they enter PH and reducing recidivism by better preparing them for PH. Efforts to increase our PH resources include: The CoC increased the number of PH units through reallocation of 4 projects from TH to PH in the past 3 years. Several CoC projects help clients apply for Vouchers or Public Housing units. In addition, we have been working with PHAs to increase the use of homeless preferences, meeting with some success over the past 3 years.
(2) CoC strategies to assist clients to stay in PH, focus on housing stability and client skills. We have had success in increasing the rate of stays over the past two years as our PSH rate increased from 88% to 91% and our ES, SH, TH, PH-RRH improved from 46% to 47%. To improve client's housing stability, projects employ client-centered services and provide tenant rights education and counseling. Over the past two years we have increased training for case managers in trauma-informed care and motivational interviewing techniques. All projects assist able clients to obtain employment or employment services as well as assist them in applying for SSC/SSI/SSDI benefits. At least 5 of our larger counties have a landlord liaison program in their rental assistance program. Our CoC includes performance in PH stability as a rating factors for renewals to determine ranking in the annual NOFA competition.
(3) Department of Commerce
(4) Department of Commerce

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

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

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

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

(1) The CoC primarily uses data from HMIS, exit interviews/other exit information, and Coordinated Entry Assessments to assess the reasons for returns to homelessness. Also used are case management files, PIT data, and the characteristics of the participants to determine risk factors that were present. A strong factor is early exits and shortened length of stays which result in participants not receiving the full set of services and the time needed to recover from their homelessness and the causes of their homelessness. Other major risk factors are: history of evictions; lack of resources; age (homeless youth tend to turnover more than older participants); behavioral issues - and particularly a history of violent behavior - prior to or during occupancy; and drug and alcohol use during occupancy.
(2) The CoC and its providers employ a range of strategies to prevent returns to homelessness: a) early outreach to persons who are homeless to reduce their length of homelessness; b) early and appropriate placement through a Housing First model coordinated through Coordinated Entry; c) a focus on housing stability rather than general case management; d) appropriate and participant-specific case management; establishing linkages to community resources (for benefits); e) reconnecting or developing community support systems so that their exit from the program is smoother and more durable; and f) continued case management/eviction prevention assistance and 6-12 months follow-up services as needed.
(3) Department of Commerce

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

(1) The CoC has adopted a strategy of expanding employment, employment services and training by maximizing the use of multiple, complementing mainstream programs to package with local programs to increase access to employment by homeless persons. One of these opportunities is with the new Medicaid Transformation Demonstration which three counties are using to link households with supportive employment and mainstream cash benefits. To take advantage of this new initiative, the CoC will collect and disseminate best practices information to providers in all 34 counties in the CoC. In addition, the CoC will re-emphasize the efforts to connect participants to mainstream benefits.
(2) Local CoC Coordinators and local CoC homeless providers work with local programs, state programs and Federal mainstream programs to provide job services and job opportunities to its participants. Some examples of current efforts are: Several of our providers are partnering with the Basic Food Employment Program and WorkSource and SkillSource to develop job skills

and training to make participants work ready. AmeriGroup provides supportive employment to some of our providers, while several of our providers are accessing assistance through other mainstream services such as SSA, DSHS Dept of Vocational Rehabilitation, and the Veterans Administration. We continue to increase the number of providers with case management staff who have received SOAR training.
(3) Department of Commerce

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

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

Instructions

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

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

Total number of beds dedicated as DedicatedPLUS	139
Total number of beds dedicated to individuals and families experiencing chronic homelessness	525
Total	664

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

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

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

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

(1) Our BoS CoC CE guidelines require that all CE systems in the BoS cover the entire geographic region they are assigned to (altogether covering the entire BoS) and market CE services to all households, including those least likely to access homeless assistance. These two policies help ensure that each household of families with children is identified and linked to CE, and therefore housing resources, as quickly as possible. We also emphasize diversion at CE to help families self-resolve if they can. To ensure private market units are readily available for households to move into shortly after becoming homeless, the CoC emphasizes the importance of working with agency landlord liaisons. In September 2018, a landlord liaison from Cowlitz County presented at one of our CoC subcommittee meetings on how to engage prospective landlords. Commerce also established an FTE Landlord Mitigation Program Manager and made funding available to incentivize landlords to rent to our participants in all CoC programs. Our state's Strategic Plan emphasizes the need to "quickly move clients into market rate housing" and has a dedicated funding source specifically for rapid re-housing for families. Lastly, we measure and evaluate the length of time homeless quarterly, by county, and post it on our website as a way to help emphasize this issue and incentivize projects to improve.
(2) Many of our projects offer case management services to households of families with children after they exit to ensure they successfully maintain their housing. Early during the household's time on the program, case managers work with the participant to develop an exit plan that connects families to the resources they need to be successful in housing after their tenure on the program. Included are resources such as behavioral health support, job training, budget and credit counseling courses, and connections to mainstream resources.
(3) Department of Commerce

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

CoC conducts mandatory training for all CoC and ESG funded service providers on these topics.	
CoC conducts optional training for all CoC and ESG funded service providers on these topics.	X

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

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

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

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

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

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

The CoC has made it a priority to provide new resources and more effectively use existing resources for homeless youth, especially since the number of homeless youth increased in the 2018 PIT Count from 2017. The CoC's homeless youth subcommittee, which meets monthly and provides updates at monthly CoC Steering Committee meetings, is active in sharing funding opportunities and best practices for serving homeless youth with our CoC. They

are at the crux of our strategy to secure additional funding and more effectively use existing resources. They have tracked funding opportunities for homeless youth throughout the state, and when one is identified, such as the Anchor Communities Initiative at A Way Home Washington, the youth committee shared it with the larger CoC. They also set aside time on one of their agendas to have the executive director of A Way Home Washington talk about the RFP. The youth subcommittee also brings in presenters, such as Norene Roberts from the state public child welfare agency, to talk about sex trafficking and how homeless youth are often targets.
The CoC, led by the CoC Youth Subcommittee, worked together and with a variety of outside stakeholders to complete the Youth Homelessness Demonstration Program (YHDP) application in the spring of 2018. Our CoC was awarded almost $5 million in new YHDP funding for youth experiencing homelessness that will soon be granted out to communities in our BoS. Through the YHDP planning and awarding process, our CoC will work very closely with several stakeholders to improve our collaboration and service effectiveness for not only our new YHDP projects, but also our existing CoC youth programs, which will be closely involved in the YHDP process.
In addition to the CoC level, many local BoS counties have individual strategies to expand housing and services for homeless youth.
Kitsap County formed a Homeless Youth Work Group that works with juvenile justice, the educational services district, and local youth housing providers to develop new strategies to connect homeless youth with housing and services. Local youth providers in Kitsap County have begun piloting HOST homes as a way to provide more cost-efficient services for youth.
Grays Harbor County has just completed a comprehensive youth needs assessment for youth experiencing homelessness and housing instability. They will receive additional state homeless funding next year, which they plan to use for unsheltered young adults 18-24, which they identified as a need in their assessment.
Our strategy to provide new resources and more effectively use existing resources is the same for unsheltered homeless youth and other youth experiencing homelessness.

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

(1) The CoC uses a variety of evidence to measure the effectiveness of our strategies. The CoC uses youth beds from the HIC, expenditure information for youth programs, PIT Count data, Commerce Office of Homeless Youth (OHY) data on youth projects in BoS counties, Department of Social and Health Services (DSHS) data on housing status collected for the Basic Food Program, and HMIS data on key performance criteria.
(2) & (3) The CoC looks at all of these measures to determine if the strategies in 3B-2.6 are effective. We look at the number of youth beds in the HIC to see if beds increased or decreased from the previous year's HIC. We believe this is

an appropriate measure because it shows us whether or not our overall inventory for youth increased or decreased as a result of our efforts. We look at expenditure information for youth programs, which we collect annually for all of our CoC's homeless projects, to determine if our efforts from previous years were successful at securing additional funding. We look at PIT data to see if the number of homeless youth increased or decreased, especially compared to the overall population counted in that year's PIT. This measure provides insight into whether or not we are using the resources we have as efficiently as possible, including outreach, to house as many homeless youth as we can. We use OHY information on youth projects in BoS counties because it gives us an overall picture of changes in the amount of grant resources going to each of our BoS counties. We look at DSHS data on housing status because we know the PIT Count under counts homelessness, especially for youth, so DSHS administrative data provides us with an additional measure to determine whether or not there are more or less homeless youth in our CoC. Like the PIT Count, this number helps us determine whether or not we are being successful at securing additional funding and using our existing resources effectively. Lastly, we use key indicators in HMIS to measure the effectiveness of the youth programs such as length of time homeless, recidivism, permanent housing placements, and access to services. These are reviewed periodically to determine if we are using our resources effectively and to identify potential best practices which could be used in other projects.
In addition to these CoC strategies, many local communities are adopting additional measures to track their success. Chelan-Douglas Counties track the number of people on their coordinated entry waitlist from year to year to determine if their strategies to secure housing and better utilize resources for youth are working. Grays Harbor County tracks the length of time of time youth remain homeless and the rate at which they return to homelessness. Both measures give them a better idea of how their strategies of getting additional resources for youth and using resources effectively are working.

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

At the BoS CoC level, the program supervisor responsible for McKinney-Vento (SEA) liaisons at our state education agency regularly attends monthly CoC Steering Committee meetings. She informs our CoC members about issues surrounding education policy as it relates to homeless students. We collaborate with her on youth initiatives, such as the Youth Homelessness Demonstration Program and the PIT Count as it relates to youth. Commerce also operates the Homeless Student Stability Program, where schools collaborate with housing providers to connect homeless students and their families to coordinated entry. Following are three examples of coordination and collaboration at the local level of the CoC, each of which includes a formal partnership between the CoC project agency and the schools:
(1) In Yakima County, representatives from youth training programs at the local workforce development council, McKinney-Vento school liaisons, and school

districts are all members of the Yakima homeless task force. Yakima Neighborhood Health Services subcontracts with the local Educational Service District to provide professional development and mentorship training for their case managers and the case managers of the local drop-in shelter, along with the youth program participants.
(2) In Cowlitz County, housing providers meet monthly with the McKinney-Vento liaisons to share resource opportunities and connections. Housing providers recently purchased a washer/dryer for two local schools to help support the liaisons' school clothing supply.
(3) Community Youth Services partners with trained tutors from the Olympia School District to ensure their youth do not lose ground academically. They also conduct regular outreach visits to all 26 middle and high schools in Thurston County, knowing that school is often the first place a youth will open up about family conflict.
(4) Our CoC providers have formal partnerships with all three of the above entities.

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

The CoC has a strong requirement in its adopted policies and procedures document for informing homeless individuals and families of their eligibility for education services. All BoS CoC projects are required to inform all program participants, up to age 24, of their age-appropriate eligibility for education services that they may be eligible for, both at intake and as necessary while enrolled in the project. This includes informing homeless students of their right to attend their school of origin (the school they attended before becoming homeless or the school in which they were last enrolled) and their right to access transportation services to attend that school. CoC Program Managers are told that educational services may also include assistance from the local school district’s homeless liaison, preschool programs, services for English language learners, etc. The policies and procedures also state that CoC projects should work with children in their program to make sure they are enrolled in school as soon as possible. Projects should help children trying to enroll in school overcome barriers such as the lack of school records, immunization records, other required health records, proof of residency, guardianship, fines and fees, missed enrollment deadlines, etc.

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

	MOU/MOA	Other Formal Agreement
Early Childhood Providers	Yes	Yes
Head Start	Yes	Yes
Early Head Start	No	Yes
Child Care and Development Fund	Yes	Yes
Federal Home Visiting Program	No	Yes

Healthy Start	No	Yes
Public Pre-K	Yes	Yes
Birth to 3 years	Yes	Yes
Tribal Home Visting Program	Yes	No
Other: (limit 50 characters)		
WIC	No	Yes

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

Our CoC has an active Veterans subcommittee that has met almost monthly for the past 4 years to develop and initiate steps to better serve Vets. The Opportunity Council in Whatcom, the lead grantee of a 5 county SSVF program, is a regular participant. This year the subcommittee worked closely with a Vets@Home Initiative TA provider. The TA consultant provided information to our CoC about best practices to identify Vets and connect them to appropriate services. These best practices included developing by-name lists, coordinated entry improvements, and ways to better collaborate with the VA.
Whatcom County had the highest count of homeless Vets and chronically homeless Vets in the BoS 2018 PIT Count. To assist the County, the CoC's Veterans subcommittee sponsored a Veterans forum for providers in Whatcom County, in collaboration with our TA provider, in March of 2018. The forum brought together all Veteran housing providers in the community, as well as the CoC project staff, the CE provider, and the PHA, to talk about ways to improve outreach, identification, and referrals for Veterans.
In November of 2017, our state-funded homeless program at Commerce hosted a forum for all of its grantees. The forum was attended by many of our CoC project staff and included presentations from members of the State Department of Veterans Affairs. The presentations covered the various housing and service programs available to Veterans, and how to best identify and connect Veterans to those resources.
In addition to the CoC level, local communities have taken efforts to better connect Veterans to resources for which they are eligible. Several communities have by-name lists of Vets. Kittitas County, in part because of the success of their by-name list, declared functional zero for Veterans in May of 2018. Additionally, some BoS counties have drop-in centers specifically for Veterans, and other communities co-locate their housing staff with VA staff.

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 Yes

benchmarks and criteria for ending Veteran homelessness?	
3B-3.4. Does the CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach?	No
3B-5. Racial Disparity. Applicants must: (1) indicate whether the CoC assessed whether there are racial disparities in the provision or outcome of homeless assistance; (2) if the CoC conducted an assessment, attach a copy of the summary.	Yes

3B-5a. Applicants must select from the options below the results of the CoC's assessment.

People of different races or ethnicities are more or less likely to receive homeless assistance.	X
People of different races or ethnicities are more or less likely to receive a positive outcome from homeless assistance.	X
There are no racial disparities in the provision or outcome of homeless assistance.	
The results are inconclusive for racial disparities in the provision or outcome of homeless assistance.	

3B-5b. Applicants must select from the options below the strategies the CoC is using to address any racial disparities.

The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	
The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	X
The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	
The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups	X
The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	
The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	
The CoC has staff, committees or other resources charged with analyzing and addressing racial disparities related to homelessness.	X

The CoC is educating organizations, stakeholders, boards of directors for local and national non-profit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	X
The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	
The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	X
The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	X
Other:	

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

Instructions:

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

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

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

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

(1) & (2) The BoS actively partners with the Department of Social and Health Services (DSHS), which is the main provider of mainstream resources (Food Stamps, SSI, TANF, substance abuse programs, etc.). A DSHS representative is active on the CoC Steering Committee and chairs the CoC's Families with Children subpopulation committee. The committee meets monthly and discusses ways to partner and stay informed about mainstream resource providers. The group also brings in presenters, such as a Division of Child Support representative, to discuss their mainstream resource programs and how they can help homeless persons.
Commerce's state-funded homeless program sends out a monthly newsletter to homeless housing providers, many of them the CoC providers, and includes

noteworthy updates about mainstream resource programs from agencies like DSHS, ESD, and the Washington State Department of Veterans Affairs. In addition, many of our providers have received recent SOAR training.
At the local level, many BoS counties are forging partnerships with mainstream resource providers. Thurston County recently opened a Community Care Center located in downtown Olympia, which has 16 partners that share the space and provide access to psychiatric outpatient services, behavioral health, substance abuse assessments, youth services, housing, Veterans benefits, DSHS benefits, and social security benefits. Our providers work directly with CSOs to help clients apply for benefits and follow-up on their receipt.
Many BoS counties have regular (oftentimes monthly) service provider meetings for mainstream resource providers to share program updates and changes. Some BoS counties train their CoC program staff to sign-up program participants for Food Stamps, SSI, and TANF at the housing provider's office, rather than going to DSHS. Lastly, some counties have mobile outreach teams that canvass their counties and connect unsheltered persons with mainstream services.
(3) Department of Commerce

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

Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition.	51
Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach–meaning that the project quickly houses clients without preconditions or service participation requirements.	48
Percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects in the FY 2018 CoC Program Competition that will be designated as Housing First.	94%

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

Outreach varies between our urban and rural communities. The more urban areas of our CoC, like Yakima, Thurston, Chelan/Dougas, and Whatcom Counties, conduct outreach daily, often with teams. The more rural BoS counties conduct outreach less frequently. At a minimum, 100% of our geographic area is covered once a year, during the PIT Count, where homeless

households are not only counted, but connected with resources such as coordinated entry.
Additionally, our BoS coordinated entry guidelines require that street outreach efforts funded with CoC, ESG, or state-funded homeless money must link homeless persons with CE.
Many of our local outreach teams have tailored their approaches to better reach homeless persons who are least likely to request assistance. Many outreach staff are bi-lingual in English and Spanish. Many are also trained in mental health and addiction services to better serve persons most struggling to access housing. Several communities work to identify places where the hardest to serve are living, such as encampments, and visit those places regularly to build rapport with individuals and provide them with emergency supplies such as food and clothing. Outreach teams often try to connect homeless persons with CE at the point of contact, rather than making them come into an office at a specified time.
Yakima County recently added an RN and Behavioral Health Consultant to their outreach teams, better enabling them to serve chronically-homeless persons with co-occurring disorders. Similarly, Whatcom County recently added an Opiate Engagement Specialist to their outreach team. The team partners with law enforcement to identify areas where homeless people who are least likely to apply for assistance are staying.

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

(1) BoS CoC CE guidelines require counties to market their CE system to all eligible households, regardless of actual or perceived race, color, national origin, religion, sex, age, familial status, disability, sexual orientation, gender identity, or marital status. In addition to marketing, many counties conducted outreach to areas with people who might not otherwise apply for assistance. Commerce also issued a memo to many of its homeless housing grantees in May 2016, reminding them that they must comply with all federal, state and local nondiscrimination laws, including the Washington State Law Against Discrimination (RCW 49.60) and the Fair Housing Act and its amendments.
(2) Many outreach workers are trained to work with people who have disabilities, including mental health impairments, and use those skills to advise them of their rights and assist them to access services and further counseling. Moreover, Okanogan County, Whatcom County, and Walla Walla County made their housing materials in large print for easier readability. Kittitas County and Benton-Franklin Counties have staff trained in sign language. Benton-Franklin Counties also makes some of its materials available in Braille. Many counties in our CoC have bilingual staff and/or a language line to ensure persons of all languages can access assistance.

4A-5. RRH Beds as Reported in the HIC. Applicants must report the total

number of rapid rehousing beds available to serve all household types as reported in the Housing Inventory Count (HIC) for 2017 and 2018.

	2017	2018	Difference
RRH beds available to serve all populations in the HIC	3,188	2,194	-994

4A-6. Rehabilitation or New Construction Costs. Are new proposed project applications requesting $200,000 or more in funding for housing rehabilitation or new construction? No

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

4B. Attachments

Instructions:

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

Document Type	Required?	Document Description	Date Attached
1C-5. PHA Administration Plan–Homeless Preference	No	BoS CoC Washingto...	09/11/2018
1C-5. PHA Administration Plan–Move-on Multifamily Assisted Housing Owners' Preference	No	Move On Preference	09/15/2018
1C-8. Centralized or Coordinated Assessment Tool	Yes	(1) Assessment to...	09/15/2018
1E-1. Objective Critiera–Rate, Rank, Review, and Selection Criteria (e.g., scoring tool, matrix)	Yes	Objective Critier...	09/18/2018
1E-3. Public Posting CoC-Approved Consolidated Application	Yes	Public Posting Co...	09/17/2018
1E-3. Public Posting–Local Competition Rate, Rank, Review, and Selection Criteria (e.g., RFP)	Yes	CoC BoS Washingto...	09/14/2018
1E-4. CoC's Reallocation Process	Yes	CoC Reallocation ...	09/15/2018
1E-5. Notifications Outside e-snaps–Projects Accepted	Yes	Notifications Out...	09/16/2018
1E-5. Notifications Outside e-snaps–Projects Rejected or Reduced	Yes	Notifications Out...	09/16/2018
1E-5. Public Posting–Local Competition Deadline	Yes	BoS CoC Washingto...	09/12/2018
2A-1. CoC and HMIS Lead Governance (e.g., section of Governance Charter, MOU, MOA)	Yes	MOU for CoC and H...	09/16/2018
2A-2. HMIS–Policies and Procedures Manual	Yes	HMIS Policies and...	09/16/2018
3A-6. HDX–2018 Competition Report	Yes	BoS CoC Washingto...	09/14/2018
3B-2. Order of Priority–Written Standards	No	Order of Priority...	09/15/2018

3B-5. Racial Disparities Summary	No	Racial Disparitie...	09/15/2018
4A-7.a. Project List–Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
Other	No		
Other	No		
Other	No		

Attachment Details

Document Description: BoS CoC Washington 501 Administration Plans -- Homeless Preference

Attachment Details

Document Description: Move On Preference

Attachment Details

Document Description: (1) Assessment tool for single adults AND (2) Assessment tool for families

Attachment Details

Document Description: Objective Critiera–Rate, Rank, Review, and Selection Criteria (e.g., scoring tool, matrix)

Attachment Details

Document Description: Public Posting CoC-Approved Consolidated Application

Attachment Details

Document Description: CoC BoS Washington 501 Public Posting -- Local Competition Rate, Rank, Review and Selection Criteria

Attachment Details

Document Description: CoC Reallocation Process

Attachment Details

Document Description: Notifications Outside e-snaps–Projects Accepted

Attachment Details

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

Attachment Details

Document Description: BoS CoC Washington 501 2018 Local Competition Deadline Public Posting

Attachment Details

Document Description: MOU for CoC and HMIS Lead Agency

Attachment Details

Document Description: HMIS Policies and Procedures

Attachment Details

Document Description: BoS CoC Washington 501 HDX -- 2018 Competition Report

Attachment Details

Document Description: Order of Priority–Written Standards

Attachment Details

Document Description: Racial Disparities Summary

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. Identification	09/17/2018
1B. Engagement	09/18/2018
1C. Coordination	09/17/2018
1D. Discharge Planning	09/17/2018
1E. Project Review	09/17/2018
2A. HMIS Implementation	09/17/2018
2B. PIT Count	09/17/2018
2C. Sheltered Data - Methods	09/18/2018
3A. System Performance	09/17/2018
3B. Performance and Strategic Planning	09/18/2018
4A. Mainstream Benefits and Additional Policies	09/18/2018
4B. Attachments	09/18/2018

Submission Summary	No Input Required

Housing Authority of Thurston County
1206 12th Avenue SE • Olympia, WA 98501
Tel: (360) 753-8292 • Fax: (360) 586-0038
www.hatc.org

III.C. SELECTION METHOD

PHAs must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that the PHA will use [24 CFR 982.202(d)].

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

PHAs are permitted to establish local preferences, and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits the PHA to establish other local preferences, at its discretion. Any local preferences established must be consistent with the PHA plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally-accepted data sources.

All types of households are eligible for the Housing Choice Voucher program as long as the family meets income requirements. The following types of households will receive preference over other qualified households:

PHA Policy

The PHA will offer a preference to any family that has been terminated from its HCV program due to insufficient program funding.

Residency Preference

Households that live (at the time of pre-application or eligibility) or work within Thurston County and are able to provide appropriate documentation/verification of home or work address will be given first preference. The use of the residency preference will not have the purpose or effect of delaying or denying admission to the program based on the race, color, ethnic origin, gender, religion, disability, or age of any member of an applicant family.

Households that meet the residency preference will be served with priority given to the following households:

- Elderly
- Disabled
- Near Elderly: 50 and over
- Families with minor or disabled adult children and single pregnant women
- Single individuals or couples who are victims of DV or hate crimes
- Single individuals or couples who are victims of a declared natural disaster
- Families who are homeless

If there are no households remaining on the waiting list who meet one of the above priorities, households who meet the residency preference will be served first over other household who do not meet the residency preference but may meet one of the above priorities.

Applicants who do not meet the residency preference and one of the designated priorities may remain on the waiting list until such time as they meet the residency preference and one of the designated priorities or the waiting list has been exhausted of these households.

The following households who meet the residency preference and a priority will be placed on the waiting list even when the waiting list is closed and will be given top priority over those applicants already on the waiting list:

- A family that has been granted a temporary suspension of assistance to accommodate a disability.
- A family that has lived in a Project-Based Assisted unit for one year gets priority for the next available tenant-based voucher.
- Persons eligible for Project Access – a non-elderly person with a disability exiting a Nursing Home or a medical facility- these are King County HA administered vouchers and do not come out of our pool (Up to 15 vouchers).
- Households referred by the Division of Children and Family Services who qualify for the Family Unification Program (up to 73 vouchers).
- The Family Unification Program (FUP) has been vital to the solution of transitioning children in foster care back to their families where housing is the barrier to their return and assisting youth aging out of foster care in obtaining and keeping stable housing. In order to keep this asset available to the community after the FUP is fully leased, the Housing Authority of Thurston County will transition up to two (2) FUP participants a month to a general Housing Choice Voucher (HCV). The FUP vouchers released will be made available to the Division of Children and Family Services for new referrals. In order to be transitioned to a general HCV, the FUP family must have successfully completed at least one year of tenancy under the FUP. In the cases of youth aging out of foster care, the youth must have successfully completed 18 months under FUP program and be determined by the FUP assigned Housing Program Specialist to be unlikely to sustain self-sufficient housing without continue HCV rental assistance support.
- Households referred by the VA (American Lake) who qualifies for the VA Supportive Housing (VASH) Program (up to 73 vouchers).
- Homeless families with children who are residing in a short or long-term homeless supportive housing program and are receiving case-managed supportive services-by referral
- Persons living in Project Based units at the time of the owner going under contract will be granted housing assistance even though they may not have been on the voucher waiting list.
- The PHA will give a preference for a tenant-based voucher over other project-based to tenant-based voucher requests to participants residing in project-based voucher-assisted properties Pear Blossom Place and Pear Street Apartments. This preference is being offered as part of the Continuum of Care to end homelessness for families with children and children aging out of foster care. Pear Blossom Place with seven units is the only permanent housing with intensive case management for homeless families with children in Thurston County. Pear Street Apartments with six units is the only permanent housing with intensive case management for youth aging out of foster care in Thurston County.
- Persons with HIV-AIDS up to 8 slots-by referral.
- Persons who face displacement by a HOME funded project where the issuance of a voucher would offset the relocation costs to the project.
- The PHA will accept referrals for families with an honorably discharged Veteran family member where the family qualifies as an extremely-low income family or demonstrates and verifies a housing need as defined under "Income Targeting Requirements" in the HCV Administrative

Plan. This preference is limited to a maximum of 15 vouchers at any given time, per calendar year and is dependent on availability of vouchers.- Eligible households are referred by:

- * Thurston County Public Health & Social Services Department
- * Washington State Department of Veterans Affairs
- * United State Department of Veterans Affairs.
- * Or other applicable agencies.

- o Formerly homeless singles/couples who are residing in a short or long-term homeless housing program who are determined to need long-term rental assistance. By referral from agencies participating in Thurston County's Coordinated Entry system or other homeless intake system as approved by the Director of Rental Assistance Programs.

Island County Housing Authority

5.0 SELECTING FAMILIES FROM THE WAITING LIST

5.1 WAITING LIST ADMISSIONS AND SPECIAL ADMISSIONS

The Housing Authority may admit an applicant for participation in the program either as a special admission or as a waiting list admission.

A. If HUD awards funding that is targeted for families with specific characteristics or families living in specific units, the Island County Housing Authority will use the assistance for those families.

B. Special Admissions: The Housing Authority will give a preference for up to 5 vouchers to assist children aging out of the foster care system. DCFS/Division of Child Welfare (Children's Administration) will make the referrals directly to the Housing Authority, and will be responsible for providing case management services. The vouchers will be tied to the Family Self Sufficiency Program in order to ensure young people aging out of foster care have the opportunity to engage in services to enable them to become self-sufficient. If the voucher holder's income increases to the point they would no longer be receiving assistance prior to the 5-year point when the FSS Contract ends, the assistance will be terminated, and that voucher will be issued to the next person on the list referred by DCFS. If the income after the 5-year point in FSS is still low enough to qualify for Section 8, the client will retain the voucher. The voucher will not be issued prior to the eligible foster child's 18th birthday, unless the child has been legally emanicipated. If there are no eligible youth aging out of the foster care system, DCFS will refer families to the Housing Authority that meet the selection criteria outlined in the agreed MOU between the Housing Authority of Island County and DCFS. The Housing Authority will maintain a separate waiting list for these referrals.

C. Project Based Vouchers – HAIC will "Project Base" up to 15 vouchers for specific housing units. Those units are as follows: 8 Units of Transitional Housing at Marjie's House (Approved by HUD Nov 2005 prior to regulation change), all families at Marjie's House (Homeless women and Children) are referred either by the Opportunity Council (Community Action Agency) or CADA (Domestic Violence Agency). The remaining 7 units are at Sunny View Village and are provided for Homeless families referred by the Opportunity Council (Community Action Agency) only. All families in Project Based Units will be required to have a case plan with a case manager from the referring agency and must be compliant with that case plan. All HUD regulations concerning project based vouchers apply.

D. VASH- Veterans Affairs Supportive Housing – HAIC was awarded 24 VASH vouchers to serve homeless veterans. Applicants are referred to HAIC from the VA, and can only be referred from the VA. A separate waiting list will be maintained for referrals to this program. HAIC will only screen for two items, income and verification that the veteran is not a registered sex offender. These are the only two items that can disqualify a veteran. The initial voucher will be issued for 120 days. If the VA determines the Veteran is no longer in need of VA services, HAIC may upon its discretion issue the next available

regular Section 8 voucher to the veteran, provided they are otherwise eligible, in order to free up a VASH voucher for the next veteran on the list. This veteran is not required to be on the Section 8 wait list for this to occur.

5.2 PREFERENCES

Consistent with the Island County Housing Authority Agency Plan, the Island County Housing Authority will select families based on the following preferences. Currently, the Island County Housing Authority has adopted the following preferences.

1. Island County residents will always have priority in first selection from the waiting list. Non- residents may apply, but will be passed over if an Island County resident is on the wait list below them when the Non-resident applicant comes to the top of the waiting list, regardless of when they applied for Section 8.

Bellingham Housing Authority

4-III.C. SELECTION METHOD

PHAs must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that the PHA will use [24 CFR 982.202(d)].

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

PHAs are permitted to establish local preferences, and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits the PHA to establish other local preferences, at its discretion. Any local preferences established must be consistent with the PHA plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources.

BHA Policy

Termination due to Insufficient Funding

BHA will offer first priority for reinstatement of assistance to families who's Housing Assistance Payment Contracts have been terminated due to insufficient funding.

Administration of the Program

Consistent with the Housing Authority Agency Plan and federal regulations at 24 CFR 982.207, the Housing Authority will select families with the following preferences based on local housing needs and priorities. Applicants who qualify for a preference are limited annually to the number indicated in each category of those applicants assisted during a calendar year. In general, households with local preferences will be moved to the top of the waitlist. Households with a local preference that are also "other singles" as described below, will only be given priority above "other singles". All preference eligibility is subject to re-verification upon selection from the waiting list and before assistance is provided. Applicants for *tenant-based* vouchers meeting these criteria will be assisted in the following order.

1. Individuals or families displaced by government action[1] .

2. Five (5) families who are either current residents of the Housing Authority Public Housing Program or other approved subsidized housing who are inappropriately housed or who are on the Public Housing waiting list and for whom the Housing Authority has no appropriate housing.

3. Sixty (60) families served from any of the following local preference categories:

   - **Transitional Housing** - Families who are currently participants in a transitional housing program. Applicants in this category must be verified in writing by a transitional housing program. Transitional housing is defined as a program designed to provide homeless individuals and families with the

[1] The Housing Authority will determine whether an applicant or participant has been displaced by activity carried on by an agency of the United States or by a State or local government body or agency in connection with code enforcement or a public improvement or development program. The application of this preference shall be approved at the sole discretion of the Executive Director of the Housing Authority.

interim stability and support to successfully move to and maintain permanent housing.

Transitional housing may be up to 24 months of housing with accompanying supportive services. Program participants must have a lease (or sublease) or occupancy/participation agreement in place when residing in transitional housing.

- Domestic Violence – Individual or families who have been involuntarily displaced by domestic violence. An applicant is involuntarily displaced if:
    a. The applicant has vacated a housing unit because of domestic violence; or
    b. The applicant lives in a housing unit with a person who engages in domestic violence.

  Domestic violence means actual or threatened physical violence or verbal and mental abuse directed against the applicant from a domestic partner. Domestic *partner* can include persons from current or previous dating relationship, marriage or former marriage and/or people that have a child in common.

  To qualify as involuntarily displaced because of domestic violence:

  The housing authority shall determine that the domestic violence occurred within 60 days of the family's filing of a pre-application for housing assistance and or is of a continuing nature.

  The applicant family must provide the name of a person or agency that could verify the occurrence of domestic violence or supply other such documentation that would serve to substantiate the claim that domestic violence occurred.

- **Homeless** – Individual or families who lacks a fixed, regular, and adequate nighttime residence, meaning:

    - Has a primary nighttime residence that is a public or private place not meant for human habitation;

    - Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, and hotels or motels paid for by charitable organizations or by federal, state or local government programs); or

    - Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

To qualify as homeless, a local preference organization must certify that the family or individual was experiencing a period of homelessness as defined above

- **Short- and/or Medium-Term Subsidy Programs** – Individual or family who is participating in a short- and/or medium-term subsidy program operated by a local preference organization. These subsidy programs must include support services and be time limited based on Federal, State, or Local regulations.

  To qualify under this category, a participant organization must certify that:

  - The applicant is in compliance with all program requirements including but not limited to active engagement with ongoing supportive services; and
  - Despite case management efforts, it has been determined that the applicant will be unable to obtain self-sufficiency within the allotted timeline; and
  - Without assistance through the Local Preference process, the applicant family would likely return to homelessness because they lack adequate resources to maintain housing

- Additionally, BWCHA will offer a preference to families that include victims of domestic violence, dating violence, sexual assault, or stalking who is seeking an emergency transfer under VAWA from BWCHA's housing choice voucher program or other covered housing program operated by BWCHA.

Types of applicants with preferences over "Other Singles."

"Other Singles" is defined as a one-person household in which the individual member is not elderly, disabled, displaced by government action or eligible for a local preference as cited above. Such applicants will be placed on the waiting list in accordance with their date and time of application but cannot be selected for admission before any elderly family or disabled family.

Households that meet the definition of "other singles" that also have a local preference will be served before all other singles. After all preferences have been served on the waiting list, remaining families with one or more members who are elderly, disabled, or displaced will be given a priority over all "Other Single" applicants.

C. All other applicants.

If an applicant family is selected from the waiting list on the basis of a local preference and that preference cannot be verified at the time of selection, the family will be returned to the waiting list using the date and time of their most previous application regardless of whether the waitlist was closed to the general public when they first applied. If an applicant makes a false statement in order to qualify for a preference the Housing Authority will deny the family admission to the program.

The Housing Authority will not deny a preference, nor otherwise exclude or penalize a family in admission to the program, solely because the family resides in public housing using the same preference.

4-III.B. SELECTION METHOD

PHAs must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that the PHA will use.

Local Preferences [24 CFR 960.206]

PHAs are permitted to establish local preferences and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits the PHA to establish other local preferences, at its discretion. Any local preferences established must be consistent with the PHA plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources [24 CFR 960.206(a)].

BWCHA Policy

BWCHA will use the following local preferences in the following order. BWCHA will limit the number of local preferences served annually as identified below.

- Ten (10) families from any of the following categories:

  - **Transitional Housing** - Families who are currently participants in a transitional housing program. Applicants in this category must be verified in writing by a transitional housing program. Transitional housing is defined as a program designed to provide homeless individuals and families with the interim stability and support to successfully move to and maintain permanent housing.

    Transitional housing may be up to 24 months of housing with accompanying supportive services. Program participants must have a lease (or sublease) or occupancy/participation agreement in place when residing in transitional housing.

  - Domestic Violence – Individual or families who have been involuntarily displaced by domestic violence. An applicant is involuntarily displaced if:
    a. The applicant has vacated a housing unit because of domestic violence; or
    b. The applicant lives in a housing unit with a person who engages in domestic violence.

    Domestic violence means actual or threatened physical violence or verbal and mental abuse directed against the applicant from a domestic partner. Domestic *partner* can include persons from current or previous dating relationship, marriage or former marriage and/or people that have a child in common.
    To qualify as involuntarily displaced because of domestic violence:

The housing authority shall determine that the domestic violence occurred within 60 days of the family's filing of a pre-application for housing assistance and or is of a continuing nature.

The applicant family must provide the name of a person or agency that could verify the occurrence of domestic violence or supply other such documentation that would serve to substantiate the claim that domestic violence occurred.

- **Homeless** – Individual or families who lacks a fixed, regular, and adequate nighttime residence, meaning:
  - Has a primary nighttime residence that is a public or private place not meant for human habitation;
  - Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, and hotels or motels paid for by charitable organizations or by federal, state or local government programs); or
  - Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

To qualify as homeless, a local preference organization must certify that immediately preceding the application for a voucher preference the family or individual was experiencing a period of homelessness as defined above.

- **Short- and/or Medium-Term Subsidy Programs** – Individual or family who is participating in a short- and/or medium-term subsidy program operated by a local preference organization. These subsidy programs must include support services and be time limited based on Federal, State, or Local regulations.

  To qualify under this category, a participant organization must certify that:
  - The applicant is in compliance with all program requirements including but not limited to active engagement with ongoing supportive services; and
  - Federal, State, or Local regulations require that the current subsidy discontinue within 90 days; and
  - Without assistance through the Local Preference process, the applicant family would likely return to homelessness because they lack adequate resources to maintain housing

Housing Authority of Thurston County
1206 12th Avenue SE • Olympia, WA 98501
Tel: (360) 753-8292 • Fax: (360) 586-0038
www.hatc.org

September 4, 2018

To Whom It May Concern:

The Housing Authority of Thurston County partners with Catholic Community Services through the Project-Based Voucher Program at the Drexel House Project. Through the Projected-Based Voucher Program, we provide 25 units of permanent supportive housing subsidies for chronically homeless single adults. Applicants are referred through Thurston County's Coordinated Entry system.

After one year of tenancy, Drexel House residents who are no longer in need of permanent supportive housing are able to request a Tenant-Based Housing Choice Voucher (if available) and move anywhere that administers the Housing Choice Voucher Program. The Housing Authority has developed a housing strategy that is currently able to provide Tenant-Based Housing Choice Vouchers as they are requested. This processes of expediting a tenant-selected move from Drexel House creates a turnover in the permanent supportive housing units with the outcome of another chronically homeless household being housed.

Sincerely,

Karen McVea
Rental Assistance Director

Vulnerability Index -

Service Prioritization Decision Assistance Tool

(VI-SPDAT)

Prescreen Triage Tool for Single Adults

AMERICAN VERSION 2.0

1 (800) 355-0420 info@orgcode.com www.orgcode.com

COMMUNITY SOLUTIONS

Welcome to the SPDAT Line of Products

The Service Prioritization Decision Assistance Tool (SPDAT) has been around in various incarnations for over a decade, before being released to the public in 2010. Since its initial release, the use of the SPDAT has been expanding exponentially and is now used in over one thousand communities across the United States, Canada, and Australia.

More communities using the tool means there is an unprecedented demand for versions of the SPDAT, customized for specific client groups or types of users. With the release of SPDAT V4, there have been more current versions of SPDAT products than ever before.

VI-SPDAT Series

The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) was developed as a pre-screening tool for communities that are very busy and do not have the resources to conduct a full SPDAT assessment for every client. It was made in collaboration with Community Solutions, creators of the Vulnerability Index, as a brief survey that can be conducted to quickly determine whether a client has high, moderate, or low acuity. The use of this survey can help prioritize which clients should be given a full SPDAT assessment first. Because it is a self-reported survey, no special training is required to use the VI-SPDAT.

Current versions available:

- VI-SPDAT V 2.0 for Individuals
- VI-SPDAT V 2.0 for Families
- VI-SPDAT V 1.0 for Youth

All versions are available online at

www.orgcode.com/products/vi-spdat/

SPDAT Series

The Service Prioritization Decision Assistance Tool (SPDAT) was developed as an assessment tool for front-line workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. The SPDAT tools are also designed to help guide case management and improve housing stability outcomes. They provide an in-depth assessment that relies on the assessor's ability to interpret responses and corroborate those with evidence. As a result, this tool may only be used by those who have received proper, up-to-date training provided by OrgCode Consulting, Inc. or an OrgCode certified trainer.

Current versions available:

- SPDAT V 4.0 for Individuals
- SPDAT V 2.0 for Families
- SPDAT V 1.0 for Youth

Information about all versions is available online at

www.orgcode.com/products/spdat/

1 (800) 355-0420 info@orgcode.com www.orgcode.com

SPDAT Training Series

To use the SPDAT, training by OrgCode or an OrgCode certified trainer is required. We provide training on a wide variety of topics over a variety of mediums.

The full-day in-person SPDAT Level 1 training provides you the opportunity to bring together as many people as you want to be trained for one low fee. The webinar training allows for a maximum of 15 different computers to be logged into the training at one time. We also offer online courses for individuals that you can do at your own speed.

The training gives you the manual, case studies, application to current practice, a review of each component of the tool, conversation guidance with prospective clients – and more!

Current SPDAT training available:

- Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
- Level 1 SPDAT Training: SPDAT for Frontline Workers
- Level 2 SPDAT Training: SPDAT for Supervisors
- Level 3 SPDAT Training: SPDAT for Trainers

Other related training available:

- Excellence in Housing-Based Case Management
- Coordinated Access & Common Assessment
- Motivational Interviewing
- Objective-Based Interactions

More information about SPDAT training, including pricing, is available online at

http://www.orgcode.com/product-category/training/spdat/

Administration

Interviewer's Name	Agency	¨ Team ¨ Staff ¨ Volunteer
_____	_____	
Survey Date	**Survey Time**	**Survey Location**
DD/MM/YYYY ____/____/_____	__ __ : __ __ AM/PM	_____

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only "Yes," "No," or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question or the assessor does not understand the question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

First Name	Nickname	Last Name
_____	_____	_____

In what language do you feel best able to express yourself? _____

Date of Birth	Age	Social Security Number	Consent to participate
DD/MM/YYYY ____/____/_____	_____	_____	¨ Yes ¨ No

IF THE PERSON IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1. **SCORE:**

1 (800) 355-0420 info@orgcode.com www.orgcode.com

A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)
   - ¨ Shelters
   - ¨ Transitional Housing
   - ¨ Safe Haven
   - ¨ **Outdoors**
   - ¨ **Other (specify):** _____
   - ¨ **Refused**

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.	**SCORE:**

2. How long has it been since you lived in permanent stable housing? _____ ¨ Refused
3. In the last three years, how many times have you been homeless? _____ ¨ Refused

IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.	**SCORE:**

B. Risks

4. In the past six months, how many times have you...
   a) Received health care at an emergency department/room? ____ ¨ Refused
   b) Taken an ambulance to the hospital? ____ ¨ Refused
   c) Been hospitalized as an inpatient? ____ ¨ Refused
   d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? ____ ¨ Refused
   e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along? ____ ¨ Refused
   f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? ____ ¨ Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR **EMERGENCY SERVICE USE.**	**SCORE:**

5. Have you been attacked or beaten up since you've become homeless? ¨ **Y** ¨ N ¨ Refused
6. Have you threatened to or tried to harm yourself or anyone else in the last year? ¨ **Y** ¨ N ¨ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF HARM.**	**SCORE:**

7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live? ¨ **Y** ¨ N ¨ Refused

IF "YES," THEN SCORE 1 FOR **LEGAL ISSUES.** SCORE:

8. Does anybody force or trick you to do things that you do not want to do? ¨ **Y** ¨ N ¨ Refused

9. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that? ¨ **Y** ¨ N ¨ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF** EXPLOITATION. SCORE:

C. Socialization & Daily Functioning

10. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money? ¨ **Y** ¨ N ¨ Refused

11. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? ¨ Y ¨ **N** ¨ Refused

IF "YES" TO QUESTION 10 OR "NO" TO QUESTION 11, THEN SCORE 1 FOR **MONEY MANAGEMENT.** SCORE:

12. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled? ¨ Y ¨ **N** ¨ Refused

IF "NO," THEN SCORE 1 FOR **MEANINGFUL DAILY ACTIVITY.** SCORE:

13. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? ¨ Y ¨ **N** ¨ Refused

IF "NO," THEN SCORE 1 FOR **SELF-CARE.** SCORE:

14. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted? ¨ **Y** ¨ N ¨ Refused

IF "YES," THEN SCORE 1 FOR **SOCIAL RELATIONSHIPS.** SCORE:

D. Wellness

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health? ¨ **Y** ¨ N ¨ Refused

16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart? ¨ **Y** ¨ N ¨ Refused

17. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you? ¨ **Y** ¨ N ¨ Refused

18. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? ¨ **Y** ¨ N ¨ Refused

19. When you are sick or not feeling well, do you avoid getting help? ¨ **Y** ¨ N ¨ Refused

20. FOR FEMALE RESPONDENTS ONLY: Are you currently pregnant? ¨ **Y** ¨ N ¨ N/A or Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **PHYSICAL HEALTH.** **SCORE:**

21. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? ¨ **Y** ¨ N ¨ Refused

22. Will drinking or drug use make it difficult for you to stay housed or afford your housing? ¨ **Y** ¨ N ¨ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SUBSTANCE USE.** **SCORE:**

23. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:

a) A mental health issue or concern? ¨ **Y** ¨ N ¨ Refused

b) A past head injury? ¨ **Y** ¨ N ¨ Refused

c) A learning disability, developmental disability, or other impairment? ¨ **Y** ¨ N ¨ Refused

24. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help? ¨ **Y** ¨ N ¨ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **MENTAL HEALTH.** **SCORE:**

IF THE RESPONENT SCORED 1 FOR **PHYSICAL HEALTH** AND 1 FOR **SUBSTANCE USE** AND 1 FOR **MENTAL HEALTH**, SCORE 1 FOR **TRI-MORBIDITY.** **SCORE:**

1 (800) 355-0420 info@orgcode.com www.orgcode.com

25. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?	¨ **Y** ¨ N ¨ Refused
26. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication?	¨ **Y** ¨ N ¨ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **MEDICATIONS.**	**SCORE:**

27. YES OR NO: Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced?	¨ **Y** ¨ N ¨ Refused

IF "YES", SCORE 1 FOR **ABUSE AND TRAUMA.**	**SCORE:**

Scoring Summary

DOMAIN	SUBTOTAL
PRE-SURVEY	/1
A. HISTORY OF HOUSING & HOMELESSNESS	/2
B. RISKS	/4
C. SOCIALIZATION & DAILY FUNCTIONS	/4
D. WELLNESS	/6
GRAND TOTAL:	/17

RESULTS	
Score:	**Recommendation:**
0-3:	no housing intervention
4-7:	an assessment for Rapid Re-Housing
8+:	an assessment for Permanent Supportive Housing/Housing First

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ___ : ____ or Morning/Afternoon/Evening/Night
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: (____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	¨ Yes ¨ No ¨ Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the adult at some point in the future
- safety planning

Appendix A: About the VI-SPDAT

The HEARTH Act and federal regulations require communities to have an assessment tool for coordinated entry - and the VI-SPDAT and SPDAT meet these requirements. Many communities have struggled to comply with this requirement, which demands an investment of considerable time, resources and expertise. Others are making it up as they go along, using "gut instincts" in lieu of solid evidence. Communities need practical, evidence-informed tools that enhance their ability to to satisfy federal regulations and quickly implement an effective approach to access and assessment. The VI-SPDAT is a first-of-its-kind tool designed to fill this need, helping communities end homelessness in a quick, strategic fashion.

The VI-SPDAT

The VI-SPDAT was initially created by combining the elements of the Vulnerability Index which was created and implemented by Community Solutions broadly in the 100,000 Homes Campaign, and the SPDAT Prescreen Instrument that was part of the Service Prioritization Decision Assistance Tool. The combination of these two instruments was performed through extensive research and development, and testing. The development process included the direct voice of hundreds of persons with lived experience.

The VI-SPDAT examines factors of current vulnerability and future housing stability. It follows the structure of the SPDAT assessment tool, and is informed by the same research backbone that supports the SPDAT - almost 300 peer reviewed published journal articles, government reports, clinical and quasi-clinical assessment tools, and large data sets. The SPDAT has been independently tested, as well as internally reviewed. The data overwhelmingly shows that when the SPDAT is used properly, housing outcomes are better than when no assessment tool is used.

The VI-SPDAT is a triage tool. It highlights areas of higher acuity, thereby helping to inform the type of support and housing intervention that may be most beneficial to improve long term housing outcomes. It also helps inform the order - or priority - in which people should be served. The VI-SPDAT does not make decisions; it informs decisions. The VI-SPDAT provides data that communities, service providers, and people experiencing homelessness can use to help determine the best course of action next.

Version 2

Version 2 builds upon the success of Version 1 of the VI-SPDAT with some refinements. Starting in August 2014, a survey was launched of existing VI-SPDAT users to get their input on what should be amended, improved, or maintained in the tool. Analysis was completed across all of these responses. Further research was conducted. Questions were tested and refined over several months, again including the direct voice of persons with lived experience and frontline practitioners. Input was also gathered from senior government officials that create policy and programs to help ensure alignment with guidelines and funding requirements.

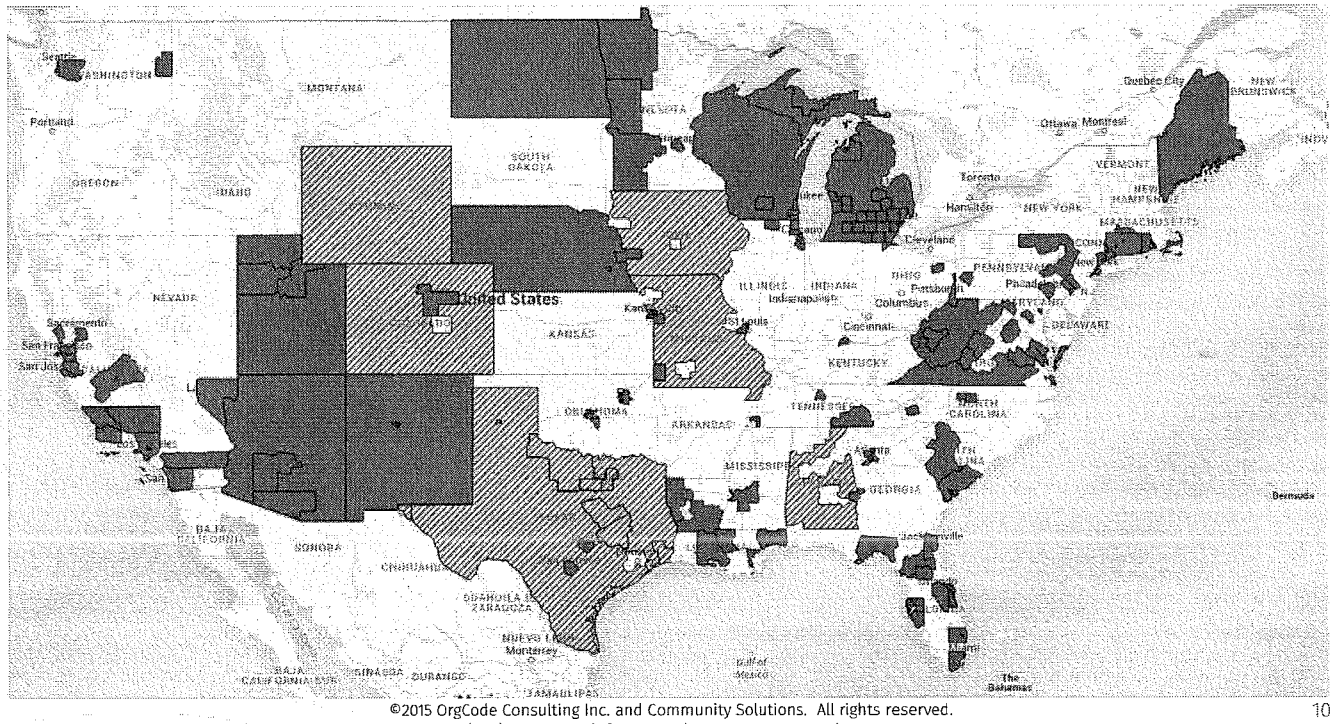
You will notice some differences in Version 2 compared to Version 1. Namely:

- it is shorter, usually taking less than 7 minutes to complete;
- subjective elements through observation are now gone, which means the exact same instrument can be used over the phone or in-person;
- medical, substance use, and mental health questions are all refined;
- you can now explicitly see which component of the full SPDAT each VI-SPDAT question links to; and,
- the scoring range is slightly different (Don't worry, we can provide instructions on how these relate to results from Version 1).

1 (800) 355-0420 info@orgcode.com www.orgcode.com

Appendix B: Where the VI-SPDAT is being used in the United States

Since the VI-SPDAT is provided completely free of charge, and no training is required, any community is able to use the VI-SPDAT without the explicit permission of Community Solutions or OrgCode Consulting, Inc. As a result, the VI-SPDAT is being used in more communities than we know of. It is also being used in Canada and Australia.



1 (800) 355-0420 info@orgcode.com www.orgcode.com

A partial list of continua of care (CoCs) in the US where we know the VI-SPDAT is being used includes:

Alabama
- Parts of Alabama Balance of State

Arizona
- Statewide

California
- San Jose/Santa Clara City & County
- San Francisco
- Oakland/Alameda County
- Sacramento City & County
- Richmond/Contra Costa County
- Watsonville/Santa Cruz City & County
- Fresno/Madera County
- Napa City & County
- Los Angeles City & County
- San Diego
- Santa Maria/Santa Barbara County
- Bakersfield/Kern County
- Pasadena
- Riverside City & County
- Glendale
- San Luis Obispo County

Colorado
- Metropolitan Denver Homeless Initiative
- Parts of Colorado Balance of State

Connecticut
- Hartford
- Bridgeport/Stratford/Fairfield
- Connecticut Balance of State
- Norwalk/Fairfield County
- Stamford/Greenwich
- City of Waterbury

District of Columbia
- District of Columbia

Florida
- Sarasota/Bradenton/Manatee, Sarasota Counties
- Tampa/Hillsborough County
- St. Petersburg/Clearwater/Largo/Pinellas County
- Tallahassee/Leon County
- Orlando/Orange, Osceola, Seminole Counties
- Gainesville/Alachua, Putnam Counties
- Jacksonville-Duval, Clay Counties
- Palm Bay/Melbourne/Brevard County
- Ocala/Marion County
- Miami/Dade County
- West Palm Beach/Palm Beach County

Georgia
- Atlanta County
- Fulton County
- Columbus-Muscogee/Russell County
- Marietta/Cobb County
- DeKalb County

Hawaii
- Honolulu

Illinois
- Rockford/Winnebago, Boone Counties
- Waukegan/North Chicago/Lake County
- Chicago
- Cook County

Iowa
- Parts of Iowa Balance of State

Kansas
- Kansas City/Wyandotte County

Kentucky
- Louisville/Jefferson County

Louisiana
- Lafayette/Acadiana
- Shreveport/Bossier/Northwest
- New Orleans/Jefferson Parish
- Baton Rouge
- Alexandria/Central Louisiana CoC

Massachusetts
- Cape Cod Islands
- Springfield/Holyoke/Chicopee/Westfield/Hampden County

Maryland
- Baltimore City
- Montgomery County

Maine
- Statewide

Michigan
- Statewide

Minnesota
- Minneapolis/Hennepin County
- Northwest Minnesota
- Moorhead/West Central Minnesota
- Southwest Minnesota

Missouri
- St. Louis County
- St. Louis City
- Joplin/Jasper, Newton Counties
- Kansas City/Independence/Lee's Summit/Jackson County
- Parts of Missouri Balance of State

Mississippi
- Jackson/Rankin, Madison Counties
- Gulf Port/Gulf Coast Regional

North Carolina
- Winston Salem/Forsyth County
- Asheville/Buncombe County
- Greensboro/High Point

North Dakota
- Statewide

Nebraska
- Statewide

New Mexico
- Statewide

Nevada
- Las Vegas/Clark County

New York
- New York City
- Yonkers/Mount Vernon/New Rochelle/Westchester County

Ohio
- Toledo/Lucas County
- Canton/Massillon/Alliance/Stark County

Oklahoma
- Tulsa City & County/Broken Arrow
- Oklahoma City
- Norman/Cleveland County

Pennsylvania
- Philadelphia
- Lower Marion/Norristown/Abington/Montgomery County
- Allentown/Northeast Pennsylvania
- Lancaster City & County
- Bristol/Bensalem/Bucks County
- Pittsburgh/McKeesport/Penn Hills/Allegheny County

Rhode Island
- Statewide

South Carolina
- Charleston/Low Country
- Columbia/Midlands

Tennessee
- Chattanooga/Southeast Tennessee
- Memphis/Shelby County
- Nashville/Davidson County

Texas
- San Antonio/Bexar County
- Austin/Travis County
- Dallas City & County/Irving
- Fort Worth/Arlington/Tarrant County
- El Paso City and County
- Waco/McLennan County
- Texas Balance of State
- Amarillo
- Wichita Falls/Wise, Palo Pinto, Wichita, Archer Counties
- Bryan/College Station/Brazos Valley
- Beaumont/Port Arthur/South East Texas

Utah
- Statewide

Virginia
- Richmond/Henrico, Chesterfield, Hanover Counties
- Roanoke City & County/Salem
- Virginia Beach
- Portsmouth
- Virginia Balance of State
- Arlington County

Washington
- Seattle/King County
- Spokane City & County

Wisconsin
- Statewide

West Virginia
- Statewide

Wyoming
- Wyoming Statewide is in the process of implementing

Vulnerability Index -
Service Prioritization Decision Assistance Tool
(VI-SPDAT)

Prescreen Triage Tool for Families

AMERICAN VERSION 2.0

1 (800) 355-0420 info@orgcode.com www.orgcode.com

COMMUNITY SOLUTIONS

Welcome to the SPDAT Line of Products

The Service Prioritization Decision Assistance Tool (SPDAT) has been around in various incarnations for over a decade, before being released to the public in 2010. Since its initial release, the use of the SPDAT has been expanding exponentially and is now used in over one thousand communities across the United States, Canada, and Australia.

More communities using the tool means there is an unprecedented demand for versions of the SPDAT, customized for specific client groups or types of users. With the release of SPDAT V4, there have been more current versions of SPDAT products than ever before.

VI-SPDAT Series

The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) was developed as a pre-screening tool for communities that are very busy and do not have the resources to conduct a full SPDAT assessment for every client. It was made in collaboration with Community Solutions, creators of the Vulnerability Index, as a brief survey that can be conducted to quickly determine whether a client has high, moderate, or low acuity. The use of this survey can help prioritize which clients should be given a full SPDAT assessment first. Because it is a self-reported survey, no special training is required to use the VI-SPDAT.

Current versions available:

- VI-SPDAT V 2.0 for Individuals
- VI-SPDAT V 2.0 for Families
- VI-SPDAT V 1.0 for Youth

All versions are available online at

www.orgcode.com/products/vi-spdat/

SPDAT Series

The Service Prioritization Decision Assistance Tool (SPDAT) was developed as an assessment tool for front-line workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. The SPDAT tools are also designed to help guide case management and improve housing stability outcomes. They provide an in-depth assessment that relies on the assessor's ability to interpret responses and corroborate those with evidence. As a result, this tool may only be used by those who have received proper, up-to-date training provided by OrgCode Consulting, Inc. or an OrgCode certified trainer.

Current versions available:

- SPDAT V 4.0 for Individuals
- SPDAT V 2.0 for Families
- SPDAT V 1.0 for Youth

Information about all versions is available online at

www.orgcode.com/products/spdat/

1 (800) 355-0420 info@orgcode.com www.orgcode.com

SPDAT Training Series

To use the SPDAT, training by OrgCode or an OrgCode certified trainer is required. We provide training on a wide variety of topics over a variety of mediums.

The full-day in-person SPDAT Level 1 training provides you the opportunity to bring together as many people as you want to be trained for one low fee. The webinar training allows for a maximum of 15 different computers to be logged into the training at one time. We also offer online courses for individuals that you can do at your own speed.

The training gives you the manual, case studies, application to current practice, a review of each component of the tool, conversation guidance with prospective clients – and more!

Current SPDAT training available:

- Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
- Level 1 SPDAT Training: SPDAT for Frontline Workers
- Level 2 SPDAT Training: SPDAT for Supervisors
- Level 3 SPDAT Training: SPDAT for Trainers

Other related training available:

- Excellence in Housing-Based Case Management
- Coordinated Access & Common Assessment
- Motivational Interviewing
- Objective-Based Interactions

More information about SPDAT training, including pricing, is available online at

http://www.orgcode.com/product-category/training/spdat/

1 (800) 355-0420 info@orgcode.com www.orgcode.com

Administration

Interviewer's Name	Agency	¨ Team ¨ Staff ¨ Volunteer
_____	_____	
Survey Date	**Survey Time**	**Survey Location**
DD/MM/YYYY ____/____/_____	__ __ : __ __ AM/PM	_____

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only "Yes," "No," or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

PARENT 1

First Name	Nickname	Last Name
_____	_____	_____

In what language do you feel best able to express yourself? _____

Date of Birth	Age	Social Security Number	Consent to participate
DD/MM/YYYY ____/____/_____	_____	_____	¨ Yes ¨ No

PARENT 2

¨ No second parent currently part of the household

First Name	Nickname	Last Name
_____	_____	_____

In what language do you feel best able to express yourself? _____

Date of Birth	Age	Social Security Number	Consent to participate
DD/MM/YYYY ____/____/_____	_____	_____	¨ Yes ¨ No

IF EITHER HEAD OF HOUSEHOLD IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1. **SCORE:**

1 (800) 355-0420 info@orgcode.com www.orgcode.com

Children

1. How many children under the age of 18 are currently with you? _____ ¨ Refused
2. How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed? _____ ¨ Refused
3. IF HOUSEHOLD INCLUDES A FEMALE: Is any member of the family currently pregnant? ¨ **Y** ¨ N ¨ Refused
4. Please provide a list of children's names and ages:

First Name	Last Name	Age	Date of Birth

	SCORE:
IF THERE IS A SINGLE PARENT WITH 2+ CHILDREN, AND/OR A CHILD AGED 11 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR **FAMILY SIZE**. IF THERE ARE TWO PARENTS WITH 3+ CHILDREN, AND/OR A CHILD AGED 6 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR **FAMILY SIZE**.	

A. History of Housing and Homelessness

5. Where do you and your family sleep most frequently? (check one)
   - ¨ Shelters
   - ¨ Transitional Housing
   - ¨ Safe Haven
   - ¨ **Outdoors**
   - ¨ **Other (specify):** _____
   - ¨ **Refused**

	SCORE:
IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.	

6. How long has it been since you and your family lived in permanent stable housing? _____ ¨ Refused
7. In the last three years, how many times have you and your family been homeless? _____ ¨ Refused

	SCORE:
IF THE FAMILY HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.	

B. Risks

8. In the past six months, how many times have you or anyone in your family...

a) Received health care at an emergency department/room? ____ ¨ Refused

b) Taken an ambulance to the hospital? ____ ¨ Refused

c) Been hospitalized as an inpatient? ____ ¨ Refused

d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? ____ ¨ Refused

e) Talked to police because they witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told them that they must move along? ____ ¨ Refused

f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? ____ ¨ Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR **EMERGENCY SERVICE USE.**	**SCORE:**

9. Have you or anyone in your family been attacked or beaten up since they've become homeless? ¨ **Y** ¨ N ¨ Refused

10. Have you or anyone in your family threatened to or tried to harm themself or anyone else in the last year? ¨ **Y** ¨ N ¨ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF HARM.**	**SCORE:**

11. Do you or anyone in your family have any legal stuff going on right now that may result in them being locked up, having to pay fines, or that make it more difficult to rent a place to live? ¨ **Y** ¨ N ¨ Refused

IF "YES," THEN SCORE 1 FOR **LEGAL ISSUES.**	**SCORE:**

12. Does anybody force or trick you or anyone in your family to do things that you do not want to do? ¨ **Y** ¨ N ¨ Refused

13. Do you or anyone in your family ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone they don't know, share a needle, or anything like that? ¨ **Y** ¨ N ¨ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF EXPLOITATION.**	**SCORE:**

C. Socialization & Daily Functioning

14. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you or anyone in your family owe them money? ¨ **Y** ¨ N ¨ Refused

15. Do you or anyone in your family get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? ¨ Y ¨ **N** ¨ Refused

IF "YES" TO QUESTION 14 OR "NO" TO QUESTION 15, THEN SCORE 1 FOR **MONEY MANAGEMENT.** **SCORE:**

16. Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled? ¨ Y ¨ **N** ¨ Refused

IF "NO," THEN SCORE 1 FOR **MEANINGFUL DAILY ACTIVITY.** **SCORE:**

17. Is everyone in your family currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? ¨ Y ¨ **N** ¨ Refused

IF "NO," THEN SCORE 1 FOR **SELF-CARE.** **SCORE:**

18. Is your family's current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because other family or friends caused your family to become evicted? ¨ **Y** ¨ N ¨ Refused

IF "YES," THEN SCORE 1 FOR **SOCIAL RELATIONSHIPS.** **SCORE:**

D. Wellness

19. Has your family ever had to leave an apartment, shelter program, or other place you were staying because of the physical health of you or anyone in your family? ¨ **Y** ¨ N ¨ Refused

20. Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs or heart? ¨ **Y** ¨ N ¨ Refused

21. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you or anyone in your family? ¨ **Y** ¨ N ¨ Refused

22. Does anyone in your family have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? ¨ **Y** ¨ N ¨ Refused

23. When someone in your family is sick or not feeling well, does your family avoid getting medical help? ¨ **Y** ¨ N ¨ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **PHYSICAL HEALTH.** **SCORE:**

1 (800) 355-0420 info@orgcode.com www.orgcode.com

24. Has drinking or drug use by you or anyone in your family led your family to being kicked out of an apartment or program where you were staying in the past?	¨ **Y**	¨ N ¨ Refused
25. Will drinking or drug use make it difficult for your family to stay housed or afford your housing?	¨ **Y**	¨ N ¨ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SUBSTANCE USE.** **SCORE:**

26. Has your family ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:		
a) A mental health issue or concern?	¨ **Y**	¨ N ¨ Refused
b) A past head injury?	¨ **Y**	¨ N ¨ Refused
c) A learning disability, developmental disability, or other impairment?	¨ **Y**	¨ N ¨ Refused
27. Do you or anyone in your family have any mental health or brain issues that would make it hard for your family to live independently because help would be needed?	¨ **Y**	¨ N ¨ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **MENTAL HEALTH.** **SCORE:**

28. IF THE FAMILY SCORED 1 EACH FOR PHYSICAL HEALTH, SUBSTANCE USE, AND MENTAL HEALTH: Does any single member of your household have a medical condition, mental health concerns, **and** experience with problematic substance use?	¨ **Y**	¨ N ¨ N/A or Refused

IF "YES", SCORE 1 FOR **TRI-MORBIDITY.** **SCORE:**

29. Are there any medications that a doctor said you or anyone in your family should be taking that, for whatever reason, they are not taking?	¨ **Y**	¨ N ¨ Refused
30. Are there any medications like painkillers that you or anyone in your family don't take the way the doctor prescribed or where they sell the medication?	¨ **Y**	¨ N ¨ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **MEDICATIONS.** **SCORE:**

31. YES OR NO: Has your family's current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you or anyone in your family have experienced?	¨ **Y**	¨ N ¨ Refused

IF "YES", SCORE 1 FOR **ABUSE AND TRAUMA.** **SCORE:**

E. Family Unit

32. Are there any children that have been removed from the family by a child protection service within the last 180 days? ¨ **Y** ¨ N ¨ Refused

33. Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your housing? ¨ **Y** ¨ N ¨ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **FAMILY LEGAL ISSUES.** **SCORE:**

34. In the last 180 days have any children lived with family or friends because of your homelessness or housing situation? ¨ **Y** ¨ N ¨ Refused

35. Has any child in the family experienced abuse or trauma in the last 180 days? ¨ **Y** ¨ N ¨ Refused

36. IF THERE ARE SCHOOL-AGED CHILDREN: Do your children attend school more often than not each week? ¨ Y ¨ **N** ¨ N/A or Refused

IF "YES" TO ANY OF QUESTIONS 34 OR 35, OR "NO" TO QUESTION 36, SCORE 1 FOR **NEEDS OF CHILDREN.** **SCORE:**

37. Have the members of your family changed in the last 180 days, due to things like divorce, your kids coming back to live with you, someone leaving for military service or incarceration, a relative moving in, or anything like that? ¨ **Y** ¨ N ¨ Refused

38. Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed? ¨ **Y** ¨ N ¨ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **FAMILY STABILITY.** **SCORE:**

39. Do you have two or more planned activities each week as a family such as outings to the park, going to the library, visiting other family, watching a family movie, or anything like that? ¨ Y ¨ **N** ¨ Refused

40. After school, or on weekends or days when there isn't school, is the total time children spend each day where there is no interaction with you or another responsible adult...

a) 3 or more hours per day for children aged 13 or older? ¨ **Y** ¨ N ¨ Refused

b) 2 or more hours per day for children aged 12 or younger? ¨ **Y** ¨ N ¨ Refused

41. IF THERE ARE CHILDREN BOTH 12 AND UNDER & 13 AND OVER: Do your older kids spend 2 or more hours on a typical day helping their younger sibling(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that? ¨ **Y** ¨ N ¨ N/A or Refused

IF "NO" TO QUESTION 39, OR "YES" TO ANY OF QUESTIONS 40 OR 41, SCORE 1 FOR **PARENTAL ENGAGEMENT.** **SCORE:**

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/2	
A. HISTORY OF HOUSING & HOMELESSNESS	/2	**Score: Recommendation:**
B. RISKS	/4	0-3 no housing intervention
C. SOCIALIZATION & DAILY FUNCTIONS	/4	4-8 an assessment for Rapid Re-Housing
D. WELLNESS	/6	9+ an assessment for Permanent Supportive Housing/Housing First
E. FAMILY UNIT	/4	
GRAND TOTAL:	/22	

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ___ : ____ or Morning/Afternoon/Evening/Night
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: (____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	¨ Yes ¨ No ¨ Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the adult at some point in the future
- safety planning

1 (800) 355-0420 info@orgcode.com www.orgcode.com

Appendix A: About the VI-SPDAT

The HEARTH Act and federal regulations require communities to have an assessment tool for coordinated entry - and the VI-SPDAT and SPDAT meet these requirements. Many communities have struggled to comply with this requirement, which demands an investment of considerable time, resources and expertise. Others are making it up as they go along, using "gut instincts" in lieu of solid evidence. Communities need a practical, evidence-informed way to satisfy federal regulations while quickly implementing an effective approach to access and assessment. The VI-SPDAT is a first-of-its-kind tool designed to fill this need, helping communities end homelessness in a quick, strategic fashion.

The VI-SPDAT

The VI-SPDAT was initially created by combining the elements of the Vulnerability Index which was created and implemented by Community Solutions broadly in the 100,000 Homes Campaign, and the SPDAT Prescreen Instrument that was part of the Service Prioritization Decision Assistance Tool. The combination of these two instruments was performed through extensive research and development, and testing. The development process included the direct voice of hundreds of persons with lived experience.

The VI-SPDAT examines factors of current vulnerability and future housing stability. It follows the structure of the SPDAT assessment tool, and is informed by the same research backbone that supports the SPDAT - almost 300 peer reviewed published journal articles, government reports, clinical and quasi-clinical assessment tools, and large data sets. The SPDAT has been independently tested, as well as internally reviewed. The data overwhelmingly shows that when the SPDAT is used properly, housing outcomes are better than when no assessment tool is used.

The VI-SPDAT is a triage tool. It highlights areas of higher acuity, thereby helping to inform the type of support and housing intervention that may be most beneficial to improve long term housing outcomes. It also helps inform the order - or priority - in which people should be served. The VI-SPDAT does not make decisions; it informs decisions. The VI-SPDAT provides data that communities, service providers, and people experiencing homelessness can use to help determine the best course of action next.

Version 2

Version 2 builds upon the success of Version 1 of the VI-SPDAT with some refinements. Starting in August 2014, a survey was launched of existing VI-SPDAT users to get their input on what should be amended, improved, or maintained in the tool. Analysis was completed across all of these responses. Further research was conducted. Questions were tested and refined over several months, again including the direct voice of persons with lived experience and frontline practitioners. Input was also gathered from senior government officials that create policy and programs to help ensure alignment with guidelines and funding requirements.

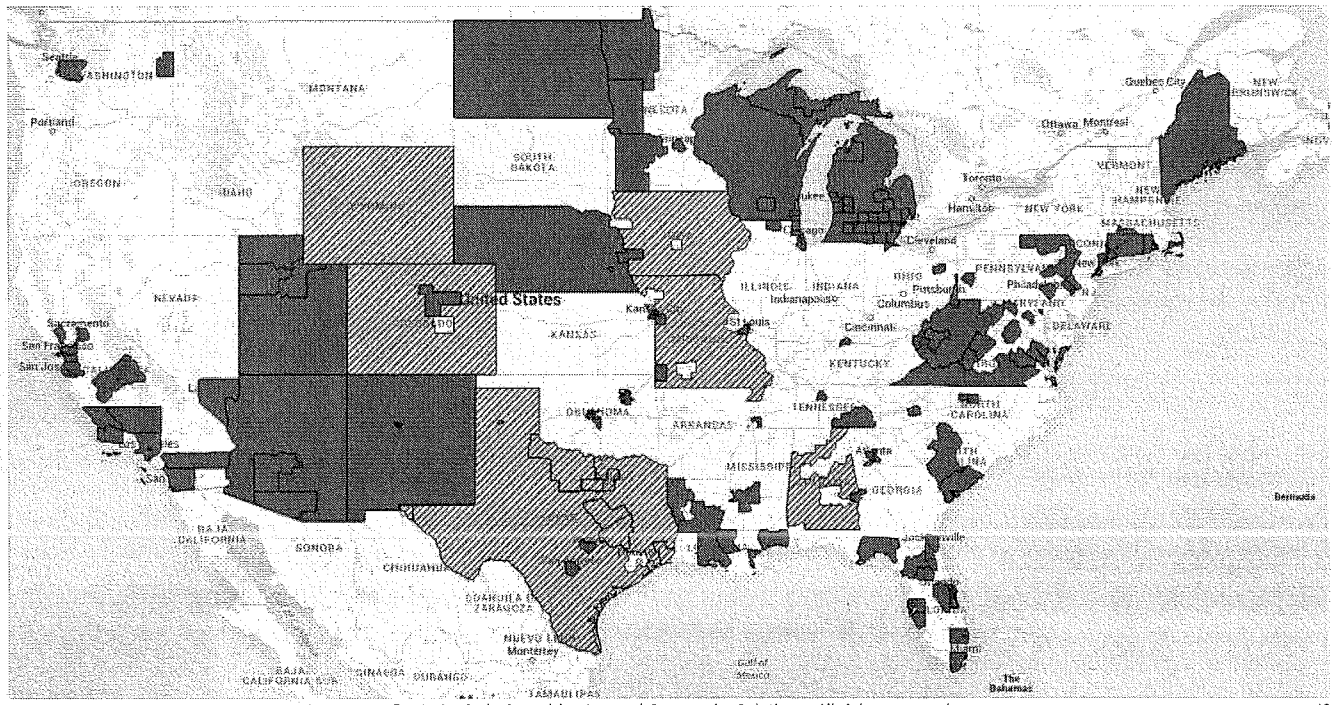
You will notice some differences in Version 2 compared to Version 1. Namely:

- it is shorter, usually taking less than 7 minutes to complete;
- subjective elements through observation are now gone, which means the exact same instrument can be used over the phone or in-person;
- medical, substance use, and mental health questions are all refined;
- you can now explicitly see which component of the full SPDAT each VI-SPDAT question links to; and,
- the scoring range is slightly different (Don't worry, we can provide instructions on how these relate to results from Version 1).

1 (800) 355-0420 info@orgcode.com www.orgcode.com

Appendix B: Where the VI-SPDAT is being used in the United States

Since the VI-SPDAT is provided completely free of charge, and no training is required, any community is able to use the VI-SPDAT without the explicit permission of Community Solutions or OrgCode Consulting, Inc. As a result, the VI-SPDAT is being used in more communities than we know of. It is also being used in Canada and Australia.



1 (800) 355-0420 info@orgcode.com www.orgcode.com

A partial list of continua of care (CoCs) in the US where we know the VI-SPDAT is being used includes:

Alabama
- Parts of Alabama Balance of State

Arizona
- Statewide

California
- San Jose/Santa Clara City & County
- San Francisco
- Oakland/Alameda County
- Sacramento City & County
- Richmond/Contra Costa County
- Watsonville/Santa Cruz City & County
- Fresno/Madera County
- Napa City & County
- Los Angeles City & County
- San Diego
- Santa Maria/Santa Barbara County
- Bakersfield/Kern County
- Pasadena
- Riverside City & County
- Glendale
- San Luis Obispo County

Colorado
- Metropolitan Denver Homeless Initiative
- Parts of Colorado Balance of State

Connecticut
- Hartford
- Bridgeport/Stratford/Fairfield
- Connecticut Balance of State
- Norwalk/Fairfield County
- Stamford/Greenwich
- City of Waterbury

District of Columbia
- District of Columbia

Florida
- Sarasota/Bradenton/Manatee, Sarasota Counties
- Tampa/Hillsborough County
- St. Petersburg/Clearwater/Largo/Pinellas County
- Tallahassee/Leon County
- Orlando/Orange, Osceola, Seminole Counties
- Gainesville/Alachua, Putnam Counties
- Jacksonville-Duval, Clay Counties
- Palm Bay/Melbourne/Brevard County
- Ocala/Marion County
- Miami/Dade County
- West Palm Beach/Palm Beach County

Georgia
- Atlanta County
- Fulton County
- Columbus-Muscogee/Russell County
- Marietta/Cobb County
- DeKalb County

Hawaii
- Honolulu

Illinois
- Rockford/Winnebago, Boone Counties
- Waukegan/North Chicago/Lake County
- Chicago
- Cook County

Iowa
- Parts of Iowa Balance of State

Kansas
- Kansas City/Wyandotte County

Kentucky
- Louisville/Jefferson County

Louisiana
- Lafayette/Acadiana
- Shreveport/Bossier/Northwest
- New Orleans/Jefferson Parish
- Baton Rouge
- Alexandria/Central Louisiana CoC

Massachusetts
- Cape Cod Islands
- Springfield/Holyoke/Chicopee/Westfield/Hampden County

Maryland
- Baltimore City
- Montgomery County

Maine
- Statewide

Michigan
- Statewide

Minnesota
- Minneapolis/Hennepin County
- Northwest Minnesota
- Moorhead/West Central Minnesota
- Southwest Minnesota

Missouri
- St. Louis County
- St. Louis City
- Joplin/Jasper, Newton Counties
- Kansas City/Independence/Lee's Summit/Jackson County
- Parts of Missouri Balance of State

Mississippi
- Jackson/Rankin, Madison Counties
- Gulf Port/Gulf Coast Regional

North Carolina
- Winston Salem/Forsyth County
- Asheville/Buncombe County
- Greensboro/High Point

North Dakota
- Statewide

Nebraska
- Statewide

New Mexico
- Statewide

Nevada
- Las Vegas/Clark County

New York
- New York City
- Yonkers/Mount Vernon/New Rochelle/Westchester County

Ohio
- Toledo/Lucas County
- Canton/Massillon/Alliance/Stark County

Oklahoma
- Tulsa City & County/Broken Arrow
- Oklahoma City
- Norman/Cleveland County

Pennsylvania
- Philadelphia
- Lower Marion/Norristown/Abington/Montgomery County
- Allentown/Northeast Pennsylvania
- Lancaster City & County
- Bristol/Bensalem/Bucks County
- Pittsburgh/McKeesport/Penn Hills/Allegheny County

Rhode Island
- Statewide

South Carolina
- Charleston/Low Country
- Columbia/Midlands

Tennessee
- Chattanooga/Southeast Tennessee
- Memphis/Shelby County
- Nashville/Davidson County

Texas
- San Antonio/Bexar County
- Austin/Travis County
- Dallas City & County/Irving
- Fort Worth/Arlington/Tarrant County
- El Paso City and County
- Waco/McLennan County
- Texas Balance of State
- Amarillo
- Wichita Falls/Wise, Palo Pinto, Wichita, Archer Counties
- Bryan/College Station/Brazos Valley
- Beaumont/Port Arthur/South East Texas

Utah
- Statewide

Virginia
- Richmond/Henrico, Chesterfield, Hanover Counties
- Roanoke City & County/Salem
- Virginia Beach
- Portsmouth
- Virginia Balance of State
- Arlington County

Washington
- Seattle/King County
- Spokane City & County

Wisconsin
- Statewide

West Virginia
- Statewide

Wyoming
- Wyoming Statewide is in the process of implementing

2018 Request for Proposals for Continuum of Care Program Reallocation Projects 8/3/2018

PART I

A. General Information on Request for Proposals

All renewal projects in the Washington Balance of State Continuum of Care (BoS CoC) are eligible to submit a request to reallocate their project as part of the 2018 Department of Housing and Urban Development CoC Notice of Funding Availability (NOFA).

Renewal projects can reallocate to one of the following three project types:

(1) Rapid Re-housing (PH-RRH) projects that follow a housing first approach.

(2) Joint TH and PH-RRH component projects as defined in Section II.C.3.m of this NOFA that follow a housing first approach.

(3) Permanent Supportive Housing (PSH) projects that meet the requirements of DedicatedPLUS as defined in Section III.C.3.f of the NOFA or where 100 percent of the beds are dedicated to individuals and families experiencing chronic homelessness, as defined in 24 CFR 578.3. PSH projects must follow a housing first approach.

Regardless of the type of project the CoC applies for, the grant term must be 1-year. Awarded projects can apply for renewal funding in future CoC competitions.

Requests may only be made for projects located within the 34-county jurisdiction of the Washington Balance of State Continuum of Care (all counties with the exception of Snohomish, King, Pierce, Clark and Spokane).

Applicants may request Reallocation Funds for the following eligible activities, depending on the proposed project type: operations, leasing, rental assistance, supportive services, and up to 10% administration. Capital costs such as acquisition, construction, reconstruction or conversion are not eligible for grant assistance.

To be considered, Preliminary Applications must be submitted by the application deadline of 5:00 PM August 17, 2018.

Applicants should communicate with their local county(s) continuum to receive input on the decision to reallocate, in order to make sure the new project aligns with the local plan to end homelessness.

Potential applicants who have not already discussed their preliminary project design with Matt Mazur-Hart (360-725-2926; matt.mazur-hart@commerce.wa.gov), Nick Mondau (360-725-3028; nick.mondau@commerce.wa.gov), or John Epler (206-794-5125; johnepler@comcast.net) should contact one of them to discuss the project concept and seek technical assistance by August 7th.

B. Funds through Request for Proposals

Applicants using Reallocation Funds captured from existing projects may apply for the same amount of funds they are relinquishing from the existing project.

Applicants should review detail on definitions and program requirements found in HUD Continuum of Care Program regulations at 24 CFR 578, and may also refer to the definitions in the Section III of the 2018 HUD NOFA.

C. Reallocation Fund Application Timeline

- 8/3/18 – Reallocation RFP released and posted to the BoS CoC website
- 8/7/18 – Suggested date by which to advise CoC of interest to apply for reallocation funding. Contact Matt Mazur-Hart (360-725-2926; matt.mazur-hart@commerce.wa.gov), Nick Mondau (360-725-3028; nick.mondau@commerce.wa.gov), or John Epler (206-794-5125; johnepler@comcast.net).
- 8/17/18 5:00 PM - **Deadline for submission** of application and leverage letters to Matt Mazur-Hart at matt.mazur-hart@commerce.wa.gov
- 8/27/18 – Notice of BoS CoC decision on reallocation applications

D. Scoring Information for All Reallocation Projects

Part 1 – Threshold Criteria for Reallocation Projects
All reallocation applications must meet the following threshold requirements.

(1) Applicant agrees to operate the project using a low barrier, Housing First model according to the definition below, Section 2.1.3 of the Commerce Guidelines for the Consolidated Homeless Grant; March 2018, and as described in the USICH Housing First Checklist; September 2016.

Housing First means low barrier projects that do not have service participation requirements or preconditions to entry and prioritize rapid placement and stabilization in permanent housing. This means the projects allow entry to project participants regardless of their income, credit history, current or past substance use, history of victimization (e.g., domestic violence, sexual assault, childhood abuse), and criminal record. Participants are not terminated from the project for loss of income or failure to increase income, failure to participate in supportive services,

failure to make progress toward a service plan, or any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area.

(2) Applicant agrees to serve vulnerable homeless populations (see HUD CPD Notice 16-11).

(3) Applicant is participating (or agrees to participate) in the local Coordinated Entry System, which must be in compliance with BoS CoC CE guidelines.

(4) Projects serving persons with disabilities must provide a brief statement on how they will ensure that persons with disabilities can interact with other persons without disabilities.

All Applicants must also meet the following:

(1) Submit a complete application by the deadline
(2) Meet all HUD and Continuum applicant eligibility requirements and thresholds
(3) The proposed activities meet Continuum of Care Program eligibility requirements
(4) The grant request is reasonable based upon the proposed scope
(5) A review of their latest Independent Audit reveals no major findings unaddressed. (Evidence of agency's adequate capacity determined by the applicant's response to the Audit findings) and the receipt of the summary pages of the applicant's most recent Audit.
(6) For applicants with current HUD Continuum of Care Program grants, the latest HUD Monitoring letter reveals no major findings unaddressed. (Applicants who currently have HUD Continuum of Care Program grants must also include the latest HUD monitoring letter and, if appropriate, evidence of actions to clear findings or evidence findings have been cleared by HUD).
(7) The overall application will be reviewed to determine if the new project is likely to improve the Continuum's outcome performance and will contribute to reducing homelessness.
(8) The project and the applicant meet or will meet HUD's Continuum of Care Program threshold requirements as listed in the 2018 HUD NOFA
(9) To demonstrate organizational capacity, if an applicant for Bonus Funds is currently operating Continuum of Care Program funded project(s), the most recently reported performance scores for those grants should not be substantially below the average total of all project performance scores.
(10) The applicant has submitted all items listed below under "Application Components".

Part 2 – Rating Criteria for Standard Bonus and DV Bonus Projects
DV Bonus Project proposals and Standard Bonus Project proposals will both be scored on the criteria below. **The narrative to address the following nine scoring criteria cannot exceed five pages.**

(1) Project Prioritizes Based on Greatest Need/Vulnerability (0-20 points)
All projects will receive points on how well they describe the severity of need of the population they propose to serve and how they will prioritize the most vulnerable populations. To receive full points, applicants must clearly describe:

- the outreach process used to engage homeless persons living on the streets or in shelter;
- the process used for prioritizing persons with the most severe needs;
- identify the specialized needs of vulnerable populations they will serve such as unaccompanied youth, families with children, Veterans, survivors of domestic violence, and chronic homeless persons

Applicants should carefully review HUD CPD 16-11 *Notice Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing* and consider the requirements found in HUD CPD 17-01 *Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System*.

(2) Housing First (0-20 points)
Applicants will receive points based on the extent to which the project will follow a Housing First model, based on the definition in the 'Threshold' section.

To receive full points, the applicant must:

- Demonstrate the extent of experience it has in operating a successful Housing First project or demonstrate a plan to develop the knowledge necessary to operate a successful Housing First project
- Clearly describe a project design that meets the above definition of Housing First

(3) Coordination with Local Providers and Mainstream Services (0-15 points)
Applicants will receive points based on the extent to which the project leverages mainstream and/or local resources for supportive services. To receive full points, applicants must demonstrate the leveraging of Medicaid resources available in the state. Applicants will receive points as follows:

- Applicants may receive up to 10 points for demonstrating a strong partnership with Medicaid services. Applicants should demonstrate that specific activities are in place to identify and enroll all Medicaid-eligible project participants. Applicants should also ensure that a process is in place to link project participants to Medicaid-financed services, including case management, tenancy supports, behavioral health services, or other services important to supporting housing stability. Project applicants may include Medicaid-financed services either by the recipient receiving Medicaid coverage payments for services provided to project participants or through formal partnerships with one or more Medicaid billable providers (e.g., Federally Qualified Health Centers). No points will be awarded for Medicaid-financed health services provided in a hospital setting. Where projects can demonstrate that there are barriers to including Medicaid-financed services in the project, applicants will receive up to 10 points under this paragraph for demonstrating that the project leveraged non-Medicaid resources available in the local continuum's geographic area, including mainstream behavioral health system resources such as mental health or substance abuse prevention and treatment block grants or state behavioral health system funding.
- Applicants may receive up to 5 points for demonstrating that the project will utilize partnerships with existing local service providers to enhance the range of and access to additional resources that promote housing stability and positive grant outcomes. Optional services through such partnerships may include but are not limited to: home visitation, job training, substance abuse treatment, financial literacy, life skills education, mental health services, etc. Applicants can also describe the service partnerships that exist within its own organization, especially in communities without other local providers to offer these services.

(4) Leveraging (0-5 points)
Applicants may receive points based on the extent to which the project will leverage additional resources to develop a comprehensive project that meets the needs of people experiencing

homelessness and ensure successful project outcomes. To receive full points, applicants must demonstrate, with a written commitment, that the cash or in-kind value of leveraged commitments is at least 200 percent of the total request to HUD.

- Applicants will be scored on the amount of valid, firm commitments in signed letters meeting HUD requirements and submitted by the due date (see "2018 Information on Leverage Letter Requirements" in Part III below).

(5) Readiness (0-10 points)
Applicants will receive points based upon the extent of the project's readiness to proceed. The score will be based on the following.

- Narrative describing the actions taken and actions to be taken, including but not limited to staffing, training, developing project operating procedures, coordination or negotiation with landlords (if appropriate), and any steps involved in the development of the housing resource - to prepare for an early and successful start of the project.
- Projected timeline of major steps, indicating the number of months between each step beginning from the execution of a HUD contract to beginning occupancy to full occupancy.

(6) Capacity (0-10 points)
Applicants will receive points based on the extent to which the applicant's experience is relevant to the type of participants to be served and the type of housing proposed. If the applicant does not have current capacity for its proposed project, but plans to build that capacity by the project's start date, it must clearly demonstrate how it will build that capacity in its application. Capacity includes:

- Overall experience of the organization
- Experience of the organization in undertaking similar activities - including experience with the population to be served and the type of housing and services to be provided
- Experience of staff proposed to operate the project OR the standards the organization will use in recruiting/hiring for positions in the project

(7) Soundness of Approach (0-15 points)
Applications will be scored based upon the description of the project and its proposed outcomes. Outcomes proposed will be considered based on the appropriateness of proposed best practices and activities that would result in their achievement.

- Description of project model
- If the project is not operated by a domestic violence provider, applicant must describe how the project plans to collaborate with its local DV provider to help ensure the safety and confidentiality of DV survivors served by the project (this, like the rest of the rating criteria in Part 2, applies to all applicants – DV Bonus and Standard Bonus)
- If the project is operated by a domestic violence provider, applicant must describe how the project adheres to DV survivor project best practices, as defined here: https://wscadv.org/projects/domestic-violence-housing-first/toolkit/survivor-driven-trauma-informed-mobile-advocacy/
- Use data to demonstrate performance of similar projects serving same populations in the community or elsewhere

- Description of the major outcomes to be achieved through the project (use annualized data/outcomes as a timeframe where appropriate)
- Description of major steps that will be taken to achieve the proposed outcomes

(8) Meeting a Community Need (0-10 points)

- Applicant utilizes data to demonstrate an unmet community need
- Description of how the project fits with local community plan

(9) The project is in a county that doesn't already have a CoC Program grant (0 or 5 points)

To broaden the range of assistance throughout the 34-county CoC, 5 points will be given to projects proposed in counties which do not currently have CoC Program grants.

Washington Balance of State Continuum of Care Competition Process and Reward Criteria Policies and Procedures

8/3/2018

PART II

Policies

The principle of fair play through an open, inclusive and transparent application process will be employed throughout the competition.
The Continuum will manage the application process with an openness throughout, including significant information exchange and the assignment of staff to help clarify and assist applicants throughout the process. RFPs will be broadcast to the broadest mailing list possible to maximize opportunities for all potential applicants throughout the Continuum to participate. Application criteria are developed in an open process of the Continuum of Care Steering Committee with minutes of meetings at which all interested parties are invited to join and participate. The rating criteria are reviewed and subject to modification by the Continuum Steering Committee on an annual basis.

General Timing of Application Process
The following guidelines will be followed to the extent feasible in completing the annual application process:

- Notices inviting applications for various categories are forwarded to the broadest e-mail list maintained by the Continuum as soon as the analysis of the annual HUD NOFA is completed, project and Continuum of Care application forms are available from HUD and input from the Continuum Steering Committee is obtained to set priorities and application processes for the competition. This notice will also be posted on the Continuum's website. All major amendments or changes will be similarly announced by e-mail communication on a timely basis and major actions will be posted on the website.
- By HUD requirement, at least 15 days prior to the deadline for submission of Continuum's Application to HUD, any applicants whose application is 1) rejected by the Continuum or 2) otherwise will not be sent to HUD as part of the Continuum's application, will be provided written notice of the results, the reasoning for the decision and advised of the opportunity to appeal the results prior to submission of the Continuum's CoC application. Applicants will be advised as soon as feasible to allow adequate time for potential correction of any error in the process.
- Prior to the submission of the Continuum and Project Applications to HUD, the Final Project Listing and the Continuum's Application will be posted on the Continuum website and the full membership, stakeholders and interested parties will be provided an e-mail, communicating the results of the Project Listing (including information on the projects rejected and accepted) and the Continuum's Application. All parties will be advised by e-mail where on the Continuum's website the information is located.
- In addition, the Continuum has established a goal of posting the Continuum's Consolidated Application with attachments on the Continuum website at least three days prior to the HUD submission deadline.

Establishing Project Ranking and HUD Project Priority List

Projects are rated by a Ranking and Rating Committee using qualitative and performance-based information. Applications for Renewal of Existing Grants (Renewals) are ranked primarily on performance outcome data obtained through the Annual Performance Report and HMIS, whereas applications for new projects rely on a combination of project/applicant capacity, project quality and project impact.

The overall approach to developing the Continuum's Project Priority List is to start by ranking the Renewal projects in order of their performance score against all other Renewal projects, integrate Bonus projects into the List based on their score against all other Bonus projects and rank all Reallocated projects at the bottom of Tier 1 based upon their score in the Reallocation competition.

Renewal and Reallocation Applications received after the Continuum's project application deadline (or which are substantially incomplete at the deadline) are subject to rejection or placement at the bottom of Tier 2. Applicants or projects not meeting the HUD threshold requirements and/or the Continuum Threshold requirements for the specific category (Renewal, Bonus or Reallocation) of application included in the RFP for that category, are subject to rejection. As indicated above, applicants may appeal a decision of the Continuum following procedures in the Continuum's Policies and Procedures. A written appeal to the Continuum (Collaborative Applicant – WA Dept. of Commerce, nick.mondau@commerce.wa.gov) must be received within 5 days of receipt of rejection or will not receive further consideration.

Information on Leverage Letter Requirements
8/3/2018

Part III

It is important to the success of the application that we demonstrate that the Balance of State Continuum of Care is able to leverage other federal, local, and state funds in our projects.

Leverage can be cash or the value of labor or materials provided to the project (in-kind). It can include below-market lease payments by agencies, rental income for tenants put back into the program, volunteer labor at $10/hour or, if professional labor (lawyers, doctors, etc.) is provided, it can be valued at the going cost of the service. It can also include services provided for free or at reduced rates by other agencies and staff time of your agency that is not reimbursed by the Continuum of Care Program grant.

In short, leverage includes everything that contributes to the project, other than Continuum of Care Program grant itself, as long as a firm letter of commitment is obtained meeting the requirements of the model below. Applicants are encouraged to maximize their leverage points by requesting letters which cover the full term of the grant period requested. Only letters and agreements meeting the below requirements that are dated after July 1, 2018 and submitted by the deadline of August 17, 2018 will be accepted for rating purposes. Only letters with firm commitments will be accepted (no "subject to budget approval", etc. will be accepted for determining the amount of leverage). All letters should be forwarded by e-mail to matt.mazur-hart@commerce.wa.gov as part of the application.

Model Commitment or Donation Letter for Leverage for

New Projects

Bold Print = Suggested Text

Regular Print = (Explanation of fill-in item)

Typed on Donor Agency Letterhead

To: _____ *(Sponsor of Project)* **_____** *(a date between July 1 and August 17, 2018)*

Subject: Commitment to the _____ *(Name of Homeless Project)*

(A. For Services, Leasing or Operations Costs):

If the _____ (*name of homeless project*) **is awarded HUD Continuum of Care Program funds, _____**(*name of agency, church, organization, government, person or business*) **commits to provide contributions worth $_____over the next year to _____**(*name of sponsor organization*)**. Our contribution for _____** *(operations or type of service: e.g. cash, childcare, case management, clothing, food, etc.)* **will be available for the 12 month period beginning February 1, 2019 (beginning date of the potential Program Period for the grant).**

1. (If professional services based on an hourly rate are involved add the following to the first two sentences of A.): **The commitment is calculated based upon _____hours of _____** (*type of service*) **at our normal rate of $____/hour**.

2. (If non-professional/volunteer services are involved add the following to the first two sentences of A.): **The commitment is based upon _____hours of service at the rate of $10.00/hour.**

3. (If the donation is a physical item, add the following to the first two sentences of A.): **The amount of the contribution is based upon a donation of _____** *(units)* **of ____** *(words describing the contribution).*

4. If the donation is space, the following to the first two sentences of A.):

5. If the donation is housing or office space leased at below market rents, state the following:) **We agree to lease _____** *(number of units)* **to _____** *(name of the agency renting or participants in the agency's program)* **at the following rents of _____** *(# of units by bedroom size and $ for rent)* **for a one year period beginning February 1, 2019.** (You will then need to use some standard - Fair Market Rents, documented comparable rents, a letter from a realtor establishing comparable rents - to calculate the amount of the benefit representing the difference between standard rents and the agreed upon rents).

Sincerely,

_____*(must be signed by an authorized representative of the donating agency)*

_____*(title)*

Memorandum of Understanding

Between the Washington Balance of State Continuum of Care CoC Lead and the Washington Balance of State Continuum of Care HMIS Lead

The CoC Lead and the HMIS Lead are the same entity: Washington State Department of Commerce. The two individuals working in the jobs of "Operations Manager, Federal Housing Assistance Programs" and "Data Systems and Performance Manager" are considered the CoC Lead and the HMIS Lead, respectively, for the purposes of this Governance Charter.

The CoC ensures that the HMIS is administered in compliance with the CoC Program interim rule, conformance with the 2014 HMIS Data Standards and related HUD notices in the following ways:

1. The CoC Lead meets at least quarterly with the HMIS Lead to ensure that the HMIS is administered in compliance with the CoC Program interim rule, conformance with the 2014 HMIS Data Standards and related HUD notices.
2. The HMIS Lead heads a subcommittee of the Balance of Washington State Continuum of Care Steering Committee and meets with subcommittee members annually, and reports back to the Steering Committee annually regarding compliance with the CoC Program interim rule and conformance with the 2014 HMIS Data Standards and related HUD notices.
3. The most current HMIS requirements are outlined in all grant agreements for homeless housing assistance using federal and state funds and are incorporated into federal, state and local funding requirements through the state's revised code of Washington (RCW).
4. The contract with the HMIS software of choice for the Balance of State HMIS includes provisions regarding compliance with the CoC Program interim rule and conformance with the 2014 HMIS Data Standards and related HUD notices. Contract payments are based on performance.
5. The requirements The CoC Lead's role in the governance of HMIS, as described in the position description form for position #1043, is to be responsible for compliance with the HEARTH Act, including data collection & performance management.
6. The requirements of the HMIS Lead's role in the governance of HMIS, as described in the Department of Commerce position description form for position #1222 is to serve as the state expert on homeless and low income housing performance measurement and formerly homeless, homeless and at-risk client data collection, including managing a team of seven technical support specialists and ensuring compliance with HEARTH, state and other federal policies regarding formerly homeless, homeless and at risk client data collection. The HMIS Lead also manages the contract with the HMIS vendor.

The Balance of State CoC formally approved this governance charter.

Nick Mondau 11-12-15 Mary J Schwartz 11-20-15

Nick Mondau, CoC Lead Date Mary Schwartz, HMIS Lead Date

Revised November 2, 2015

Homeless Management Information System (HMIS)

Policies and Procedures

Washington State Department of Commerce

Updated: Fall 2015

CONTACT INFORMATION

Washington State Department of Commerce
1011 Plum Street SE
P.O Box 42525
Olympia, WA 98504-2525
Tel: 360-725-4000

Website information on Washington State Homeless Programs:

http://www.commerce.wa.gov/Programs/housing/Homeless/Pages/default.aspx

The HMIS team provides ongoing assistance to all participating agencies. An agency can request additional training or onsite visits from the HMIS staff at any time:

http://www.commerce.wa.gov/Programs/housing/Homeless/Pages/HomelessManagementInformationSystems.aspx

Table of Contents

PARTICIPATING AGENCY ROLES AND RESPONSIBILITIES

Staffing Responsibilities	Each Participating Agency/Organization will need to have staff for following functions. All roles must be assigned and communicated to the HMIS System Administrator of the Washington State Department of Commerce.
Role	Functions
Executive Management *Oversight responsibility for all activities associated with agency/organizations Participation in HMIS.*	• **Signs** the ***Agency Agreement/Interagency Data Sharing Agreement*** and any other required forms before accessing Washington State Department of Commerce HMIS. • **Authorizes** data access to agency staff and assigns responsibility for custody of the data. • **Establishes**, adopts and enforces business controls and makes sure the organization obeys HMIS Policies and Procedures. • **Assumes** liability for any misuse of the software by agency staff. • **Communicates** control and protection requirements to HMIS users and other agency staff as required. •
Outcome/Program Manager and/or Agency HMIS Contact *Internal agency/org resource for HMIS planning and implementation.*	• **Serves** as the contact between agency executive management, agency managers, HMIS users/housing specialists and Commerce Technical Assistance (TA) staff. • **Attends** required HMIS training and Technical Assistance (TA) sessions. • **Reports** any system problems and data-related inconsistencies to Commerce TA staff as needed. • **Attends** HMIS End User Meetings. • **Updates** active/inactive users for agency •
HMIS End User	• **Completes** and maintains training on the proper use of HMIS system. • **Acknowledges** and signs the User Policy, Responsibility Statement and Code of Ethics and HMIS policies and procedures. • **Follows** agency policies that affect the security and integrity of client information. • **Maintains** HMIS data quality (timeliness of entry, accuracy and completeness of information collected and reported in HMIS.

	• **Reports** data system problems and inconsistencies to agency HMIS contact or directly to Commerce TA staff. • **If applicable, secures and stores** client's signature on CLIENT CONSENT/INFORMATION RELEASE FORM. • **Gives** client written copy of Statement of Client Rights. • **Verbally** tells client his/her rights and uses of client's data. •

WASHINGTON STATE DEPARTMENT OF COMMERCE HMIS RESPONSIBILITIES

Commerce Responsibilities	Washington State Department of Commerce HMIS responsibilities.
Role	Functions
Commerce HMIS Data Systems Technical Assistance Staff	• **Maintains** organization/agency training records to track HMIS compliance. • **Publishes** quarterly training calendar • **Uses** registration tool to track training attendance and provide user feedback • **Execute**s HMIS participation agreements. • **Monitors** compliance with applicable HMIS standards on a regular basis. • **Establishes** and reviews End User Agreements annually. • **Develops** and maintains HMIS agency files to include original signed participation agreements, original signed user license agreements and all other original signed agreements pertaining to HMIS. • **Reviews** and updates as needed HMIS Policy and Procedures. • **Provides** new user training and refresher user training monthly. • **Pro-actively** contacts new users for immediate follow up and issuance of username and password to access HMIS in an effort to begin entry of data as soon as possible following training. • **Provides** on-site and internet meeting-based technical support to agencies using HMIS for trouble-shooting and data input. • **Reviews** HMIS data monthly and bed lists to ensure that participating agency programs are using HMIS accurately. • **Provides** assistance to agencies upon request for additional on-site training and support. • **Conducts** unduplicated accounting of homelessness annually.
Commerce HMIS Data Systems Manager(s)	• **Reviews** national, state and local laws that govern privacy or confidential protections and make determinations regarding relevancy to existing HMIS policy. • **Reviews** and updates HMIS Privacy Policy as needed. • **Develops** and reviews as needed the HMIS Security Plan, including disaster planning and recovery strategy. • **Provides** copies of the Data Quality Plan, Privacy Policy, Security Plan and Policy and Procedures for review and feedback on an annual basis. • **Maintains** and updates as needed the files for HMIS software to include software agreements, HUD Technical Submissions, HUD executed agreements and Annual Progress Reports.

IMPLEMENTATION POLICIES AND PROCEDURES

HMIS Agency Participation Agreement

The Executive Director of any Participating Agency shall follow, comply, and enforce the HMIS Agency Participation Agreement (Appendix X). The Executive Director or Agency designee must sign an HMIS Agency Participation Agreement before granted access to HMIS. Signing of the HMIS Agency Participation Agreement is a requirement to training and user access.

- An original signed HMIS Agency Participation Agreement must be presented to the HMIS staff before any program is implemented in the HMIS.
- After the HMIS Agency Participation Agreement is signed, the HMIS staff will train end users to use HMIS.
- A username and password will be granted to end users after required training is completed.

HMIS User License Agreement

End user of any Participating Agency shall follow, comply, and enforce the HMIS User License Agreement (Appendix X). Before given access to HMIS, the end user must sign an HMIS User License Agreement.

- The HMIS staff will provide the end user a HMIS User License Agreement for signature after completing required training.
- The HMIS staff will collect and maintain HMIS User License Agreements of all end users.

Data Collection Requirements

Participating Agencies will collect and verify the minimum set of data elements for all clients served by their programs within the timeframe outlined in the HMIS Data Quality Plan (Appendix C).

During client intake, end users must collect all the universal data elements set forth in the HMIS Data Standards Manual, May 2014. The universal data elements include:

NAME
SOCIAL SECURITY NUMBER
DATE OF BIRTH
RACE
GENDER
VETERAN STATUS
DISABLING CONDITION
ETHNICITY
RESIDENCE PRIOR TO PROJECT ENTRY
PROJECT ENTRY DATE
LENGTH OF TIME ON STREET, IN EMERGENCY SHELTER OR SAFE HAVEN
PROJECT EXIT DATE
DESTINATION
RELATIONSHIP TO HEAD OF HOUSEHOLD
CLIENT LOCATION

End users must also collect all the program-specific data elements at program entry and exit set forth in the HMIS Data Standards Manual, 2014. The program-specific data elements include:

HOUSING STATUS
INCOME AND SOURCES
NON-CASH BENEFITS
HEALTH INSURANCE
PHYSICAL DISABILITY
DEVELOPMENTAL DISABILITY
CHRONIC HEALTH CONDITION
HIV/AIDS

MENTAL HEALTH PROBLEM
SUBSTANCE ABUSE
DOMESTIC VIOLENCE
CONTACT
DATE OF ENGAGEMENT
SERVICES PROVIDED
FINANCIAL ASSISTANCE PROVIDED
REFERRALS PROVIDED
RESIDENTIAL MOVE-IN DATE
HOUSING ASSESSMENT DISPOSITION
HOUSING ASSESSMENT AT EXIT

HMIS Program Entry and Exit Date

End users of any Participating Agency must record the Program Entry Date of a client into HMIS no later than three (3) business days upon entering the program.

End Users of any Participating Agency must record the Program Exit Date of a client into HMIS no later than three (3) business days after exiting the program or receiving their last service. Enabling the "auto-exit" feature for programs is available at the Participating Agency's discretion. If enabled, clients enrolled in the program will automatically exit after the defined number of days of not receiving services defined as a "participating service" for that program, and record the date of the client's last day in the program as the last day a service was provided.

End user must enter the month, day, and year of program enrollment and program exit.

For returning clients, end user must record a new Program Entry Date and corresponding Program Exit Date.

The system will trigger a warning when end users enter a Program Exit Date that is earlier than the Program Entry Date for a client.

HMIS Technical Support

The HMIS staff will provide a reasonable level of support to Participating Agencies via email, phone, and/or remote.

Technical Support Hours are Monday through Friday (excluding holidays) from 8:00 AM to 5:00 PM.

Provide issue replication details if possible (or help recreate the problem by providing all information, screenshots, reports, etc.) so HMIS staff can recreate problem if required.

The HMIS staff will try to respond to all email inquiries and issues within three (3) business days, but support load, holidays, and other events may affect response time.

The HMIS staff will submit a ticket to software vendor if progress is stalled.

SIGNATURE REQUIREMENTS ON HMIS FORMS

1. A signature by agency director or his/her designee is REQUIRED if any HMIS form has a space for a signature. Any exception(s) will be noted on the form.

2. Forms "complete" only when all required signatures are obtained.

NEW, RETURNING AND ADVANCING USER TRAINING REQUIREMENTS

The HMIS System Administrators will provide training to all HMIS end users. HMIS System Administrators will make sure HMIS users complete training requirements.

a. Training Requirements for New HMIS users:

- **i.** In-person HMIS 101 course is REQUIRED for HMIS access.
- **ii.** A signed User Agreement for current agency is REQUIRED before a new user's first training.
- **iii.** An HMIS 101 Webinar can be substituted for in-person training for six months (182 days) if immediate access is required and no formal training is scheduled in the area.
- **iv.** HMIS access will be disabled if in-person HMIS 101 training isn't completed within six months of date of HMIS 101 Webinar training.
- **v.** HMIS access will be reinstated when in-person HMIS 101 training is completed.

b. Training Requirements for Returning HMIS users:

- **i.** Current HMIS users are required to re-take in-person HMIS 101 training or HMIS 101 Webinar training every 12 to 18 months.
- **ii.** HMIS users can attend refresher HMIS 101 classes in-person or via Webinar at their discretion.
- **iii.** A signed User Agreement may be requested if the document is not on file with Department of Commerce.

c. Training Options for Advancing HMIS users:

- **i.** HMIS users who want more training can take any instructor-led training course if the user has met trainer's HMIS 101 training requirements.
- **ii.** Advanced trainings may include system tools, software functionality, report generation, report analysis and other interest topics.
- **iii.** A signed User Agreement may be requested if the document is not on file with Department of Commerce

The table below lists the training courses offered.

Course Description	**Course Detail**
New User Training	Users will learn the basic skills and concepts needed in order to complete the client intake process.

Refresher Training	Help to refresh the skills of active users, as well as review any issues users may have with navigating through the system or the data collection process.
Reports Training	Users are given an overview of the various reporting options available in ClientTrack.
Data Explorer	Trains experienced users, with good knowledge of existing ClientTrack reports, on the usage of ClientTrack's ad hoc data analysis tool. (Limited to one user per agency per session)

User Authentication

Only users with a valid username and password combination can access HMIS. The HMIS staff will provide unique username and initial password for eligible individuals after completion of required training and signing of the HMIS User License Agreement.

- The Participating Agency will determine which of their employees will have access to the HMIS. User access will be granted only to those individuals whose job functions require legitimate access to the system.
- Proposed end user must complete the required training and demonstrate proficiency in use of system.
- Proposed end user must sign the HMIS User License Agreement stating that he or she has received training, will abide by the Policies and Procedures, will appropriately maintain the confidentiality of client data, and will only collect, enter and retrieve data in the system relevant to the delivery of services to people.

- The HMIS staff will be responsible for the distribution, collection, and storage of the signed HMIS User License Agreements.
- The HMIS staff will assign new users with a username and an initial password.
- Sharing of usernames and passwords is a breach of the HMIS User License Agreement since it compromises the security to clients.
- The Participating Agency is required to notify the HMIS staff when end user leaves employment with the agency or no longer needs access.
- Users not logging into HMIS for more than 45 days will be locked out due to non-activity.

Passwords

Each end user will have access to HMIS via a username and password. Passwords will be reset every 180 days. End users will maintain passwords confidential.

- The HMIS staff will provide new end users a unique username and temporary password after required training is completed.
- End user will be required to create a permanent password that is between eight and sixteen characters in length. It must also contain characters from the following four categories: (1) uppercase characters (A through Z), (2) lower case characters (a through z), (3) numbers (0 through 9), and (4) non-alphabetic characters (for example, $, #, %).

- End users may not use the same password consecutively, but may use the same password more than once.

- Access permission will be revoked after the end user unsuccessfully attempts to log on five times. The end user will be unable to gain access until the HMIS staff reset their password.

Hardware Security Measures

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

Security Review

HMIS staff will complete an annual security review to ensure the implantation of the security requirements for itself and Participating Agencies. The security review will include the completion of a security checklist ensuring that each security standard is implemented.

Security Violations and Sanctions

- Any end user found to be in violation of security protocols of their agency's procedures or HMIS Policies and Procedures will be sanctioned accordingly. All end users must report potential violation of any security protocols.
- End users are obligated to report suspected instances of noncompliance and/or security violations to their agency and/or HMIS staff as soon as possible.
- The Participating Agency or HMIS staff will investigate potential violations.
- Any end user found to be in violation of security protocols will be sanctioned accordingly. Sanction may include but are not limited to suspension of system privileges and revocation of system privileges.

CLIENT INFORMED CONSENT AND PRIVACY RIGHTS

Participating Agencies must obtained informed, signed consent prior to entering any client personal identifiable information into HMIS. Services will not be denied if a client chooses not to include personal information. Personal information collected about the client should be protected. Each Participating Agency and end user must abide by the terms in the HMIS Agency Participation Agreement (Appendix A) and HMIS User License Agreement (Appendix B).
Client must sign the Authorization to Disclose Client Information form (Appendix E) or consent of the individual for data collection may be inferred from the circumstances of the collection. Participating Agencies may use the Inferred Consent Notice (Appendix F) to meet this standard.

Clients that provide permission to enter personal information allow for Participating Agencies within the continuum to share client and household data.

If client refuses consent, the end user should not include any personal identifiers (First Name, Last Name, Social Security Number, and Date of Birth) in the client record.

For clients with consent refused, end user should include a client identifier to recognize the record in the system.

Participating Agencies shall uphold Federal and State Confidentiality regulations and laws that protect client records.

The HMIS standards and the HIPAA standards are mutually exclusive. An organization that is covered under the HIPAA standards is not required to comply with the HMIS privacy or security standards, so long as the organization determines that a substantial portion of its protected information about homeless clients or homeless individuals is indeed protected health information as defined in the HIPAA rules.
HIPAA standards take precedence over HMIS because HIPAA standards are finely attuned to the requirements of the health care system; they provide important privacy and security protections for protected health information; and it would be an unreasonable burden for providers to comply with and/or reconcile both the HIPAA and HMIS rules. This spares organizations from having to deal with the conflicts between the two sets of rules.

DATA POLICIES AND PROCEDURES

Data Quality

All data entered into HMIS must meet data quality standards. Participating Agencies will be responsible for their users' quality of data entry.

Definition:

Data quality refers to the timeliness, completeness, and accuracy of information collected and reported in the HMIS.

Data Timeliness:

End users must enter all universal data elements and program-specific data elements within three (3) days of intake.

Data Completeness:

All data entered into the system is complete.

Data Accuracy:

All data entered shall be collected and entered in a common and consistent manner across all programs.

Participating Agencies must sign the HMIS Agency Participation Agreement (Appendix A) to ensure that all participating programs are aware and have agreed to the data quality standards.

Upon agreement, Participating Agencies will collect and enter as much relevant client data as possible for the purposes of providing services to that client.

All data will be input into the system no more than three (3) days of program entry.

The HMIS staff will conduct monthly checks for data quality. Any patterns of error or missing data will be reported to the Participating Agency.

End users will be required to correct the identified data error and will be monitor for compliance by the Participating Agency and the HMIS staff.

End users may be required to attend additional training as needed.

Data Use and Disclosure

All end users will follow the data use Policies and Procedures to guide the data use of client information stored in HMIS.

Client data may be used or disclosed for system administration, technical support, program compliance, analytical use, and other purposes as required by law. Uses involve sharing parts of client information with persons within an agency. Disclosures involve sharing parts of client information with persons or organizations outside an agency.

Participating Agencies may use data contained in the system to support the delivery of services to homeless clients in the continuum. Agencies may use or disclose client information internally for administrative functions, technical support, and management purposes. Participating Agencies may also use client information for internal analysis, such as analyzing client outcomes to evaluate program.

The vendor and any authorized subcontractor shall not use or disclose data stored in HMIS without expressed written permission in order to enforce information security protocols. If granted permission, the data will only be used in the context of interpreting data for research and system troubleshooting purposes. The Service and License Agreement signed individually by the HMIS Lead Agency and vendor contain language that prohibits access to the data stored in the software except under the conditions noted above.

Data Release

All HMIS stakeholders will follow the data release Policies and Procedures to guide the data release of client information stored in HMIS.

Data release refers to the dissemination of aggregate or anonymous client-level data for the purposes of system administration, technical support, program compliance, and analytical use. No identifiable client data will be released to any person, agency, or organization for any purpose without written permission from the client.

Aggregate data may be released without agency permission at the discretion of the Continuum. It may not release any personal identifiable client data to any group or individual.

2018 HDX Competition Report

PIT Count Data for WA-501 - Washington Balance of State CoC

Total Population PIT Count Data

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count	**5294**	**4671**	**5666**
Emergency Shelter Total	1383	1,684	1,960
Safe Haven Total	0	0	0
Transitional Housing Total	1376	1,377	1,217
Total Sheltered Count	**2759**	**3061**	**3177**
Total Unsheltered Count	**2535**	**1610**	**2489**

Chronically Homeless PIT Counts

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	**788**	**972**	**1493**
Sheltered Count of Chronically Homeless Persons	128	267	300
Unsheltered Count of Chronically Homeless Persons	660	705	1,193

2018 HDX Competition Report

PIT Count Data for WA-501 - Washington Balance of State CoC

Homeless Households with Children PIT Counts

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children	**654**	**547**	**593**
Sheltered Count of Homeless Households with Children	458	466	465
Unsheltered Count of Homeless Households with Children	196	81	128

Homeless Veteran PIT Counts

	2011	2016	2017	2018
Total Sheltered and Unsheltered Count of the Number of Homeless Veterans	**426**	**422**	**383**	**390**
Sheltered Count of Homeless Veterans	291	213	221	215
Unsheltered Count of Homeless Veterans	135	209	162	175

2018 HDX Competition Report

HIC Data for WA-501 - Washington Balance of State CoC

HMIS Bed Coverage Rate

Project Type	Total Beds in 2018 HIC	Total Beds in 2018 HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) Beds	**3519**	**603**	**1671**	**57.30%**
Safe Haven (SH) Beds	**0**	**0**	**0**	**NA**
Transitional Housing (TH) Beds	**2128**	**168**	**1228**	**62.65%**
Rapid Re-Housing (RRH) Beds	**2194**	**66**	**1975**	**92.81%**
Permanent Supportive Housing (PSH) Beds	**2423**	**167**	**1726**	**76.51%**
Other Permanent Housing (OPH) Beds	**544**	**30**	**347**	**67.51%**
Total Beds	10,808	1,034	6947	71.08%

2018 HDX Competition Report

HIC Data for WA-501 - Washington Balance of State CoC

PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

Chronically Homeless Bed Counts	2016 HIC	2017 HIC	2018 HIC
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC	**466**	**589**	**874**

Rapid Rehousing (RRH) Units Dedicated to Persons in Household with Children

Households with Children	2016 HIC	2017 HIC	2018 HIC
RRH units available to serve families on the HIC	**773**	**644**	**544**

Rapid Rehousing Beds Dedicated to All Persons

All Household Types	2016 HIC	2017 HIC	2018 HIC
RRH beds available to serve all populations on the HIC	**3377**	**3188**	**2194**

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

Summary Report for WA-501 - Washington Balance of State CoC

For each measure enter results in each table from the System Performance Measures report generated out of your CoCs HMIS System. There are seven performance measures. Each measure may have one or more "metrics" used to measure the system performance. Click through each tab above to enter FY2017 data for each measure and associated metrics.

RESUBMITTING FY2017 DATA: If you provided revised FY2017 data, the original FY2017 submissions will be displayed for reference on each of the following screens, but will not be retained for analysis or review by HUD.

ERRORS AND WARNINGS: If data are uploaded that creates selected fatal errors, the HDX will prevent the CoC from submitting the System Performance Measures report. The CoC will need to review and correct the original HMIS data and generate a new HMIS report for submission.

Some validation checks will result in warnings that require explanation, but will not prevent submission. Users should enter a note of explanation for each validation warning received. To enter a note of explanation, move the cursor over the data entry field and click on the note box. Enter a note of explanation and "save" before closing.

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.

2018 HDX Competition Report
FY2017 - Performance Measurement Module (Sys PM)

	Universe (Persons)			Average LOT Homeless (bed nights)				Median LOT Homeless (bed nights)			
	Submitted FY 2016	Revised FY 2016	FY 2017	Submitted FY 2016	Revised FY 2016	FY 2017	Difference	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
1.1 Persons in ES and SH	9793		9869	45		53	8	23		26	3
1.2 Persons in ES, SH, and TH	11688		11556	98		106	8	32		36	4

b. This measure is based on data element 3.17.

This measure includes data from each client's Living Situation (Data Standards element 3.917) response as well as time spent in permanent housing projects between Project Start and Housing Move-In. This information is added 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.

The construction of this measure changed, per HUD's specifications, between FY 2016 and FY 2017. HUD is aware that this may impact the change between these two years.

	Universe (Persons)			Average LOT Homeless (bed nights)				Median LOT Homeless (bed nights)			
	Submitted FY 2016	Revised FY 2016	FY 2017	Submitted FY 2016	Revised FY 2016	FY 2017	Difference	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
1.1 Persons in ES, SH, and PH (prior to "housing move in")	10590		10728	97		163	66	35		53	18
1.2 Persons in ES, SH, TH, and PH (prior to "housing move in")	12624		12519	142		205	63	52		71	19

2018 HDX Competition Report

FY2017 - 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.

After entering data, please review and confirm your entries and totals. Some HMIS reports may not list the project types in exactly the same order as they are displayed below.

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)		Returns to Homelessness in Less than 6 Months			Returns to Homelessness from 6 to 12 Months			Returns to Homelessness from 13 to 24 Months			Number of Returns in 2 Years	
	Revised FY 2016	FY 2017	Revised FY 2016	FY 2017	% of Returns	Revised FY 2016	FY 2017	% of Returns	Revised FY 2016	FY 2017	% of Returns	FY 2017	% of Returns
Exit was from SO		14		1	7%		0	0%		0	0%	1	7%
Exit was from ES		2412		172	7%		85	4%		95	4%	352	15%
Exit was from TH		670		29	4%		25	4%		27	4%	81	12%
Exit was from SH		0		0			0			0		0	
Exit was from PH		3853		146	4%		81	2%		122	3%	349	9%
TOTAL Returns to Homelessness		6949		348	5%		191	3%		244	4%	783	11%

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

2018 HDX Competition Report
FY2017 - Performance Measurement Module (Sys PM)

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

	January 2016 PIT Count	January 2017 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	5294	4671	-623
Emergency Shelter Total	1383	1684	301
Safe Haven Total	0	0	0
Transitional Housing Total	1376	1377	1
Total Sheltered Count	2759	3061	302
Unsheltered Count	2535	1610	-925

Metric 3.2 – Change in Annual Counts

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

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Unduplicated Total sheltered homeless persons	11894		11818	-76
Emergency Shelter Total	9992		10083	91
Safe Haven Total	0		0	0
Transitional Housing Total	2297		2107	-190

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

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

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	494		491	-3
Number of adults with increased earned income	10		28	18
Percentage of adults who increased earned income	2%		6%	4%

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

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	494		491	-3
Number of adults with increased non-employment cash income	75		161	86
Percentage of adults who increased non-employment cash income	15%		33%	18%

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

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	494		491	-3
Number of adults with increased total income	82		178	96
Percentage of adults who increased total income	17%		36%	19%

2018 HDX Competition Report
FY2017 - Performance Measurement Module (Sys PM)

Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	523		466	-57
Number of adults who exited with increased earned income	127		109	-18
Percentage of adults who increased earned income	24%		23%	-1%

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

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	523		466	-57
Number of adults who exited with increased non-employment cash income	117		103	-14
Percentage of adults who increased non-employment cash income	22%		22%	0%

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	523		466	-57
Number of adults who exited with increased total income	219		202	-17
Percentage of adults who increased total income	42%		43%	1%

2018 HDX Competition Report

FY2017 - 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

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	10113		9949	-164
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.	1573		1832	259
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)	8540		8117	-423

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

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	16012		15366	-646
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.	2285		2397	112
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.)	13727		12969	-758

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 FY2017 (Oct 1, 2016 - Sept 30, 2017) reporting period.

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

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Persons who exit Street Outreach	1243		1543	300
Of persons above, those who exited to temporary & some institutional destinations	63		289	226
Of the persons above, those who exited to permanent housing destinations	71		188	117
% Successful exits	11%		31%	20%

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

2018 HDX Competition Report
FY2017 - Performance Measurement Module (Sys PM)

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	14515		13899	-616
Of the persons above, those who exited to permanent housing destinations	7101		6549	-552
% Successful exits	49%		47%	-2%

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

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Persons in all PH projects except PH-RRH	2142		2179	37
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	1908		1989	81
% Successful exits/retention	89%		91%	2%

2018 HDX Competition Report

FY2017 - SysPM Data Quality

WA-501 - Washington Balance of State CoC

This is a new tab for FY 2016 submissions only. Submission must be performed manually (data cannot be uploaded). Data coverage and quality will allow HUD to better interpret your Sys PM submissions.

Your bed coverage data has been imported from the HIC module. The remainder of the data quality points should be pulled from data quality reports made available by your vendor according to the specifications provided in the HMIS Standard Reporting Terminology Glossary. You may need to run multiple reports into order to get data for each combination of year and project type.

You may enter a note about any field if you wish to provide an explanation about your data quality results. This is not required.

2018 HDX Competition Report

FY2017 - SysPM Data Quality

	All ES, SH				All TH				All PSH, OPH				All RRH				All Street Outreach			
	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017
1. Number of non-DV Beds on HIC	2122	2140	2177	2371	1883	1970	1947	1734	2086	2885	2765	2566	2181	3664	3217	3088				
2. Number of HMIS Beds	1359	1294	1597	1687	1496	1283	1581	1284	1668	1355	2176	1901	2020	2209	2639	2492				
3. HMIS Participation Rate from HIC (%)	64.04	60.47	73.36	71.15	79.45	65.13	81.20	74.05	79.96	46.97	78.70	74.08	92.62	60.29	82.03	80.70				
4. Unduplicated Persons Served (HMIS)	9554	9422	10073	10077	2078	2015	2308	2110	2039	2147	2381	2441	6952	7329	9080	8377	14	134	1611	1773
5. Total Leavers (HMIS)	8590	8317	8927	8892	1179	1045	1192	1192	595	630	714	614	4637	4629	6465	5838	0	6	905	1101
6. Destination of Don't Know, Refused, or Missing (HMIS)	3141	3719	4155	3738	183	262	268	198	130	127	135	100	788	663	812	642	0	5	675	504
7. Destination Error Rate (%)	36.57	44.72	46.54	42.04	15.52	25.07	22.48	16.61	21.85	20.16	18.91	16.29	16.99	14.32	12.56	11.00		83.33	74.59	45.78

2018 HDX Competition Report

Submission and Count Dates for WA-501 - Washington Balance of State CoC

Date of PIT Count

	Date	Received HUD Waiver
Date CoC Conducted 2018 PIT Count	1/25/2018	

Report Submission Date in HDX

	Submitted On	Met Deadline
2018 PIT Count Submittal Date	4/30/2018	Yes
2018 HIC Count Submittal Date	4/30/2018	Yes
2017 System PM Submittal Date	5/30/2018	Yes

Continuum of Care Program Permanent Supportive Housing Prioritization for Chronically Homeless and Most Vulnerable Homeless Populations

---

Purpose

The purpose of this policy statement is to implement requirements for prioritizing beds based upon the vulnerability of participants in all Permanent Supportive Housing (PSH) projects funded by the Continuum of Care Program in the Balance of State (BoS) Continuum of Care (CoC).

The BoS CoC Homeless Steering Committee and CoC Program recipients in the BoS CoC chose to adopt the orders of priority detailed in Notice CPD-16-11. This establishes the practice of ensuring the most vulnerable homeless individuals and families with the longest and most severe service needs are given first priority for services from CoC Program-funded Permanent Supportive Housing (PSH) projects in each community. All CoC Program-funded PSH projects will comply with the prioritization order described in the Notice.

Priority (excerpt; see Notice for full details)

The order of priority for CoC Program-funded PSH projects' beds that are dedicated or prioritized for Chronically Homeless persons is as follows:

1. Chronically Homeless Individuals and Families with the **Longest History of Homelessness** and with the **Most Severe Service Needs**.
    i. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights; and
    ii. The CoC or CoC Program recipient has identified the chronically homeless individual or head of household of the family as having severe service needs

2. Chronically Homeless Individuals and Families with the **Longest History of Homelessness**.
    i. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights; and

ii. The CoC or CoC program recipient has not identified the chronically homeless individual or the head of household of the family as having severe service needs.

3. Where there are no chronically homeless individuals and families within the geographic area, recipients of CoC Program-funded PSH with dedicated or prioritized beds are encouraged to follow the order of priority below.

The order of priority for CoC Program-funded PSH projects' beds that are not dedicated or prioritized for chronically homeless persons, or if there are no chronically homeless individuals and families in the geographic area, is as follows:

1. Homeless Individuals and Families with a Disability with a **Long Period of Continuous or Episodic Homelessness**. An individual or family that is eligible for CoC Program-funded PSH who has experienced fewer than four occasions where they have been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter but where the cumulative time homeless is at least 12 months and has been identified as having severe service needs.

2. Homeless Individuals and Families with a Disability with the **Most Severe Service Needs**. An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation, a safe haven, or in an emergency shelter and has been identified as having severe service needs. The length of time in which households have been homeless should also be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.

3. Homeless Individuals and Families with Disability **Coming from Places Not Meant for Human Habitation, Safe Havens, or Emergency Shelters**. An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation, a safe haven, or an emergency shelter where the individual or family has not been identified as having severe service needs. The length of time in which households have been homeless should be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.

4. Homeless Individuals and Families with a Disability **Coming from Transitional Housing**. An individual or family that is eligible for CoC Program-funded PSH who is currently residing in a transitional housing project, where prior to residing in the transitional housing had lived in a place not meant for human habitation, in an emergency shelter, or safe haven. This priority also includes individuals and families residing in transitional housing who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and prior to residing in that transitional housing project even if they did not live in a place not meant for human habitation, an emergency shelter, or a safe haven prior to entry in the transitional housing.

CoC Program-funded PSH projects should follow the order of priority above while also considering the goals and any identified target populations served by the project. For example, a CoC Program-funded PSH project that is permitted to target homeless persons with a serious mental illness that has been identified as a project that will prioritize a portion or all of its turnover beds to persons experiencing chronic homelessness should follow the order of priority to the extent in which persons with serious mental illness meet the criteria.

Coordinated Entry

The adoption of this priority also includes the Coordinated Entry (CE) system configuration to identity CoC Program-funded PSH projects with beds dedicated or prioritized for persons experiencing Chronic Homelessness (CH) and CoC Program-funded PSH projects without CH-dedicated or prioritized beds to follow the order of priority described in this document. Each community in the BoS CoC will use their standardized assessment tool to establish a single list of the most vulnerable persons and families eligible for CoC Program-funded PSH. This list will be used to refer households to CoC Program-funded PSH projects rather than separate lists that may rely on date of application or disability diagnosis for priority of referral.

Standardized Assessment

As required by the state Consolidated Homeless Grant (CHG), the standardized assessment tool used for the CE system must include elements that will determine CH status and vulnerability for the purpose of placement within the priority order defined in this document. Communities may use the Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT) or another standardized assessment tool that meets these needs. This tool must be used at all points of access.

Recordkeeping

All CoC Program-funded PSH projects will maintain records that prove CH status including homeless status, duration of homelessness, homeless status at least 4 times in the past 3 years and diagnosis of a qualifying disability. In addition, with the adoption of the new priority standards for CoC Program-funded PSH projects, those projects will maintain records that contain evidence of cumulative length of episodes of homelessness, evidence of severe service needs and evidence that they are following the priority order in this document.

Reporting

CoC Program-funded PSH projects are responsible for reporting to the Collaborative Applicant, the Department of Commerce, quarterly their performance in serving persons eligible for PSH. The report will include number of new participants served, CH status, priority category (CH with

severe needs, non-CH with long period of continuous homelessness, etc.) date participant presented to CE and date of entry in CoC Program-funded PSH project. The report will not include personally identifying information. The Collaborative Application will share this information with the Homeless Steering Committee at least quarterly.