

Before Starting the CoC Application

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

The Collaborative Applicant is responsible for:

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

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

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

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

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

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

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

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

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

1A. Continuum of Care (CoC) Identification

Instructions:

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

1A-1. CoC Name and Number: OR-506 - Hillsboro, Beaverton/Washington County CoC

1A-2. Collaborative Applicant Name: Washington County Department of Housing Services

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Washington County Department of Housing Services

1B. Continuum of Care (CoC) Engagement

Instructions:

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

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

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board	Sits on CoC Board
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
Law Enforcement	Yes	Yes	No
Local Jail(s)	Yes	Yes	Yes
Hospital(s)	Yes	Yes	No
EMT/Crisis Response Team(s)	Yes	No	No
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes	Yes
Public Housing Authorities	Yes	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	No
School Administrators/Homeless Liaisons	Yes	Yes	Yes
CoC Funded Victim Service Providers	Not Applicable	No	Not Applicable
Non-CoC Funded Victim Service Providers	Yes	Yes	Yes
Street Outreach Team(s)	Yes	Yes	Yes
Youth advocates	Yes	Yes	No
Agencies that serve survivors of human trafficking	Yes	Yes	No
Other homeless subpopulation advocates	Yes	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes	Yes
Faith-based Organizations Providing Shelter, Food, and Clothing	Yes	Yes	Yes
Business and Philanthropic Organizations	Yes	Yes	Yes
State and Federal Government Staff: US Veteran Affairs and Oregon Dept. of Human Services	Yes	Yes	Yes

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

Solicitation and communication with the CoC is managed on a daily basis using social media to include website and email listserv of nearly 500 contacts, posting of CoC monthly meetings on public bulletin boards, community forums, and newsletters. The CoC publicly invites participation in discussion and planning using a community-based process of gaps analysis and capacity building to support the homeless demographics. Meetings include speakers on new programs, events, policy changes, and other important information. In-depth discussions occur that lead to a vote, with one vote per agency. Monthly attendance averages 45 people.

Jail and Corrections: The Jail and Community Corrections participation has resulted in Legal Clinics to assist people with criminal background.

Business and Philanthropic: United Way of the Columbia-Willamette and Catholic Charities prevent homelessness by prioritizing funds to address poverty, re-housing of refugees and special needs populations.

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

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings between July 1, 2015 and June 20, 2016.	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 20, 2016.
Boys And Girls Aid	Yes	Yes	Yes
HomePlate Youth Services	Yes	Yes	No
McKinney-Vento Homeless Student Liaisons (Education Network)	No	Yes	Yes
Second Home - EMO	No	No	No
Youth Contact	No	Yes	No

1B-1c. List the victim service providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

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

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

CoC Collaborative Applicant (CA) administers the CoCs Roster. Members joining receive the CoCs governance policy, and overview of funding, priorities, and timelines to include CoC Program, ESG, CDBG, HOME, and local initiatives. The CoC CA administers a publicly announced Request For Proposal (RFP) process in coordination with the CoC using public bulletin boards, community forums, and social media; e.g. CoC email listserv and website. CoC membership receives a presentation by the prospective applicant at a regular scheduled meeting with one vote/score per agency. Members with a conflict of interest abstain. Scoring is based on criteria that aligns with the Federal goals outlined in Opening Doors, the CoCs 10-Year Plan to End Homelessness, the jurisdiction's Consolidated Plan, and the capacity and fiscal ability of the organization submitting the project proposal to carry out the project activities. The CoC Board reviews scores and selects the project for rating and ranking.

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

1C. Continuum of Care (CoC) Coordination

Instructions:

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

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

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

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

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

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

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

Two Consolidated Plan (Con Plan) jurisdictions are located in the CoCs area to include the City of Beaverton and a joint Con Plan between Washington County Office of Community Development (OCD) and the City of Hillsboro. Semi-annual the CoC participates in the Consolidate Plan development and reporting to include Action Plan and CAPER, consultation in allocation and evaluating the outcomes of the 2 ESG recipients (OCD and State of Oregon), and implementation of strategies carried out by the Anti-Poverty Workgroup . These consultations help to identify the current needs of homeless persons.

The CoC is an integral part of the Consolidated Plan process in providing data for the Housing Needs Assessment and Market Analysis, support alignment of the Consolidated Plan with the strategies in the local and federal 10-Year Plan to End Homelessness, and prioritizing funds in support of housing and services to prevent and end homelessness.

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

Two ESG recipients are located in the CoCs to include the State of Oregon and Washington County Office of Community Development (OCD). On 9/2/2015, the state ESG recipient performed a consultation with the CoC to evaluate performance outcomes, perform planning to address poverty and homeless trends, and establish ESG priorities for state ESG-funded activities in the CoC to include prevention and rapid re-housing. On 5/2/2016, the OCD ESG recipient performed a consultation with the CoC to review performance outcomes, evaluate the ESG written standards and policy, and discuss funding priorities that resulted in approval by the CoC to increase funding for street outreach and rapid re-housing. The CoC discussion included a diverse representation of ESG and non-ESG funded providers and local government working on alignment of CoC, ESG, and other publicly-funded programs in support of an integrated system of care for homeless populations.

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

Persons experiencing domestic violence (DV) are able to access services at

two entry points: Domestic Violence Resource Center (DVRC) Crisis Line and Community Connect (CC), a coordinated assessment system for at risk and homeless households. DVRC and CC assess homeless for domestic violence through use of standard questions administered in a secure and safe manner. Domestic Violence (DV) and non-DV providers have aligned to provide access to a spectrum of housing and services.

Non-DV providers and CC staff are trained to contact the DVRC Crisis Line when staff assess and determine the homeless DV survivor needs safe, secure shelter and DV services. To protect confidentiality, the movement of a the DV victim and child(ren) is coordinated in a safe manner when the abuser is away from the shelter or housing property. The survivor information is documented in a secured case file and later entered into a comparable database administered by DVRC.

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

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 7/1/15 to 6/30/16 who were homeless at entry	PHA has General or Limited Homeless Preference
Housing Authority of Washington County, PHA # OR022	22.00%	Yes-Both

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

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

County General Fund provides transitional housing for 5 units Mary Mac House serving homeless survivors of domestic violence and 10 units Homeless To Work for adults engaging in employment.

State-funded housing subsidy providing rapid re-housing for homeless households includes on average 55 units funded by Community Services Block Grant (CSBG), Emergency Housing Account (EHA), Housing Stabilization

Program (HSP), and Low Income Rental Housing Fund (LIRHF).

Other federally-funded housing subsidy programs include 3 units HOPWA, and housing targeted for veterans includes: 97 units of HUD-VASH, 25 units Supportive Services for Veteran Families (SSVF), and 55 units VA-funded Grant Per Diem.

Four Community Housing Development Organizations (CHDO) that manage a portfolio of affordable housing units using HOME and CDBG funds in addition to other public and private funds to develop affordable housing serving low-income populations, to include homeless households.

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

Engaged/educated local policymakers:	<input checked="checked" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="checked" type="checkbox"/>
Implemented communitywide plans:	<input checked="checked" type="checkbox"/>
No strategies have been implemented	<input type="checkbox"/>
Other:(limit 1000 characters)	
Engaged/educated local businesses; e.g. Hillsboro Downtown Partnership	<input checked="checked" type="checkbox"/>
Engaged/educated through citizen forums; e.g. Public Affairs Forum and Community Participation Organizations	<input checked="checked" type="checkbox"/>
	<input type="checkbox"/>

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

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

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

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

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

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

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

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

Not applicable.

1E. Centralized or Coordinated Assessment (Coordinated Entry)

Instructions:

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

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

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

Community Connect (CC) opened January 2014 and is widely publicized. Homeless households are identified, engaged and referred to CC through a outreach plan that includes provider organizations, faith-community, law enforcement, EMT/Crisis Teams, fire, hospitals/clinics, and citizens. CC is an integrated system of care operated by Community Action, a nonprofit service provider, and aligns 30 housing programs to include legal clinics. Access to the low-barrier inclusive system is by phone (24/7) with a scheduled appointment to meet with a Community Resource Advocate (CRA) that completes an assessment and referral to housing based on vulnerability score developed during the assessment. Direct referral to shelter and housing is based on the Housing Inventory Daily Summary report generated by HMIS that shows all CoC beds. HMIS tracks the assessment, referral, housing placement, and the movement of homeless through the CoC, and supports review of the CoC system performance.

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

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

Organization/Person Categories	Participate s in Ongoing Planning and Evaluation	Makes Referrals to the Coordinate d Entry Process	Receives Referrals from the Coordinate d Entry Process	Operates Access Point for Coordinate d Entry Process	Participate s in Case Conferenci ng	Does not Participate	Does not Exist
Local Government Staff/Officials	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CDBG/HOME/Entitlement Jurisdiction	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Jail(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMT/Crisis Response Team(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affordable Housing Developer(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Housing Authorities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Youth Homeless Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Administrators/Homeless Liaisons	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Victim Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Street Outreach Team(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homeless or Formerly Homeless Persons	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faith-based Shelters, Food/Meal Sites, Clothing Closets	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Action Organization (Nonprofit with homeless shelter that manages daily operations of Community Connect activities, the CoC coordinated assessment system)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Instructions

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

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

How many renewal project applications were submitted in the FY 2016 CoC Program Competition?	9
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	0
How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2016 CoC Program Competition?	9
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2016 CoC Competition?	100.00%

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

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

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

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

The CoC 10-Year Plan adopted a housing first model to provide low-barrier access to housing for high-need and vulnerable populations.

Renewal projects are discussed and rated based on Annual Performance Report (APR) outcomes used by the CoC Board during project selection and ranking process. Ranking decisions include the vulnerable populations served by the project to include chronic, veteran, DV, LGBTQ, and people at risk of trafficking. CoC Policy outlines standard rating criteria for permanent housing retention, increased cash and non-cash income, leverage of funds, compliance demonstrated during on-site monitoring of project activities, bed utilization, and de-obligation of CoC Program funds.

New projects are rated by the CoC voting membership in the areas of alignment with local and federal plans to end homelessness, Federal target subpopulation priorities, housing first, effectiveness of the project, HMIS reporting, resource utilization.

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

Three public notices announced the FY 2016 CoC competition:
 7/9/16 post of CoC Request For Proposal (RFP) timeline and project criteria, HUD priorities, and referral to the CoC website containing the written standards and policies for ranking, rating and selection.
 7/27/16 Post announcing project presentations and scoring of new projects at the 8/3/16 HSSN (CoC) meeting
 8/11/16 Post to remind HSSN members of invite to participate in final project

selection and ranking at the 8/12/16 CoC Board meeting.

The public notice was published on the CoCs email listserv reaching nearly 500 nonprofit, private and public stakeholders, and included a website posting and hardcopy RFP posting on public bulletin board.

1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2016 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached). 08/30/2016

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

1F-5a. If the CoC rejected project application(s), on what date did the CoC and Collaborative Applicant notify those project applicants that their project application was rejected? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.) 07/06/2016

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

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

Instructions

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

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

The CoC monitors project performance through use of HMIS reports and on-site monitoring activities. The HMIS reports include a Community Connect Daily Summary report that tracks bed utilization (custom CoC report), monthly HMIS data quality reports, and biannual review of APR data. The CoC reviews bed utilization, length of time participants are homeless, and maximize bed utilization bi-monthly as a component of the Community Connect system performance review.

The CoC Collaborative Applicant is responsible for performing the annual on-site monitoring and fiscal audit review of projects as outlined in policy 578.103-OR506 CoC Program Administration. Projects with compliance concerns are reviewed with a process for appealing the findings of the on-site monitoring. Special areas of review include verification that the program is serving eligible participants, increasing housing stability and income through cash and non-cash benefits, and at least quarterly draw down of funds occurs.

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

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

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

Yes

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

Appendix A, 578.7 OR506CoC HMIS Governance Charter

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

Yes

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

Yes

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

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

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

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

Instructions

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

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

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

2B-2.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$39,742
ESG	\$17,140
CDBG	\$0
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$56,882

2B-2.2 Funding Type: Other Federal

Funding Source	Funding
Department of Education	\$0
Department of Health and Human Services	\$9,201
Department of Labor	\$0
Department of Agriculture	\$0
Department of Veterans Affairs	\$0
Other Federal	\$0
Other Federal - Total Amount	\$9,201

2B-2.3 Funding Type: State and Local

Funding Source	Funding
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City	\$0
County	\$43,736
State	\$254
State and Local - Total Amount	\$43,990

2B-2.4 Funding Type: Private

Funding Source	Funding
Individual	\$0
Organization	\$760
Private - Total Amount	\$760

2B-2.5 Funding Type: Other

Funding Source	Funding
Participation Fees	\$4,630
Other - Total Amount	\$4,630

2B-2.6 Total Budget for Operating Year	\$115,463
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2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

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

2C-1. Enter the date the CoC submitted the 2016 HIC data in HDX, (mm/dd/yyyy): 04/21/2016

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

Project Type	Total Beds in 2016 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	96	24	72	100.00%
Safe Haven (SH) beds	10	0	10	100.00%
Transitional Housing (TH) beds	138	10	122	95.31%
Rapid Re-Housing (RRH) beds	185	0	185	100.00%
Permanent Supportive Housing (PSH) beds	452	0	452	100.00%
Other Permanent Housing (OPH) beds	0	0	0	

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

Not applicable.

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

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

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

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

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

Instructions:

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

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

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

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

CoC Annual Performance Report (APR):	<input checked="" type="checkbox"/>
ESG Consolidated Annual Performance and Evaluation Report (CAPER):	<input checked="" type="checkbox"/>
Annual Homeless Assessment Report (AHAR) table shells:	<input checked="" type="checkbox"/>
Community Connect (coordinated assessment system) Daily Housing Inventory and Monthly Dashboard Reports	<input checked="" type="checkbox"/>

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

12

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

Monthly

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

Both Project and CoC

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

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

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

Not applicable.

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

Instructions:

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

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

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

2E-2. Indicate the date of the most recent sheltered PIT count: 01/27/2016
(mm/dd/yyyy)

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

2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX: 04/21/2016
(mm/dd/yyyy)

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

Instructions:

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

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

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

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

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

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

The CoC conducted a 100% census of all homeless sheltered populations using HMIS participant data in shelters, transitional housing and safe haven, to include 34 DV beds and 6 Jubilee TH beds added through the PIT process. PIT

data for DV participants was provided from a comparable database, and people occupying the 6 beds in Jubilee were interviewed with data entered into HMIS. HMIS is the CoCs primary data source given the comprehensive population and subpopulation demographics for all people in sheltered beds. Data quality reports were reviewed prior to and after the PIT for accuracy, completeness and deduplication of participant data.

The CoCs PIT methodology reinforces value of using HMIS with providers, uses less resources for PIT activities, and provides accurate data for reporting and planning purposes; e.g. PIT and HIC are directly related and constitute an accurate enumeration of the CoCs homeless population and bed utilization.

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

Not applicable.

The same PIT methodology was used by the CoC to complete the 2015 and 2016 point in time (PIT) count. The CoC began using HMIS to generate the sheltered PIT in 2008 and has continues to use this process to create reliable data on total number and characteristics of our homeless population and subpopulations.

2F-5. Did your CoC change its provider coverage in the 2016 sheltered count? Yes

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

The following provider coverage changed due to funding.

Transitional Housing Increase: 10 beds, 5 units
10 beds in new DV provider sponsored Mary Mac Program using local county general funds

Rapid Rehousing Decrease: 46 beds, 19 units
29 beds (11 units) in HopeSpring RRH Program using agency private funds sponsored by Lutheran Community Services Northwest
17 beds (8 units) in Bridges To Housing RRH Program using private and other public funds sponsored by Community Action

All other providers and year around bed inventory remains the same.

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

Instructions:

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

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

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

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

Not applicable.

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

Instructions:

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

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

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

2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy): 01/27/2016

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

2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy): 04/21/2016

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

Instructions:

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

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

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

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

The CoC is a suburban/rural area nearly 730 sq. miles with 574,000 pop. CoC plans 6 months prior to PIT. Outreach with providers and public throughout the year support the unsheltered PIT. The CoC is divided into 10 geographic areas with assigned geo-code number and PIT team that includes an outreach worker, a homeless/formerly homeless person, and trained provider staff/volunteers. The PIT is conducted through face-to-face interviews with homeless people in known locations, with information entered into HMIS using a unique identifier that includes name/partial name, DOB, gender, veteran status, and the geo-code area where the individual slept last night. The HMIS data is de-duplicated with results reviewed by the CoC. Partner organizations include Oregon Forestry, Clean Water Services, City Park staff, and the public who advise the CoC on known locations of homeless campers. These known locations compliment the ability of teams to cover the area to provide more accurate census data.

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

Not applicable.

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

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

Not applicable.

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

Instructions:

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

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

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

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

Increased youth-oriented homeless outreach staff that supported the engagement with homeless youth, with a focus on outreach to LGBTQ homeless youth.

Added new locations where homeless campers and people living in vehicles were reported by businesses, public agency staff and other community members working in forest lands and water tributaries. This included locations reported by other homeless persons.

3A. Continuum of Care (CoC) System Performance

Instructions

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

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

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

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

	2015 PIT (for unsheltered count, most recent year conducted)	2016 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	591	571	-20
Emergency Shelter Total	71	74	3
Safe Haven Total	9	8	-1
Transitional Housing Total	116	111	-5
Total Sheltered Count	196	193	-3
Total Unsheltered Count	395	378	-17

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

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

	Between October 1, 2014 and September 30, 2015
Universe: Unduplicated Total sheltered homeless persons	815
Emergency Shelter Total	531
Safe Haven Total	12
Transitional Housing Total	286

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

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

(limit 1000 characters)

Monthly the CoC reviews first-time homeless risk factors using Community Connect (CC) data, a coordinated assessment system that identifies the current socioeconomic factors and discharge issues. These factors include DV, criminal history, chronic health issues, and poverty as a result of low-income jobs and increasing housing costs. The CoCs CC Oversight Committee includes Jail/Corrections, mainstream resources, DV and others providers that develop system-level changes for CoC approval. 89% of persons served in CoC beds are first-time homeless, up from 86% year prior indicating the CoC is reaching a broader homeless population.

The CoC will reduce first time homelessness through policy discussion with elected and business community regarding non-living wage employment (35%) and need to increase rent and utility assistance prevention programs; e.g. New in FY2017 County funds will assist severely rent burdened households below 50% AMI with rent assistance and payment in arrears.

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

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

(limit 1000 characters)

The average length of time (LOT) remains at 53 bed nights. Since 2013, a 2% vacancy rate in housing continues to impede the CoC progress in reducing LOT to 30 days. The LOT is extrapolated from HMIS at the sheltered system-level to include emergency shelters (excluding DV), transitional and safe haven housing programs, and reviewed by the CoC Board. The CoC reports people are staying in shelter beds longer due to housing barriers, which slows the turnover of beds for newly homeless. The CoC will reduce the LOT by developing partnerships with landlords to house sheltered persons. The CoC and ESG Programs prioritize people with the longest LOT homeless for shelter and housing programs at the time of Community Connect assessment and referral to these programs, see policy 578.7a-OR506CoC Community Connect that includes adoption of HUD-16-11 in prioritizing homeless based on LOT homeless. The CoC planning includes LOT reduction through monitoring of project and system-level performance.

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

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

3A-4a. Exits to Permanent Housing Destinations:

Fill in the chart to indicate the extent to which projects exit program participants into permanent housing (subsidized or non-subsidized) or the retention of program participants in CoC Program-funded permanent supportive housing.

	Between October 1, 2014 and September 30, 2015
Universe: Persons in SSO, TH and PH-RRH who exited	115
Of the persons in the Universe above, how many of those exited to permanent destinations?	83
% Successful Exits	72.17%

3A-4b. Exit To or Retention Of Permanent Housing:

In the chart below, CoCs must indicate the number of persons who exited from any CoC funded permanent housing project, except rapid re-housing projects, to permanent housing destinations or retained their permanent housing between October 1, 2014 and September 31, 2015.

	Between October 1, 2014 and September 30, 2015
Universe: Persons in all PH projects except PH-RRH	502
Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations?	470
% Successful Retentions/Exits	93.63%

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

11% rate of return to homelessness within 2-years of exiting the CoC system, down from 17% the prior year (Goal: <5%)

HMIS data includes a broad range of homeless activities: street outreach, nearly 100% of shelter and housing beds serving homeless entered by providers, and all persons at risk or experiencing homelessness accessing Community Connect, a coordinated assessment and referral to CoC prevention and housing projects. To address the returns to homelessness, the CoC has created a Master List Team (MLT) using HMIS data to identify the homeless "by name" who are veterans, chronically homeless, and persons returning to homelessness within two years. The MLT includes outreach worker and providers that engage with this population in a direct and client-centered approach to support a rapid re-housing approach. HMIS and the DV comparable data are used on a daily basis to collect homeless information, and supports the CoC in determining who and why people return to homelessness.

3A-6. Performance Measure: Job and Income Growth.

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

The CoC increased employment related income with WIOA-funded Programs. One example, the Aligned Partner Network is a program model that connects public workforce systems and local agencies to help move people to self-sufficiency through individualized career-oriented coaching and social supports to include housing stability, food security, mental health and other life stability skills. Eight of the 11 Aligned Partner members are CoC agencies.

The CoC increased non-employment cash income through integration of resource referral information at Community Connect (CC). The Community Resource Advocates at CC perform a housing needs assessment, and determines appropriate housing referral in addition to providing local community resource information; e.g. Veteran's resources; Legal Clinic services for child support, pension denial and worker compensation, and Social Security Agency; and Food Stamp/TANF with OR-DHS. CoC providers assist people navigate systems.

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

WorkSource Oregon (WSO) assists people in skills training, on-the-job training and internship, and employment search. WSO aligns federal funds (WIOA and US-HHS) to implement the Aligned Partner Program, Reboot Northwest, Health Careers Northwest, and an array of training and employment programs aligned with the CoC provider network serving homeless participants. The Oregon Department of Human Services (OR-DHS) is a mainstream agency that provides employment supports in the Jobs Plus program helping families with children access employment with mainstream benefits; e.g. Employment Related Day Care, TANF, DV grant, and Food Stamps.

50% of the current CoC Programs are regularly connecting participants with employment services. The CoC Program funds 1 SH project, 2 TH projects, 2 RRH projects and 5 PSH projects for a total of 10 CoC Program-funded projects. Of these 10 projects, 5 have a relationship with WSO and 4 have a relationship with WSO and OR-DHS.

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

The street outreach workers (SO) activities are performed by Open Door and Just Compassion, daytime drop-in centers, and three outreach positions experienced in youth, LGBTQ, veterans, families, and chronic homeless. SO network with CoC providers and formerly homeless consumers throughout the

year and develop PIT Outreach Teams for the unsheltered PIT count. Outreach workers use HMIS to collect the unsheltered population data to include the date of engagement, name, date of birth, social security, gender, race/ethnicity, where the person slept last night, other characteristics, and emergency contact information (due to a homeless man who passed and authorities did not know who to contact). This data is used for CoC planning to reduce length of time homeless and returns to homelessness. Assessments for housing is performed by SO using the CoC policy and a referral to shelter with permanent housing placement the goal using the HMIS Daily Summary (HIC) with available resources.

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

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

Not applicable.

3A-8. Enter the date the CoC submitted the system performance measure data into HDX. The System Performance Report generated by HDX must be attached. (mm/dd/yyyy) 08/03/2016

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

Not applicable.

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

Objective 1: Ending Chronic Homelessness

Instructions:

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

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

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

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

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons	128	142	14
Sheltered Count of chronically homeless persons	13	11	-2
Unsheltered Count of chronically homeless persons	115	131	16

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

The total number of chronic homeless people increased by 14 in the 2016 PIT due to an increase in displaced homeless with disabilities and under-utilization of beds.

Under-Utilization: 2 beds in the Safe Haven project were empty during PIT as 1 person exited prior to PIT count, and the project had a delay in filling the vacant beds given due diligence in developing policy and implementing the new Chronic Homeless Definition published 12/4/15, specifically the recordkeeping requirement regarding "break in homelessness separating the occasions included at least 7 consecutive nights".

Unsheltered Increase: 16 person increase in unsheltered population encompasses formerly-housed chronic homeless that were given 60-day no cause eviction notices and an in-migration of homeless from metro-regions.

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

	2015	2016	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	148	162	14

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

14 bed increase is a result of 2 dedicated tenant-based rent assisted CoC Program-funded beds created through available subsidy (higher income from other clients provides more rent subsidy for new clients) and 12 bed increase in HUD-VASH serving chronic homeless veterans.

On 8/3/16 the CoC adopted HUD CPD-16-11 that supersedes CPD-14-012 adopted by the CoC on 11/4/2015. On June 13, 2014 the CoC implemented a preference to prioritize all PSH turn-over beds for chronically homeless persons.

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

Yes

3B-1.3a. If “Yes” was selected for question 3B-1.3, attach a copy of the CoC’s written standards or other evidence that clearly shows the incorporation of the Orders of Priority in Notice CPD 14-012 and indicate the page(s) for all documents where the Orders of Priority are found. Page 9

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

This question will not be scored.

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

To reduce 123 chronic households to less than 100 households by 2017, and end chronic homelessness by 2019 the CoC:

Implement CPD-16-11 (supersedes CPD-14-012) prioritizing 100% PSH turnover beds for chronic homeless persons with est. 30 unit turnover annually; Developed a “Master List” of all chronic persons by name to prioritize persons with longest history of homelessness and highest needs, and to engage and assist households become housing ready; Will implement a FY2015 CoC Program award to construct 6 units PSH serving chronically homeless individuals with mental illness - units projected to be online by late 2017; and Will seek to implement a CoC 10-Year Plan PSH strategy using project-based Section 8 vouchers the Housing Authority (HA) committed that have not yet been fully implemented. The CoC has requested HA to release new RFP for the remaining 49 vouchers to end chronic homelessness.

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

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

Instructions:

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

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

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

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

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

The CoC begins the rehousing process at the time of Community Connect (CC) assessment using written standards and criteria enter in HMIS, and referral to housing programs using the Daily HIC Summary that includes all open unit/beds in the CoC entering data in HMIS. The CoC operates homeless programs using a housing first model. The CoC strives to rehouse homeless families within 30 days by:

1. Identifying Units: The CoC utilizes housing navigators to develop relationships between landlords and homeless families.
2. Providing Move-In Assistance: Provide deposit and utility funds to reduce barriers to rapid rehousing.
3. Client-centered Services: The CoC has pro-bono attorney services aligned with CC to provide families with legal services that reduce barriers to housing. Families are scheduled to meet with case managers within 3 days following CC referral to address barriers to housing and identify services required by each member of the household.

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

	2015	2016	Difference
RRH units available to serve families in the HIC:	71	50	-21

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

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

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

PIT Count of Homelessness Among Households With Children

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	58	53	-5
Sheltered Count of homeless households with children:	30	34	4
Unsheltered Count of homeless households with children:	28	19	-9

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

Not applicable, as a reduction in homeless households with children is reported.

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

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

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

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

N/A:	<input type="checkbox"/>
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3B-2.7. What factors will the CoC use to prioritize unaccompanied youth including youth under age 18, and youth ages 18-24 for housing and services during the FY 2016 operating year? (Check all that apply)

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

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

	FY 2014 (October 1, 2013 - September 30, 2014)	FY 2015 (October 1, 2014 - September 30, 2015)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	19	65	46

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

Not applicable.

3B-2.9. Compare funding for youth homelessness in the CoC's geographic

area in CY 2016 and CY 2017.

	Calendar Year 2016	Calendar Year 2017	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	\$377,491.00	\$752,600.00	\$375,109.00
CoC Program funding for youth homelessness dedicated projects:	\$121,741.00	\$121,741.00	\$0.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	\$255,750.00	\$630,859.00	\$375,109.00

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

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	12
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:	8
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	10

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

The CoC meet with LEA, e.g. Homeless Education Network (HEN), liaisons from the county's 7 school districts, the SEA, e.g. Oregon Dept. of Education, Oregon Dept. of Human Services, and the Family Justice Initiative to coordinate and support identification of persons eligible for homeless and education services. A member of the CoC Board and HEN meets monthly to build upon cross-district communications and resource development. The CoC providers attend HEN meetings to address planning and program development, policy alignment, and system change, e.g. Community Connect (CC), a coordinated assessment system. The HEN refers families to CC and works with providers to develop student-centered transportation arrangements and immediate enrollment in schools. The LEA, SEA, and OR-DHS regularly attend CoC meetings to report on requirements outlined in Education for Homeless Children and Youth, Subtitle B of the Act, and the Every Student Succeeds Act (ESSA) signed into law 12/10/15.

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

Aligning with the Oregon Dept. of Human Services (OR-DHS) Early Care and Education (ECE) and Education for Homeless Children and Youth (EHCY) policies and procedures, CoC providers and the McKinney-Vento Homeless Education Network (HEN) liaisons maintain agency specific policy and job descriptions in compliance with Subtitle B of Title VII of the McKinney-Vento Act, reauthorized under the Title X Part C of No Child Left Behind and the recent reauthorization under the Every Student Succeeds Act (ESSA), to ensure that all children are enrolled in school and leverage community resources that connect students to services that provide a fair, equal, and significant opportunity to obtain a quality education. The CoC providers and HEN work collaboratively to coordinate and prioritize access for each homeless child's educational needs and placement of the homeless child and family in shelter or housing near their school of origin. Homeless families are encouraged to enroll children in early childhood programs; e.g. Head Start.

The CoC policy 578.7a, Section 3.3 outlines the requirement to align with Education for Homeless Children and Youth as outlined in Title VII-B of the McKinney-Vento Act. Position descriptions staffing the Community Connect system and CoC- and ESG-funded programs include the requirements of Subtitle B. Staff receive training on how to inform families and unaccompanied youth of their education rights and provide contact information with local school liaisons to ensure children are enrolled in school or early childhood education programs. The Community Connect is operated by Community Action, a nonprofit agency that provides Head Start, Early Head Start, and array of homeless services serving children and youth.

Annual monitoring by the CoC Collaborative Applicant of CoC- and ESG-funded projects observes compliance to agency policy and job descriptions by review of participant case file.

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

Washington County, CoC Collaborative Applicant and recipient of CoC Program funds, has a written agreement with Community Action Organization, a CoC Program subrecipient and the CoCs nonprofit provider of Head Start, Public Pre-K, Early Head Start, Child Care and Development Fund that supports the Child Care Resource and Referral programs, Healthy Start, and Community Action partners with MIECHV-funded programs for prenatal outreach and coordinated entry for pregnant women.

Community Action Organization is an active member of the CoC and CoC Board, and provides regular updates to the CoC on program resources through these various programs.

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

Objective 3: Ending Veterans Homelessness

Instructions:

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

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

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

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	77	63	-14
Sheltered count of homeless veterans:	48	47	-1
Unsheltered count of homeless veterans:	29	16	-13

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

Not applicable.

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

The CoC outreach strategy for engagement with homeless veterans includes alignment between the VA-funded outreach worker and two ESG-funded outreach workers. The outreach team supports each other in their work to

engage with street homeless populations, perform assessments using clinical skills and the CoC coordinated assessment standards that results in a client-centered referral(s) to permanent housing and services. Veterans are referred to the VA Social Worker for VA Medical Services, HUD-VASH and GPD programs. SSVF and other local funds are used to assist the veteran household with emergent needs; e.g. food, clothing, health care, housing deposits, etc. If the homeless veteran chooses to not engage in VA-funded programs, the veteran is provided a choice and is referred to other CoC-funded housing.

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

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2016	% Difference
Total PIT Count of sheltered and unsheltered homeless veterans:	94	63	-32.98%
Unsheltered Count of homeless veterans:	88	16	-81.82%

3B-3.4. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2016.

Yes

This question will not be scored.

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

With 16 unsheltered homeless veterans in 2015 PIT, the CoC anticipates achieving "function zero" veteran homelessness by end of 2016 as a result of:
 10 new HUD-VASH vouchers received in 2016;
 20 new units of permanent housing under construction for low-income and homeless veterans in the Pomeroy Place, named after retired Colonel Betty Pomeroy;
 Alignment of SSVF funding;
 Closer alignment of GPD-funded beds with the CoC and ESG-funded housing programs; and
 CoC PIT data reflects continued decreased in unsheltered homeless veterans as a result of planning and prioritizing resources to re-housing homeless veterans.

4A. Accessing Mainstream Benefits

Instructions:

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

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

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

FY 2016 Assistance with Mainstream Benefits

Total number of project applications in the FY 2016 competition (new and renewal):	9
Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 2a, 2b and 2c on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	9
Percentage of renewal and new project applications in the FY 2016 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	100%

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

There are 7 organizations in the CoC that provide health insurance enrollment assistance. The CoC collaborates with Virginia Garcia Memorial Health Center (VGMHC) that provides high-quality, comprehensive and culturally appropriate primary health care with a special emphasis on migrant and seasonal farmworkers and others with barriers to receiving healthcare. Insurance Eligibility outreach staff work closely with community partners to ensure that all eligible individuals gain insurance, with 12,000 people applying for the Oregon Health Plan in the past 12 months. Community Action, an anti-poverty lead

agency, creates opportunities for people and communities to thrive, to include assisting 102 pregnant women and their children to apply for health insurance last year.

Other agencies providing health enrollment assistance include Community Action, Centro-Cultural, Department of Human Services, Providence Medical Center, Asian Health and Services Center, and Voices Set Free.

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

Educational materials:	<input checked="checked" type="checkbox"/>
In-Person Trainings:	<input checked="checked" type="checkbox"/>
Transportation to medical appointments:	<input checked="checked" type="checkbox"/>
Oregon Health Authority provides Medical Assistants (insurance navigators) at Oregon Department of Human Services to support participants with health insurance benefits.	<input checked="checked" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not Applicable or None:	<input type="checkbox"/>

4B. Additional Policies

Instructions:

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

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

FY 2016 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2016 competition (new and renewal):	9
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2016 competition:	9
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2016 competition that will be designated as "low barrier":	100%

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

FY 2016 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2016 competition (new and renewal):	9
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2016 competition:	8
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2016 competition that will be designated as Housing First:	89%

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

Direct outreach and marketing:	<input type="checkbox"/>
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Use of phone or internet-based services like 211:	<input checked="checked" type="checkbox"/>
Marketing in languages commonly spoken in the community:	<input checked="checked" type="checkbox"/>
Making physical and virtual locations accessible to those with disabilities:	<input checked="checked" type="checkbox"/>
Community Connect wallet-sized outreach cards distributed to public and private partners; e.g. law enforcement, hospitals, clinics, schools/college, Oregon DMV, Oregon DHS, faith-based organizations, Citizen Participation Organization, etc.	<input checked="checked" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

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

	2015	2016	Difference
RRH units available to serve all populations in the HIC:	96	50	-46

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

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

Not applicable.

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

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

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

Not applicable.

4B-8. Has the project been affected by a major disaster, as declared by the President Obama under Title IV of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended (Public Law 93-288) in the 12 months prior to the opening of the FY 2016 CoC Program Competition?

No

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

Not applicable.

4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD since the submission of the FY 2015 application? This response does not affect the scoring of this application.

No

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

This response does not affect the scoring of this application.

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

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

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

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

4C. Attachments

Instructions:

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

Document Type	Required?	Document Description	Date Attached
01. 2016 CoC Consolidated Application: Evidence of the CoC's communication to rejected participants	Yes	CoC Evidence of A...	08/19/2016
02. 2016 CoC Consolidated Application: Public Posting Evidence	Yes	CoC Consolidated ...	08/30/2016
03. CoC Rating and Review Procedure (e.g. RFP)	Yes	Evident of Postin...	08/30/2016
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	Evidence of Publi...	09/09/2016
05. CoCs Process for Reallocating	Yes	578.9, Section 5 ...	08/24/2016
06. CoC's Governance Charter	Yes	OR-506CoC Governa...	08/19/2016
07. HMIS Policy and Procedures Manual	Yes	OR506 CoC HMIS Po...	08/12/2016
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes	PHA and HCV Plan ...	08/19/2016
10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter)	No	578.7 OR506CoC HM...	08/12/2016
11. CoC Written Standards for Order of Priority	No	Page 9_CoC Writte...	08/30/2016
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
13. HDX-system Performance Measures	Yes	OR506 CoC System ...	08/06/2016
14. Other	No		
15. Other	No		

Attachment Details

Document Description: CoC Evidence of Accept_Reject Project Proposals

Attachment Details

Document Description: CoC Consolidated Application: Public Posting

Attachment Details

Document Description: Evident of Posting_OR506 CoC RFP for Rating and Ranking Projects

Attachment Details

Document Description: Evidence of Public Notice_Review Project Priority and CoC Collaborative Application

Attachment Details

Document Description: 578.9, Section 5 Reallocation_CoC Application and Award Policy

Attachment Details

Document Description: OR-506CoC Governance Policy

Attachment Details

Document Description: OR506 CoC HMIS Policy and Procedures Manual

Attachment Details

Document Description:

Attachment Details

Document Description: PHA and HCV Plan Preference Homeless OR506-CoC

Attachment Details

Document Description: 578.7 OR506CoC HMIS Governance Charter

Attachment Details

Document Description: Page 9_CoC Written Standards for Order of

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Priority

Attachment Details

Document Description:

Attachment Details

Document Description: OR506 CoC System Performance Measurement Outcomes in HDX

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page		Last Updated
1A. Identification		08/11/2016
1B. CoC Engagement		09/09/2016
1C. Coordination		09/12/2016
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		09/12/2016

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



WASHINGTON COUNTY OREGON

August 15, 2016

Ms. Renee Bruce
Community Action Organization
1001 SW Baseline Street
Hillsboro, OR 97123

Re: HSSN Scoring of RISE Project Proposal - FY2016 CoC Program Grant Competition
HUD Funding Opportunity Number: FR-6000-N-25, CFDA No. 14.267

Dear Ms. Bruce:

I want to thank you and your staff for presenting a new Rapid Re-housing project proposal in response to the July 9, 2016 Request For Proposal (RFP) for the FY2016 CoC Program grant competition.

This letter serves as official notice that the proposed *RISE (Re-housing In Support of Employment)* project was competitively scored and received 49.1 of 52 points by the Housing and Supportive Services Network (HSSN), serving as the local continuum of care governance body.

At the August 12, 2016 meeting of the HSSN Strategic Planning and Discharge Workgroup (the CoC Board) reviewed the scoring and selected the *RISE* project seeking \$161,643 (\$14,772 in reallocation CoC Program funds and \$146,871 in Permanent Housing Bonus funds). It was noted that no other project proposals were received by the HSSN.

On behalf of the HSSN, your partnership greatly appreciated as we work to develop system changes that result in measureable outcomes in preventing and ending homelessness in Washington County.

Sincerely,

Annette M. Evans
Chair, Housing and Supportive Services Network (HSSN)

Cc: Katherine Galian, Co-Chair for Housing and Supportive Services Network (HSSN)
Adolph "Val" Valfre, Jr., Director for Washington County Department of Housing Services

Department of Housing Services
111 NE Lincoln Street, Suite 200-L, MS 63, Hillsboro, OR 97124-3072
(503) 846-4794 • fax (503) 846-4795 • TTY (503) 846-4793

Equal Housing Opportunity

FY2016 CoC Project Proposal
Washington County HSSN Project Evaluation - Scoring Results
Date: 8/3/2016

FY2016 Permanent Housing Bonus and Reallocation Funds: \$161,643

Name of Project: RISE: Re-housing In Support of Employment	A. CoC Project Components	B. How project related to 10- year, the CoC & Consolidated Plans	C. Effectiveness	D. Resource Utilization	E. New Projects align with HUD Priorities	Total
Available Points	(20 points)	(8 points)	(12 points)	(10 points)	(2 points)	(52 points)
HSSN Total Average Points	19.3	7.7	11.5	8.7	2.0	49.1

Only 1 project submitted for
Bonus Funding

HSSN Membership Scoring
Results on August 3, 2016



WASHINGTON COUNTY OREGON

July 6, 2016

Mr. Gary Calvert
Washington County Department of Housing Services
111 NE Lincoln Street, Suite 200-L
Hillsboro, OR 97123

Re: Reallocation of CoC Program Funds, Washington County Transitional Housing

Dear Gary:

As determined by the HSSN Strategic Planning and Discharge Workgroup (the CoC Board for OR-506 CoC) on October 9, 2015, the CoC Program funds valued at \$14,772 for the Washington County Transitional Housing project would be reallocated in the FY2016 CoC Program grant competition. Enclosed please find a copy of the letter issued October 12, 2015.

In accordance with the CoC Program Application and Award Process policy 578.9-OR506CoC, Section 5 Reallocation Process: Future NOFA, the HSSN Workgroup considered many factors to make the determination that included low scores in outcomes and conditions that restrict people from accessing housing. In the October 12 letter, the HSSN Workgroup provided you advance notice of this intent to reallocate funds so that you might secure other funding to sustain your program after June 30, 2017.

The HSSN intends to reallocate the \$14,772 as a portion of the CoC Program Request For Proposal (RFP) funds made available for new projects. You are welcome to respond to the RFP should you have a new project proposal. If you have concerns or seek to appeal this notice, please contact Annette Evans, HSSN Chair at Annette_Evans@co.washington.or.us or Katherine Galian, HSSN Co-Chair at kgalian@caowash.org. Thank you for your work to serve homeless families.

Sincerely,

Annette M. Evans
Homeless Program Coordinator

Cc: Katherine Galian, HSSN Co-Chair

Enclosure

Department of Housing Services
111 NE Lincoln Street, Suite 200-L, MS 63, Hillsboro, OR 97124-3072
(503) 846-4794 • fax (503) 846-4795 • TTY (503) 846-4793

Equal Housing Opportunity



WASHINGTON COUNTY OREGON

October 12, 2015

Mr. Gary Calvert
Washington County Department of Housing Services
111 NE Lincoln Street, Suite 200-L
Hillsboro, OR 97123

Re: Intent to Reallocate CoC Program Funds
HUD Project: Washington County Transitional Housing; CoC Program \$14,772

Dear Gary:

On behalf of the HSSN Workgroup, this letter provides official notice that the CoC intends to reallocate \$14,772 in CoC Program funds in the FY2016 CoC Program grant competition.

On October 9, 2015, the HSSN Strategic Planning and Discharge Workgroup (the CoC Board for OR-506 CoC) reviewed the performance outcomes of the Washington County Transitional Housing project for ranking and rating in the FY2015 CoC Program grant competition. The Washington County Transitional Housing project was ranked 10th and included in Tier 1 to prevent displacement of participants and provide time for the project to seek out alternative funding to continue operating. The ranking was based on Annual Performance Report (APR) data and the needs of the homeless demographics as reported in the 2015 point-in-time homeless census.

This notice is in accordance with CoC Program Application and Award Process, Policy # 578.9-OR506CoC, Section 5 Reallocation Process: Future NOFA. The HSSN Workgroup considered many factors to make the determination that included low scores in the following areas:

1. *63% Exits to Permanent Housing*
2. *50% Increase Cash Income*
3. *Prioritizing Highest Need*
4. *Low Barrier and Housing First*

If you have concerns or seek to appeal this notice, please contact myself or Katherine Galian, HSSN Co-Chair at kgalian@caowash.org. Thank you for your work to serve homeless families.

Sincerely,

Annette M. Evans
Chair, HSSN Workgroup (CoC Board)
Cc: Katherine Galian, HSSN Co-Chair

Department of Housing Services
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Equal Housing Opportunity

FY2016 CoC Consolidated Application: Public Posting Evidence

OR-506 CoC Hillsboro/Beaverton/Washington County, Oregon

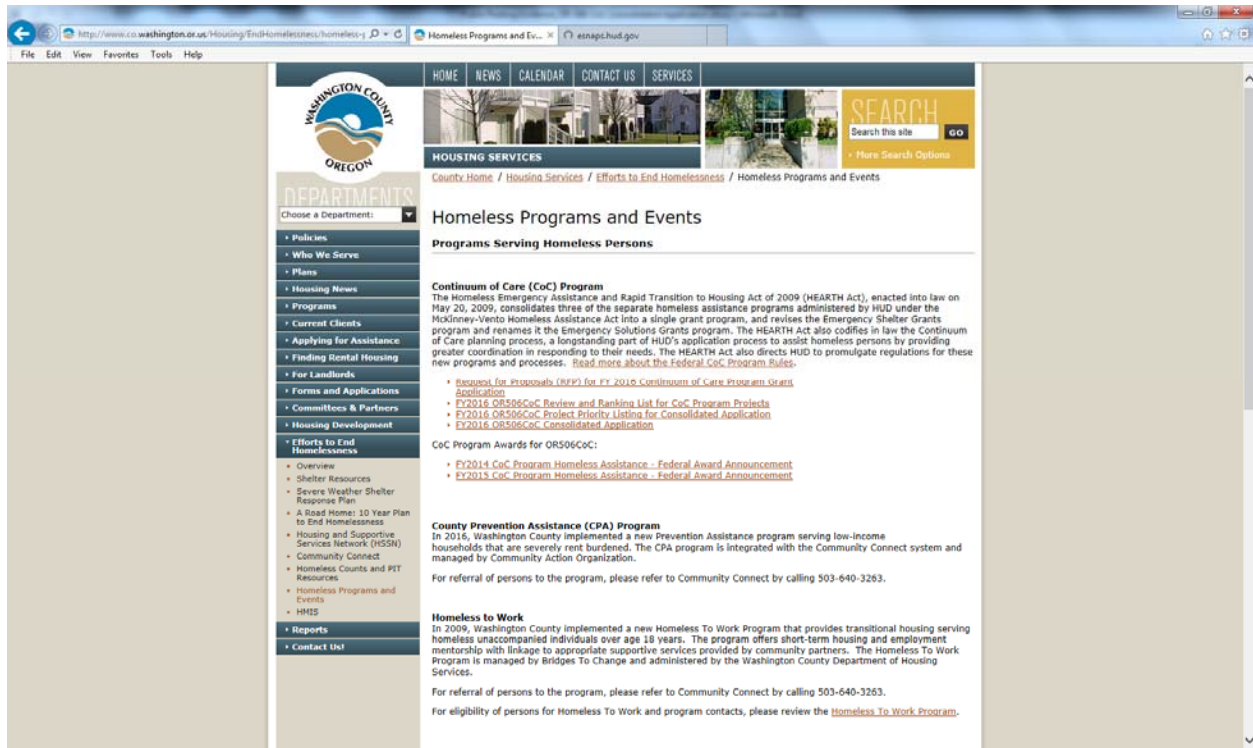
August 30, 2016

On August 11, 2016, the OR-506 CoC Program Consolidated Application and CoC Priority Project Listing with Ranking and Rating were initially posted on the County's website, with a public notice to the CoC stakeholders informed and invited to review the application in progress. This public notice included the HSSN email listserv (nearly 500 email contacts providing cross-sector participation of public, private, nonprofit and citizen involvement) and public announcement at CoC meetings and public events. This process provides the CoC project applicants and stakeholders the opportunity to review the FY2016 CoC Consolidated Application as sections are completed, with comments and questions sent to the CoC Collaborative Applicant and the CoC Board.

On August 30, 2016, the CoC Collaborative Applicant published to the CoC stakeholders the final documents for submittal to HUD. This message informed the project applicants and stakeholders of the September 6, 2016, Board Agenda item for the Washington County Board of Commissioners to review the CoC Consolidated Application prior to submittal to HUD.

Public Posting Evidence:

- 1) Screenshot of Homeless Programs and Events (below)
- 2) Email communication to CoC Stakeholders (attached)



From: [Annette Evans](#)
Subject: HSSN_OR506 CoC Program Grant Competition
Date: Tuesday, August 30, 2016 9:58:55 AM

To: HSSN

Update on the FY2016 CoC Program Grant Application.

The final **FY2016 CoC Project Priority Listing** is available online at http://www.co.washington.or.us/Housing/EndHomelessness/upload/OR-506-CoC-Project-Priority-Listing_Collaborative-Application.pdf. Eleven (11) projects will seek \$3,166,876 in Federal CoC Program funds to provide housing and services to homeless individuals and families in Washington County. Please refer to the website links published in the August 11 email (see below) for additional documentation for public review of the final FY2016 CoC Consolidated Application and associated documents.

On September 6, 2016 the **Washington County Board of Commissioners (BOC)** will review the FY2016 CoC Consolidated Application. This process provides elected officials and the public at-large to review the work of the CoC stakeholders, the impact that Federal funding provides to addressing the needs of our homeless residents, and to provide comment on the application prior to submittal to HUD. The BOC docket is available online at http://www.co.washington.or.us/BOC/Meetings/Meeting-detail.cfm?customel_datapageid_9261=1191672 or <http://www.co.washington.or.us/BOC/>

From: Annette Evans
Sent: Thursday, August 11, 2016 8:56 AM
Subject: HSSN_OR506 CoC Program Grant Competition

To: HSSN (the CoC Membership)

On July 9, 2016 a **Request For Proposals (RFP)** for the FY2016 CoC Program grant competition was publicly announced that included the timeline for preparing and submitting the CoC Collaborative Application. The RFP timeline includes the August 12 HSSN Workgroup (the CoC Board) meeting to perform Project Selection and Ranking. See the RFP online at http://www.co.washington.or.us/Housing/EndHomelessness/upload/RFP_Federal-FY2016-CoC-Program-Project-Applications-for-CoC-Consolidated-Application.pdf

On August 3, 2016 the HSSN held a regular business meeting that included the review of project proposals and a public invite to attend the August 12 HSSN Workgroup meeting to rank and rate projects. The meeting is open to the public and will be held at 8:30 a.m. at the Public Services Building, 155 N First Avenue, Hillsboro in Room 105. The **Ranking and Rating project performance scores** are available online at http://www.co.washington.or.us/Housing/EndHomelessness/upload/OR-506-CoC-Project-Performance-for-Rank-and-Rating_Tier-Priority-List.pdf

A copy of the **OR-506CoC Collaborative Application** is in-process with updates available online at <http://www.co.washington.or.us/Housing/EndHomelessness/upload/FY2016-OR506-CoC-Collaborative-Application.pdf>

If you have questions, please feel free to contact me via phone or email! Thank you for your work in Washington County to provide client-centered services addressing the needs of our vulnerable and homeless populations.

Warm Regards,

Annette M. Evans

Homeless Program Coordinator
Chair, Housing and Supportive Services Network (HSSN)
Federal Continuum of Care (CoC) # OR-506CoC
Washington County Department of Housing Services
111 NE Lincoln Street, Suite 200-L, MS-63
Hillsboro, OR 97124-3082
☎ Phone: 503-846-4760
📶 Mobile: 503-449-3684
☎ Fax: 503-846-4795

<http://www.co.washington.or.us/Homeless>

Collaboration + Partnerships = Achieving our vision in A Road Home through strategic investments!

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From: [Annette Evans](#)
To: [Annette Evans](#)
Subject: HSSN_Request For Proposals (RFP) for CoC Program "Permanent Housing Bonus" and Notice For Renewal of CoC Program Funded Projects
Date: Tuesday, August 30, 2016 2:54:45 PM
Attachments: [RFP Federal FY2016 CoC Program Project Applications for CoC Consolidated Application.pdf](#)

Evidence of Public posting: On July 9, 2016, a Request For Proposals (RFP) was sent through the HSSN listserv to nearly 500 email contacts, a notice was posted on the Washington County website, and hardcopy notices posted on public bulletin boards.

From: Annette Evans
Sent: Saturday, July 09, 2016 12:57 PM
Subject: HSSN_Request For Proposals (RFP) for CoC Program "Permanent Housing Bonus" and Notice For Renewal of CoC Program Funded Projects

FEDERAL FY2016 CoC PROGRAM NOTICE OF FUNDING AVAILABLE (NOFA)
HUD Docket No. FR-6000-N-25, CFDA No. 14.267
OR-506CoC Washington County Annual Renewal Demand (ARD): \$2,937,427

REQUEST FOR PROPOSALS
**PERMANENT HOUSING BONUS FUNDS TO CREATE NEW PERMANENT
SUPPORTIVE HOUSING (PSH) SERVING THE CHRONICALLY HOMELESS
OR RAPID REHOUSING (RRH) THAT WILL SERVE INDIVIDUALS AND FAMILIES
COMING DIRECTLY FROM THE STREET OR SHELTER,
TO INCLUDE PERSONS FLEEING DOMESTIC VIOLENCE,
AND NOTICE FOR RENEWAL OF COC PROGRAM FUNDED PROJECTS**

New PSH and RRH Project Bonus: Up to \$161,643

Bonus value is 5% (\$146,871) of Annual Renewal Demand (ARD) and \$14,772 in Reallocation Funds

This announcement is provided in compliance with 24 CFR 578.9 to design, operate and follow a collaborative process for the development of applications and approve the submission of the applications in response to a NOFA published by HUD.

July 9, 2016

Washington County, Oregon, serving as the Collaborative Applicant for the local homeless continuum of care (CoC) planning process under the governance of the Washington County Housing and Supportive Services Network (HSSN) announced the request for CoC Program projects to provide services and housing to include new Permanent Supportive Housing (PSH) for chronically homeless individuals and families or new Rapid Rehousing (RRH) for individuals and families with children coming directly from the streets or emergency shelters. This RFP serves as official notice for selection of renewal project applications to continue serving homeless individuals and families. A copy of this Request For Proposals (RFP) is available online at www.co.washington.or.us/homeless.

The HSSN prioritized renewal of CoC Program projects providing housing and services as outlined in *A Road Home: 10-Year Plan to End Homelessness in Washington County* and in alignment with *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*, and has determined existing housing, planning and HMIS projects that meet performance outcomes will be renewed with current Project Sponsor Agencies.

The U.S. Department of Housing and Urban Development (HUD) has prioritized the need to end chronic homelessness by 2017, and youth and family homelessness by 2020. A new Permanent Housing Bonus funding competition is available to address these goals. Both renewal and new projects must meet the program priorities set forth in this RFP and in alignment with the NOFA Section II.B, and the eligibility and project quality thresholds established by HUD in Section V.C (renewal projects) and V.D (new projects) in the Federal FY2016 CoC NOFA, available online <https://www.hudexchange.info/resource/5068/fy-2016-coc-program-nofa/>

Overview:

On June 29, 2016, the U.S. Department of Housing and Urban Development (HUD) announced \$1.9 billion available in the FY2016 CoC Program Competition to renew high-performing projects, and the creation of new projects through reallocation of funds and a new PSH or RRH Bonus projects not to exceed 5% of the CoC Annual Renewal Demand (ARD).

New PSH or RRH projects must meet the program eligibility and threshold requirements established by HUD in the NOFA, to include Sections V.G.2.b, V.G.2.c and V.G.2.d in demonstrating the extent to which the applicant:

- (1) Prioritizes Highest Need Population: Serves chronic homeless and other vulnerable homeless persons as outlined in HUD Notice CPD-14-012 issued July 28, 2014.
- (2) Housing First: The PSH or RRH project follows a Housing First model as defined in Section II.A.7 of the NOFA, and demonstrates experience in operating a Housing First program.
- (3) Mainstream Services: The project fully leverages mainstream resources.
- (4) Leveraging: The project leverages resources to develop a comprehensive project that will meet the needs of the target population and ensure successful program outcomes. Written statement of cash or in-kind leveraged commitment is required at time of application.

Washington County, acting as the Project Applicant (recipient), will work in partnership with the Project Sponsor Agency (subrecipient) to submit the application as a new project in the CoC Consolidated Application. The Project Sponsor Agency must meet applicant eligibility standards, demonstrate fiscal capacity to administer the project, and statutory deadlines regarding the obligation of grant funds as stated in the HUD Appropriations Act. HUD will review project subrecipient eligibility as part of the threshold review process. The Project Sponsor Agency is required to submit documentation of subrecipient eligibility with the application.

New Permanent Supportive Housing Bonus Project:

Total Funds: Up to \$161,643 (Budget limits include 7% maximum in Administration that is split 50/50 between Project Sponsor Agency and Washington County).

Funding Match: 25% cash or in-kind, in compliance with CoC Program 24 CFR 578.73.

Term of Project: Minimum term is 1-year. Exception, capital project term is 3-years. Capital projects must meet Section 3 requirements as outlined in Section VII.A.5.f and IX.B.3.b. Refer to the NOFA for additional details.

Local CoC Proposal Review, Scoring and Selection Process with Timeline:

This RFP outlines the project proposal process as a function of the HSSN (the CoC membership at-large) during a regular monthly business meeting. Applicants are encouraged to review the scoring criteria outlined in policy 578.9-OR506CoC Program Application and Award Process available online at <http://www.co.washington.or.us/Housing/EndHomelessness/upload/578-9-CoC-Application-and-Award-Policy-2.pdf>

7/9/2016 Public notice of the Request For Proposal (RFP) to the CoC HSSN and public at-large.

- 7/27/2016** For new Bonus competition, Project Sponsor Agency will schedule project proposal presentation with the CoC HSSN Chair, Annette Evans, at Annette_Evans@co.washington.or.us or 503-846-4760.
- 8/3/2016 For new Bonus competition, Project Sponsor Agency will present proposed project to the HSSN members (10 minutes with 5 minute questions/answers period), and provide 45 copies of the project proposal – See attached Appendix A, Project Application format (limit of 2 pages). Voting members of HSSN will score proposals.
- 8/12/2016 HSSN Workgroup (the CoC Board) will review the scores and comments provided by the HSSN membership for final selection and ranking. All new and renewal project applicants (Project Sponsor Agency) are encouraged to attend this meeting.
- 8/15/2016 New and renewal project applications are due by 5 p.m. to the Collaborative Applicant, Attention: Annette Evans.
- 8/29/2016 Collaborative Applicant will notify all new and renewal project applicants in writing of the selection or denial of applications for the CoC Consolidated Application.
- 8/30/2016 Collaborative Applicant will upload into HUD e-snaps the project applications based on the HSSN Workgroup ranking and rating performed on August 12.
- 9/14/2016 Submit final CoC Collaborative Application to HUD.

- National Proposal Review, Scoring and Selection Process:

CoC Program applications will be scored by HUD in accordance with the criteria set forth in the NOFA. It is the project applicant's responsibility to review the NOFA and submit projects that support the NOFA requirements.

[Appendix A]

FY2016 PSH or RRH Bonus Project Proposal

Project Name

- HUD Funds Requested
\$ XXX.XX

Legal Applicant Information

Legal Name, Address, Agency Contact Name with email/phone information,

Note: Applicant/Project Sponsor (subrecipient) will need to have Data Universal Numbering System (DUNS), Employer/Taxpayer Identification Number (EIN/TIN), and compliance with Civil Rights Matters, and Certification of Consistency with the Consolidated Plan upon submittal of application.

Experience of Applicant, Sponsor(s) and Other Partners

- Describe the basic organization and management structure. Include evidence of internal and external coordination and an adequate financial accounting system.
- Describe experience of the applicant, sponsors, and partners, as it relates to working with the target population experiencing homelessness.
- Describe any outstanding HUD monitoring/findings, including Continuum of Care Program and Emergency Solutions Grant (ESG) funds.
- Acquisition/Construction/Rehab Funding Requests – Describe experience to timely construction or rehab projects.

Project Description

- Describe scope of the project activities to include: prioritizing how you will serve the highest need chronically homeless or other vulnerable population, the housing first model, and how

your program will leverage mainstream resources to address the supportive service needs of the homeless. Include total number of units and beds, services provided, etc.

- Describe the estimated schedule for implementing the project activities, the management plan, and the method for assuring effective and timely completion of the project.
- Will participants be required to live in a particular structure, unit or locality – and if yes, explain how and why the project will implement this requirement? Will more than 16 persons with disabilities live in one structure?
- Describe the outreach and referral plan to bring homeless into the project.
- Describe data collection and participation in HMIS.

Project Budget and Funding

- Describe commitment to provide 25 percent cash and/or in-kind match for HUD funds
- Describe leveraging public and private funds to support the total project budget.
- Provide budget by activity component: Acquisition, Construction, Rehabilitation, Leasing, Rent Assistance, Services, Operations, and Administration costs for both HUD and non-HUD funds:
Note: Total Project Cost = HUD CoC Funds + Matching Funds + Leverage Funds

Performance Measurements

- Describe how this project will meet HUD's policy priorities.
- Describe the project's quantifiable and measurable outcomes in supporting persons to increase housing stability, increased earned income or economic supports, and greater self-sufficiency.
- Describe how the project will demonstrate a reduction in the number of unsheltered chronic homeless persons in Washington County or unsheltered/sheltered youth, individuals or families with children.

Annette M. Evans

Homeless Program Coordinator
Chair, Housing and Supportive Services Network (HSSN)
Federal Continuum of Care (CoC) # OR-506CoC
Washington County Department of Housing Services
111 NE Lincoln Street, Suite 200-L, MS-63
Hillsboro, OR 97124-3082
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OR-506CoC Hillsboro/Beaverton/Washington County, Oregon

CoC PROGRAM APPLICATION AND AWARD PROCESS

Policy No.:	578.9-OR506CoC	Approved By:	HSSN (the CoC)
Effective Date:	May 10, 2013	Revision Date:	December 12, 2014
Prepared By:	Annette Evans, Washington County Department of Housing Services		
	http://www.co.washington.or.us/Homeless		

Policy: This policy is adopted under the authority of the local Continuum of Care (CoC) in Washington County, commonly referred to as the Housing and Supportive Services Network (HSSN).

Purpose: Design, operate and follow a collaborative process for the development of applications and approve the submission of application in response to a NOFA (Notice of Funding Available) published by HUD.

Standard: The HSSN is responsible for promoting community-wide commitment to the goal of ending homelessness through strategic planning, system change, program development, and prioritization of funds.

Scope: Homeless Provider Agencies, Community Stakeholders, recipient(s) and subrecipient(s) of CoC Program and Emergency Solution Grant (ESG) funds, the HMIS Lead, and the CoC Collaborative Applicant.

Authority For Code: Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act CoC Program regulatory statutes 24 CFR parts 578.9, 578.11, 578.13, 578.15, 578.17, 578.19, 578.21 and other such parts as applicable.

Responsibilities:

1. HOUSING AND SUPPORTIVE SERVICES NETWORK (HSSN) – THE COC

As outlined in the CoC Governance, the HSSN is to provide a coordinated and comprehensive community planning process to implement a Continuum of Care (CoC) for individuals and families who are at risk or experiencing homelessness and to prevent a return to homelessness. Refer to CoC Governance policy 578.5-OR506CoC.

A role administered by the HSSN is the preparing the McKinney-Vento Homeless Assistance grant application on behalf of OR-506 CoC Hillsboro/Beaverton/Washington County, Oregon. This policy outlines the process and criteria in ranking and rating renewal and new project applications requesting funds under the CoC Program 24 CFR Part 578.

2. PREPARING THE COC PROGRAM GRANT APPLICATION

HSSN (the CoC)

The HSSN is charged with design, operation and following a collaborative process for the development of applications and approve the submission of applications in response to a NOFA published by HUD under part 578.19.

OR-506CoC Hillsboro/Beaverton/Washington County, Oregon

CoC PROGRAM APPLICATION AND AWARD PROCESS

HSSN will establish priorities for funding projects in the geographic area of OR-506 CoC.

The HSSN will elect a CoC Collaborative Applicant that will collect and combine the required application information from all applicants and for all projects within the geographic area that the CoC has selected funding. The CoC Collaborative Applicant will also apply for CoC Planning activities.

3. REQUEST FOR PROPOSAL

CoC Collaborative Applicant

Elected by the HSSN, the CoC Collaborative Applicant will provide administrative support in coordinating and submitting the application, to include preparing the CoCs funding availability through Annual Renewal Demand (ARD) approved by HUD, reallocation of CoC Program-funded projects, and new CoC Program funds made available by HUD.

Publication will include announcement on website, email, bulletin boards, community forum, and other social media.

The CoC Collaborative Applicant will prepare and publish to the public a Request For Proposal (RFP) with timeline for project proposals and applications, presentations and scoring, preparing Appendix A, Measuring Performance of HUD-Funded OR-506 CoC Programs for the HSSN Workgroup, and e-snaps data entry of the application documentation.

The CoC Collaborative Applicant will schedule presentations of all new projects at the next regular HSSN meeting following the Notice of Funding Available (NOFA) release by HUD.

The CoC Collaborative Applicant will document the ranking and rating process of renewal and new project proposals, and submit the Project Priority List in the CoC Consolidated Application upon approval by the HSSN Workgroup.

4. RENEWAL PROJECT RANKING AND RATING PROCESS

HSSN Workgroup (the CoC Board)

The Workgroup is the administrative body of the HSSN, and responsible for:

- a) Review Annual Performance Reports (APR) outcomes for all CoC Program projects;
- b) Establish priorities for funding projects in alignment with the HSSN review of latest PIT/HIC reporting on homeless demographics and gaps in housing resources;
- c) Review projects with non-compliance and/or outstanding on-site monitoring issues and consider reallocation of project funds (see Section 5);
- d) Rate project performance using 60 point standard performance criterion to include:
 - i. 10 points - Housing First (low-barrier access model)
 - ii. 3 to 16 points - Target Population
 - iii. 8 points – Exits to Permanent Housing
 - iv. 8 points – Maintain or Increase Cash Income
 - v. 8 points – Maintain or Increase Non-Cash Income

OR-506CoC Hillsboro/Beaverton/Washington County, Oregon

CoC PROGRAM APPLICATION AND AWARD PROCESS

- vi. Commitment of Leverage Dollars (excludes 25% cash or in-kind match)
- vii. Compliance/On-Site Monitoring Outcomes (Pass if all issues addressed/Fail if outstanding compliance issues)
- viii. 5 points – Bed Occupancy on PIT Date
- ix. 5 points – De-obligation of HUD Funds
- e) Rank projects in order of highest priority for funding being #1 with the lowest priority for funding being the last number in the CoC Program Project Priority List; and
- f) Approve the final projects applications for submittal in the CoC Consolidated Plan.

For template of the rating matrix, see Appendix A, Measuring Performance of HUD-Funded OR-506 CoC Programs

5. REALLOCATION PROCESS

HSSN Workgroup (the CoC Board)

Reallocation is the process the CoC uses to shift funds in whole or part from existing eligible renewal projects to create on or more new projects within the CoC annual renewal demand for CoC Program funds.

During the comprehensive review of renewal projects, the HSSN Workgroup will use the scoring criteria and selection priorities to determine the extent to which each project is still necessary and address policy priorities; e.g. ending chronic homelessness, rapid re-housing of families with children. The HSSN Workgroup will reallocate funds to new projects whenever reallocations would reduce homelessness or address an underserved homeless population.

To minimize the risk of homeless participants displaced as a result of reallocation, the HSSN Workgroup will approach the reallocation decision as follows:

Current Notice of Funding Available (NOFA)

Determine immediate (current NOFA) reallocation at current grant term ending through reallocation of funds to new project as follows:

- a) Project has unresolved on-site monitoring or financial issues outlined in Section 4.c;
- b) Project is extreme low performer – does not meet at least 4 of 9 scoring criteria defined in Section 4.d;
- c) Participants can be served by another program within the CoC so as not to create a displacement of program participants; and
- d) Project does not have a recorded HUD McKinney-Vento ‘Declaration of Restrictive Covenant’ or the Declaration has expired (see 24 CFR 578.81 for CoC Program and 24 CFR 583.305 for Supportive Housing Programs).

CoC PROGRAM APPLICATION AND AWARD PROCESS

Future NOFA

Determine reallocation need and provide written notice to the project sponsor agency that the program will not be considered for renewal in a future CoC Program funding cycle – provide specific funding cycle that the funds will be reallocated. The HSSN Workgroup will approach the reallocation decision as follows:

- e) Project has unresolved on-site monitoring issues – excluding financial issues - outlined in Section 4.c that would not prohibit the project from fully serving the participants;
- f) Project is low performer – does not meet at least 5 of 9 scoring criteria defined in Section 4.d;
- g) Project does not serve a priority population and the population may be better served by other community resources;
- h) Project sponsor organization needs one additional year to effectively transition participants to new housing and services to minimize displacement of participants; and
- i) Project may or may not have a recorded HUD McKinney-Vento ‘Declaration of Restrictive Covenant’ that has not yet expired, and the project sponsor organization needs time to secure alternate financing to ensure compliance (see 24 CFR 578.81 for CoC Program and 24 CFR 583.305 for Supportive Housing Programs).

6. NEW PROJECT RANKING AND RATING PROCESS

HSSN (the CoC)

The HSSN membership will receive presentations on new project proposals seeking HUD funds, with voting members completing the scoring process using the procedure and written standards outlined in Appendix B, Project Evaluation Criteria.

- a) Rate project performance using 55 point standard performance criterion to include:
 - i. 20 points – Critical CoC Project Components; e.g. housing emphasis, capacity to develop and implement the project
 - ii. 8 points – Supports the 10-Year Plan and Consolidated Plan
 - iii. 10 points – Effectiveness of the Project
 - iv. 12 points – Resource Utilization
 - v. 5 points – Aligns with HUD Priorities

HSSN Workgroup (the CoC Board)

The Workgroup is the administrative body of the HSSN, and responsible for:

- b) Review the new project proposal scores from the HSSN membership;
- c) Address any concerns raised by HSSN membership through a review with the project sponsor agency to include commitment and capacity to implement the program and serve the target population; and
- d) Rank projects in order of highest priority for funding being #1 with the lowest priority for funding being the last number in the CoC Program Project Priority List; and
- e) Approve the final projects applications for submittal in the CoC Consolidated Plan.

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CoC PROGRAM APPLICATION AND AWARD PROCESS

7. APPEAL PROCESS

The project sponsor agency (recipient/subrecipient) may appeal the HSSN Workgroup decision for renewal reallocation and/or new project selection as follows:

- a) The project sponsor agency will submit a written appeal of the decision to the CoC Collaborative Applicant and the Chair of the HSSN Workgroup.
- b) The Chair will convene the HSSN Workgroup (the local CoC Board) to receive and review the appeal statement.
- c) The project sponsor agency will attend the meeting to answer questions the HSSN Workgroup may have in reviewing the appeal filed by the project sponsor agency.
- d) The HSSN Workgroup will make a decision that will be recorded in minutes, and the CoC Collaborative Applicant will proceed with filing the CoC Program application in accordance with this policy and the determination of the HSSN Workgroup. Should the project sponsor agency seek to appeal the decision to a higher authority, the CoC membership will hear the matter at the next monthly meeting of the Washington County Housing and Supportive Services Network (HSSN).

The HSSN Workgroup's decision to make reallocation decisions to be implemented in "future NOFA" cycles will minimize displacement and support the transition of homeless participants as well as reduce the need for appeal hearings during a very tight application submittal timeframe.

8. CODE OF CONDUCT AND RECUSAL PROCESS

The implementation of a Code of Conduct for the HSSN, inclusive of the Chair, Co-Chair, Workgroup, and associated Subcommittees, is an essential element that supports the inclusive, collaborative, and objective goals of the HSSN. *[CoC Program 24 CFR 578.95]*

1. Meetings will be open to the public.
2. Members will provide information that is truthful and accurate.
3. Members will be respectful to others at all times.
4. Decision making process will:
 - a. Be made by consensus at scheduled meetings.
 - b. For non-funding decisions, all members present will have an option to participate in the voting, e.g. – selection of chair, co-chair, or other general membership decisions.
 - c. For decisions involving funding, one vote per member organization (required attendance of at least 6 meetings in past 12 months) and one vote per community at-large member.
 - d. *Conflict of Interest*. Members will withdraw/excuse themselves from participating in decision-making (voting) process concerning awards of grants or provisions of financial benefit to which such member or his/her organization could have a future

9. GRANT AWARD PROCESS

CoC Collaborative Applicant

Upon HUD award announcement, the CoC Collaborative Applicant will notify selected applicants of the pending award, to include notice of any conditions imposed on awards by HUD.

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CoC PROGRAM APPLICATION AND AWARD PROCESS

HUD will issue grant agreements in accordance with 24 CFR part 578.23, at which time the CoC Collaborative Applicant will prepare Grant Agreements with project subrecipient for activities administered by the subrecipient.

APPENDICES

Appendix A: Measuring Performance of HUD-Funded OR-506 CoC Programs

Appendix B: Project Evaluation Criteria.

OR-506 CoC Measuring Performance of HUD-funded CoC Programs

Programs are measured by the objective "to end chronic homelessness and to move homeless people to permanent housing"

For additional information, review policy 578.9-OR506CoC CoC Program Application and Award Process online at www.co.washington.or.us/homeless

60 POINTS TOTAL		OUTCOME	POINT VALUE
10 point	Project follows Housing First Model	Yes =	10
		Partial =	5
		No =	0
16 point	Target Population - Severity of Need and Vulnerability	Chronically Homeless	16
		Veteran Homeless	16
		Non-Chronic Disabled	13
		Mod-Barrier (RRH/TH-Youth)	10
		Low-Barrier (TH)	5
8 point	Exits to Permanent Housing (Goal: 80%)	80+%	8
		≥60% to 79%	6
		≥45% to 59%	4
		≥30% to 44%	2
		≤29%	0
4 point	Increase Earned Income at (Goal: 20%)	21+	4
		≥16 to 20%	3
		≥11% to 15%	2
		≥6% to 10%	1
		≤5%	0
4 point	Increase Cash Income (Goal: 54%)	54+	4
		≥40% to 53%	3
		≥21% to 39%	2
		≥6% to 20%	1
		≤5%	0
8 point	Increase Non-Cash Income (Goal: 54%)	54+	8
		≥40% to 53%	6
		≥21% to 39%	4
		≥6% to 20%	2
		≤5%	0
5 point	PIT Bed Occupancy (Goal: 80%)	80+%	5
		≥61% to 79%	4
		≥46% to 60%	3
		≥31% to 45%	2
		≥16% to 30%	1
		≤15%	0
5 point	De-Obligation of HUD Funds (Goal: <%)	<1%	5
		≥1% to 1.49%	3
		≥1.5% to 1.99%	1
		>2+%	0
0 point	On-Site Monitoring Compliance and Fiscal Audit (to include Super Circular 2 CFR 200)	<u>Tiebreaker for Ranking and Rating</u>	
0 point	Commitment of Leverage \$ (excludes cash and in-kind match \$)	<u>Tiebreaker for Ranking and Rating</u>	

OR-506 CoC Measuring Performance of HUD-funded CoC Programs

Programs are measured by the objective "to end chronic homelessness and to move homeless people to permanent housing"

CoC Program Grant Competition - \$xxxxxxx

Project performance based on APR for grant period ending x/x/xx to x/x/xx.

- Annual Required Demand (ARD) for Renewal Projects
 \$ - - Tier 1 Fundingxx5% of ARD
 \$ - - Tier 2 funding is xx%

HUD Funding Request (approved GIW)	10 pt PH/HMIS/ TH Youth=10	Target Population 16pt Chronic/Veteran (PSH), 13pt Disabled (PSH), 10pt Mod-Barrier (RRH) and (TH- Youth), 5pt Low- Barrier (TH)	8 pt Goal: 80%	4 pt Goal: 20%	4 pt Goal: 54%	8 pt Goal: 56%	5 pt Goal: 80+%	5 pt Goal: <1%	Pass/Finding	Commitment of Leverage \$ (Excludes 25% Match \$)	Total Project Points [60 points]	Final CoC Priority
	Housing First	% Exit to PH	% Increase Earned Income	% Increase Cash Income	% Increase Non-Cash Income	% Bed Utilization 1/27/2016 PIT/HIC	HUD \$ Deoblig	Annual Monitoring & Fiscal Audit	TIER 1 and TIER 2 PROJECT FUNDING PRIORITY LIST			
SafeHaven - Chronic (10 bed) Facility w/ Restrictive Covenant	0 SH	0 # ppl exit	0 %	0 %	0 %	0 %	0 %	0 %			0	
HGILP - Chronic (14 bed) Facility w/ Restrictive Covenant	0 PSH	0 # ppl exit	0 %	0 %	0 %	0 %	0 %	0 %			0	
Tri-Haven (12 SRO units) Facility w/ Restrictive Covenant	0 PSH	0 # ppl exit	0 %	0 %	0 %	0 %	0 %	0 %			0	
Housing Stabilization (12 unit)	0 RRH	0 # ppl exit	0 %	0 %	0 %	0 %	0 %	0 %			0	
SPC Chronic Permanent Housing Initiative (3 units) Tenant-based Rent Assistance	0 PSH	0 # ppl exit	0 %	0 %	0 %	0 %	0 %	0 %			0	
Transitional Living Prog (9 bed)	0 TH-Youth	0 # ppl exit	0 %	0 %	0 %	0 %	0 %	0 %			0	
CoC Rapid Re-housing (30 unit) Tenant-based Rent Assistance	0 RRH	0 # ppl exit	0 %	0 %	0 %	0 %	0 %	0 %			0	
HMIS	0 HMIS	0						0 0%			0	
SPC Renewal (152 units) Tenant-based Rent Assistance	0 PSH	0 # ppl exit	0 %	0 %	0 %	0 %	0 %	0 %			0	
Tier 1 Request: \$ -												
Other Renewal or New Project		0 # ppl exit	0 %	0 %	0 %	0 %	0 %	0 %				Tier 2
Other Renewal or New Project		0 # ppl exit	0 %	0 %	0 %	0 %	0 %	0 %				
Tier 2 Request: \$ -												
OR-506 CoC Planning Fyxxxx Not a Ranked and Rated Project.												
FYXX CoC Grant Request: \$ -												

**Washington County Continuum of Care (CoC) OR-506
PROJECT EVALUATION CRITERIA**

Scoring Agency: *[Enter agency name based on attendance at CoC Meetings]*

Project Name: _____

Project Sponsor: _____ **Date Presented to HSSN:** _____

Projects proposed for funding under the Washington County Continuum of Care will be evaluated utilizing the following criterion.

A.	Critical Continuum of Care (CoC) Project Components (0-5 points each)	Max 20 Pts.	
	1. Participants are/will be helped to access permanent housing	_____	
	2. The project generates housing emphasis points for the CoC through more than 75% of the budget dedicated to acquisition, construction, rehabilitation, leasing or rent assistance activities..	_____	
	3. The applicant/sponsor demonstrates ability to implement the project and deliver the proposed services to the target population(s)	_____	
	4. The project sponsor is fiscally capable to administer the grant and has no outstanding audit findings and/or financial management recommendations	_____	
B.	How project relates to 10-Year, the CoC & Consolidated Plans (0-2 points each)	Max 8 Pts.	
	1. The activity is identified in the Continuum of Care Plan and Consolidated Plan.	_____	
	2. The needs of the target population are clearly identified and substantiated.	_____	
	3. The activity supports the CoC goal to end chronic homelessness by 2017.....	_____	
	4. The activity/project aligns with the CoC coordinated assessment system (e.g. Community Connect) and uses a "housing first" model for rapid placement into housing.....	_____	
C.	Effectiveness (0-2 points each)	Max 12 Pts.	
	1. Project indicators will measure outcomes appropriate for the population served.....	_____	
	2. Participants will be helped to achieve self-sufficiency through employment linkage and access to mainstream resources.....	_____	
	3. The project promotes participant choice and interventions are tailor to meet the needs of all members in the household.....	_____	
	4. Program participant satisfaction will be collected and used to improve the program	_____	
	5. Participant data will be collected in HMIS	_____	
	6. If the project serves homeless families with children, the project sponsor has established policies and designated staff that ensure all children are enrolled in school	_____	
D.	Resource Utilization (0-2 points each)	Max 10 Pts.	
	1. The applicant clearly identifies the activities for which McKinney-Vento funds will be used	_____	
	2. The project has direct linkages with other mainstream resources and service programs within the system	_____	
	3. The project utilizes existing services or compliments other program efforts as demonstrated in collaborative partnership(s) with other agencies	_____	
	4. Other potential or secured funding sources are identified and described	_____	
	5. The project attracts private funding	_____	
E.	Projects: The project aligns with HUD's priorities, as established in the Request For Proposal (RFP). <u>**FY2016 NOFA is Permanent Supportive Housing for Chronic Homeless and Rapid Re-Housing for Individuals and Families coming directly from street or shelter, to include persons fleeing Domestic Violence (Category 4 Homeless Definition).</u>	2 Max Pts.	
Total Points:			

Total maximum points possible: 52

Washington County Continuum of Care (CoC) OR-506 PROJECT EVALUATION CRITERIA

PARTICIPANT VOTING PROCESS:

1. Housing and Supportive Services Network (HSSN) membership is open to any person interested in the issue of homelessness in Washington County.
2. All new and renewal projects are brought before the HSSN for review and prioritization.
3. Project sponsors requesting Continuum of Care funds provide a presentation to the HSSN in accordance with the HSSN Continuum of Care Planning Calendar and will format their presentation according to the Request For Proposal (RFP) standard rating criteria used by the HSSN.
4. HSSN members rate each project using the criteria point system, casting a vote (points) for each project. This evaluation criteria form was reviewed and approved for use by the HSSN in November 7, 2012 (originated January 2006).
5. The voting process (rating and prioritizing of projects) is the work of the HSSN while in attendance at a regular HSSN meeting.
6. Any agency or individual with a *conflict of interest* will abstain from voting.
7. This open process ensures that the objective rating and prioritizing system is fair, honest, inclusive, and unbiased. The Participant Voting Process and the Voting System is designed to create an open process within the Washington County HSSN.

VOTING SYSTEM:

1. Adoption of this project evaluation criteria voting system was implemented with the participation and consensus of HSSN members.
2. All agencies/groups/individuals are allowed to vote after attending a minimum of 8 meetings in a 12-month period (July to June).
3. Only one (1) vote per agency/group. Individuals not associated with an agency or group will have one (1) vote each.
4. A HSSN Work Group meeting is scheduled, at which time the HSSN Work Group tallies the votes and ranks the project on the Project Priorities Chart based on its score and in alignment with the goals and strategies outlined in the Federal Strategic Plan "Opening Doors" and the Washington County local 10-Year Plan to End Homelessness "A Road Home". Project Sponsors are invited and encouraged to attend this meeting.

PROJECT PRIORITIES CHART

		10 pt	8 pt	4 pt	4 pt	8 pt	5 pt	5 pt						Final CoC Priority
	HUD Funding Request (approved GIW)	PH/HMIS TH Youth=10	Chronic/Veteran (PSH), 13pt Disabled (PSH), 10pt Mod-Barrier (RRH) and (TH-Youth), 5pt Low-Barrier (TH)	Goal: 80%	Goal: 20%	Goal: 54%	Goal: 56%	Goal: 80+%	Goal: <1%	Pass/Finding	Annual Monitoring & Fiscal Audit	Commitment of Leverage \$ (Excludes 25% Match \$)	Total Project Points [60 points]	TIER 1 and TIER 2 PROJECT FUNDING PRIORITY LIST
Project Name		0	0	0	0	0	0	0	0				0	
	SH	# ppl exit	%	%	%	%	%	%	%					

NOTE:

Final project priority selection by the HSSN will be based on project evaluation criteria points, CoC housing needs (CoC annual Gaps Analysis and latest Point-In-Time Homeless Count), sponsor agency capacity to administer the program, and project eligibility in compliance with federal rules and regulations.

CoC GOVERNANCE

Policy No.:	578.5-OR506CoC	Approved By:	HSSN (the CoC)
Effective Date:	April 24, 2003	Revision Date:	August 14, 2015
Prepared By:	Washington County Department of Housing Services 503-846-4760 http://www.co.washington.or.us/Housing/EndHomelessness/hssn.cfm		

Policy Authority: This policy is adopted under the authority of the local Continuum of Care (CoC) in Washington County, commonly referred to as the Housing and Supportive Services Network (HSSN).

Purpose: Promote community-wide commitment to the goal of ending homelessness.

Standard: A structure will be established to govern the HSSN (the CoC) and its responsibilities, the HSSN Workgroup (the CoC Board), the CoC Program and preparing the CoC Collaborative grant application, and coordination of the CoC Program in consultation with the Emergency Solution Grant (ESG) program resources.

Scope: Homeless Provider Agencies and Community Stakeholders.

Authority For Code: Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act CoC Program regulatory statutes 24 CFR Part 578.1, 578.5, 578.7, 578.9, and 578.95(b).

Responsibilities:

1. HOUSING AND SUPPORTIVE SERVICES NETWORK (HSSN) – THE COC

The mission of the HSSN is to provide a coordinated and comprehensive community planning process to implement a Continuum of Care (CoC) for individuals and families who are at risk or experiencing homelessness and to prevent a return to homelessness. Authorized by subtitle C of title IV of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 113481-11389). [*CoC Program 24 CFR 578.1*]

Meetings are held the first Wednesday of each month from 8:30 a.m. to 10:00 a.m. at Beaverton City Hall. The HSSN meetings and activities are open to the public and marketed through media communications, speaker forums, public billboards, the County's website on homelessness, and the HSSN email listserv. Invites to the public occur on a monthly basis, with new members added to the HSSN listserv and in attendance at monthly business meetings.

Why are we here?

- To promote communitywide commitment to the goal of preventing and ending homelessness through the development of strategic planning that integrates housing and service systems.

CoC GOVERNANCE

- To implement a collaborative and coordinated assessment system to assist homeless persons and persons with special needs to obtain housing, supportive services and mainstream programs necessary to achieve self-sufficiency.
- To secure funding to quickly, efficiently and effectively re-house people experiencing homelessness to optimize self-sufficiency.
- Implement a single Homeless Management Information System (HMIS).
- Conduct an annual Point-In-Time count of homeless persons and gaps analysis.
- Provide information required to complete the jurisdiction's Consolidated Plan.
- Consult with Emergency Solution Grant (ESG) recipients regarding the allocation of ESG funds and the evaluation of the performance of ESG recipients and subrecipients.
- The services we provide are important!

How do we do this?

- Define the special needs of the current at-risk and homeless population.
- Develop a network of organizations that meets regularly to provide a framework that is both dynamic and responsive to changing housing and service needs over time.
- Implement strategic and outcomes-based homeless prevention and housing plans. The CoC's roadmap of strategies and programs is identified in *A Road Home: 10-Year Plan To End Homelessness in Washington County* (2008 to 2018).
<http://www.co.washington.or.us/Housing/EndHomelessness/a-road-home.cfm>
- Create and sustain sufficient capacity throughout the CoC system to facilitate movement of homeless persons to permanent housing and independent living.
- Prioritizing resources for people with the greatest need, in accordance with "Defining Homeless" in 24 CFR Parts 91, 482, and 583, and demonstrate results in reducing the length of homelessness and recidivism.

2. CoC GOVERNANCE STRUCTURE: AT-LARGE MEMBERSHIP

The HSSN is a coordinated, inclusive and outcome-oriented community planning process developed to address the components of a CoC system, and designed to serve all homeless subpopulations in the community.

The HSSN is comprised of community stakeholders representing a cross-sector public and private housing and provider organizations, victim service providers, faith-based organizations, advocates, businesses, school district homeless liaisons, mental health and substance addition providers, law enforcement, US Veterans Affairs outreach and case workers, hospital/health clinics, Pacific University, private citizens, homeless/formerly homeless consumers, and the CoC's HMIS Administrator. [CoC Program 24 CFR 578.5]

HSSN members comply with the conflict of interest as outlined in Section 5: Code of Conduct and Recusal Process outlined in this document.

The HSSN is facilitated by elected Chair and Co-Chair positions. The HSSN membership has authority to make the following decisions on behalf of the CoC:

- Elect the Chair and Co-Chair of the HSSN, and Chair of HSSN Subcommittees.
- Elect the HSSN Workgroup Membership (the CoC Administrative Board).

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- Adopt the annual CoC Planning Calendar.
- Adopt the annual Work Plan for implementing *A Road Home: 10-Year Plan to End Homelessness in Washington County*.
- Approve Emergency Food and Shelter Program (EFSP) funding formula (by percentage) for shelter, rent assistance, and food/meals.
- Approve the Emergency Solution Grant (ESG) annual funding priorities.
- Approve submittal of the Annual Homeless Assessment Report (AHAR) to HUD.

HSSN Chair (Facilitator)

The Chair facilitates the HSSN (the CoC) process to include coordination with the HSSN Workgroup, performs selection of guest speakers, coordination and preparation of monthly HSSN Agenda, arrangement of meeting room and catering, presides over the HSSN meeting, prepares and publishes minutes, and provides leadership in strategic planning and policy development. The Chair and Co-Chair will preside over HSSN Workgroup meetings, with one representative from the public agency sector and the other position representing the non-profit sector.

- Elected by consensus vote at the June HSSN Meeting.
- 2-Year Term (July 1- June 30), elected in even number years; e.g. 2016, 2018.

HSSN Co-Chair (Co-Facilitator)

In the absence of the Chair, the Co-Chair will assume the duties of the Chair for the HSSN. The Co-Chair will be required to attend HSSN Workgroup meetings and provide Workgroup report updates at HSSN meetings.

- Elected by consensus vote at the June HSSN Meeting.
- 2-Year Term (July 1- June 30), elected in odd number years; e.g. 2017, 2019.

3. CoC GOVERNANCE STRUCTURE: CoC BOARD

The HSSN Workgroup is the jurisdictional CoC Administrative Board and is comprised of 18 board members appointed by the HSSN to include a homeless/formerly homeless consumer representative, public and private representatives of the homeless subpopulations that exist within the CoC geographic region, and the Emergency Solutions Grant recipient agency. The Chair and Co-Chair elected by the HSSN preside over the Workgroup meetings.

- Elected by consensus vote at a regularly scheduled HSSN meeting.
- 4-Year Term (July 1- June 30).

Board members comply with the conflict of interest as outlined in Section 5: Code of Conduct and Recusal Process outlined in this document.

Responsibilities and authority of the Workgroup Board members include:

- a. Perform strategic planning to address gaps in services, housing and system alignment.
- b. Perform annual review and monitor compliance of CoC programs, policies and procedures. The Workgroup serves as the Appeals Board as outlined in Section 5.2 of the CoC Program Administration and Monitoring policy, No. 578.103-OR506CoC.
- c. Coordinate with and/or assist in State and local discharge planning.
- d. Evaluate system performance and make recommendations to the HSSN.

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- e. Authorize submittal of the annual Point In Time (PIT) and Housing Inventory Chart (HIC) to HUD. A report will be presented to the HSSN at a regular business meeting.
- f. Evaluate projects seeking CoC Program Homeless Assistance grant application funds, and rank based on HSSN scoring results for new projects, and HUD APR performance outcomes for renewal projects. Approve submittal of the McKinney-Vento Homeless Assistance grant application to HUD.
- g. Seek out and prioritize funding.
- h. Develop housing and service systems alignment.
- i. Recommend and approve guest speakers for the HSSN meeting agenda. The focus of guest speakers is to broaden knowledge of HSSN providers in resources, programs, policy, and other activities to include disaster/emergency preparedness.

Attendance:

Regular attendance supports the full contribution of all board members, and is in the best interest of the CoC by applying the member's accumulated knowledge and experience to issues that come before the Workgroup. Board members are expected to attend meetings and consider all points made during meetings prior to casting a vote.

- a. Regular meetings will be held six (6) times per year, and special meetings will be called as necessary. A schedule with locations of the regular meetings will be provided to the board members well in advance.
- b. Board members are expected to attend Workgroup meetings and meetings of the subcommittees on which they serve. Board members should spend the time necessary to properly discharge their responsibilities.

Resignation or termination from the Workgroup:

- a. A board member may resign at any time by giving notice in writing or by electronic transmission to the Chair or Co-Chair of the Workgroup. Such resignation shall take effect upon receipt thereof or at any later time specified. The member's resignation will be shared with the entire board at the next regular board meeting.
 - i. The board will vote to accept the member's resignation letter at the next board meeting.
 - ii. The board will promptly initiate a process to begin recruiting a new board member, with the appointment made during a regular business meeting of the HSSN members.
- b. A board member that has two un-notified absences in a row ('un-notified' means the member did not notify the Chair or Co-Chair before the meeting to indicate their anticipated absence) will be notified by the Chair of the absences.
- c. A board member that has three un-notified absences or has missed 50% of the annual meetings will be reviewed by the Workgroup board members for termination. The process for termination will include:
 - i. The Chair or Co-Chair will notify the terminated member in writing of the absent meeting dates and the board's decision to terminate.
 - ii. This written notification will request a letter of resignation from the terminated member, to be received within two weeks.
 - iii. The board will vote to accept the member's resignation letter at the next board meeting.

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- iv. The board will promptly initiate a process to begin recruiting a new board member, with the appointment made during a regular business meeting of the HSSN members.

Non-Voting Board Positions		Board Member and Agency Affiliation	
	HSSN Workgroup Facilitators <i>**Tie-breaker vote only</i>	**	
	Community Connect Lead Agency (Centralized Assessment System)		
	HMIS Lead Agency		
Voting Board Positions		4-Year Term Expires	Board Member and Agency Affiliation
1.	ESG/CDBG/HOME: County or City Agency		
2.	Chronic Homeless		
3.	Mental Illness		
4.	Substance Addiction		
5.	Runaway/Unaccompanied Youth		
6.	Veterans		
7.	Victims of Domestic Violence		
8.	Families With Children		
9.	Homeless/Formerly Homeless Consumer		
10.	Community Corrections or Jail		
11.	Development Disabilities		
12.	HIV/AIDS		
13.	Outreach or Citizen At-Large		
14.	Faith-Based Organization		
15.	McKinney-Vento Homeless Student Liaison		
16.	Housing Authority		
17.	Mainstream Resource Provider		
18.	Business		

HSSN Subcommittees

The Subcommittee Chair is elected by the HSSN (the CoC) during a regularly scheduled HSSN meeting. Chairs of the Subcommittees do not have term limits, and serve until resignation or a request to elect a new Subcommittee chair has been presented and voted upon at a regularly scheduled HSSN meeting.

The subcommittees work collaboratively to end homelessness through strategic planning, promoting access to mainstream programs, optimizing self-sufficiency, proposing projects, and making recommendations to address gaps or proposing events for consideration by the entire HSSN. Joint Subcommittees may be formed or new Subcommittees added to assist the HSSN in meeting their mission and goals. The subcommittee will report to the HSSN membership (the CoC). HSSN subcommittees include:

- Children (Homeless Education Network)
- Youth
- Homelessness
- Permanent Housing
- Veterans
- Development Disability Dialogue

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- Mental Health and Special Needs Community Consortium
- Seniors
- Workforce Development Workgroup

4. MEMBERSHIP ROLES AND RESPONSIBILITIES

The HSSN is an open and inclusive network of community stakeholders that work in cooperation and coordination to plan and implement the housing and services necessary to end homelessness. Duties of the membership include:

- a. The full membership participate regularly in monthly HSSN planning meetings, and provide support to program and system development work of the HSSN Workgroup (the CoC Board) and HSSN Subcommittees focused on addressing specific subpopulation and/or capacity building.
- b. Continuum-wide provider participation, homeless/formerly homeless representation, and citizen participation in the HSSN, the Workgroup and Subcommittees.
- c. Participate in evaluating program outcomes and prioritizing of public funds for programs.
- d. Participate in data collection initiatives, to include the Point-in-Time (PIT) homeless count.
- e. All CoC Program and Emergency Solution Grant (ESG) programs will participate in data collection through use of the local Homeless Management Information System (HMIS). Non-federal funded projects are encouraged to submit data in HMIS, or submit data for use in reporting outcomes to federal, state and the local 10-Year Plan.
- f. The HSSN will work with the ESG recipient to implement written standards for rapid re-housing as outlined in the Community Connect policy, No 578.7a-OR506CoC, to include the ESG Operating Manual as Appendix 10.11 of this policy.
- g. Consult with State and local government ESG program recipients within the CoC geographic area on the plan for allocating ESG program funds and reporting on and evaluating the performance of ESG projects.
- h. Perform an annual gaps analysis and propose projects for funding to address the needs of the homeless population and subpopulations in Washington County.
- i. Provide housing and services in alignment with the Centralized Assessment System.
- j. Participate in the Consolidated Plan and Fair Housing Plan process.

5. CODE OF CONDUCT AND RECUSAL PROCESS

The implementation of a Code of Conduct for the HSSN, inclusive of the Chair, Co-Chair, Workgroup, and associated Subcommittees, is an essential element that supports the inclusive, collaborative, and objective goals of the HSSN. *[CoC Program 24 CFR 578.95]*

- a. Meetings will be open to the public.
- b. Members will provide information that is truthful and accurate.
- c. Members will be respectful to others at all times.
- d. Decision making process will be made by:
 - i. A quorum of at least 18 member organizations and private citizens in attendance. Note: Each organization is counted as 1 member regardless of the number of staff from the organization that attends.
 - ii. For funding decisions and election of HSSN leadership positions, member organizations must attend 50% of regular schedule meetings during previous 12 month CoC Planning year (July to June) to cast a vote, with decisions made by

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consensus of eligible voting organizations present at the meeting. Note: Consensus is defined as 25 or more of the 35 regular attending organizations and private citizens.

- iii. For non-funding decisions, all members present will have an option to participate in the voting, e.g. approval of past meeting minutes, approval of annual 10-Year Work Plan, CoC Planning Calendar, approval of CoC procedures and policies, or other administrative decisions.
- iv. *Conflict of Interest*. Members will withdraw/excuse themselves from participating in discussion and decision-making (voting) process concerning awards of grants or provisions of financial benefit to which such member or his/her organization could have a future financial interest or involvement.

6. HMIS ADMINISTRATION

The term “HMIS” stands for Homeless Management Information System, an electronic software database used to hold information on the demographics of homeless populations to include housing and service needs. The HMIS is utilized by HUD and non-HUD funded projects and the CoCs Community Connect system, a centralized assessment system for homeless populations.

The CoC assigns the HMIS Lead Agency to coordinate and operate the system, to include training, data quality, reporting in support of PIT, AHAR, and local reports.

The CoC and HMIS Lead Agency will enter into a “CoC and HMIS Governance Declaration of Roles and Responsibilities” as outlined in policy 578.7-OR506CoC HMIS Governance Charter available online at

<http://www.co.washington.or.us/Housing/EndHomelessness/hssn.cfm>

7. HSSN PLANNING CALENDAR ACTIVITIES

On an annual basis the following activities will occur:

- a. Invite monthly guest speakers to present information on new or expanding housing and service programs, local/state/federal policy, etc.
- b. In alignment with HUD announced NOFA, public RFP for new projects and schedule presentations at the next HSSN meeting. The presentation will include a project description, how the project fits HUD funding guidelines, and project budget inclusive of HUD funding request. Project scoring is completed by the HSSN.
- c. In alignment with HUD announced NOFA, complete the McKinney-Vento CoC Program Homeless Assistance grant application. Approval by the Workgroup to submit to HUD.
- d. January - Perform the Homeless Point-In-Time (PIT) Street and Shelter Count. Prepare the annual CoC Housing Inventory (HIC) and Unmet Bed Need analysis.
- e. March - Project sponsor agencies present to the HSSN all HUD-funded project performance outcomes. Information to include Annual Progress Report data; e.g. - budget, # people served, project performance measurements, fiscal management of funds, and agency audit.
- f. May – Perform gaps analysis that will inform the development of annual Work Plan.
- g. June – Approve annual Work Plan in support of the local 10-Year Plan to End Homelessness.

CoC GOVERNANCE

- h. August – Workgroup will develop CoC Planning Calendar, review and update HSSN Governance Charter and CoC Written Standards. Approval by the HSSN at the September HSSN meeting.
- i. December – HMIS Lead will present the Annual Homeless Assessment Report (AHAR). Approval by HSSN to submit to HUD.

8. BUILDING A NETWORK OF PARTNERS

The HSSN has developed collaborative and integrated partnerships with community leaders and advocacy groups to further the community-wide commitment to end homelessness.

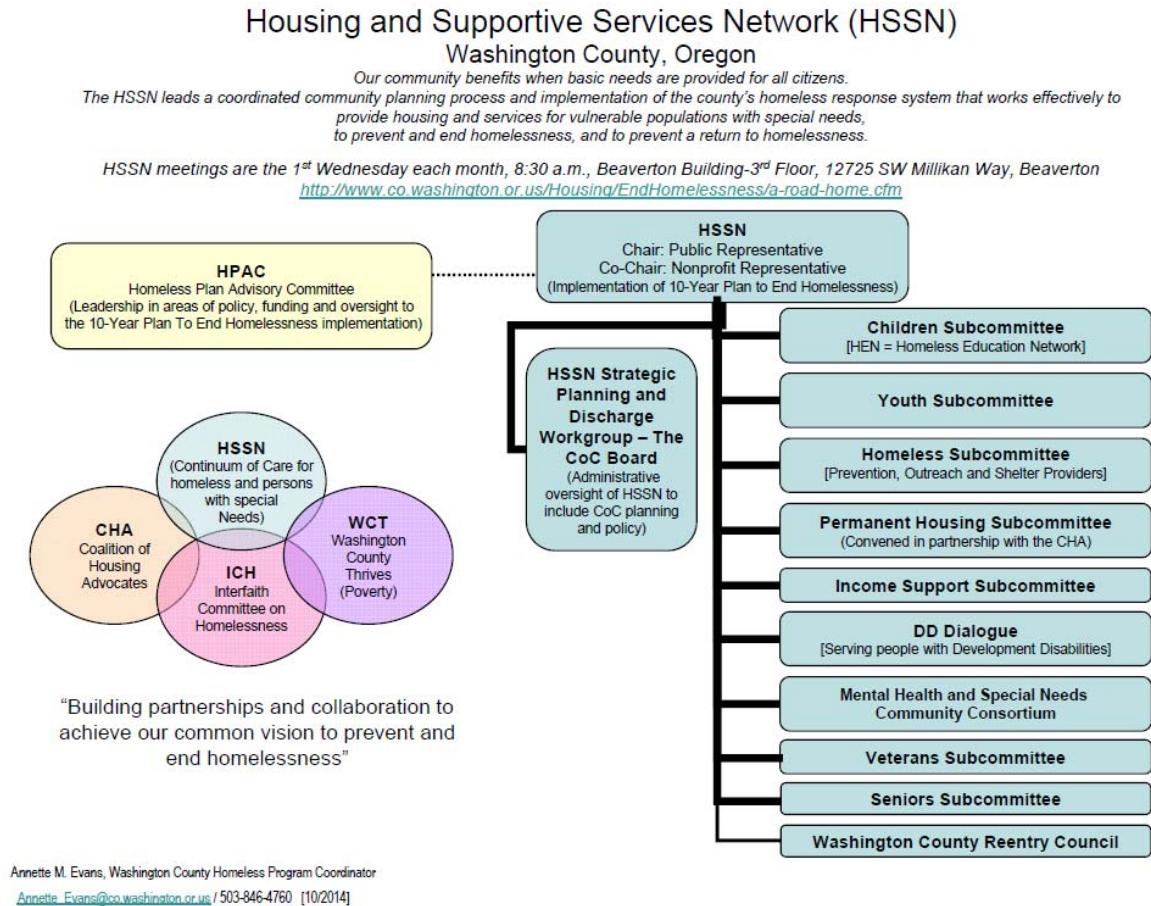
These partnerships include:


- Homeless Plan Advisory Committee (HPAC): A 17-member executive leadership committee appointed by the Board of County Commissioners to provide oversight to the implementation of the 10-year Plan, and to work with the HSSN in developing policy and funding to accomplish the goals outlined in *A Road Home: 10-Year Plan to End Homelessness*.
- Interfaith Committee On Homelessness (IFCH): A faith-based consortium including public and nonprofit partner members. The IFCH promotes education on homelessness to demystify this socioeconomic issue, and to bring together faith-based, public and private sectors to partner to provide a safety net and work toward real system solutions that prevent homelessness.
- Coalition of Housing Advocates (CHA): A network of housing developers and community advocates focused on increasing affordable housing opportunities for low-income, homeless and persons with disabilities, connecting affordable housing to jobs and transportation, and developing funds and policy to promote affordable housing.
- Washington County Thrives: A collaboration of cross-sector partners committed to a thriving county that will only be possible when all residents have access to appropriate nutrition, health and wellness, stable homes, quality education, and economic security.

OR-506CoC Hillsboro/Beaverton/Washington County, Oregon

CoC GOVERNANCE

8. CONTINUUM OF CARE (COC) GOVERNANCE CHART





CoC OR-506 HMIS User Manual

Including Policies, Procedures and Notices

This document contains data entry procedures for the ServicePoint HMIS Database as used in CoC OR-506.

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Appendix 1 - WashCo Agency Participation Agreement 2011

Appendix 2 - WashCo Notice to Clients of Uses Disclosures for Posting 2011

Appendix 3 - WashCo User Agreement 2014

Appendix 4 - WashCo Remote Access Agreement

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ServicePoint Basics

ServicePoint is the software used by this CoC to track homeless clients in a HUD-required Homeless Management Information System database. There are a couple things to know before you get started.

Changing your password

- 1) Log into ServicePoint.
- 2) In the upper right corner, to the right of your name, click on the little gear.
- 3) Scroll to the bottom of the popup.
- 4) Click on Change Password and follow the prompts.
- 5) Save and exit.

ServicePoint Data Flow

This is a quick overview of the basics needed to properly complete a client record in ServicePoint. Note that required data elements may change with updated HUD standards. For detailed instructions, please click Help in ServicePoint to load the software manual.

Head of Household (HoH)/Household Creation

- 1) **ClientPoint** - enter the Head of Household's name. If found, click on name. If not, add.
- 2) **Assessment Date** - set the assessment to the date the client/household entered your project, or before. Best practice: backdate to the first of the month the client entered your project (i.e. if the client enrolled in your project 2/15, backdate to 2/1).
- 3) **Profile** - fill in the profile for the HoH. Questions/items in **red text** are required for proper reporting.
- 4) **Household** - At top of screen, click to expand household section (if not visible). Click on Start New Household. Add names and relationships of all household members. Note – relationship is the relationship of the person to the HoH. Date Entered should be the same as the date you used for backdating the assessment in step 2, and a household must be created even if it is a single person household!
- 5) **Add Household Data** - When done entering household data, click Save and Exit. Wait for the profile to refresh. Once all household members appear in the Households Overview box, click the Add Household Data button under the HoH name/SSN (says Household Data Sharing on the left). A window will pop up. Make sure all family members that are entering the project are checked. Click Save and Close. This copies information that will most likely be true for the entire household (such as residence prior to project entry, homeless status, etc.) to all required household members.
- 6) **Family Members' Profiles** - In the Households Overview window, click on each family member and fill in all missing data on each member's profile.
- 7) **Return to HoH** - When done entering data for family members, click on HoH in Households Overview to return to the HoH profile.
- 8) **Entry/Exit** - Click orange Entry/Exit button in the upper right of the screen. Record the date, project, and entry type. Update any changes to existing client data. Save and Exit.

Annual Assessments

At a minimum, do the following annually:

- 1) Record Service Transactions provided by your agency to the client/household. For Annual Progress Report (APR) reporting, you only need to record the services once (because the report counts the number of people who received the service during the year,

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not the number of times you provided the service). If your project needs to report on services provided more often, and you do not have another software system to record the data, you will need to actually record services as they are provided.

2) Update changes to income, disabilities, insurance, and non-cash benefits sub-assessments for the household. Do so by recording an end date for the previous income/benefit line item that needs to be updated, (even if it was zero or was answered no), and then entering a new income/benefit record. It must be done this way if an existing type of income or benefit amount has changed, so there is only one “open” (no end date) line item per type.

Exit

- 1) Date the exit for the day the client exited your project.
- 2) Update the assessment and sub-assessments to reflect any changes that occurred while the person/household was enrolled in your project.
- 3) Record Service Transactions that were provided between the last update to the client record and the exit date.

Date Stamping

When entering information into ServicePoint, it's very important to remember that it is entirely driven by dates and visibility; every report, every client record, *everything*, is visible or counted based on the date and the visibility settings for which the data was entered. When a report is run, one of the parameters set is the dates. This tells ServicePoint to only look at the specified type of data (entry/exit, services, etc.) that was entered between the given dates. ***Thus, in almost every circumstance, it is very important to only enter information via the entry, exit, or interim.*** Entering data from entry, exit, or interim automatically timestamps the data entry to the date of the entry, exit, or interim.

If information is entered, for instance, from the Assessments tab, or from the default assessment on the client profile or summary tab, that information is only seen as true ***as of whatever date it was entered or backdated to.*** But when an Entry/Exit Report or an APR is run, it looks for information that is populated as of the entry date, the exit date, or the interim. If the data is entered after that date, it simply isn't seen by the report, causing data errors and false “null” or “missing value” entries.

1) When a client enters a project, the data needs to be entered *in alignment with the date of the project entry*. The same goes for data entered at Interim or Exit. This means that when an entry, interim or exit is created, it needs to have the correct date entered in order to ensure all HUD Universal Data Elements (UDEs) have the entry date on them, as required by HUD for reporting, and that the data needs to be entered from that entry, interim or exit (not from the Assessments, Client, or Profile tab). Once the data is entered, it should not be changed for the entry date unless it is found to have been in error as of the date it was entered. For instance, if a client is making \$400 at entry, and this is logged into the entry assessment, and a month later the client is earning \$500, an interim needs to be created to show this change, which is detailed in the [Interim Reviews/HUD Verification](#) section of this manual. If, however, the entry shows the client made \$400 when he really was making \$40, this needs to be literally corrected via the entry, which will date the change to the entry.

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Once data is entered, unless it is found to be incorrect, it is not to be changed or overridden for the date it is entered.

2) Anytime an update or change (as opposed to a correction) is made to the client information, it is done by changing the data *only at interim or exit*. It's very important that updates have the correct date on them. This makes the changes auditable in HMIS.

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Visibility

The Oregon implementation of ServicePoint was initially created without data sharing amongst agencies. This means that an agency's data, from clients created to case notes, was visible only to HMIS users within that agency, or to select other agencies or projects with a signed Release of Information (ROI). Oregon and this CoC have been moving toward a shared data environment, but this brings challenges as well. Previously, one client could have several client records created by different agencies; now we are merging those clients, which means duplicated and sometimes invisible data to some users. If you are working in a client record and you cannot see data you know is there, or if you see records that you believe should be merged, please contact your Agency or System HMIS administrator.

Using the EDA function

When entering data into HMIS there are different ways of identifying which provider entered the data, and this can affect reporting. A very common way of ensuring proper data entry is by entering data *as the provider for which you are entering the data*. While this sounds confusing, it isn't. Most agencies have a "parent" or "umbrella" provider under which all their projects have their own HMIS provider. An example is Luke-Dorf, which has its parent Luke-Dorf provider, but also has separate HMIS providers under the Luke-Dorf provider for Safe Haven, SPC, etc. A Luke-Dorf employee who also serves as a Community Connect Assessor will have EDA rights to Community Connect to differentiate between Luke-Dorf data and Community Connect data. If your agency determined that client data be entered via the project EDA, click on the Enter Data As link in the far upper right of ServicePoint (right under your name) and select the specific provider for which the entry will be created. If you are unsure whether this applies to you, consult with your agency administrator.

Changing Data

Along with shared data comes the question of what constitutes an agency's data, and who should change what in HMIS. Two key areas of entering client data exist:

- *Client Record Tab

- *Assessments

CLIENT PROFILE TAB

In this example, a client is created with the Race entered as white, and a year later, at another agency, he claims to be Asian, which is correct. How should this be tracked in HMIS? This continuum has adopted the following guidelines. If an HMIS user for a specific provider finds that an error has been made in the client record or demographics portion of the Client Profile, and they have proof (client ID, SS card, or a signed document) that the prior data is incorrect, there are some steps to take to ensure data quality and integrity.

Client Has Single Agency Provider

If the provider for which the HMIS user works is the only provider from which the client has received services for the past two years, the user can correct the incorrect data.

Client Has 2 or more Agency Providers

If another provider has entries or services tracked within the last two years, the user is to contact the other agency(ies) and explain the situation, with the goal being that the

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incorrect data is corrected by an HMIS user from the provider that entered it. The two HMIS users must agree on what the information should be, and who should fix the data, if appropriate. *Be sure to backdate to the agreed-upon date for the change.*

If the data literally changed (legal name, for example), the user whose agency is providing services at the time will update the data for the date at which the change became valid, emailing the updates to all other providers from which the client received assistance in the past two years.

ASSESSMENTS

There is also client data that is shared amongst providers that is not entered via the client profile tab, but via assessments done at entry, exit and interim. Generally, making changes in these assessments, *when data is wholly shared and updates are done correctly by going in through the entry, exit or interim*, will update all providers' client records for the client in question. As visibility is cleaned up and standardized in the CoC HMIS provider settings, changes made in this way will be visible to all providers as well as data on which HMIS user actually made the changes. Therefore, when existing data is updated via project entry, exit, or interim, the following guidelines will be used.

****Note – Some client demographic information can be entered via both the assessment and the Client Profile. Any changes to the demographic data (name, DoB, SSN, race, ethnicity) need to follow the procedure noted above for data entered via the Client Profile tab, including notification/consultation with other providers).***

Client Has Single Agency Provider

If the HMIS provider for which you are entering data is the *only* provider in which the client is currently enrolled, updates should be made via edits to the entry, exit, or interim.

Client Has 2 or more Agency Providers

If there is another provider working with the client at the time you are completing the entry, exit, or interim, and your information is different from what they entered, contact that other provider and let them know what is being updated for the client.

Basic Data Entry

This guide walks through the basic data entry process for both ShelterPoint and regular Entry/Exit type projects.

Create the Household (ShelterPoint and Entry/Exit Projects)

The household creation process is the same for Entry/Exit projects and projects that use ShelterPoint.

- 1) Log in to ServicePoint. Click on ClientPoint on the left side menu.
- 2) Enter the Head of Household's (HoH) name and click Search.
- 3) If a match is found, bring up the record by clicking on the client name or the pencil to the left. If no matches are found (or the match is not correct), click Add New Client with this Information. *Note – sometimes names are misspelled, so try variations of the name and just the first few letters if you think the client should already be in ServicePoint. Also, *be sure you are creating a client with the correct spelling of the name*. Many clients have more than one record with different spellings. This reduces both efficiency and accuracy of reporting.
- 4) A pop-up will ask if you have looked at all possible matches. If you have, click OK.
- 5) From the Summary tab, under Households, or from the Households tab, click Start New Household.
- 6) The Add New Household window will pop up. Indicate the household type on the drop down at the top of the page. If it is a single person household, scroll to the bottom and click Continue. If there are additional household members, repeat steps 2-4 to search for and then add all of the members of the household. Once finished adding all household members, click Continue.
- 7) You will now be in the Household Information window. Set Head of Household to Yes for the Head of Household and then indicate the relationship the other members have to the Head (i.e. son, daughter, wife, husband, etc).
- 8) Set the Joined Household Date to a date equal to, or prior to, the family's entry to your project (easy way to do it – use the first day of the month of project entry).
- 9) When done, click Save & Exit.
- 10) Return to the Summary or Households tab and you should see the household members listed.

New Info!! Entry Data for Entry/Exit Projects

****If completing an entry for a SPC program, review [Shelter Plus Care](#) before entering into HMIS**

- 1) Under Entry/Exit on the Summary tab, or on the Entry/Exit tab, click Add Entry/Exit.
- 2) At the top of the Entry Data screen, check the box next to the household type to include all family members ***that are to be included*** in the entry. ****Note – if two of four HH members, for instance, want to enter into a project, but the actual HH composition hasn't changed, do not create a new HH. Instead, only select those members for whom the project entry applies, per the client.***
- 3) Select the Entry Provider and Entry Type (note – entry type depends on project funding and decisions made by your agency; check with your agency administrator if you are unsure).
- 4) Enter the entry date and time.
- 5) Click Save & Continue.
- 6) You will then be at the Entry/Exit Data window.
- 7) Complete the Entry Assessment for the Head of Household. Answer all questions to the best of your ability with the information given to you by the client. ***Remember that Don't Know and Refused means the client does not know, or refused to provide the information, not that you do not know or didn't ask.***

a. All questions in red need to be answered every time as they apply to ***documented*** HUD information. Any Data Not Collected, Incomplete, or blank (null) response counts against your project and the continuum of care. If you are a HUD-funded project, these questions must be asked upon project entry. In other words, if your client self-reports alcoholism, but will not be able to provide documentation, and you receive HUD dollars, then you need to answer No to the main disabilities question, and No to all the questions inside the sub-assessment. If the client can produce a document showing that his disability is HUD Certifiable, then enter a Yes for both the main question prior to entering the sub-assessment and under the HUD verification for that disability, and a No for all the rest. ***Any sub-assessment question or main question preceding a sub-assessment for which there is not documentation needs to be answered with a No.***

****Note: The new rules for the definition of chronically homeless state that if a client will be able to provide documentation within 45 days, a yes may be entered.***

b. For detailed information on how to enter the questions in red regarding situation prior to project entry, please see the section below titled [Chronically Homeless Instructions](#).

c. When completing the four sub-assessments (Income, Non-cash, Disability and Insurance), the easiest way to enter the data on a client for whom the data has not previously been entered (which will be obvious due to a red triangle with an exclamation point on the far right of the sub-assessment) is to click on the HUD Verification link to the right, click No at the top of the pop-up window, and then manually enter any criteria which is true for the client. The date of the entry, exit, or interim review you are entering should be used as the date, and will auto-populate if you go in through that link.

d. If there is already a green check mark for the HUD Verification, you must go into the sub-assessment via the magnifying glass on the upper left of the sub-assessment.

e. If you have to change an existing line item from a No to a Yes, you must click on the edit pencil beside the existing open No entry and enter an end date of the day prior

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to the entry, exit or interim review for which you are entering new information. Once the old entry is edited, close it and click on Save and Add Another, then add the new information and save. The goal for all clients is to have green check marks for HUD Verification. ***You may also enter the sub-assessments via the magnifying glass to the left of the sub-assessment, and sort the responses via the column headings.***

f. The Disabilities sub-assessment now has an option for Both Drug and Alcohol abuse. ***Please leave this as a No regardless if whether the client has both conditions.***

g. Also in the Disabilities sub-assessment, answer all questions, whether red or not, per the information you have. The most important of these are; Above Condition is going to be long term?; If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?; and Disability Determination.

h. In the Non-Cash Income sub-assessment, please ***do not enter a yes for Section 8 etc.*** This is only for literal Section 8 clients, which are administered by the county.

i. ***Very important: If you have indicated on the sub-assessment main question that the client does or does not have any of the criteria located within the sub-assessment, the contents of the sub-assessment must match that response: if there are no documented disabilities, for instance, then the question Does the client have a disabling condition? must be answered No. The same is true for the reverse: if a client does have a documented HUD-defined disabling condition listed in disabilities the sub-assessment, this question must be answered with a yes.***

j. Once you have completed the HoH's entry assessment, click Save and repeat this process until all family members' assessments have been completed. ***For children, the only fields not already captured in client profile that are necessary to complete their entry, exit or interim assessments are relationship to HoH and the Insurance and Disability questions and sub-assessments.***

8) When the Head of Household's entry information has been completed, if it is a single person household, click Save & Exit. If there are additional family members, click Save and follow the remaining steps.

9) Scroll back to the top of the Head of Household's entry assessment.

10) Click the Add Household Data button on the right side, near the top.

11) The Household Data Sharing window will open.

12) Check the box next to the household type to select all household members.

13) Click Save & Exit at the bottom of the Household Data Sharing window. This will copy commonly shared information to all selected household members.

14) You will then be returned to the Entry/Exit Data window. Click on the next family member listed on the left side of the screen, under Household Members. This will bring up the entry assessment for that person.

15) Complete the assessment for that family member. Once this is completed for all family members, click Save & Exit.

Entry Data for ShelterPoint Check-In Projects

- 1) After creating the household as explained above, go to ShelterPoint and select your shelter and bedlist. Then click Client Check-In.
- 2) Click on the bed you will assign to the Head of Household. Search for your client (or enter the client ID number).
- 3) Click the green plus next to the client's name to assign them the bed.
- 4) You will then be in the Unit Entry Data screen for the Head of Household.
- 5) At the top of the screen, indicate the check-in date and time for the household. It will default to the current date and time.
- 6) Scroll down to Household Members.
 - a. Click Assign Unit to assign a bed to each member of the household **that is to be included in the check-in**. Be sure to assign a bed in the same room as the HoH.
 - b. Check off all household members to be included in the check-in.
- 7) Scroll down to Entry Data and assign the appropriate provider and provider type.
- 8) Complete the WashCo Entry assessment for the HoH. Answer all questions to the best of your ability with the information you have. **Remember that Don't Know and Refused means the client does not know, or refused to provide the information, not that you do not know it or didn't ask.**
 - a. All questions in red need to be answered every time as they apply to **Documented** HUD information. Any Data Not Collected, Incomplete, or blank (null) response counts against your project and the continuum of care. If you are a HUD funded project, these questions must be asked upon project entry. In other words, if your client self-reports alcoholism, but will not be able to provide documentation, and you receive HUD dollars, then you need to answer No to the main disabilities question, and No to all the questions inside the sub-assessment. If the client can produce a document showing that his disability is HUD Certifiable, then enter a Yes for both the main question prior to entering the sub-assessment and under the HUD verification for that disability, and a No for all the rest. **Any sub-assessment question or main question preceding a sub-assessment for which there is not documentation needs to be answered with a No.**
***Note: The new rules for the definition of chronically homeless state that if a client will be able to provide documentation within 45 days, a yes may be entered.**
 - b. For detailed information on how to enter the questions in red regarding situation prior to project entry, please see the section below titled [Chronically Homeless Instructions](#).
 - c. When completing the four sub-assessments (Income, Non-cash, Disability and Insurance), the easiest way to enter the data on a client for whom the data has not previously been entered (which will be obvious due to a red triangle with an exclamation point on the far right of the sub-assessment) is to click on the HUD Verification link, click No at the top of the pop-up window, and then manually enter any criteria which is true for the client. The date of the entry, exit, or interim review you are entering should be used as the date, and will auto-populate if you go in through that link.
 - d. If there is already a green check mark for the HUD Verification, you must go into the sub-assessment via the magnifying glass on the upper left of the sub-assessment.
 - e. If you have to update an existing answer from a No to a Yes, you must click on the edit pencil beside the existing open entry and enter an end date of the day prior to the entry, exit or interim review for which you are entering updated information. Once the old entry is edited, close it and click on Save and Add Another, then add the new information

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and save. The goal for all clients is to have green check marks for HUD Verification. ***You may also enter the sub-assessments via the magnifying glass to the left of the sub-assessment, and sort the responses via the column headings.***

f. The Disabilities sub-assessment now has an option for Both Drug and Alcohol abuse. ***Please leave this as a No regardless if whether the client has both conditions.***

g. Also in the Disabilities sub-assessment, answer all questions, whether red or not, per the information you have. It is these answers which will determine whether the client is categorized as chronic in HUD reporting.

h. In the Non-Cash Income sub-assessment, please ***do not enter a yes for Section 8 etc.*** This is only for literal Section 8 clients, which are administered by the county.

i. ***Very important: If you have indicated on the sub-assessment main question that the client does or does not have any of the criteria located within the sub-assessment, the contents of the sub-assessment must match that response: if there are no documented disabilities, for instance, then the question Does the client have a disabling condition? must be answered No. The same is true for the reverse: if a client does have a disabling condition listed in disabilities the sub-assessment, this question must be answered with a yes.***

j. Once you have completed the HoH's entry assessment, click Save. (Note – if this is a single person household, you may click Save & Exit – you're all done! If there are more family members, continue below).

9) Scroll up to Household Sharing and click Add Household Data to bring up the Household Data Sharing window.

10) Check the box next to the household type to select all household members, or if the whole HH isn't entering services, select only those who are.

11) Click Save & Exit at the bottom of the Household Data Sharing window. This will copy commonly shared information to all selected household members.

12) You will then be returned to the Unit Stay Entry Data screen for the Head of Household. Click Save & Exit at the bottom of the screen.

13) This will return you to your bedlist. Click the name of the next family member to bring up the Unit Entry Data screen for that person.

14) Scroll to WashCo Entry and complete the assessment for the family member. When done, click Save & Exit at the bottom of the screen. ***For children, the only fields not already captured in client profile that are necessary to complete their entry, exit or interim assessments are relationship to HoH and the Insurance and Disability questions and sub-assessments.***

15) Repeat steps 13-14 until the entry assessments have been completed for all family members.

New Info!! Exits for Entry/Exit Projects

- 1) Look up Head of Household.
- 2) Under Entry/Exit on the Summary tab, or from the Entry/Exit tab, click the pencil next to the blank Exit Date.
- 3) The Edit Exit Data window will open.
- 4) Check the box next to the household type to select all family members (or, if the whole family is not exiting, for those family members who are exiting).
- 5) Indicate the date of exit, the reason for exit (Note – do not select anything ending in HOPWA unless your project is HOPWA funded), and the destination.
- 6) Click Save & Continue.
- 7) Update information on the Exit assessment to reflect the client's situation at exit and click Save. For example, if the client is leaving to subsidized housing and now has a job, the exit should reflect that they are no longer homeless, have income, and have a voucher:
Note – use Add Household Data on the exit screen to update the housing and homeless status of all family members, just like you do at project entry!
- 8) When done, click Save and complete the exit assessment for all family members (listed on left side of screen). When updates have been completed for all household members, click Save & Exit. You are done!

Check-Outs for ShelterPoint Projects

- 1) Go to ShelterPoint. Select your shelter and bed list.
- 2) Click Client Check-In.
- 3) Locate the Head of Household on the bedlist and click the red minus symbol icon on the left side of the screen (note – when hovered over, the text Check Out will appear).
- 4) The Unit Exit Data window will pop up.
- 5) Indicate the date and time of check-out at the top of the screen (note it defaults to the current date/time).
- 6) Select the reason for leaving and destination. (Note – do not select any items ending in HOPWA unless your project is HOPWA funded).
- 7) Under Household Members, check the box next to the household type to select all members of the household, or if check out doesn't apply to all household members, select only those to whom it does apply.
- 8) Update the Exit Assessment for the Head of Household, if there is one assigned. If there isn't one, go to step 9. The data on the Exit Assessment should reflect any changes that have happened (i.e. housing status, income, non-cash benefits, etc.) since the last Annual Assessment. When done, click Save.
- Note – use Add Household Data on the check-out screen to update the housing and homeless status of all family members, just like you do at project entry!***
- 9) When done, click Save & Exit.
- 10) You will return to your bedlist and the beds will now show EMPTY.
- 11) Note – if anyone other than the head of household had changes in income, disabilities, insurance or non-cash benefits that need to be recorded for the exit, go to the Summary tab or Entry/Exit tab and click on the pencil next to the exit date. Click on the family member's name on the left side and then update their exit information.
- 12) Now you're done!

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New Info!! Interim Reviews/HUD Verification

****If completing an entry for a SPC program, review Shelter Plus Care before entering into HMIS**

CoC Program regulations require that client information be entered upon project entry, and updated at least annually thereafter for clients served for at least a year. There is a mechanism built into ServicePoint to help you update this information – **Interim Reviews**. These are meant to be used during project participation to update any criteria noted on the Interim Assessment that has changed since the last Interim. **Follow-ups** are meant to be used after project participation, to track client success after project exit. These instructions will focus on using the **Annual Assessments** function in ServicePoint.

- 1) Log in to ServicePoint and look your client up by name or client ID number.
- 2) Once in the client record, click on the Entry/Exit tab.
- 3) On the Entry/Exit tab, click the Interim icon (looks like paper) for your project.
- 4) Click the Add Interim Review button and check off all family members and indicate the review type and the date the review is effective. ***For Annual Reviews, this is the anniversary date of entry into the project.** Click Save & Continue.
- 5) On top of the Interim Review assessment, you will see the review date and time reflected – most of the information you enter in this assessment will be date stamped with this date and time, with the exception of information in the four sub-assessments. If you need to change a client's income, disabilities, non-cash benefits or insurance, be sure to set to the correct date.
- 6) If client information has changed, update the assessment. Common changes are to the income, insurance, or non-cash benefits sub-assessments. ***If a minor child has income, it should be recorded under the HoH 's Income Subassessment per the HMIS Data Standards.** Enter the sub-assessment by clicking on the magnifying glass to the top left and update the line items as necessary. ***If a line item changes, you must enter an end date for the previous open item and add a new line item.** These items are a historical look at the client's status. If you change the Receiving Benefits? question to No, you are telling HMIS this person has never received the benefit. Instead, just add an end date to the now outdated item and add a one with the new status. Complete the changes in each sub-assessment.
***If another agency has an open project enrollment for this client, consult with them prior to changing/updating client information in the interim assessment, particularly if there is a need to end a line item the other agency created. It is up to the both open agency HMIS users to agree upon the change, and who makes it. If there are no other open enrollments for this client, it is acceptable to simply update the interim as necessary.**
- **Because of client merges, you may see more than one open instance of a particular line item in the sub-assessment. The recommendation is to remove the newer items created by your agency that are replicated (ie, if your agency said No to Food Stamps three times, delete the two most recent versions) and ensure that there is no conflicting data for a specific line item. In other words, if I entered a Yes to Food Stamps last year, and you know they no longer have Food Stamps, you need to edit the Yes by adding an end date to it for the date immediately prior to your No start date so that there is only one line item without an end date for Food Stamps.** Extra No line items are fine unless they conflict with an open Yes.
- 7) Review the rest of the assessment and update as needed. Click Save when done with the first household member's update.
- 8) If there are more people in the household, they will be listed on the left side of the Interim Review window. Once the assessment has been saved for a family member, the checkmark will turn green. A gray check means the review has not yet been completed for that family member.
- 9) Click each family member and update the assessment and for them. ***If there are no changes, still click on each person and save to complete the required review for all family members.**

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****Note –use the Interim feature to client data at any time (just use Unscheduled Interim) while the client is enrolled in your agency! Just make sure to enter to the appropriate date!***

New Process!! Attachments

ServicePoint allows for uploading of client files directly into the HMIS client record.

To upload an attachment into the client record:

- 1) Go to the Client Profile tab and scroll to Attachments.
- 2) Click Add New File Attachment.
- 3) Browse to the attachment, enter a description and click Upload.

To download attachments:

- 1) On the Client Profile tab, scroll to Attachments and click on the edit button to the left of the attachment.
- 3) In the dialog box, click on Download and Ok.

Adding Household Members to a Household (HH)

Client households change frequently, and to ensure data integrity, HMIS users need to keep up with these changes as we become aware of them.

- 1) In ClientPoint, enter a client record for whom the relevant HH has already been setup.
- 2) Click on the Households tab along the top of the client record.
- 3) In the relevant HH, click on Manage Household.
- 4) After ensuring that the HH type and Head of Household (HoH) are accurate, review the current HH members. ***If the HH type is changing, or should have been changed, delete the client from the old HH and create a new HH as detailed above in [Create the Household](#). Changing the HH type will change historical reporting. In other words, if this was a single individual and you change the type to Single Female Parent because she had a baby, historical reporting on her will report a Female Single Parent. Therefore, it's far better to create a new HH than it is change the type, unless the type was made in error.***
- 5) Once you know the HH created is accurate, click on Add /Delete Household Members.
- 6) In the popup, click on the drop down menu for Add Clients to the Household.
- 7) Enter the clients name and click search. If the client has already been created, he or she should show up here. If not, you will need to enter all relevant data, backdating to at least the day prior to the HH change.
- 8) Once the search is completed, click on the green plus sign next to the new client.
- 9) Click Continue.
- 10) In the popup, select the appropriate Relationship to Head of Household and the ***accurate date client entered the HH.***
- 11) Click Exit.

****Important note: If there is another open enrollment for these family members other than for your agency, consult with an HMIS user from the other agency before changing the HH composition to determine whether the HH should actually be changed. This should be a mutual decision between the two providers.***

New Process!! Adding Household Members *back into* a Household (HH)

- 1) In ClientPoint, enter a Client Record who is already a member of the relevant HH.
- 2) On the Households tab, click on the drop-down menu for Previous Household Members.
- 3) Click on the circular blue arrow to the left of the client's name whom you wish to reenter back into the HH.
- 4) Enter the date the client reentered the HH, select the appropriate relationship to HoH, and click Save.

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New Info!! Adding Household Members to an Entry in ClientPoint

Often, a new household member will be added after the initial project entry. This can be due to a birth, a parent getting their parental rights returned, or several other reasons. When this occurs, the entry needs to be edited to reflect the changes.

- 1) In ClientPoint, go to the Head of Household's (HoH) client record.
- 2) Under Entry/Exits, click on the edit pencil to the left of your project's entry date.
- 3) Click Include Additional Household Members.
- 4) Check the HH members you want to add and click Continue.
- 5) Click Save and Continue. ***It's very important that you do not change the entry date here.***
****NOTE - The screen will show all family members with the original entry date. THIS IS CORRECT - WE WILL CHANGE THE NEW MEMBER'S ENTRY DATE BELOW.***
- 6) The new family member is now entered into the entry.
- 7) If the new family member entered the project on the same date as the rest of the HH, complete the entry assessment as described above in [Entry Data for Entry/Exit Projects](#).
- 8) If the new family member entered the project after the rest of the family, you will need to edit his or her entry date.
- 9) Click on the pencil to the left of the new HH member's entry date.
- 10) Edit the entry date and click Save and Continue. ****Note - it defaults to check each HH member - be sure to uncheck those members for whom the date is NOT changing.***
- 11) Complete the entry assessment for the new HH member.

Adding Household Members BACK into an Entry

There isn't a great way to do this, but a work-around is to do the following.

- 1) After adding the person back into the HH, exit the current family member(s) from the existing project entry.
- 2) The date of exit will be one day prior to the other member's reentry into the HH.
- 3) The Destination will be "Permanent Housing for formerly homeless persons" if this is a permanent housing project or program. This will keep the client from potentially not qualifying for a program on the date of the second entry, and keep them from appearing to have exited in reports.
- 4) Create a new entry into the program dated one day after the prior entry's exit.
- 5) Check all appropriate HH members, including the one reentering.

New Process!! Changing Head of Household (HoH) in an Open Project Entry

When the HoH leaves, updates must be done to accurately reflect the new household.

- 1) Exit the HoH as usual, per the effective date of exit.
- 2) Once exited, click on the Significant Other or whomever will now be HoH.
- 3) Click on the Entry/Exit tab for the new HoH, and for the open project entry, click on the Interim icon.
- 4) Create an unscheduled Interim per instructions in this manual: [Interims](#); select the date *after* the original HoH's exit.
- 5) In the Interim assessment, change to Relationship to Head of HH to Self.
- 6) Save and exit.

New Process!! When Household Composition Changes

There are times when the entire composition of the household changes, for instance; when a two-parent household becomes a single individual. When this occurs, prior to project entry, the following needs to be changed for any client still receiving services.

1) In the Household tab, create a new household for the client(s) who will be member(s) of the new household.

2) Before saving your changes, make sure the new household has the correct type, members and entry dates, and that each client has the relationship to head-of-household completed.

Note: Unless the HH type was incorrect at entry, NEVER simply change the type to the new type and delete those who are no longer members. Doing this will change the prior entries to an incorrect type and lose valuable "at entry" data. Always remember to consult with any other agency that has an open enrollment for the affected client(s) before making changes.

3) If the HH composition changes *after* project entry (which should usually only be if someone leaves or enters the HH), exit or enter the appropriate person in the project entry.

4) Create an Interim (unscheduled) with the date the change was made, and change the Relationship to HoH field in the assessment as needed.

Note: Once a HH is entered into the project, creating a new HH will not change any of the reporting, so simply exiting the member(s) who left, and if necessary, changing the Relationship to HoH in the assessment is all that needs to be done at this point.

New Process!! Adding Service Transactions

While any provider can choose to enter service transactions for a client, some provider types are required to enter and track services. RHY, SSVF, PATH, HOPWA-funded projects have specific services which must be tracked. These services can be automatically set as options for them by selecting the appropriate Provider Grant Type in the Standards tab of the Provider Admin.

- 1) In the Client record, on either the Summary tab or the Service Transactions tab, click on Add Multiple Services (it's fine to just add a service, but these instructions are geared toward those who must track many services).
- 2) Select the family member(s) for whom the service will be made.
- 3) Select the appropriate Service Provider and enter the start and end dates.
- 4) Skip Service Type for a moment, and select the appropriate Type of FUNDER-TYPE FUNDED Service Provided (this doesn't always appear).
- 5) Select the corresponding Service Type.
- 6) If necessary, change the Need Status.
- 7) Select Add Another or Save and Exit as necessary.

NOTE: Any agency can adjust what is captured in Service Transactions per their specific needs. These instructions are meant to apply to the broadest sense of how to complete a service transaction. Your agency settings might vary from the examples given.

New Process!! Adding Referrals

While any provider can choose to enter referrals for a client, some provider types are required to enter and track referrals. RHY, SSVF, PATH, HOPWA-funded projects have specific referrals which must be tracked.

- 1) In the Client Record, click on the Service Transactions tab, and the Referrals tab.
- 2) Click Add Referral.
- 3) Select the family member(s) for whom the referral will be made.
- 4) Select up to five Needs in the Service Code Quicklist section; multiples can be selected by holding down the CTRL button while selecting. Click Add Terms.
- 5) Select the appropriate provider from the Referral Provider Quicklist and click Add Provider.
- 6) Complete the Refer to Providers portion, and click Save All.

NOTE: Any agency can adjust what is captured in Referrals per their specific needs. These instructions are meant to apply to the broadest sense of how to complete a service transaction. Your agency settings might vary from the examples given.

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Incidents

Within ClientPoint, there is an opportunity to share a field called Incidents. This CoC has determined that this field is to be used when clients have something specific to them that is important for all providers to know. Appropriate information includes (but is not necessarily limited to) dangerous behavior and death. In order for all providers to view this information, it is important that all providers *share* this information.

- 1) In the Client Summary tab, click on Add new Incident.
- 2) Enter the Start Date and the select the Incident Type as appropriate.
- 3) Enter any other information you believe would be useful for all agencies, and click Save.

Reports

ServicePoint provides several reports to check the quality and integrity of data. Often, we notice something is awry with a client or agency's data, but have a difficult time determining exactly where the error lies. The following reports provide a way to look at specific projects and time frames to help narrow down the issues. ***Please note that the APR, the APR Detail and the Data Quality reports can only be run by a user with an ART license, but can be provided to agencies by either the Agency or CoC HMIS Administrator as desired.*** The reports folder can be found to the left of the ServicePoint navigation screen near the bottom.

Entry/Exit

- 1) Click on the Entry/Exit Report in the Reports folder.
- 2) Unless applicable, do not click on the Reporting Group button.
- 3) Select the appropriate provider.
- 4) The default is that only the provider selected is run. If you instead want to see all clients active in any project your agency offers, select your main agency HMIS Provider and select the provider and its subordinates.
- 5) Select desired date range. This can be for several years or for a day, as you choose. To look at the current day, enter the previous day as the start date and today as the end date.
- 6) Legal adult age is 18 as used in this CoC.
- 7) Select Entry/Exit type. This can be HUD, Basic, Basic Center Program, VA, etc. If unsure, ask your agency administrator.
- 8) Click Build Report.

The great thing about this report is that you can click on the hyperlink number in a specific count and it will show you which clients those numbers represent. The unfortunate thing about this report is that it was created a long time ago, and many of the criteria shown are mapping to outdated fields in ServicePoint. In other words, some fields represented in this report have had the actual field value changed to a different value, so they are no longer accurate. ***This report should ONLY be used to look at client enrollment (questions 2-3). Other fields are no longer mapped to the current HUD UDEs.***

***The entry/exit report will always show households without children as singles, so please don't be alarmed if adults in a household show up as singles.**

*Please note: When you select the incorrect Type upon client entry, other HMIS reports can show clients entered in the incorrect and correct type. For example, if the BGA Safe Place standard is to use Basic Entry Type, and someone accidentally selects Basic Center Program Entry/Exit when entering a specific client, that client will not show up on reports run for BGA Safe Place. This is because when a report is run, the report type is asked, and the one selected is the one that agency or project has selected or been asked to use based on their funding or services. So if a client is entered into the incorrect project type, the entry and data for that client is not counted. The good news is that running the Entry/Exit report for incorrect entry types will show you the errors, which can then be fixed per the instructions found below with the heading [Changing Project Types](#).

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Client Served

The client served report is similar to the Entry/Exit report, but it reports clients receiving services rather than clients entered into a project.

- 1) Click on the Client Served Report in the Reports folder.
- 2) Unless applicable, do not click on the Reporting Group button.
- 3) Select the appropriate provider.
- 4) The default is that only the provider selected is run. If you instead want to see all clients active in any project your agency offers, select your main agency HMIS Provider and select The provider and its subordinates.
- 5) Select the services for which you want a report.
- 6) Select how you would like the clients to be grouped.
- 7) If desired, select a funding source on which you want to report.
- 8) Select the appropriate Service Code using the Lookup function if necessary.
- 9) Select desired date range. This can be for several years or for a day, as you choose. To look at the current day, enter the previous day as the start date and today as the end date.
- 10) If you wish to look only at clients served before a specific date range, enter that date range in Served Before Date Range.
- 11) In most cases, you should leave the Treat Open-Ended Services/Referrals as 1-day Services section as-is.
- 12) Legal adult age is 18 as used in this CoC.
- 13) Click Build Report.

APR (Annual Performance Report)

The APR is a report that required annually from any HUD-funded CoC project, and is a summary of what occurred in a project during the timeframe selected.. While the report only needs to be filed annually, the information contained within is useful in determining whether the data entered matches what the agency knows to be true for the project. ***This report is only available to those with an ART license. If you do not have an ART license but believe it could be useful, please speak with either your supervisor or the person at your agency responsible for software licensing.***

- 1) Click on ART at the bottom of the Reports folder.
- 2) In the main window, ART Browser, click on the drop-down for the Public Folder, and then click on the drop down for Continuum of Care Reports.
- 3) Click on the magnifying glass next to 0625 - HUD CoC APR. ***The versions change, so won't be entered in this manual.***
- At this point, there are a few choices on how to run the report depending on your preferences and/or ART license type. For ease of use, this manual will focus on scheduling ART reports.***
- 4) Click on Schedule Report.
- 5) In the pop-up, click on either provider group or provider type.
- 6) Click Select, and type in a key word to find your provider or provider group. ***It takes a few moments to load, so let it finish loading before clicking the Search button.***
- 7) Click the red minus sign next to None Selected to remove it from the report, and click Search.
- 8) When the search results are shown, click the green plus sign next to the one you wish to select
- 9) In the popup, click Submit.
- 10) Click on Enter Start Date.
- 11) In the popup, enter the applicable date. If it's for an APR, it will be the first day of the grant. If using the APR for data quality, it will be the first day of the time period for which you want to report. Click on PM to change it to read AM.
- 12) Click on Enter End Date PLUS One Day.
- 13) As indicated, you need to add a day to the reporting period. For example, if your grant period is 9/1/14 – 8/30/15, you would enter 9/1/15 in this field. Click on PM to change it to read AM.
- 14) Click on Select Entry Type, and click Select on the popup..
- 15) In the popup, after it finishes loading, click on HUD, or Basic, etc., whichever type is used by your project , and click Submit.
- 16) Scroll down to Enter Effective Date, and select.
- 17) Enter the date you entered for Enter End Date PLUS One Day.
- 18) Scroll to the bottom of the popup and click on Is using the Receiving Income Source etc.
- 19) Click Select, and once it finishes loading, select Yes and click Submit.
- 20) Do the same for the remaining three options, unless specifically told not to by your agency.
- 21) Click Next.
- 22) In the popup, you may change the name of the report if you wish. A good practice is to add the project name at the beginning.
- 23) In Report Format, select whether you wish the report to be in pdf or Excel format. ***Best practice is to create this report as a pdf.***
- 24) Under Interval, select how often you would like this exact report run. ***If running this report for an annual APR, it's often helpful to set it to run daily, so that you can re-check it after data has been edited.***
- Note: If a report is set to run more than once, it will do so with the same dates originally entered. If you wish to have the report run monthly, for instance, with each report showing a different time interval, you must recreate the entire report each time.***
- 25) Under Start Date, this is the date you wish the report to be run, not the dates the report is capturing. ***If you need this report to be run more than once, it's good practice to set it to***

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sometime between 3:15 and 4am daily, as ART refreshes at midnight and isn't finished refreshing until after 3am. If it takes you a minute or more to finish with this popup, it's a good idea to set the time for a couple minutes into the future, so by the time you hit the Submit button, the start time hasn't already passed.

26) For End Date, select the date you wish the report to run until, ***or*** if only running it once, just make sure the end date and time are after the start date and time. This is especially important if you have set the start time into the future, or you will be telling the report to end before it starts.

27) Click Submit.

28) In your Scheduled Reports section in ART, at the bottom, there is a refresh button. If you click it, you should see the new report pending.

29) After giving the report some time to run (it can take from one to 15 minutes, depending on the report), scroll up to your ART Inbox. If it's already open, click it closed and then open again so the folder can refresh.

30) Once the report is completed, click on the magnifying glass next to it in the Inbox.

31) In the popup, select Download.

32) In the new popup, select whether you would like to open or save the report, and click OK.

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APR Detail

The APR Detail Report is similar to the APR Report, except rather than a summary of all client data, it shows a breakdown of each client and the relevant HMIS responses for each.

- 1) Click on ART at the bottom of the Reports folder.
- 2) In the main window, ART Browser, click on the drop-down for the Public Folder, and then click on the drop down for Continuum of Care Reports.
- 3) Click on the magnifying glass next to 0631 - HUD CoC APR Detail. ***The versions change, so won't be entered in this manual.***

At this point, there are a few choices on how to run the report depending on your preferences and/or ART license type. For ease of use, this manual will focus on scheduling ART reports.

- 4) Click on Schedule Report.
 - 5) In the pop-up, click on either provider group or provider type.
 - 6) Click Select, and type in a key word to find your provider or provider group. ***It takes a few moments to load, so let it finish loading before clicking the Search button.***
 - 7) Click the red minus sign next to None Selected to remove it from the report, and click Search.
 - 8) When the search results are shown, click the green plus sign next to the one you wish to select
 - 9) In the popup, click Submit.
 - 10) Click on Enter Start Date.
 - 11) In the popup, enter the applicable date. If it's for an APR, it will be the first day of the grant. If using the APR for data quality, it will be the first day of the time period for which you want to report. Click on PM to change it to read AM.
 - 12) Click on Enter End Date PLUS One Day.
 - 13) As indicated, you need to add a day to the reporting period. For example, if your grant period is 9/1/14 – 8/30/15, you would enter 9/1/15 in this field. Click on PM to change it to read AM.
 - 14) Click on Select Entry Type, and click Select on the popup..
 - 15) In the popup, after it finishes loading, click on HUD, or Basic, etc., whichever type is used by your project, and click Submit.
 - 16) Scroll down to Enter Effective Date, and select.
 - 17) Enter the date you entered for Enter End Date PLUS One Day.
 - 18) Scroll to the bottom of the popup and click on Is using the Receiving Income Source etc.
 - 19) Click Select, and once it finishes loading, select Yes and click Submit.
 - 20) Do the same for the remaining three options, unless specifically told not to by your agency.
 - 21) Click Next.
 - 22) In the popup, you may change the name of the report if you wish. A good practice is to add the project name at the beginning.
 - 23) In Report Format, select whether you wish the report to be in pdf or Excel format. ***Best practice is to create this report as a pdf.***
 - 24) Under Interval, select how often you would like this exact report run. ***If running this report for an annual APR, it's often helpful to set it to run daily, so that you can re-check it after data has been edited.***
- Note: If a report is set to run more than once, it will do so with the same dates originally entered. If you wish to have the report run monthly, for instance, with each report showing a different time interval, you must recreate the entire report each time.***
- 25) Under Start Date, this is the date you wish the report to be run, not the dates the report is capturing. ***If you need this report to be run more than once, it's good practice to set it to sometime between 3:15 and 4am daily, as ART refreshes at midnight and isn't finished refreshing until after 3am.*** If it takes you a minute or more to finish with this popup, it's a good idea to set the time for a couple minutes into the future, so by the time you hit the Submit button, the start time hasn't already passed.

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- 26) For End Date, select the date you wish the report to run until, **or** if only running it once, just make sure the end date and time are after the start date and time. This is especially important if you have set the start time into the future, or you will be telling the report to end before it starts.
- 27) Click Submit.
- 28) In your Scheduled Reports section in ART, at the bottom, there is a refresh button. If you click it, you should see the new report pending.
- 29) After giving the report some time to run (it can take from one to 15 minutes, depending on the report), scroll up to your ART Inbox. If it's already open, click it closed and then open again so the folder can refresh.
- 30) Once the report is completed, click on the magnifying glass next to it in the Inbox.
- 31) In the popup, select Download.
- 32) In the new popup, select whether you would like to open or save the report, and click OK.
- 33) This report will allow the user to view missing or inaccurate information by client, so that any client showing incorrect information can be fixed.

Data Quality Reports

There are several Data Quality reports in ART, but the easiest to use is the 0252 - Data Completeness Report Card (EE). This can be run using either one project's Entry/Exit data, or for a Provider Group, using the [PG] option.

- 1) Click on ART at the bottom of the Reports folder.
- 2) In the main window, ART Browser, click on the drop-down for the Public Folder, and then click on the drop down for Data Quality.
- 3) Click on the magnifying glass next to 0252 - Data Completeness Report Card (EE). ***The versions change, so won't be entered in this manual.***
- At this point, there are a few choices on how to run the report depending on your preferences and/or ART license type. For ease of use, this manual will focus on scheduling ART reports.***
- 4) Click on Schedule Report.
- 5) In the pop-up, click on Enter Start Date.
- 6) Enter the first day of the time period for which you want to report. Click on PM to change it to read AM.
- 7) Click on Enter End Date PLUS One Day.
- 8) As indicated, you need to add a day to the reporting period. For example, if your reporting period is 9/1/14 – 8/30/15, you would enter 9/1/15 in this field. Click on PM to change it to read AM.
- 9) Click Select Provider (Provider Group, if running the PG version).
- 10) Click Select, and type in a key word to find your provider or provider group. ***It takes a few moments to load, so let it finish loading before clicking the Search button.***
- 11) Click the red minus sign next to None Selected to remove it from the report, and click Search.
- 12) When the search results are shown, click the green plus sign next to the one you wish to select.
- 13) Click on Include Services in Report Card?
- 14) Click Select.
- 15) If your project enters services provided, click on the green plus sign next to Yes. If not, click on the green plus sign next to No. Click Submit.
- 16) In the popup, you may change the name of the report if you wish. A good practice is to add the project name at the beginning.
- 17) In Report Format, select whether you wish the report to be in pdf or Excel format. ***Best practice is to create this report as a pdf.***
- 18) Under Interval, select how often you would like this exact report run. ***If running this report for an annual APR, it's often helpful to set it to run daily, so that you can re-check it after data has been edited.***
- Note: If a report is set to run more than once, it will do so with the same dates originally entered. If you wish to have the report run monthly, for instance, with each report showing a different time interval, you must recreate the entire report each time.***
- 19) Under Start Date, this is the date you wish the report to be run, not the dates the report is capturing. ***If you need this report to be run more than once, it's good practice to set it to sometime between 3:15 and 4am daily, as ART refreshes at midnight and isn't finished refreshing until after 3am.*** If it takes you a minute or more to finish with this popup, it's a good idea to set the time for a couple minutes into the future, so by the time you hit the Submit button, the start time hasn't already passed.
- 20) For End Date, select the date you wish the report to run until, ***or*** if only running it once, just make sure the end date and time are after the start date and time. This is especially important if you have set the start time into the future, or you will be telling the report to end before it starts.
- 21) Click Submit.
- 22) In your Scheduled Reports section in ART, at the bottom, there is a refresh button. If you click it, you should see the new report pending.

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- 23) After giving the report some time to run (it can take from one to 15 minutes, depending on the report), scroll up to your ART Inbox. If it's already open, click it closed and then open again so the folder can refresh.
- 24) Once the report is completed, click on the magnifying glass next to it in the Inbox.
- 25) In the popup, select Download.
- 26) In the new popup, select whether you would like to open or save the report, and click OK.

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Length of Stay Reports

Often throughout the year, there is a need to run a Length of Stay Report. This report looks at the date the client first entered a specific type of housing and the date they left for the last time. In other words, if they entered SafePlace, exited, and entered CAO Family Shelter, it will show the length from the first entry into SafePlace to the last exit from CAO. It will do this for all types of projects, but the most common are Emergency Shelter, Transitional Housing, Rapid Rehousing and Permanent Supportive Housing. The report can be found in ART>Public Folder>Washington County> Original First Entry and Final Exit for LOS – ES.

- 1) Double-click on the report to open it, and select Schedule Report.
- 2) Select the Provider(s) for which you wish to run the report, click Submit.
- 3) Enter the first day you want the report to capture, and click Submit.
- 4) Enter the last day, adding one day, and click Submit.
- 5) Once run, evaluate the report. The Read Me tab explains what each tab provides, and the report even shows exits to permanent housing.

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ReportWriter

ReportWriter is a great way to quickly capture data that isn't easily found in other "canned" reports. It allows all users to customize reports to specific criteria.

- 1) Go to Reports> ReportWriter, and wait for the module to load.
- 2) Click the New Report button at the bottom of the page, creating a pop-up.
- 3) On the Tables tab, select the tables, assessments and/or sub-assessments form which you wish to draw data. (If you are not sure which tables or assessments you need, select one and click on the Fields tab to browse through the fields each table has).
- 4) The most report common criteria are listed below.
 - a. Client Table - client ID, name, SSN.
 - b. Entry/Exits – entry/exit dates, provider name, reason for leaving, destination, household ID.
 - c. Providers – Provider types.
 - d. WashCo CCAS Comprehensive Assessment or WashCo - Entry – date of birth, relationship to head of household, all other entry – specific questions.
 - e. If your provider uses another assessment from which you wish to extract data, you must know the name of the assessment. To find out the name, go into a client record and go to where you enter the information. The top left corner of the data set will have the assessment name.
 - e. To capture any of the HUD verification data inside the sub-assessments, you must select the appropriate sub-assessment: Insurance, Disabilities, Non-Cash Benefits, and Monthly Income. **Note – the HUD Verification sub-assessments have multiple elements, and unless filtered out, extra lines can show up on a report.*
- 5) Once you have selected your tables and assessments, click on the Fields tab. In each table or assessment, you may select which data elements you wish to see in the completed report.
- 6) Click on the Filters tab. This is where you tell the database exactly what information you want, as well as excluding information you do not want, by setting specific parameters.
- 7) To start any desired filter, click "Add New Filter Group" and then follow the instructions below for basic filters (Note – the following instructions assume that you have included the following tables in your report: Entry/Exit, Clients, and the WashCo – Entry assessment).
 - a. Specific Entry/Exit Provider
 - i. After clicking "Add New Filter Group", click Add Filter.
 - ii. Set Table/Assessment to Entry/Exit.
 - iii. Set Field/Question to Provider.
 - iv. Set Filter to Equals and then click Search to find a specific provider or project, or click My Provider to set it to your current provider.

Add new filter

Add new filter

Table/Assessment: Entry Exits

Field/Question: Provider

Filter *: Equals

Shelter of Limited Data Sharing (4406)

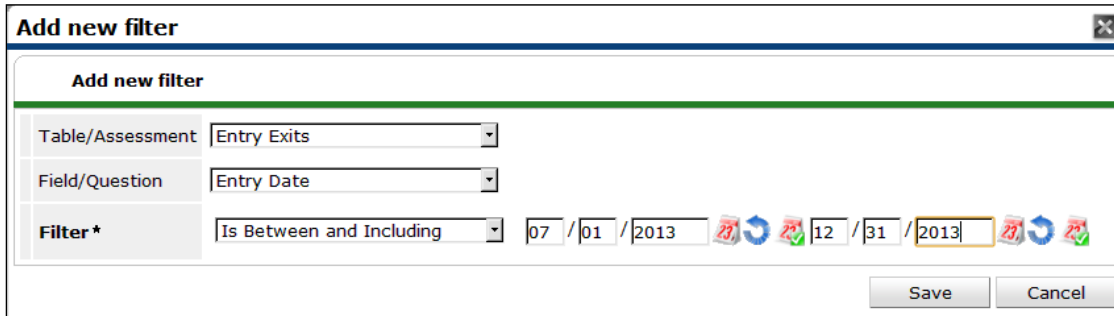
Search My Provider Clear

Save Cancel

- v. Click Save when done.

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- b. Clients who entered project during a specific time frame – this will give you a list of clients whose entry date falls within the specified date range, regardless of exit date.
- After clicking Add New Filter Group, click Add Filter.
 - Set Table/Assessment to Entry Exits.
 - Set Field/Question to Entry Date.
 - Set Filter to Is Between and Including and then enter the desired date range.



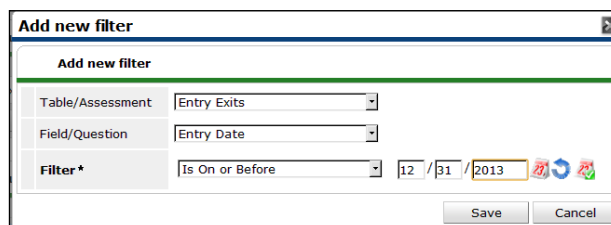
- v. Click Save when done.

c. Clients who have exited the project during a specific time frame – same as above, but set Field/Question to Exit Date. **Note – if you combine this with an entry date filter, you will get a list of clients whose entry and exit record falls within the specified date range!*

d. Clients with an active entry during a specific date range – if you want a list of clients who were active in your project between two dates, this requires two filters, as follows:

Filter 1: Entry Date:

- After clicking Add New Filter Group, click Add Filter.
- Set Table/Assessment to Entry Exits.
- Set Field/Question to Entry Date.
- Set Filter to Is On or Before and then enter the end date of your reporting period.



- i. Click Save when done.

Filter 2: Exit Date:

- After clicking Add New Filter Group, click Add Filter.
- Set Table/Assessment to Entry Exits.
- Set Field/Question to Exit Date.
- Set Filter to Is On or After and then enter the start date of your reporting period.

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Add new filter

Add new filter

Table/Assessment: Entry Exits

Field/Question: Exit Date

Filter*: Is On or After 07 / 01 / 2013

Save Cancel

- vi. Click Save when done.
- vii. On the same filter window, click Add Filter again.

Filter Group

Filter
Entry Exits.Exit Date Is On or After 07/01/2013

Add Filter Remove Group

- viii. Set Table/Assessment to Entry Exits.
- ix. Set Field/Question to Exit Date.
- x. Set Filter to Is Null.
- xi. Click Save.
- xii. On the right side of the Exit Date filter just created, change AND to OR.

Filter Group

Filter
Entry Exits.Exit Date Is On or After 07/01/2013
Entry Exits.Exit Date Is Null

Add Filter Remove Group

AND AND OR

*This will set up the filter to look for anyone whose exit date is null OR occurred after the beginning date of your report.

Note – if you run your report and get no results, the most likely reason is that you forgot to change AND to OR in this step!

- 8) When done adding filters, click the Preview tab. ReportWriter will load the first several lines of data that will be included in your report.
- 9) If, after previewing, you believe the report has captured what you intended to capture, you may download the report into Excel by clicking the Download button.
- 10) If you wish to change the order of the fields or rename them, click on the Options tab and make appropriate changes.
- 11) If you would like to save this report for future reporting needs, be sure to follow existing naming conventions (look through existing reports to see how your agency has named reports in the past). Then, in the Options tab, save as desired.

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ReportWriter notes:

*You can edit saved reports, but you must save them with a new name – there is no option to overwrite reports.

* You can see everyone's reports. Be careful when deleting reports! Do not delete reports that were not created by your provider (see the Provider column), and even then, try to ensure that no other agency is using the report you created.

* If you see a report made/used by another provider that you want to try, you can load it and edit the filters to match your project/provider. You can then save the edited version of the report with a new name!

*Remember that ReportWriter is pretty basic. It's very good at extracting data, but you may need to do some additional work using Excel or Access to get what you want or need.

*Most ReportWriter reports do not deduplicate data. I.E., if a person entered a shelter several times in a year, each entry will show up on the report, so the report will show, for instance, 250 people, but if you deduplicate multiple entries, there could only be 210 people represented.

*For advanced reporting needs, your agency may elect to purchase a viewer license for the Advanced Reporting Tool (around \$300/year per user). Ask your HMIS Administrator if interested.

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New Process!! System Performance Measures

There are ART reports that were specifically created to look at the performance of the CoC as a whole in terms of project types, retention, recidivism, funding sources, and placements into permanent housing. These reports can only be run by those with ART licenses, and the reports can be found in the ART public folder ->ART Gallery Reports and Resources->ART Gallery Reports. The System Performance Measures reports are:

- 0700 - Length of Time Persons Homeless-Metric 1 - v1
- 0701 - Exits to Permanent Housing with Return to Homelessness, Metric 2 - v1
- 0702 - Number of Homeless Persons-Metric 3.2 - v1
- 0703 - Employment and Income Growth for CoC Funded Projects Metric 4 - v2
- 0704 - Number of Persons First Time Homeless, Metric 5 - v1
- 0706 - Permanent Housing Placement-Retention Metric 7 - v2

Though the prompts for each report may be in different order, the same prompts appear for all the 0700 series reports. Other prompts are subject to what the user is trying to accomplish. (i.e., EDA Provider, and 0704 has one extra prompt, detailed in 10), below.

- 1) Click on the magnifying glass to the left of the report.
- 2) Click Schedule Report.
- 3) If you are Agency Admin desiring to view the data for your providers, click on Select Provider(s) and select either your main agency “umbrella” provider, or select each HMIS provider you wish to review individually, then click Submit.
- 4) If you have the access, and desire to view data from the entire CoC, click on Select CoC Code and select OR-506 Hillsboro/Beaverton/Washington County CoC, then click Submit.
- 5) Click on Enter Start Date and enter the Start Date for the Current Reporting Year.
- 6) Click on Enter End Date Plus One Day and enter the day following the last day of the reporting year (usually this will be the same date, the following year).
- 7) Click on Enter Prior Year Start Date. This will usually be the same date as the Start Date, but a year prior to the start date.
- 8) Click on Enter Effective Date. This is usually the same date as the End Date Plus One Day. ***Note: if running report 0704, see 10) below.**
- 9) Click Next, and in the popup, select the desired report format and frequency. Before clicking Send, ensure that the start time for the report hasn’t already passed. If it has, adjust both the Start Time and the End Time for a couple minutes in the future, or for the time you wish to run the report, and click Send.
- 10) For Enter Transaction Cutoff Date, the default date of 10/01/2012 is provided because it is the end of the HUD “lookback” period. It can be changed for local reporting if so desired.

Troubleshooting

This section is intended to assist the user in determining why reports are not showing the data entered as expected. ***This is not a comprehensive guide to fixing all data issues in ServicePoint HMIS. There are many potential problems that occur; these are only the most common.***

Before embarking upon fixing problems with data or other client elements, make sure you consult with providers from any other agency that is actively working with the client, so you don't create issues with their data.

Fixing Broken Households (HH)

Often, a project's availability or the amount of households enrolled in a project shows more HHs than expected. When this occurs, the following steps should be taken.

- 1) [Run an Entry/Exit Report](#) as described above.
- 2) Once the report is run, review the amount of singles and individuals entered. The numbers are hyperlinks that show which clients are represented in each portion of the report.
- 3) If, for instance, you have a child showing as an Individual, the child is not entered into his or her HH and project entry correctly. Another red flag is one family member showing as an individual, apart from the rest of the family. Both these issues are touched upon below.
- 4) Note who is showing up in incorrect family types. If there are several, download the report via the button on the bottom of the popup and view the list as a spreadsheet.
- 5) For each client incorrectly sorted, go into their Client Record in ClientPoint.
- 6) Once in the client record, click on the Households tab along the top.
- 7) Review the family composition, including how many members are represented, relationship to Head of Household, and date they entered the household.
- 8) Review the HH composition to determine the error.
- 9) Edit as described above in [Adding Household Members to a Household](#) and [Adding Family Members to an Entry](#).
- 10) Once the HH has been fixed, run an Entry/Exit report to verify the change as described in [Entry/Exit](#)

Fixing Broken ShelterPoint/ClientPoint Entries

One inherent problem with ShelterPoint is that when it helpfully auto-creates a project entry with a shelter stay, it becomes very difficult to delete incorrect entries after the fact, because they are linked. When this occurs, the following must be done:

- 1) Go into the Head of Household for the family with incorrect information, click on the Service Transactions tab.
- 2) Once in Service Transactions, click on View Shelter Stays. This will show a list of the shelter stays for the client.
- 3) Make note of the correct dates the client and family should have shelter entries; then click on the Trash can to the immediate left of the shelter stay.
- 4) Do this for the rest of the family.
- 5) Once the incorrect data has been deleted, re-add the family using the instructions in the section called [Entry Data for ShelterPoint Check-in Projects](#).

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Changing project type, name, or date

When a client is accidentally entered into an incorrect project type, name, or date, it needs to be corrected to show up properly in reporting.

- 1) In the client record, click on the edit pencil to the left of the project Entry Date.
- 2) Click Save and Continue.
- 3) At the top, under the appropriate field, select the correct response.
- 4) Click Update. ***If you don't, it won't save it.***
- 5) Scroll to the bottom and click Save and Exit.

Point in Time Workflow

The Point in Time (PIT) count is an annual process by which the CoC collects data on all clients considered homeless on the third Wednesday in January. The process is standardized for the whole state of Oregon, and each CoC collects their individual data and submits it to the HMIS lead for the implementation; currently, this is Wendy Smith at the Portland Housing Bureau. There are two types of homeless that are counted; sheltered and unsheltered. The process for counting each is specific and detailed.

The HIC, or Homeless Inventory Count, counts all beds available in the continuum. To get these numbers, the HMIS Administrator will run the ART report in the Washington County folder called WashCo - Program Daily Census. This will give a preliminary draft of the numbers captured. Send to providers so they can check and verify the counts.

Sheltered Count

In order to count those clients that are sheltered, we request that each Emergency Shelter, Transitional Housing and Safe Haven completes the “One Night Homeless Count – WashCo” assessment for each client which will be in the project as of the last Wednesday in January, including projects that do not use HMIS. Currently, this includes Jubilee Transitional Housing, Monika’s House, and Mary Mac House. *The information for these projects needs to be gathered from the agencies that run them and entered separately into HMIS “placeholder” providers set up for this purpose.* Historically, Community Action collects and enters Jubilee clients, and the Washington County HMIS Administrator runs a report for both Mary Mac House and Monika’s House in the HMIS Comp site called WashCo-PIT in ReportWriter. ***Be sure to change date range in filter.*** Before client data entry, ***backdate HMIS to the date prior to the PIT.*** These clients and households then need to be created in HMIS and entered into the appropriate “placeholder” provider with the day of the PIT as the entry date, and the following day as the exit date.

*Note – for the Comp site providers, I use HH id as last name, and first name is A for Self, followed by B, C, etc. As these client records have very little identifying information, be sure to not use the same letter twice for the first name. In other words, family one’s first names are A, B, and C. Family two’s first names are then D, E, and F.

*Note – for clients from the Comp Database, *they do not need to enter from the streets, ES or SH to qualify as homeless – they are fleeing domestic violence, and that qualifies as homeless.*

Once entered and the regular HH Data Sharing is completed, in the Entry, complete the assessment for each family member. When finished, exit back to the same type of shelter being provided on the date immediately following the PIT.

To assist users with the verification of accurate data, the report [Entry/Exit Report](#) may be used for a one-day span including the PIT date. This will not give all the necessary data, but will allow HMIS users to accurately see how many people are receiving services in their facility at any given time. ***This report should be used as a tool to ensure that anyone who **was** receiving shelter services but **does not show up in the Entry/Exit report** is entered into the appropriate project on the appropriate date, and vice-versa.***

1) Emails are sent to HMIS users in participating projects starting the first of January to remind people to ensure the data entered for all clients in their project is entered and accurate. *Note – this is in addition to regular data quality reports sent to assist them in ensuring data accuracy and integrity.* The HMIS users are also instructed to complete the “One Night Homeless Count – WashCo” assessment for each client which will be in the project as of the last Wednesday in January. *When this data is entered after the fact, HMIS users need to back-date the entry to ensure it is effective as of the date prior to the PIT.*

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- 2) To complete the One Night Homeless Count – WashCo, the agency HMIS user must first open the client record in HMIS.
- 3) *If the homeless assessment is being completed **before** the PIT date*, the user need only click on the pencil icon to the left of the client's entry date to your project. The Entry screen will pop open. Make sure all family members' names are checked at the top of the screen.
- 4) Click Save & Continue, and the Entry Assessment will then load on the Entry screen.
- 5) At the top of the Entry Assessment, you should see Household Data Sharing. Click the "Add Household Data" button under Household Data Sharing. Note – if you do not see Household Data Sharing at the top of your entry assessment, call/email me and I will add this for you.
- 6) Check off all family members' names at the top of the Household Data Sharing window and scroll down to where you see "ONHC Homeless Count – START HERE."
- 7) Answer the questions as follows:
 - a. Length in months: select the range that best fits the approximate length of time the family/person has been homeless.
 - b. What shelter service is being provided? Select Emergency Shelter, Transitional Housing, or Safe Haven (remember – these instructions are just for sheltered persons, so it should be one of these).
 - c. Service McKinney-Vento Funded? Answer yes if your project receives Continuum of Care HUD funds; answer no if your project does not receive funding through the Continuum of Care. If unsure, check with project supervisor or Annette Evans.
 - d. CAA/Lead Agency: CAO Washington County
 - e. OHCS State Program ID and OHCS State Program ID2: Leave this blank.
 - f. Program Type: select the appropriate program type.
 - g. Current County of Residence: Washington
 - h. City: Not required for the Washington County homeless count, but you are welcome to type in the name of the city where the family is residing.
- 8) When finished, click Save & Exit, and answer all data elements in the assessment.
- 9) Click Save, and then click on the next household member and answer all data elements for that member.
- 10) Once all members have been completed, click Save & Exit.
- 9) Go to the first member of the next household on your list and repeat these steps. Continue until this process has been done for everyone in your emergency, safe haven, or transitional housing projects the last Wednesday of January.

***NOTE: If there is already something entered in one of the ONHC Fields, look at the date. If it's from more than 6 months ago and is no longer relevant to the client's current situation, it needs to be removed. If it's recent, look at the client's entry/exit tab. Are they already in another project over PIT? If so, determine whether this client might have been captured as both Sheltered and Unsheltered for the PIT, and enter them or not depending on which is accurate. If unsure, please contact your System Administrator.**

Unsheltered Count

For those clients who are not receiving services from a shelter on the date of the PIT, there is a different protocol that *must be done correctly in order to be counted*. The unsheltered count is usually done by Community Action Organization in association with selected HMIS users. Those trained will conduct outreach using a paper copy of the One Night Homeless Count assessment, and the data collected will then be entered as follows.

- 1) **If entering data AFTER the PIT date**, backdate ServicePoint to the date prior to the PIT date. Do this by clicking on the Back Date link in the upper right corner of your ServicePoint login, and select the appropriate date. If before the PIT date, simply go to step 2.

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- 2) Search for the client in ServicePoint, and if the client already exists in ServicePoint, open the client record and move to step 5.
 - 3) **If the client doesn't already exist in HMIS, click on EDA** in the top right corner of ServicePoint and select CAO - Homeless Count (2818).
 - 4) Create a new household following the steps provided in [Create the Household](#), using only the first initial and first three letters of the last name.
 - 5) Once the new client and household have been created, go to the Service Transactions tab and select Add Need.
 - 6) Select CAO – Homeless Count (2818) as the provider, and enter the information as follows:
 - a. Need = Emergency Shelter
 - b. Date of Need = 01/27/2016 (or whichever date is accurate for the year you are entering)
 - c. Need Status = Closed
 - d. Outcome of Need = Not Met, Click “Save & Exit”
 - 7) Add Information from the paper form for all household members:
 - a. Enter through the Client Summary tab or the Assessment Tab and select “One Night Homeless Count (WashCo),” and click Filter.
 - b. Enter client data, following steps above for [Sheltered Count](#), **except** for the following two steps – 7b and 7e.
 - 7b - “What shelter service is being provided”, select “Service was not available (Turnaway)” if the data was collected at a shelter that was unable to house the client for the night. Otherwise, use the appropriate response from the list.
 - 7e - For the Unsheltered Count, this field captures where the data was collected. All Washington County data collection points are located in the first field, OHCS Program ID. They all begin with WC and are sorted to the bottom of the list alphabetically.
- * Failure to answer some questions can result in the data not being counted, and without an accurate count of the homeless population, the county may not receive the appropriate amount of funding.*

***NOTE: If there is already something entered in one of the ONHC Fields, look at the date. If it's from more than 6 months ago and is no longer relevant to the client's current situation, it needs to be removed. If it's recent, look at the client's entry/exit tab. Are they already in another project over PIT? If so, determine whether this client might have been captured as both Sheltered and Unsheltered for the PIT, and enter them or not depending on which is accurate. If unsure, please contact your System Administrator.**

Important – when entering a disabling condition for an unsheltered client, since the form asks if the disability is long-term and impairs their ability to work or be housed, if they answered yes, be sure to answer Yes in the disability sub-assessment line item to the questions “Above condition is going to be long-term” and “Expected to be of long-continued or indefinite duration and substantially impairs ability to live independently.”

****When entering data from schools or for those doubled-up, enter data as shown below (with correct school district indicated, if applicable). * Please note – the current county of residence is no longer asked in Washington County.**

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The screenshot shows a web browser window with the URL <https://portland.servicept.com/com.bov>. The page title is "Client Profile - ServicePoint". The form contains the following fields and values:

Field	Value
Hmis due to: Manut. Home Park Closure	-Select-
Foreclosure?	-Select-
Other Hmis Reason:	didn't disclose
Service McKinney-Vento funded?	Yes
What shelter service is being provided?	Service was not available (Turn Away*)
CAA/Lead Agency	CAO Washington County
OHCS State Program ID	Beaverton School District - CAO
OHCS State Program ID2	-Select-
Program Type	Homeless Outreach
Current County of Residence:	Washington

Buttons at the bottom: "Print Assessment" and "Save".

Running the PIT Report in ART

Once all assessments and needs have been completed, the HMIS Administrator will run the PIT Report for the whole continuum.

The report is located in ART>Public Folder>Point in Time>0630 - Sheltered-Unsheltered PIT 20XX. Use the most recent version available. Often, the report for the current year is not released until a month or more after the PIT date.

****Note – if you have “turned off” your “placeholder providers” such as Jubilee, Monika’s House and Mary Mac House so they don’t accidentally get counted in other COC reporting, be sure to turn them back on for the count. I generally just remove and then add back the CoC specification.***

- 1) Double-click on the report to schedule it, and select from the prompts as follows:
 - a. Select Provider(s): Select your ES, TH or SH projects including your One Night Homeless Count (ONHC) providers if needed.
 - b. Select Provider CoC Code(s): Or 506
 - c. Effective date: This is best used as the end date of the report
 - d. Enter PIT Date: your PIT night
 - e. Enter PIT Date PLUS 1 Day: your PIT night, plus one day
 - f. Include Entry/Exits from ES Data: Yes
 - g. Include Service/Shelters from ES Data: No
- 2) Once report is run, there are things to look for:
 - a. Using the Tab C – Client Detail Tab, review your client list and either enter or exit clients, so the report is accurate.
 - b. Correct any key missing data
 - c. Review your Project Type – is it correct?
 - d. Using the Tab E – Additional Information Tab, review your counts – do the households make sense? In other words, if you are a singles only shelter, were there families entered?
 - e. Review your counts – how does this number compare to your capacity?

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Entering the PIT Count into HUD Exchange

Once the information has been reviewed and the HMIS Administrator has determined it is accurate, the data is entered into the HUD Exchange, <http://www.hudhdx.info/Default.aspx?home>. If the HMIS Administrator does not yet have an account with the HUD Exchange, one must be created following the steps on the webpage.

- 1) In the HUD Exchange, click on PIT in the upper left. This will take you to the PIT data entry page.
- 2) Enter the data as is appears in the ART report, and submit when finished.

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New Process!! Annual Income Review for Legacy Shelter Plus Care (SPC) Projects

The Annual Income Review date (HMIS Interim Review) for SPC clients **must** be the anniversary date of the original program entry date as established in the CoC Program Administration and Monitoring Policy No. 578.103-OR506CoC, Policy Title CoC Program Administration and Monitoring.

To assist agencies in accurate data entry, Washington County has provided two tools; the Annual Income Review Spreadsheet and the YARDI HMIS Information Sheet. The Annual Income Review Spreadsheet is provided to each agency to assist in tracking SPC entry, exits and interims.

Annual Income Review - CoC Program Participants								
24 CFR Part 578.103(a)(6)								
Agency ID	Last, First	Admission Date	HMIS ID	Monthly Update	2016 Done	2017 Done	Move out date	Agency
	Uhura, Nyota	05/22/2013	452719	May				Enterprise Mental Health
	Kirk, James T.	11/02/2013	481178	November				Enterprise Mental Health
	Spock, Mister	04/12/2013	103660	April				Enterprise Mental Health
	Scott, Montgomery "Scotty"	10/13/2003	56392	October				Enterprise Mental Health
	McCoy, Leonard "Bones"	03/06/2013	394611	March				Enterprise Mental Health
	Sulu, Hikaru	03/03/2015	123560	March				Enterprise Mental Health
	Chekov, Pavel	10/01/2009	123308	October				Enterprise Mental Health
	Red Shirt, Ensign	11/18/2013	217336	November				Enterprise Mental Health

Admission Date is the official date of entry based on Housing Assistance Payment, and the report can be sorted by Monthly Update to assist in preparing for annual updates. The 2016 and 2017 Done columns are for tracking when the Update is completed for the year.

The other tool is the YARDI HMIS Information Sheet, which is prepared by the Occupancy Specialist and will be uploaded into the Client Profile in HMIS by the System Administrator. This tool will be used to determine the verified income and types. ***If the information provided does not match information you have verified regarding the client, please contact the Occupancy Specialist.***

****Note: The YARDI database used by the Department of Housing Services only reports the data below, and in the way shown. Please use the descriptors in the SSN and Income Type columns for reference. Non-cash benefits and HUD Universal Data Elements are rarely included on this form, so it is essential that the agency Case Manager or Intake staff collects this data.***

HMIS Information Sheet

<client name> - 10000000 - Property: <grant>
 2-Annual - Effective: 5/31/2016

Household:

First	Last	Gender	DOB	Rel	SSN	Dis?	W	B	AmI	As	PI	Hisp
Horner	Simpson	M		H	Head of HH	Y	Y					N
Marge	Simpson	F		S	Spouse	N	Y					N
Bart	Simpson	M		A	Other Adult	N	Y					N
Lisa	Simpson	F		E	Student 18+	N	Y					N
Maggie	Simpson	F		Y	Youth	N	Y					N
Selma	Bourvier	F		K	Co-Head	N	Y					N
Patty	Bourvier	M		F	Foster	N	Y					N
Ned	Flanders	M		L	Live-in Aid	N	Y					N

Agency:	Veteran:	SPC Code:	DV:	Chronic:	Prior Living Situation:	Last Zip:
Luke-Dorf	No	SMI	No	No	Place not meant for habitation	
ServicePoint ID #	Exit - Reason (if applicable)				Exit - Destination (if applicable)	

Household Income:

Member	Income Type	Annual Amount	Monthly Amount
Horner Simpson	Other Wages = Earned Income	30000	2500
Selma Bourvier	SSI = Social Security	8796	733
Patty Bourvier	Social Security = SSDI	11832	986

Comments / Other Info:

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New Info!! RHY (Runaway Homeless Youth)-Funded Projects

There are some projects that are specifically funded by the RHY program, which provides grants for runaway homeless youth. The HMIS guidelines for this program differ from the guidelines for non-RHY HMIS providers in the following ways:

1) RHY prohibits any youth *under the age of 18 who is entered into a RHY project* from sharing any HMIS data with another HMIS project, including name and demographics. The only exception to this is if one specific agency has more than one RHY project, the RHY-specific projects may share information. *The information should never be visible to any other agency or to any non-RHY project within the agency.* A RHY provider in HMIS must have their visibility "locked down" so that only those HMIS users with rights *to that RHY project or another RHY project run by the same agency* can see the data. This means that if an agency has both RHY and non-RHY projects, the non-RHY project cannot view HMIS client data from the RHY project. In this CoC, the only RHY-funded projects are Boys and Girls Aid (BGA) Safe Place and Transitional Living Program (TLP). So in this case, BGA employees entering data for Safe Place or the TLP project *are allowed* rights to each other's data, but if BGA had another, non-RHY provider, HMIS users for the non-RHY provider would not be able to view the data. No other provider should have access to any client or client data entered by either project.

**Note: Anyone who has Enter Data As (EDA) rights to a certain provider can see that provider's client data. So, an HMIS user for a non-RHY project that occasionally enters data for the RHY project, and so has EDA rights to that project, would be able to see client data for the RHY projects as well.*

2) RHY-funded projects are required to use different assessments which capture data elements specific to RHY clients. For this reason, there is a different HMIS entry, exit and interim assessment for RHY projects than for other projects. The RHY assessments are provided to the CoC by the vendor, and cannot be changed locally. If there is a perception that different or additional questions should be asked, it needs to be communicated with RHY rather than with the HMIS administrator.

3) RHY projects are required to track Services and Referrals – instructions are in the [Services](#) and [Referrals](#) sections of the manual.

For more information on RHY-specific requirements, search for the HMIS RHY manual on the HUD Exchange.

New Process!! PATH-Funded Projects

PATH-funded projects are required to track services and referrals provided. Please refer to the [Services](#) and [Referrals](#) sections of the manual. For more information on PATH-specific requirements, search for the HMIS PATH manual on the HUD Exchange.

New Process!! SSVF-Funded Projects

SSVF-funded projects are required to track services provided. Please refer to the [Services](#) section of the manual. For more information on SSVF-specific requirements, search for the HMIS SSVF manual on the HUD Exchange.

Administrator Information

As an HMIS administrator, there are specific tasks and concerns which are important to understand.

Important Notes Before Using ServicePoint

An administrator has access to aspects of the database that others do not. As such, when data is entered, it's at a different level than other users, and confuses the system. Therefore, *when entering client data, it's very important that an agency-level user is shadowed in the appropriate provider.*

Failure to do so can cause many data integrity issues, including Entry/Exit data showing as Missing or Incorrect in Data Quality Reports or APRs.

Resetting a user password in ServicePoint

- 1) Once logged into ServicePoint, click on arrow next to Admin in the left navigation pane and select User Admin.
- 2) Type the name of the user who needs assistance, click Search.
- 3) Select that user from the list that appears.
- 4) Under Consecutive Bad Logins, if it says 3, click Reset – if not, go to step 5.
- 5) Click Generate Password.
- 6) Once a new password appears, select it and delete it, typing in password123.
- 7) Click save and exit, and inform your user of the new password.

Provider Administration

ClientPoint Tab Settings

Tab settings can be customized to your agency and provider needs, but I do not recommend changing settings unless you completely understand the ramifications, and you know it's something your users both understand and approve of. That said, be sure to print the current settings before making changes, so you can go back to the original settings if necessary.

HUD Universal Data Elements (UDEs) including specific instructions for entering chronically homeless data

In order for HUD to ask for and receive the same data from all organizations receiving HUD funding, universal data elements had to be created. The data elements are the same across all jurisdictions and organizations, and are defined in detail in the [HMIS Data Standards Manual](#). ***The answers to these questions are required for every HMIS project, and greatly affect how the continuum scores in competition for HUD grant funding.*** All of these questions are on the entry assessments for each project requiring them. Other questions are required by HUD for some projects, and they are on the entry assessments for those projects.

The current version is 2014, but it changes or is updated frequently, so it's a good idea to Google the manual and click on the link to the most recent version.

The HUD UDEs are as follows, with explanations for those requiring it.

- 3.1 Name
- 3.2 Social Security Number
- 3.3 Date of Birth
- 3.4 Race – **If more than one race, select it in the Secondary Race field. Otherwise leave blank.**
- 3.5 Ethnicity
- 3.6 Gender
- 3.7 Veteran Status
- 3.8 Disabling Condition – **It is necessary to answer the question and complete the HUD Verification Sub-assessment.**
- 3.9 Residence Prior to Project Entry
- 3.10 Project Entry Date – **This is entered upon project entry.**
- 3.11 Project Exit Date – **This is entered upon project exit.**
- 3.12 Destination – **This is entered upon project exit.**
- 3.13 Personal ID – **SOFTWARE GENERATED**
- 3.14 Household ID – **SOFTWARE GENERATED**
- 3.15 Relationship to Head of Household
- 3.16 Client Location – **In Washington County, this will be CoC 506, in Portland, it would be CoC 501, etc.**

New Info!! Chronically Homeless Instructions

This HUD UDE is specifically used to identify chronically homeless persons. Please use the guidelines below to assist in entering the data per HUD's intent.

- 3.17 Length of Time on Street, in an ES or Safe Haven – **This is a combination of these four questions:**
 - 1. Client entering from the streets, ES or SH
This question must be answered
 - 2. If Yes for "Client entering from streets, ES or SH" Approximate date started: [Date Field]
This question must be answered if question 1 was answered Yes. Otherwise, leave blank.
 - 3. Regardless of where they stayed last night - Number of times the client has been on the streets, in ES, or SH in the past three years including today
This question must be answered
 - 4. Total number of months homeless on the street, in ES or SH in the past three years
This question must be answered if question 3 was answered anything other than Never. If Never was the response, leave blank.

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For UDE 3.17, the methodology for garnering an accurate response from the client can be found in the [HMIS Data Standards DATA MANUAL](#). An excerpt is provided below:

Response Category Descriptions:

- “The streets” is being used as short-hand for any place unfit for human habitation (a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground).
- *Client entering from the Streets, Emergency Shelter (ES), or Safe Haven (SH).*
 - Residential projects: Enter yes, if the client indicates they are entering your residential project and the last place they slept was the streets, ES, or SH (see the [HMIS Project Descriptor Data Elements Manual](#), data element 2.4, for definitions of ES and SH).
 - Services projects: Enter yes if the client indicates that they are currently residing on the streets, ES, or SH.
- If the client entered from the Streets, ES, or SH, enter the *actual or approximate date* the client *started* staying in that homeless situation.

The key concepts to help determine the actual or approximate start date are:

1. Have the client look back to the date of the last time the client had a place to sleep that was not on the streets, ES, or SH.
 2. As the client looks back, there may be breaks in their stay on the streets, ES, or SH. The breaks are allowed to be included in the look back period to calculate the approximate start date ONLY: a. If the client moved continuously between the streets, shelters, or safe havens. The date would go back as far as the first time they stayed in one of those places; or
b. If the break in their time on the street, ES or SH was under 7 nights. A break is considered at least 7 or more consecutive nights not residing in a place not meant for human habitation, in shelter or in a Safe Haven. The look back time would not be broken by a stay less than 7 consecutive nights; or
c. If the break in their time on the streets, ES, or SH was 90 days or less due to an institutional stay (i.e. jail, substance abuse or mental health treatment facility, hospital, or other similar facility). The look back time would include all of those days (up to 90 days) when looking back for the start date.
 3. If the client knows the month and year but not the day, the worker may substitute the day of the month with the same day of the month as project entry. For example: a client enters the project on March 15, 2015. During the intake interview, the client answers the start date question with a response of “a couple of months”. The worker clarifies - “It’s March, would that mean you started sleeping on the streets in January this year?” Client affirms, yes, January. The worker clarifies: “Do you know the day?” Client responds: “no.” - Worker then enters January 15 (day of the month of project entry), (this year).
 4. If the HMIS displays information about the person’s entry date on the streets, ES or SH, the worker may share that information with the client to help jog their memory. However, administrative information may not be substituted for the information provided directly by the client or entered in the case that the client refuses to answer or does not know the answer, or in the case the data was not collected by the project for the client.
- *Regardless of where the client stayed last night* enter the number of *times the client has been homeless on the streets, in ES, or SH in the past three years including today*. Responses are either:
 - *Never in the past three years* - Meaning either the client has never been on the streets, in an ES, or SH; or the last time they were in any of those situations was longer than three years ago. If the

CoC OR-506 ServicePoint HMIS User Manual

client reports being homeless prior, but indicates that they did not stay in one of the identified places (streets, ES, or SH) this would be the correct response.

- *This is the first time* - This is the first time the client has been on the streets, in an ES, or SH.
- Enter *two times, three times, four or more times, or client refused, client doesn't know* based on client responses.

An HMIS may be programmed to skip this question if the client's approximate start date of homelessness was "365 days or more" from the date of project entry.

- *Total number of months homeless on the Streets, in ES, or SH in the past three years.* Responses are either:

- *One month - this is the first month* -Meaning in the past three years this is the first month the client has resided on the Streets, ES, or SH.
- *2-12 months* - Count the total number of months the client indicates they have been on the streets, ES, or SH in the past three years. If have been on the streets, ES, or SH since January and it is now March, the cumulative total would be 3 months (January = 1, February = 2, and March = 3). If they were also homeless for a month back in October, the cumulative total would then be 4 months.

Information should be gathered on all clients at project entry. For those with active records on October 1, 2015, the client should be asked the questions based on where they were prior to entry into the current project and the appropriate response recorded. If the client can't remember, "client doesn't know" is an acceptable response.

New Info!!! HMIS Important Things to Remember Cheat Sheet

- Data is to be entered *timely* into HMIS – within 5 business days of client contact.
- All HUD Universal Data Elements (UDEs) will be entered accurately for each client.
- Data will be complete and accurate - all HUD UDEs and project-specific fields *must be* completely filled out. (Missing UDEs will not exceed 5%)
- All HMIS client information must be given reasonable security measures. This means that full client names must not be emailed, and any identified client data must be sent only with password protection.
- Before doing any data entry, be sure that you are entering data (EDA) via the correct HMIS provider. If you are unsure whether this applies to you, ask your agency administrator.
- Before creating a new client record in HMIS, search thoroughly to check whether they have an existing client record, and *verify the correct spelling of their name*.
- If a client is under 18 and entering a Runaway Homeless Youth (RHY) project, their data must not be shared outside the agency providing the RHY project.
- All clients should be entered into a household, even if they are a single individual.
- If the household (HH) composition changes, create a new HH with the accurate members and exit from the old HH.
- Do not change static client demographic data (name, DoB, SS#, etc.) without first contacting the provider who entered it. If they no longer have records on the client, or are ok with the change, they may make it. If they prefer to have you make the change, go ahead, but be sure to backdate incorrect data to the date of the first project entry so that all provider records will be accurate.
- Do not access ServicePoint via laptop or tablet without first signing a Remote Access Agreement and obtaining both Agency Administrator and System Administrator approval and signature.
- Remember that ALL HUD CoC-Funded projects and programs require a review within 30 days of the anniversary of their entry. *Conduct and enter an annual assessment for every client within the allotted time, and date it for the anniversary of the entry date!*
- ***Always access client data through the entry or service rather than the Client Profile, Summary or Assessments tab, unless instructed otherwise!***

NW Social Service Connections

REMOTE ACCESS POLICY

ServicePoint™ is intended only be accessed on-site from the Organization's network, desktops, laptops, mini-computers and any other electronic devices that are web capable .

In special circumstances access from remote locations may be permitted after application and approval by both the Agency and System Administrators.

The Remote Access Policy and Agreement is an extension of the User Agreement and NWSSC CMIS/HMIS Policies and Procedures. The USER shall comply with all Policies, Procedures, Agreements and all rules associate with NWSSC CMIS/HMIS.

The Agency Administrator has the responsibility to assure the user is in compliance with this and all other Policies, Procedures, Agreements and rules associated with NWSSC CMIS/HMIS. The Agency Administrator will regularly, at least annually, audit remote access by associating dates and times to the user's time sheet.

All staff that accesses the database remotely must meet the standards detailed in the System Security (see Policy and Procedures) and may only access it for activities directly related to their job.

Examples of Remote Access:

- Community Agency offices on secure networks to support agency use of the system.
- Training Centers on secure networks when providing services or training in the field.
- Private Agency Onsite Residence Offices on secure networks to complete assigned work duties.
- Agency Administrators or System Administrators only: Private Home office on secure networks to provide system support as needed.

Requirements for Remote Access of NWSSC CMIS/HMIS include:

- System security provisions will apply to all systems where NWSSC CMIS/HMIS is accessed.
- User must certify compliance all NWSSC CMIS/HMIS Policies, Procedures and Agreements.
- User must follow all confidentiality and privacy rules.
- User must assure access only access for activities directly related to their job.
- Remote access will only be on secure networks. (You will not access NWSSC CMIS/HMIS on any non-protected, free, or other network or Wi-Fi).
- Data containing client identifiable information will not be downloaded to any remote access site at any time for any reason.
- Data downloaded for purposes of statistical analysis will exclude client identifiable information.
- All CMIS/HMIS data (electronic and hardcopy), will be securely stored and/or disposed of in such a manner to protect the information.

Application for remote access must be made by completing NWSSC CMIS/HMIS Remote Access Agreement and submitting completed form to the Agency Administrator.

Upon receipt that Agency Administrator will review and confirm the need for applicant to have remote access. The signed agreement will then be forwarded to the System Administrator for final approval.

The System Administrator will sign and retain the NWSSC CMIS/HMIS Remote Access Agreement, thus authorizing remote access for the identified user. The System Administrator will advise both the Agency Administrator and the User that approval has been granted.

Violation of this or any NWSSC CMIS/HMIS policy or agreement may result in the termination of the User License or Agency Participation.

NW Social Service Connections

Remote Access Agreement

I, _____ (Name), am applying for Remote Access Authorization for NWSSC CMIS/HMIS.

I require remote access for the purpose of: _____

Location/Site for remote access: _____ IP Address: _____
(If Known)

Dates/Times for remote access: _____

My ServicePoint Login is: _____ Agency: _____

Program(s): _____

I certify that I have read and will comply with the Remote Access Policy. I am and will be in compliance with all Policies, Procedures, Agreements and rules associate with NWSSC CMIS/HMIS.

Signature: _____ Date: _____

Email: _____ Phone: _____

As Agency Administrator I have reviewed this application. I find it is a valid and active request. I support and approve this application for Remote Access. I understand that it is my responsibility to assure the user is in compliance with this and all other Policies, Procedures, Agreements and rules associate with NWSSC CMIS/HMIS. I will frequently audit remote access by associating dates and times to the user's time sheet.

Signature: _____ Date: _____

Email: _____ Phone: _____

Approved - System Administrator

Signature: _____ Date: _____

Washington County, Oregon
HMIS System Administrator
Veronica Clevidence
Department of Housing Services
111 NE Lincoln, Suite 200-L
Hillsboro OR 97124
(503) 846-4773 | veronica_clevidence@co.washington.or.us

NW Social Service Connections

(Washington County, Oregon)

User Agreement

Printed User Name: _____

Organization: _____

Email: _____ **Phone:** _____

Statement of Confidentiality

Employees, volunteers, and any other persons with access to NW Social Service Connections CMIS/HMIS are subject to certain guidelines regarding use of ServicePoint™. ServicePoint™ contains personal and private information on individuals and all such information must be treated carefully and professionally by all who access it.

Guidelines for use of ServicePoint include:

- The User shall comply with all data standards and policies and procedures.
- ServicePoint™ User Identification and Passwords must be kept secure and are not to be shared.
- Information obtained from ServicePoint™ is to remain confidential, even if my relationship with the organization listed above changes or concludes for any reason.
- The CHO must post a privacy notice describing its policies and practices for the processing of PPI. The User must offer to explain any information that the individual does not understand, and must provide a copy of its privacy notice to any individual upon request.
- Informed client or guardian consent, as documented by a Release of Information form, is required for any data sharing, or disclosure of identifying information and service transactions via ServicePoint™.
- If a client or guardian chooses not to sign Release of Information form, all client information must be closed with no exceptions
- Only general, non-confidential information is to be entered in the “other notes/comments” section of the Client Profile on ServicePoint™. Confidential information, including TB diagnosis, HIV diagnosis or treatment information, domestic violence and mental and/or physical health information, is not permitted to be entered in this section.
- Client records only pertaining to user’s assigned work duties will be accessed.
- Only individuals that exist as clients under the Organization’s jurisdiction may be entered into ServicePoint™.
- Misrepresentation of the client base by entering known, inaccurate information is prohibited.
- Client records are not to be deleted from ServicePoint™, contact NWSSC CMIS/HMIS System Administrators for appropriate action.
- Discriminatory comments based on race, color, religion, national origin, ancestry, handicap, age, sex, and sexual orientation are not permitted in ServicePoint™. Profanity and offensive language are not permitted in ServicePoint™.
- ServicePoint™ is to be used for business purposes only.
- Transmission of material in violation of any United States Federal or State of Oregon regulations or laws is prohibited and includes material that is copyrighted, legally judged to be threatening or obscene, and considered protected by trade secret. ServicePoint™ will not be used to defraud the Federal, State, or local government or an individual entity or to conduct any illegal activity.
- Any unauthorized use, access or unauthorized modification to ServicePoint™ computer system information or interference with normal system operations will result in immediate suspension of your access to ServicePoint™ and may jeopardize your ServicePoint access and/or your employment status.

NW Social Service Connections

(Washington County, Oregon)

User Agreement

- ServicePoint™ shall only be accessed from the Organization's network, desktops, laptops, mini-computers and any other electronic devices that are web capable. In special circumstances access from remote locations may be permitted after application and approval by both the Agency and System Administrators.
- The User is expected to physically enter the password each time he or she logs on to the system. DO NOT Save passwords in auto-complete settings.
- Should the User download client identifiable information in any format, he or she will securely store and/or dispose of all electronic and hardcopy in a manner to protect the client's personal information. At a minimum this will require the use of strong password protection, preferably including encryption.
- This agreement will be superceded by any additional or alternative agreements presented by NWSSC CMIS/HMIS System Administrators.

Failure to comply with the provisions of this Statement of Confidentiality may result in the termination of the User License or Agency Participation. Your signature below indicates your agreement to comply with this statement of confidentiality. There is no expiration date of this agreement, and may be renewed when System Administrators see the need.

Signature

Witness Signature

Date

Printed Name and Title

Witness Printed Name and Title

Date

The User Agreement/Statement of Confidentiality should be kept on file at the Organization or returned to the appropriate lead organization when requested. Forms for individuals no longer employed by the Participant should be kept on file for seven years following date of termination. System Administrators may, at any time, monitor compliance.

Washington County HMIS System Administrator

Veronica Clevidence

Washington County Department of Housing Services

111 NE Lincoln Street, Suite 200-L

Hillsboro, OR 97124

503-846-4773

veronica_clevidence@co.washington.or.us

User to mirror

Internal Use Only:

Login _____

Login Provider _____

Access Level _____

ART License _____

NW Social Service Connections

Notice to Clients of Uses & Disclosures

Privacy Notice

- Our agency enters personal and demographic information about you into a computerized record-keeping system.
- The information is used to plan delivery of services & to provide statistical information for setting goals.
- Information you provide will be used for administrative and operational purposes to improve, provide & coordinate services that can be offered you.
- Information you provide will be used for functions related to payment or reimbursement for services, monitor program effectiveness, and to prepare reports and statistical information without personal identifying information.
- If you have safety concerns, you may not want personal information entered into the system, you should discuss this with a staff member.
- Personally identifying information will be seen only by staff members who provide you with services and a small number of people (ie: program funders) who maintain the computerized record-keeping system, except as required by law.
- Your personally identifying information will not be shared with other agencies unless you sign a Release of Information, which you may withdraw at any time.
- You will not be denied services, if you refuse to consent to share data.
- You have the right to see your record and to ask that it be corrected.
- You have the right to file a grievance if you feel you have been harmed in some way by the use of the computerized data system.

THIS IS NOT A COMPLETE STATEMENT OF YOUR INFORMATION RIGHTS. For a complete statement of your information rights, please ask a staff person for a copy of our Privacy Policy. If you have any questions about our computerized record-keeping system and how it might affect you, feel free to talk about your concerns with a staff member.

Washington County, Oregon Continuum of Care Agency Participation Agreement

This Agreement is entered into on 07/01/2011 (mm/dd/YYYY) between the Washington County, Oregon Department of Housing Services (WCDHS) and «OrgName» (Organization Name) (Participant).

NW Social Service Connections (NWSSC) is the administrative entity that governs a multiple key stakeholder¹ implementation of Management Information System (CMIS/HMIS) used to record and share information among service-providers on services provided to homeless and near homeless Clients. The NWSSC CMIS/HMIS system of choice is ServicePoint. ServicePoint (trademarked and copyrighted by Bowman Systems) is an information system that provides standardized assessment of a Client's needs, creates individualized service plans and records the use of housing and services which communities can use to determine the utilization of services of participating Service Providers, identify gaps in the local service continuum and develop outcome measurements.

The City of Portland, Portland Housing Bureau (PHB) is the owner and operator of the NWSSC CMIS/HMIS and serves as the NWSSC System Administrator and custodian of data in the CMIS/HMIS. The lead organization for NWSSC is the City of Portland, Portland Housing Bureau (PHB) in partnership with key stakeholder¹ organizations with PHB Intergovernmental Agreements. The NWSSC System Administrators are ServicePoint dedicated program staff from PHB, additionally each of the key stakeholder¹ organizations may have identified staff functioning as local ServicePoint System Administrators.

Any documentation, agreements, policies and forms created for use with NW Social Service Connections CMIS/HMIS must incorporate all NW Social Service Connections CMIS/HMIS policies, agreements, and documents and be no less restrictive.

In this agreement, "Participant" means (insert Organization name); "Client" is a consumer of services.

This agreement is between WCDHS and «OrgName» (Participant). Additional organizations may join CMIS/HMIS in accordance with the NW Social Service Connections CMIS/HMIS Policies and Procedures.

- A. Consideration: Participant agrees to pay WCDHS an annual software support charge for each year the Participant uses the CMIS/HMIS. At the time of execution of this agreement, it is estimated that Annual User Support will cost no more than \$300 per user, per year. If at any time the Annual User Support charge exceeds \$300 per user, all Participants will be notified in writing of the change. Payments are due within thirty (30) days of invoice.
1. Operating Policies: Participant agrees to follow and comply with all of the following applicable policies and procedures, each of which may be modified by NWSSC CMIS/HMIS System Administrators which are attached hereto and incorporated herein by this reference:
- Security Addendum
 - Attachment A - NW Social Service Connections CMIS/HMIS Policies and Procedures
 - Attachment B - NW Social Service Connections CMIS/HMIS Community Data Standards
 - NW Social Service Connections Data Expectations and Exceptions
 - Attachment C - NW Social Service Connections Remote Access policy

¹ Contact NWSSC System Administrator for the list of key stakeholders

Washington County, Oregon Continuum of Care Agency Participation Agreement

- Attachment D - NW Social Services Connections User Agreement
 - Attachment E - NW Social Services Connections CMIS/HMIS and HIPPA
 - Attachment F – Notice of Uses and Disclosures, Intake and Consent/Release of Information
 - CMIS/HMIS Intake Form
2. Technical Support: Bowman Systems is providing hosting services for NW Social Service Connections and Service Point. Bowman provides hosting, maintenance, monitoring, and administration for servers. The System Administrators and Bowman will provide continuing technical support as related to the ServicePoint system within budgetary constraints. Participating agencies will identify staff that will use the system and receive user licenses. If the agreement is terminated, PHB and NWSSC System Administrators will revoke user licenses, and the Participant shall promptly return any documentation to the System Administrators. Bowman Systems shall operate and maintain the network server, software, and any other network or communication devices at the host site, which is necessary for the proper functioning of the ServicePoint system. Participant shall provide and maintain its own computers and connection to the Internet.
3. Computers: Security for data maintained in NW Social Service Connections CMIS/HMIS depends on a secure computing environment. Computer security is adapted from relevant provisions of the Department of Housing and Urban Development's (HUD) "Homeless Management Information Systems (HMIS) Data Standards Manual." Agencies are encouraged to directly consult that document for complete documentation of HUD's standards relating to CMIS/HMIS.
- <https://www.hudexchange.info/resource/3826/hmis-data-standards-manual/>
HMIS Data Standards Manual (PDF)
Data Entry for HMIS Critical Data Standards Changes (PDF)
- PHB and Community Stakeholders may add additional standards and will provide notice(s) to Participants.
4. Training: Participant is responsible for training related to basic computer skills as well as confidentiality and ethics training. The System Administrators shall assure the provision of training of necessary Participant staff in the use of ServicePoint. The System Administrators will provide training updates, as necessary and reasonable due to staff changes and changes in technology.
5. Data: Participant shall not be denied access to Client data entered by the Participant. Participant is bound by all restrictions placed upon the data by the Client of any participant. Participant must diligently record and take all other appropriate actions to assure ServicePoint includes and reflects all restrictions or release of sharing records the Client has requested. Participant must also keep on file all Release of Information forms, including NWSSC CMIS/HMIS Client Consent/Release of Information Forms. A Client may not be denied access to their own records.

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

If this agreement is terminated, the System Administrators shall provide to the Participant an electronic copy of their Client data. A hardcopy form will be available, upon written request, within seven (7) working days. Nonetheless, the System Administrators and remaining participants shall continue a right of use of all Client data previously entered by the terminating participant. This use is subject to restrictions requested by the Client and may be used only in furtherance of the purpose of the NWSSC CMIS/HMIS application.

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6. Confidentiality of Information: Participant understands that participation in the NWSSC CMIS/HMIS system will make confidential information in the Client Profile available to other participants as outlined in the NWSSC CMIS/HMIS Policies and Procedures. It is the responsibility of Participant to observe all applicable laws and regulations regarding Client confidentiality. Only Client specific data approved for release by the Client and properly recorded by the Participant shall be accessible to other participants. The Participant will provide staff training in privacy protection, for their ServicePoint users.

If a Client withdraws consent for sharing of information (release of information), Participant remains responsible to ensure that the Client's information is restricted at the Client Profile level and therefore unavailable to other participants. If Participant terminates this agreement, Participant must notify the NWSSC CMIS/HMIS and lead organization System Administrators of the withdrawal. System Administrators and remaining participants shall continue a right of use of all Client data previously entered by the terminating Participant. This use is subject to restrictions requested by the Client and may be used only in furtherance of the purpose of the NWSSC CMIS/HMIS application.

Aggregate data may be made available by CMIS/HMIS lead organizations to other entities for funding or planning purposes pertaining to providing services to the homeless. However, data released by the CMIS/HMIS lead organizations must never directly identify individual Clients.

De-identified data sets may be used for unduplicated counting, planning and research activities.

All data will be archived from ServicePoint no later than seven years after being entered or after last being modified.

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

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

10. Limitation of Liability: WCDHS, PHB and Key Stakeholders¹ shall not be liable to Participant for any cessation, delay or interruption of services, nor for any malfunction of hardware, software or equipment to the extent that any such event is beyond reasonable control. If such an event continues for more than 30 days, Participant may terminate this agreement immediately upon written notification to WCDHS, the System

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Administrators, PHB, Key Stakeholders¹, and other participants. If Participant terminates thereby, the parties shall seek mutual resolution to any dispute.

11. Disclaimer of Warranties: WCDHS and the System Administrators make no warranties, expressed or implied, including the warranties or merchantability and fitness for a particular purpose, to any Participant or any other person or entity as to the services of the ServicePoint system or to any other matter.
12. Term and Termination: This Agreement shall remain in-force until revoked in writing by either party with 30 days advance written notice. This agreement will be superceded by any additional or alternative agreements presented by WCDHS, PHB and Key Stakeholders¹.
13. Amendments and Waivers: This agreement cannot be altered or modified except in writing signed by the Participant and WCDHS. No waiver of any right under this agreement is effective except by a writing signed by the Participant, WCDHS. No waiver or breach shall be considered a waiver or breach of any other provision neither of this agreement nor of any subsequent breach or default. Participant shall get notice by WCDHS of any breach or waiver of a breach.
14. Notices: All notices, between Participant and WCDHS under this agreement must be in writing.
15. Scope of Agreement: This agreement, together with attachments and any referenced material, is the entire agreement between the parties and is binding upon the parties and any permitted successors or assigns.
16. Applicable Law: This agreement is governed by and subject to the laws of the State of Oregon. No legal cause of action arising from this agreement may be brought except in courts with designated jurisdiction over Washington County, OR.
17. Display of Notice: Pursuant to the notice published by the Department of Housing and Urban Development (HUD) on July 30, 2004, Participant will prominently display the Notice to Clients of Uses & Disclosures (Privacy Notice to Clients) in its program offices where intake occurs and will take appropriate steps to ensure that all Clients whose information is entered into or accessed from CMIS/HMIS, read and understand the contents of the Notice. The Notice will be substantially in the form of the **Notice to Clients of Uses & Disclosures**, except that (a) where an Organization's treatment of information is materially limited by other applicable laws or requirements, the Participant's Notice must reflect the more stringent requirements, and (b) Participant will update its Notice whenever NWSSC CMIS/HMIS updates and distributes a new form of Notice to Clients of Uses & Disclosures. Participant will provide a written copy of the Participant's Notice then in effect to any Client who requests it and will provide a copy of such Notice to all Clients who are asked to sign a Client Consent/Release of Information Form. Participant will maintain documentation of compliance with these notice requirements by, among other things, maintaining copies of all Notices it uses and the dates upon which they were first used.

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ASSURANCE

«OrgName» (Participant) assures that the following fully executed documents will be on file and available for review.

- The Participant's Confidentiality Policy.
- The Participant's Grievance Policy, including a procedure for external review.
- The Participant's official Privacy Notice for NWSSC clients.
- Executed Client Release of Information forms.
- Executed Participant Authorizations for Release of Information as needed.
- Certificates of Completion for required training for all NWSSC System Users.
- A fully executed User Agreement for all NWSSC System Users.
- A current copy of the NWSSC Policy and Procedures.

Signature

«Signatory»

Printed Name

Date (mm/dd/yyyy)

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EXTENT OF AGREEMENT

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

Washington County, Oregon
Department of Housing Services
111 NE Lincoln Street, Suite 200-L
Hillsboro, Oregon 97124

PARTICIPANT

«OrgName»
«Address»
«CityStZip»

Signature

Signature

Printed Name

«Signatory»
Printed Name

Title

Title

Date (mm/dd/yyyy)

Date (mm/dd/yyyy)

**Washington County, Oregon Continuum of Care
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Security Addendum

This Addendum, effective this the 1st day of July, 2011, ("Effective Date") is entered into by the Washington County Department of Housing Services (WCDHS) and «OrgName» (Business Associate).

- A. WCDHS and Business Associate are parties to a Business Associate Agreement and/or one or more Agreements containing assurances from WCDHS and Business Associate about the safeguarding of Protected Health Information (PHI) disclosed to, created by or received by Business Associate in the course of Business Associate's providing services to Business Associate Clients. As used herein "Business Associate Agreement" shall mean each of the Agreements described in the preceding sentence.
- B. The parties desire to amend each Business Associate Agreement to include assurances from Business Associate concerning electronic PHI, as required by the Security Standards (45 CFR parts 160, 162 and 164) promulgated pursuant to the Health Insurance Portability and Accountability Act.
- C. Except as expressly provided below, capitalized terms used herein shall have the meaning given them in the Business Associate Agreement.

Now therefore, the parties agree as follows:

- 1. **Amendment of Business Associate Agreement.** Each Business Associate Agreement shall be amended to include the following provisions:

Compliance with Security Regulations. Beginning no later than April 21, 2005 and continuing thereafter, with respect to any electronic PHI that Business Associate creates, receives, maintains, or transmits, Business Associate shall:

- a. Implement administrative safeguards, physical safeguards and technical safeguards that reasonable and appropriately protect the confidentiality, integrity and availability of the electronic PHI, as required by the Security Standards;
 - b. Ensure that any agent, including a subcontractor, to whom it provides such electronic PHI agrees to implement reasonable and appropriate safeguards to protect it; and
 - c. Report to WCDHS any attempt or successful unauthorized access, use, disclosure, modification, or destruction of electronic PHI, or interference with system operations in an information system, of which it becomes aware.
- 2. **No Other Amendment.** Except as expressly amended by this Addendum, all remaining terms of each Business Associate Agreement shall remain in full force and effect.

The parties have caused this Addendum to be executed by their respective, duly authorized representatives

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ADOPTED AND AGREED:

Washington County, Oregon
Department of Housing Services
111 NE Lincoln Street, Suite 200-L
Hillsboro, Oregon 97124

PARTICIPANT

«OrgName»
«Address»
«CityStZip»

Signature

Signature

Printed Name

«Signatory»
Printed Name

Title

Title

Date (mm/dd/yyyy)

Date (mm/dd/yyyy)

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Attachment A

**NW Social Service Connections
CMIS/HMIS Policies and Procedures**

1. SERVICEPOINT: CMIS/HMIS SYSTEM

Client Management Information System (CMIS)/Homeless Management Information System (HMIS) is a locally administered, electronic data collection system that stores longitudinal person-level information about persons who access the service system.

City of Portland, Portland Housing Bureau (PHB) has instituted the use of ServicePoint as the CMIS/HMIS system in response to Congressional Directive and U.S. Department of Housing and Urban Development (HUD) support for Homeless Management Information Systems (HMIS).

ServicePoint (trademarked and copyrighted by Bowman Systems) is a web based Client Information System that provides standardized assessment of a Client's needs, creates individualized service plans and records the use of housing and services which communities can use to determine the utilization of services of participating Service Providers, identify gaps in the local service continuum and develop outcome measurements.

For more information regarding Client/Homeless Management Information Systems (CMIS/HMIS) Policy and Procedures, please contact the CMIS/HMIS System Administrator.

2. PROJECT OVERVIEW

NW Social Service Connections (NWSSC) is the administrative entity that governs a multi Continuum of Care implementation of CMIS/HMIS used to record and share information among service-providers on services provided to homeless and near homeless Clients.

The City of Portland, Portland Housing Bureau (PHB) is the owner and operator of the NWSSC CMIS/HMIS and serves as the NWSSC System Administrator and custodian of data in the system. The lead organizations for NWSSC are: City of Portland, Portland Housing Bureau (PHB); Multnomah County, Department of County Human Services, School & Community Partnerships (SCP); Clackamas County (CC); and Washington County (WC), and any additional lead organizations in accordance with PHB Intergovernmental Agreements.

The NWSSC System Administrators are ServicePoint dedicated program staffs from PHB, additionally each of the lead organizations have identified staff functioning as ServicePoint System Administrators for their respective jurisdictions.

3. CONTACT INFORMATION

Portland Housing Bureau

421 SW 6th Avenue, Suite 500

Portland, OR 97204

<http://www.portlandonline.com/PHB/>

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System Administrator

Veronica Clevidence

503-846-4773

veronica_clevidence@co.washington.or.us

4. PURPOSE

This document is to define the general requirements and provide an overview of the CMIS/HMIS System.

5. SCOPE

These Policies and Procedures apply to ALL Persons or Organizations, using any portion of the CMIS/HMIS system.

6. GOVERNING PRINCIPLES

- 6.1. ALL Persons using CMIS/HMIS are expected to read, understand, and adhere to the HMIS Data Standards Manual (<https://www.hudexchange.info/resource/3826/hmis-data-standards-manual/>) and the Department of Housing and Urban Development Homeless Management Information Systems Data Standards (<https://www.hudexchange.info/resource/1220/final-hmis-data-standards/>)
- 6.2. ALL Persons using CMIS/HMIS are expected to read, understand, and adhere to the spirit of these principles, even when the Policies and Procedures do not provide specific direction.
- 6.3. All information entered into the CMIS/HMIS system, the Service Providers, Participants, their respective staff, and end users are bound by all applicable federal and state confidentiality regulations and laws that protect the Client records that will be placed on the HMIS system; in accordance with the Participation Agreement.
- 6.4. Clients may not be denied access to their own records. Clients have the right to see their information on ServicePoint, within the time frame specified in the Privacy Notice to Clients. If a Client requests, the Participant/User must review the information with the client.
- 6.5. Bowman Internet Systems will host our implementation of ServicePoint; all Client information in ServicePoint is encrypted.
- 6.6. Confidentiality
 - 6.6.1. The rights and privileges of clients are crucial to the success of CMIS/HMIS. These policies will ensure clients' privacy without impacting the delivery of services, which is the primary focus of agency programs participating in this project.
 - 6.6.2. Policies regarding client data are founded on the premise that a client owns his/her own personal information and provide the necessary safeguards to protect client, agency, and policy level interests.
- 6.7. Data Integrity
 - 6.7.1. Client data is the most valuable and sensitive asset of CMIS/HMIS. These policies will ensure integrity and protect this asset from accidental or intentional unauthorized modification, destruction or disclosure.
- 6.8. System Availability
 - 6.8.1. The availability of a centralized data repository is necessary to achieve the ultimate system/community wide aggregation of unduplicated statistics. The System Administrators are responsible for ensuring the broadest deployment and availability for participating service providers.
- 6.9. Compliance

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- 6.9.1. Violation of the policies and procedures set forth in this document will have serious consequences. Any deliberate or unintentional action resulting in a breach of confidentiality or loss of data integrity may result in the withdrawal of system access for the offending entity.

7. DEFINITIONS

- 7.1. Refer to Homeless Management Information System (HMIS) Data Standards- Revised Notice – March 2010 Section 1.4 Definitions for terms used throughout the notice and applicable to CMIS/HMIS.
- 7.2. Refer to CMIS/HMIS Community Data Standards Section 2. Definitions for terms commonly used throughout the Portland/Gresham/Multnomah County CoC and community but are not included in the Final Revised HMIS Data Standards; March 2010 for HUD definitions.
- 7.3. Refer to funder or program documentation for terms used by those funders or programs.

8. EQUIPMENT, MATERIALS AND SUPPLIES

- 8.1. Participating Agencies are responsible for providing their own technical support for all Hardware and Software systems used to connect to CMIS/HMIS.
- 8.2. Computer Workstation (PC, Personal Computer).
 - 8.2.1. Minimum hardware and software requirements for workstations (subject to change).
 - 8.2.1.1. Computer: PC with a 2 Gigahertz or higher processor
 - 8.2.1.2. 40GB Hard Drive
 - 8.2.1.3. 512 MB RAM
 - 8.2.1.4. Microsoft Windows 2000 or XP
 - 8.2.1.5. Browser: Most recent version of Microsoft Internet Explorer or Firefox
 - 8.2.1.6. Connectivity: Minimum - 56 Kbps | | Optimal – 128 Kbps – 1.5 mps

9. FORMS and DOCUMENTS (incorporated by addendum and subject to change)

- 9.1. Homeless Management Information Systems (HMIS); Data and Technical Standards - Final Notice - August 2005
- 9.2. Homeless Management Information System (HMIS) Data Standards – Revised Notice – March 2010
- 9.3. Participation Agreement
- 9.4. User Agreement
- 9.5. CMIS/HMIS Privacy Notice
- 9.6. Community Data Standards
- 9.7. Data Element Matrix
- 9.8. Schedule of aggregate report pulls
- 9.9. Release of Information Authorization Form: Shall be used for Clients whom ServicePoint information will be made available to other CMIS/HMIS participating organizations. (Not part of the addendum as this is the Organization's own document)

10. CONFIDENTIALITY & SECURITY

- 10.1. CMIS/HMIS System administrators have full and complete access to all ServicePoint features and functions for their respective jurisdictions. If it is requested, the CMIS/HMIS system administrator must be willing to sign the confidentiality oaths of the Affiliated Service Providers.
- 10.2. For all information entered in the CMIS/HMIS system the Service Providers, Users and Agencies are bound by all applicable federal and state confidentiality regulations and laws that protect the Client records that will be placed on the CMIS/HMIS system.

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- 10.3. Any requests for release of information, including court orders and subpoenas, shall be referred to PHB. The Service Provider/User agrees not to release any confidential information received from the CMIS/HMIS database to any non affiliated service organization or individual.
- 10.4. The Service Provider shall ensure that all staff, volunteers and other persons are issued a unique User ID and password for CMIS/HMIS and receive confidentiality training on the use of CMIS/HMIS and applicable confidentiality laws.
 - 10.4.1. The Service Provider is responsible to contact the Agency or System Administrator for revoking, adding or editing User access in a timely manner.
- 10.5. Unauthorized disclosure of Protected Personal Information may be grounds for legal action.
- 10.6. Sharing of CMIS/HMIS data among Affiliated Service Providers is encouraged but not required. The CMIS/HMIS data items excluded from sharing include medical, legal, case management, case notes, and file attachments, unless specifically released by Client.
- 10.7. HIPAA Privacy Rules take precedence over CMIS/HMIS privacy standards. If an agency is a HIPAA covered agency, they must abide by HIPAA regulations.
- 10.8. Creating anonymous records may mean that reports will not provide a true unduplicated count and therefore this option should only be used if absolutely necessary. Please contact the System Administrator for other options.
- 10.9. ServicePoint™ shall only be accessed from the Organization's network, desktops, laptops, and mini-computers.
 - 10.9.1. NWSSC System Administrators are allowed to access the database from remote locations for purposes specific to their job. All staff that access the database remotely must meet the standards detailed in the System Security (above) and may only access it for activities directly related to their job. These approved remote locations include:
 - 10.9.1.1. Private Home office to provide system support as needed.
 - 10.9.1.2. Community Agency offices to support agency use of the system.
 - 10.9.1.3. Private Hotel Rooms on secure networks when providing services while in the field.
 - 10.9.1.4. Training Centers when providing services in the field.
- 10.10. Remote Access (In special circumstances access from remote locations may be permitted after application and approval by Agency and System Administrators)
 - 10.10.1. The ServicePoint Remote Access Agreement must be completed and submitted for approval.
 - 10.10.2. The Agency Administrator must review the need for remote access and investigate other options.
 - 10.10.3. If no other valid options are available the Agency Administrator must approve in writing remote access for a user.
 - 10.10.4. Once remote access agreement has been approved and signed by the Agency Administrator a copy will be filed with the System Administrators for final approval.
 - 10.10.5. Remote Access is subject to change at the NWSSC System Administrator's discretion.
 - 10.10.6. Agency and System Administrators will periodically audit all remote access.
- 10.11. Public Key Infrastructure (PKI)
 - 10.11.1. When a computer is used for ServicePoint, the Service Provider is responsible to contact the System Administrator for the PKI Certificate, password and installation instructions.
 - 10.11.2. When a computer is no longer used for Service Point, the service provider needs to remove the PKI Security Certificate .

11. ROLES AND RESPONSIBILITIES

- 11.1. If it is requested of the CMIS/HMIS system administrators he must be willing to sign the confidentiality oaths of the Affiliated Service Providers.

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11.2. PHB and the NWSSC System Administrator

- 11.2.1. Liaison With HUD
- 11.2.2. Project Staffing
- 11.2.3. Overall Responsibility For Success Of NWSSC CMIS/HMIS
- 11.2.4. Creation Of NWSSC Project Forms And Documentation
- 11.2.5. NWSSC Project Policies And Procedures And Compliance
- 11.2.6. Keeper Of Signed Memorandums Of Understanding and Intergovernmental Agreements
- 11.2.7. Procurement/Renewal of Server Software And Licenses

11.3. ALL Lead Organizations

- 11.3.1. Liaison with NWSSC System Administrator
- 11.3.2. Project Staffing
- 11.3.3. Creation of Local project Forms and Documentation
- 11.3.4. Data quality reviews
 - 11.3.4.1. Data Quality
 - 11.3.4.2. Data Validity
 - 11.3.4.3. Data Completeness
- 11.3.5. Adherence To HUD Data Standards
- 11.3.6. Adherence to Community Data Standards
- 11.3.7. Adherence to Project Data Standards
- 11.3.8. User Administration
 - 11.3.8.1. Manage User Licenses
 - 11.3.8.2. Process User Agreement forms
- 11.3.9. Training
 - 11.3.9.1. Curriculum Development
 - 11.3.9.2. Training Documentation
 - 11.3.9.3. Confidentiality Training
 - 11.3.9.4. Application Training For Agency Administrators and End Users
 - 11.3.9.5. New Provider training
 - 11.3.9.6. Upgrade, enhancement, refresher or other training
- 11.3.10. Outreach/End User Support/Technical Assistance/Password Resets
 - 11.3.10.1. Password Resets require some sort of user Identity verification.
- 11.3.11. Coordinate any application customizations with the NWSSC System Administrator
- 11.3.12. Will use universal naming conventions, in order to better standardize, when creating new assessment questions, sub-assessments, and any other system wide modifications.
- 11.3.13. All Local documentation including P&Ps and agreements must be no less restrictive than NWSSC documents.

11.4. Contributory HMIS Organization (CHO) Responsibilities:

- 11.4.1. The CHO must make available to users a secure system to access ServicePoint, including but not limited to firewall and virus protection.
- 11.4.2. The CHO must be current all related contracts.
- 11.4.3. The CHO shall follow, comply with and enforce the Agency Agreement.
- 11.4.4. The CHO shall abide by all data standards and all policies and procedures.
- 11.4.5. The CHO shall keep abreast of all ServicePoint updates and policy changes.
- 11.4.6. The CHO shall identify and approve their respective Agency Users.
- 11.4.7. The CHO shall designate one User to be the Agency's Key User/Agency Administrator.

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- 11.4.8. The CHO shall be responsible for entering Client data (profile, household, needs, services, referrals, any other Client data you may require), following up on referrals, and running reports in a timely manner.
- 11.4.9. The CHO shall have representation at agency administrators/regional data quality review meetings.
- 11.4.10. The CHO shall collect data on all clients as called out in the Data Element Matrix
- 11.4.11. CHO Exceptions may include non-homeless CMIS organizations, and DV Comparable database organizations. Please contact the System Administrator for information and waiver.

11.5. User Responsibilities:

- 11.5.1. The User shall provide an email contact to the System Administrators for communication purposes.
- 11.5.2. The User shall follow, comply with and enforce the User Agreement.
- 11.5.3. The User shall comply with all data standards and policies and procedures.
- 11.5.4. Each User is provided with an access level as required by his/her role. This access level controls who can see which information, lower levels of access allow ONLY viewing of basic demographics, while the middle levels of access allow additional information to be viewed. The highest levels of access are limited to administrators. Confidentiality is a primary concern and these levels of access help control access to information.
- 11.5.5. Every User of the CMIS/HMIS system is authenticated with a unique User ID and password. This provides a level of security and accountability for the CHO's database. Sharing of User IDs or passwords is forbidden.
- 11.5.6. The User shall only enter individuals in the CMIS/HMIS database that exist as Clients under the Service Provider's approved area of service. The User shall not misrepresent its Client base in the CMIS/HMIS database by entering known, inaccurate information. The User shall not knowingly enter false or misleading data under any circumstances.
- 11.5.7. The User shall consistently enter information into the CMIS/HMIS database and will strive for Real Time data entry, and be obligated to weekly data entry.
- 11.5.8. The User will not alter information, with known inaccurate information, in the CMIS/HMIS database that has been entered by another Service Provider (i.e. Service Provider will not purposefully enter inaccurate information to over-ride information entered by another Service Provider).
- 11.5.9. The User shall utilize the CMIS/HMIS database for business purposes only.
- 11.5.10. The User shall not use the CMIS/HMIS database with intent to defraud federal, state or local governments, individuals or entities, or to conduct any illegal activity.
- 11.5.11. The User shall not cause in any manner, or way, corruption of the CMIS/HMIS database in any manner.
- 11.5.12. In the event that data entry cannot be made Real Time and the User utilizes hard copy paper forms, once the data has been entered into CMIS/HMIS, the forms shall be securely stored or suitably disposed of.
- 11.5.13. The User shall enter data into CMIS/HMIS
 - 11.5.13.1. Universal Data elements shall be entered on all Clients.
 - 11.5.13.1.1. In addition to the Universal Data elements all HUD Funded CHO Users, at a minimum, shall also enter the additional data elements required by the Data Standards for all Clients.
 - 11.5.13.1.2. In addition to the Universal Data elements all City of Portland Funded CHO Users, at a minimum, shall also enter data on all clients as called out in the Data Element Matrix.

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- 11.5.13.1.3. In addition to the Universal Data elements all Continuum of Care OR-501 housing provider Users, at a minimum, shall also enter data on all clients as called out in the Data Element Matrix.
- 11.5.13.1.4. In addition to the Universal Data elements all Non-HUD funded CHO Users, at a minimum, shall also enter funder or program specific data elements as required.
- 11.5.14. Sharing data is optional but entering data is not optional. An ROI shall be completed by all clients, even if not sharing data.
- 11.5.15. The User is responsible for data entry accuracy and correctness.
- 11.5.16. The User shall log off the CMIS/HMIS and shut down the browser when not using CMIS/HMIS.
- 11.5.17. The User shall utilize the password protected screen savers that automatically turn on to mitigate the burden of shutting down the workstation when momentarily stepping away from the work area.
- 11.5.18. Report any discrepancies in the use of the PHB CMIS/HMIS system, including without limitation access of information and entry of information, to the Service Provider Key User or to the System Administrator.
- 11.5.19. The User shall periodically, when instructed by the Agency or System Administrator, run and review audit reports, making corrections to ensure data accuracy and completeness.

11.6. Key User/Agency Administrator Responsibilities:

- 11.6.1. The Key User/Agency Administrator shall observe all User Responsibilities.
- 11.6.2. The Key User/Agency Administrator shall use Agency NewsFlash only for distribution of CMIS/HMIS information.
- 11.6.3. The Key User/Agency Administrator shall act as the first level of Service Provider administration and support in the CMIS/HMIS system.
- 11.6.4. The Key User/Agency Administrator shall be responsible for the initial training of new Users in his/her Agency.
- 11.6.5. The Key User/Agency Administrator shall regularly run and review audit reports to ensure policies are being followed by staff.
- 11.6.6. The Key User/Agency Administrator will be responsible for monitoring all User access within their own Agency.

11.7. System Administrators Group

- 11.7.1. Is made up of at least 1 representative from each of the lead organizations of the NWSSC CMIS/HMIS and other participant representatives or advocates as invited by the NWSSC Administrators.
- 11.7.2. Review and make recommendations on all NWSSC HMIS documents, attachments, and related forms
- 11.7.3. Identify and prioritize system enhancements
- 11.7.4. Determine the guiding principles that should underlie the HMIS implementation activities of the project and participating organization and service programs
- 11.7.5. Setting minimum data collection requirements
- 11.7.6. Encourage continuum-wide provider participation
- 11.7.7. Facilitate consumer involvement
- 11.7.8. Recommend criteria, standards, and parameters for the usage and release of all data collected as part of the HMIS
- 11.7.9. Recommend continuum-level mechanisms for monitoring and enforcing compliance with the approved policies and procedures
- 11.7.10. Enhance the implementation and operations of the system for service-providers so they can protect the interests and privacy of their clients

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- 11.7.11. Enhance and improve the quality of data being reported to various levels throughout the Continuum
- 11.7.12. Create and implement procedures for additional system issues for Participating Agencies.

11.8. ServicePoint Agency Administrator Group

- 11.8.1. Agency Administrator Group will be established for the purpose of addressing implementation and ongoing operational issues.
- 11.8.2. Identify and prioritizing system enhancements
- 11.8.3. Providing feedback on system performance
- 11.8.4. Brainstorming the best uses of the HMIS
- 11.8.5. Regularly reviewing compliance with all NWSSC HMIS policies, agreements, and other requirements
- 11.8.6. Reviewing data quality and providing feedback to improve data quality

12. DATA STANDARDS

- 12.1. Homeless Management Information System (HMIS) Data Standards – Revised Notice – March 2010
- 12.2. Homeless Management Information Systems (HMIS); Data and Technical Standards - Final Notice - August 2005
- 12.3. Community Data Standards (may be revised at the discretion of the NWSSC System Administrator)
- 12.4. Data Element Matrix (may be revised at the discretion of the NWSSC System Administrator)

13. DATA EXPECTATIONS

- 13.1. Data will be entered within 5 business days of client contact
- 13.2. Data will be entered in a timely manner to meet aggregate reporting needs
- 13.3. Data accuracy will be no less than 95% (The file matches data entry)
- 13.4. Universal Data Elements Null/Missing Values will not exceed 5%
- 13.5. Universal Data Elements Refused/Don't Know Values will not exceed 5%
 - 13.5.1. Refused/Don't Know responses are client identified, not the case manager or data entry person's assessment.
- 13.6. No outstanding Corrective Actions from last NWSSC CMIS/HMIS Monitoring

14. REPORTS/DATA SUBMISSIONS

- 14.1. System or Community Wide reporting is done on a regular basis without notification. Refer to the Schedule of aggregate reports pulls document for timelines.
 - 14.1.1. Electronic Data Transfers may occur, with appropriate agreements in place.
 - 14.1.1.1. State MDR/OPUS
 - 14.1.1.2. County/ TOURS
 - 14.1.1.3. Others as needed, with appropriate agreements in place.
- 14.2. NWSSC CMIS/HMIS Standard reports include, but are not limited to
 - 14.2.1. SHAR
 - 14.2.2. ACDC
 - 14.2.3. Entry/Exit or APR
- 14.3. The Service Provider/User's access to data about Clients it does not serve shall be limited based on the current status of any release of information on file.
- 14.4. The general public can request non-identifying aggregate and statistical data, by submitting a data request.

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- 14.5. Non identifying aggregate and statistical data will not contain outliers. Outliers may be removed if they represent less than 5% of any value.
- 14.6. At a minimum, Password secure any document that includes client name or other PPI. Do not email the password with the file.
- 14.7. The CMIS/HMIS System Administrator will address all requests for system or community wide data from entities other than Affiliated Service Providers or clients.
- 14.8. The System Administrator will run system-wide reports to assess the data, quality and level of participation by Affiliated Service Providers. Results of these reports may be shared with Affiliated Service Providers.
- 14.9. The System Administrator may run reports for research use. Information in NWSSC CMIS/HMIS may be used to conduct research related to homelessness and housing programs, service needs, income supports, education and employment, and program effectiveness. Client names and social security numbers will never appear on a research report.

15.PRIVACY REQUIREMENTS

- 15.1. The CHO must post a sign at each intake desk (or comparable location) that explains generally the reasons for collecting this information.
- 15.2. The CHO must publish a privacy notice describing its policies and practices for the processing of PPI and must provide a copy of its privacy notice to any individual upon request.
- 15.3. The CHO must specify in its privacy notice the purposes for which it collects PPI and must describe all uses and disclosures.
- 15.4. If the CHO maintains a public web page, the CHO must post the current version of its privacy notice on the web page.
- 15.5. The CHO must post a sign stating the availability of its privacy notice to any individual who requests a copy.
- 15.6. The CHO must maintain permanent documentation of all privacy notice amendments.
- 15.7. The CHO must allow an individual to inspect and to have a copy of any PPI about the individual.
- 15.8. The CHO must offer to explain any information that the individual does not understand.
- 15.9. The CHO must consider any request by an individual for correction of inaccurate or incomplete PPI pertaining to the individual, The CHO is not required to remove such information but they may mark such information as inaccurate or incomplete or supplement such information.
- 15.10. The CHO must require each member of its staff (including employees, volunteers, affiliates, contractors and associates) to sign (annually or otherwise) a confidentiality agreement that acknowledges receipt of a copy of the privacy notice and that pledges to comply with the privacy notice.
- 15.11. The CHO must require each member of its staff (including employees, volunteers, affiliates, contractors and associates) to undergo (annually or otherwise) formal training in privacy requirements.
- 15.12. The CHO must establish a method, such as an internal audit, for regularly reviewing compliance with its privacy notice.
- 15.13. The CHO must establish an internal or external appeal process for hearing an appeal of a privacy complaint or an appeal of denial of access or correction rights.
- 15.14. The CHO must protect CMIS/HMIS system from malicious intrusion behind a secure firewall.
- 15.15. The CHO must secure any paper or other hard copy containing PPI that is either generated by or for CMIS/HMIS, including, but not limited to report, data entry forms and signed consent forms.

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Attachment B

**NW Social Service Connections
CMIS/HMIS Community Data Standards**

16. Introduction to the NWSSC Community Data Standards Notice

As called out in the Final Revised HMIS Data Standards; March 2010 (<http://www.hmis.info/ClassicAsp/documents/Final%20HMIS%20Data%20Standards-Revised%203.pdf>); HUD Program Descriptor Data Elements, Universal Data Elements, Program-Specific Data Elements, and Homelessness Prevention and Re-Housing Program Data Elements; are collected and entered as appropriate. Based on the special reporting needs of NWSSC, the Continuum of Care (OR-501), the City of Portland, other program specific needs, as well as best practices we are implementing these data standards at a local level. The intention is to allow for the collection and reporting of standardized client and program-level data on homeless service usage among programs within our community.

The NWSSC CMIS/HMIS is the principal source of data for Continuum of Care (OR-501) reporting including, but not limited to, Home Again: a 10-year plan to end homelessness in Portland and Multnomah County.

17. Definitions

This section defines terms commonly used throughout the community but are not included in the Final Revised HMIS Data Standards; March 2010 for HUD definitions. This list is not all-inclusive and is subject to change.

- **ACDC** - Active Client Demographic Count (considered a CoC Standard Report)
- **Adult** –An adult is any person 18 years of age or older.
- **Anonymous Client** - A client entered into the CMIS/HMIS with a unique computer generated identifying code used in lieu of actual client name. Contact PHB for more information.
- **B2H** – Bridges to Housing
- **BEST** - Benefits Eligibility Specialists Team
- **Children** – Children are defined as any person under the age of 18.
- **~Chronically Homeless-** HUD has broadened the definition of Chronic to be: either individual or family, in that the individual or family--
 - (i) is homeless and lives or resides in a place not meant for human habitation, a safe haven, or in an emergency shelter;
 - (ii) has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 1 year or on at least 4 separate occasions in the last 3 years; and
 - (iii) has an adult head of household (or a minor head of household if no adult is present in the household) with a diagnosable substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002)), post traumatic stress disorder, cognitive impairments resulting from a brain injury, or chronic physical illness or disability, including the co-occurrence of 2 or more of those conditions.
- **CMIS** - Client Management Information System
- **Completeness** – Is the client record complete?

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In general, an object is complete if nothing needs to be added to it.

- **Data Element Matrix** – Summary of all Data elements, Subject, Comments/Notes, Values, When Collected, and Program Expectation
- **Data quality** – Accuracy: Does the File match data entry?
Data is of high quality "if they are fit for their intended uses in operations, decision making and planning" (J. M. Juran). Alternatively, the data is deemed of high quality if it correctly represents the real-world construct to which it refers.
- **Domestic violence** - can be defined as a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner. Domestic violence can be physical, sexual, emotional, economic, or psychological actions or threats of actions that influence another person. This includes any behaviors that intimidate, manipulate, humiliate, isolate, frighten, terrorize, coerce, threaten, blame, hurt, injure, or wound someone. (Refer to Violence Against Women Act (VAWA) and Department of Justice for more information <http://www.ovw.usdoj.gov/ovw-fs.htm>)
- **Entry** – ServicePoint procedure used to represent the assistance start date, enrollment in program or point in time that the client becomes reportable
- **Entry Exit Report/ HUD-40118 APR** – Performance report/HUD Annual Performance Report (considered a CoC Standard Report)
- **eSNAPS** - Grants management system for HUD's Homeless Programs
- **Exit** - ServicePoint procedure used to represent the assistance end date, program departure or point in time that the client is no longer reportable
- **HAP** - Housing Authority of Portland
- **HDX** – Homeless Data Exchange
- **HIC** – Housing Inventory Account
- **High resource Using Family** (AKA: Chronically Homeless Family) *developed for Portland/Gresham/Multnomah County's 10-Year Plan to End Homelessness* - must meet the following: Family as defined as a parent(s) or guardian with one or more children; who have High resource usage is based on any family member's involvement with multiple categories listed below within a 12-month period unless otherwise specified.
 - Substance Abuse
 - Mental Health
 - Foster Care (State or Tribal)
 - Corrections
 - Physical and Cognitive Health Issues
 - Domestic Violence/Victim's Services/Issues
 - Homeless/Housing System
 - Mainstream Resources Involvement

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- **Homeless** - Federal Definition of Homeless - The United States Code contains the official federal definition of homeless. In Title 42, Chapter 119, Subchapter I, homeless is defined as:
§11302. General definition of homeless individual
(a) In general
For purposes of this chapter, the term "homeless" or "homeless individual or homeless person" includes-
 1. an individual who lacks a fixed, regular, and adequate nighttime residence; and
 2. an individual who has a primary nighttime residence that is -
 1. a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill);
 2. an institution that provides a temporary residence for individuals intended to be institutionalized; or
 3. a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.
(b) Income eligibility
 1. In general, A homeless individual shall be eligible for assistance under any program provided by this chapter, only if the individual complies with the income eligibility requirements otherwise applicable to such program.
 2. Exception, Notwithstanding paragraph (1), a homeless individual shall be eligible for assistance under title I of the Workforce Investment Act of 1998 [29 U.S.C. 2801 et seq.].
(c) Exclusion, For purposes of this chapter, the term "homeless" or "homeless individual" does not include any individual imprisoned or otherwise detained pursuant to an Act of the Congress or a State law.
- **Household** – A single individual or a group of persons who together apply for, enroll in, or receive services.
- **Households with Children and Adults** - include households composed of at least two persons, one of whom is an adult and one is a child.
- **Households with only children** - are composed only of persons age 17 or under, including unaccompanied youth, adolescent parents and their children, adolescent siblings, or other household configurations composed only of children.
- **Household without Children** – A household that does not include any children, including unaccompanied adults, multiple adult households, and pregnant women not accompanied by other children. For the purposes of reporting, households without children that contain multiple persons should be counted as one (1) household without children.
- **KNAC** – Key Not A Card
- **Leaver** – refers to clients who exited and were not in the program on the last day of the reporting period.
- **MFI** - Median Family Income
- **NWSSC**- Northwest Social Services Connection
- **OTIS** - Outside Transitions into Stability
- **PHB** – Portland Housing Bureau
- **Privacy Notice** - Notice to Clients of Uses & Disclosures
- **Provider /Provider Programs** – Organization or Agency and the assistance programs they operate
- **PSDE** – Program Specific Data Element
- **PSH** - Permanent Supportive Housing

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- **Regulatory compliance** – Do the provider and its users comply to Data Standards and Policies and Procedures?
Regulatory compliance describes the goal agencies aspire to in their efforts to ensure that personnel are aware of and take steps to comply with relevant laws and regulations.
- **ROI** – Release of Information – includes both ROI paper form and electronic transaction for ROI (electronic release only).
- **S+C** - Shelter Plus Care
- **SEA** – City of Portland Service Efforts and Accomplishments
- **ServicePoint** – is the City of Portland, NWSSC Connections, software of choice for HMIS/CMIS. ServicePoint is a product of Bowman Systems, Shreveport LA. ServicePoint is a web-based management information system that allows agencies, coalitions, and communities to manage (real-time) client and resource data. ServicePoint provides client, service and referral tracking, case management, agency and program indexing, and reporting.
 - **ClientPoint** – A module in ServicePoint that allows Users to enter, edit, view, or print Client information. Additionally, ClientPoint offers features such as building and tracking family relationships, restricting Client records, and conducting case management.
 - **ServicePoint** – A module that allows you to add new service items, update status, send and receive referrals, and view a Client's service history (unless restricted). The result is a thorough understanding of a Client's situation and providing Clients quicker access to appropriate services.
 - **ShelterPoint** – A module specifically designed to provide housing providers an efficient method of managing inventory, viewing area availability, and making referrals.
 - **ART** – The reporting module for ServicePoint.
- **SHAR** - Shared Housing Assessment Report (considered a CoC Standard Report)
- **Stayer** –refers to clients who were in the program on the last day of the reporting period. This includes clients who exited the program and re-entered the program before the end of the reporting period.
- **STRA** – Short Term Rent Assistance Program; administrated by HAP
- **Transitional Housing** –
 - (The McKinney-Vento Homeless Assistance Act As amended by S. 896 The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009) The term 'transitional housing' means housing the purpose of which is to facilitate the movement of individuals and families experiencing homelessness to permanent housing within 24 months or such longer period as the Secretary determines necessary.
 - Transitional housing means a project that has as its purpose facilitating the movement of homeless individuals and families to permanent housing within a reasonable amount of time (usually 24 months). Transitional housing includes housing primarily designed to serve deinstitutionalized homeless individuals and other homeless individuals with mental or physical disabilities and homeless families with children.
- **UDE** – Universal Data Element
- **Victim Service Provider** - A nonprofit or nongovernmental organization including rape crisis centers, battered women's shelters, domestic violence transitional housing programs, and other programs whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking. Programs that do not identify any of these populations as their primary mission are not considered victim service providers under VAWA and are not exempt from using HMIS.
- **WESC** - Women's Emergency Service Collaborative

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18.Documentation

- Homeless Status
 - Participants and respective users will record information on the homeless status of all clients entered into ServicePoint.
 - Data must be updated in ServicePoint at each program entry or as soon as possible thereafter and at program exit.
- If a funding program requires that a data element(s) must be collected, then official documentation must be obtained. If the funding source chooses to have these data elements as “optional”, then no official documentation is required (it can be client reported, etc.)
 - SHP funded programs, S+C, SRO – because HUD requires the collection of program-specific data elements (example: 4.3 Physical Disability; 4.4 Developmental Disability; 4.5 Chronic Health Condition; and 4.7 Mental Health) for the purposes of the APR, if the response is “yes”, then the programs are required to obtain official written documentation to back it up.
 - Emergency Shelters – currently no federal funding source requires the collection of program-specific data elements for emergency shelters (only the PSDEs and UDEs are required). Therefore if an emergency shelter chooses to collect any of these data elements, it does NOT require official documentation and it can be client reported, etc.

19.NWSSC CMIS/HMIS Goals

OR-501 Portland/Multnomah County/Gresham CMIS/HMIS Goals include:

- Set common objectives
- Identify indicators/issues for performance measurement and evaluation
- Identify questions suitable for inclusion in community plan evaluations
- Coordinated approach in order to ensure that there is sufficient, consistent and timely information

20.Data Entry requirements

- It is the responsibility of Participants and respective users to ask for all Universal and other required data elements from each client entered into ServicePoint.
 - Exceptions may include non-homeless CMIS organizations. Please contact the System Administrator for information and waiver.
- Data will be entered in a timely manner, within 5 working days following client contact.
- Blanks, Nulls or “unknown” entries in required fields will not exceed 5% per month.
- Complete and accurate data is essential to the system’s success; however it is important to note exceptions.
 - Clients may refuse to provide information without being denied services.
 - In the case where there is a conflict with collecting data and the provision of quality services and/or client safety, providers should not enter personal identifying information or do so at a later time.
 - NWSSC CMIS/HMIS monitoring will include data quality, “Does the file match data entry?” Accuracy will be no less than 95%.
- Although each participant will use ServicePoint in various capacities, the minimum data fields required for all providers regardless of funding source are detailed in the Data Element Matrix.

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21. Shared Outcomes

- Participants will complete all data entry requirements as needed for common goals and objectives reporting
 - Multnomah County/City of Portland/Continuum of Care OR-501 service providers share common goals related to placement and housing retention
 - Placement
 - Housing Outcomes (retention status) at 6 and 12 months, unless otherwise indicated by contract.
 - Other information, as needed, subject to change

22. Client Consent

- The Notice to Clients of Uses & Disclosures must be posted and/or given to each client so that he/she is aware of the potential use of his/her information and where it is stored. No consent is required for the functions articulated in the notice.
- Consent of the individual for data collection is inferred for the circumstances of the collection.
 - “We collect personal information directly from you (the client) for reasons that are discussed in our privacy statement. We may be required to collect some personal information by law or by organizations that give us money to operate this program. Other personal information that we collect is important to run our programs, to improve services for homeless persons, and to better understand the needs of homeless persons. We only collect information that we consider to be appropriate.”
- A client has a right to request entrance into the database as an anonymous client or a restricted client. Contact PHB for more information.
- A completed Release of Information Form is required prior to any electronic information sharing. The ServicePoint ROI procedure must be transacted to effectively share electronic information appropriately.
 - Clients who choose not to authorize sharing of information cannot be denied services for which they would otherwise be eligible.
 - All Client Authorization for ROI forms related to the CMIS/HMIS data sharing will be placed in a file to be located on premises.
 - CMIS/HMIS-related Authorization for ROI forms will be retained for a period of 7 years, after which time the forms will be discarded in a manner that ensures client confidentiality is not compromised.

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**NW Social Service Connections
Data Expectations and Exceptions**

ALL Persons using CMIS/HMIS are expected to read, understand, and adhere to

- The Final Revised HMIS Data Standards; March 2010,
- The Department of Housing and Urban Development Homeless Management Information Systems (HMIS); Data and Technical Standards Final Notice; Notice
- All NW Social Service Connections documentation; including but not limited to the CMIS/HMIS Policies and Procedures and the CMIS/HMIS Community Data Standards

It is the responsibility of Participants and respective users to ask for all Universal and other required data elements from each client and enter into ServicePoint in a timely manner.

We recognize that it may be difficult to obtain all UDEs for all clients entered into the CMIS/HMIS. Exceptions may include non-homeless CMIS organizations. Please contact the System Administrator for information and waiver.

Program Type	Timely Data Entry (days)	Don't Know or Refused	Missing Data
	Not to Exceed		
Emergency Shelter	3	10%	10%
Transitional Housing	5	5%	5%
Permanent Supportive Housing	5	5%	5%
Homeless Outreach	3	10%	10%
Homelessness Prevention and Rapid Re-Housing	5	5%	5%
Services Only	5	10%	10%
Other: Non-Homeless/Non CoC CMIS organizations (i.e. SUN Service System) ¹	N/A	10%	10%
Other: Homeless special programs (i.e. Point in Time Counts) ¹	N/A	10%	10%
Other: TBD	N/A	TBD	TBD
Safe Haven	3	10%	10%
Permanent Housing (i.e. Mod Rehab SRO, Subsidized housing without services)	5	5%	5%
Overall System wide	5	5%	5%

¹ - Data Completeness measured against data elements required by program, NOT against the HUD Universal Data Elements.

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Attachment C

**NW Social Service Connections
REMOTE ACCESS POLICY**

ServicePoint™ is intended only be accessed on-site from the Organization's network, desktops, laptops, mini-computers and any other electronic devices that are web capable .

In special circumstances access from remote locations may be permitted after application and approval by both the Agency and System Administrators.

The Remote Access Policy and Agreement is an extension of the User Agreement and NWSSC CMIS/HMIS Policies and Procedures. The USER shall comply with all Policies, Procedures, Agreements and all rules associate with NWSSC CMIS/HMIS.

The Agency Administrator has the responsibility to assure the user is in compliance with this and all other Policies, Procedures, Agreements and rules associated with NWSSC CMIS/HMIS. The Agency Administrator will regularly, at least annually, audit remote access by associating dates and times to the user's time sheet.

All staff that accesses the database remotely must meet the standards detailed in the System Security (see Policy and Procedures) and may only access it for activities directly related to their job.

Examples of Remote Access:

- Community Agency offices on secure networks to support agency use of the system.
- Training Centers on secure networks when providing services or training in the field.
- Private Agency Onsite Residence Offices on secure networks to complete assigned work duties.
- Agency Administrators or System Administrators only: Private Home office on secure networks to provide system support as needed.

Requirements for Remote Access of NWSSC CMIS/HMIS include:

- System security provisions will apply to all systems where NWSSC CMIS/HMIS is accessed.
- User must certify compliance all NWSSC CMIS/HMIS Policies, Procedures and Agreements.
- User must follow all confidentiality and privacy rules.
- User must assure access only access for activities directly related to their job.
- Remote access will only be on secure networks. (You will not access NWSSC CMIS/HMIS on any non-protected, free, or other network or Wi-Fi).
- Data containing client identifiable information will not be downloaded to any remote access site at any time for any reason.
- Data downloaded for purposes of statistical analysis will exclude client identifiable information.
- All CMIS/HMIS data (electronic and hardcopy), will be securely stored and/or disposed of in such a manner to protect the information.

Application for remote access must be made by completing NWSSC CMIS/HMIS Remote Access Agreement and submitting completed form to the Agency Administrator.

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Upon receipt that Agency Administrator will review and confirm the need for applicant to have remote access. The signed agreement will then be forwarded to the System Administrator for final approval.

The System Administrator will sign and retain the NWSSC CMIS/HMIS Remote Access Agreement, thus authorizing remote access for the identified user. The System Administrator will advise both the Agency Administrator and the User that approval has been granted.

Violation of this or any NWSSC CMIS/HMIS policy or agreement may result in the termination of the User License or Agency Participation.

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Attachment D

**NW Social Service Connections
USER AGREEMENT**

User name: _____ **Organization:** _____

Email: _____

Statement of Confidentiality

Employees, volunteers, and any other persons with access to NW Social Service Connections CMIS/HMIS are subject to certain guidelines regarding use of ServicePoint™. ServicePoint™ contains personal and private information on individuals and all such information must be treated carefully and professionally by all who access it.

Guidelines for use of ServicePoint include:

- The User shall comply with all data standards and policies and procedures.
- ServicePoint™ User Identification and Passwords must be kept secure and are not to be shared.
- Information obtained from ServicePoint™ is to remain confidential, even if my relationship with _____ changes or concludes for any reason.
- The CHO must post a privacy notice describing its policies and practices for the processing of PPI. The User must offer to explain any information that the individual does not understand, and must provide a copy of its privacy notice to any individual upon request.
- Informed client or guardian consent, as documented by a Release of Information form, is required for any data sharing, or disclosure of identifying information and service transactions via ServicePoint™.
- If a client or guardian chooses not to sign Release of Information form, all client information must be closed with no exceptions
- Only general, non-confidential information is to be entered in the "other notes/comments" section of the Client Profile on ServicePoint™. Confidential information, including TB diagnosis, HIV diagnosis or treatment information, domestic violence and mental and/or physical health information, is not permitted to be entered in this section.
- Client records only pertaining to user's assigned work duties will be accessed.
- Only individuals that exist as clients under the Organization's jurisdiction may be entered into ServicePoint™.
- Misrepresentation of the client base by entering known, inaccurate information is prohibited.
- Client records are not to be deleted from ServicePoint™, contact NWSSC CMIS/HMIS System Administrators for appropriate action.
- Discriminatory comments based on race, color, religion, national origin, ancestry, handicap, age, sex, and sexual orientation are not permitted in ServicePoint™. Profanity and offensive language are not permitted in ServicePoint™.
- ServicePoint™ is to be used for business purposes only.
- Transmission of material in violation of any United States Federal or State of Oregon regulations or laws is prohibited and includes material that is copyrighted, legally judged to be threatening or obscene, and considered protected by trade secret. ServicePoint™ will not be used to defraud the

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- Federal, State, or local government or an individual entity or to conduct any illegal activity.
- Any unauthorized use, access or unauthorized modification to ServicePoint™ computer system information or interference with normal system operations will result in immediate suspension of your access to ServicePoint™ and may jeopardize your ServicePoint access and/or your employment status.
 - ServicePoint™ shall only be accessed from the Organization's network, desktops, laptops, mini-computers and any other electronic devices that are web capable. In special circumstances access from remote locations may be permitted after application and approval by both the Agency and System Administrators.
 - The User is expected to physically enter the password each time he or she logs on to the system. DO NOT Save passwords in auto-complete settings.
 - Should the User download client identifiable information in any format, he or she will securely store and/or dispose of all electronic and hardcopy in a manner to protect the client's personal information. At a minimum this will require the use of strong password protection, preferably including encryption.
 - This agreement will be superceded by any additional or alternative agreements presented by NWSSC CMIS/ HMIS System Administrators.

Failure to comply with the provisions of this Statement of Confidentiality may result in the termination of the User License or Agency Participation. Your signature below indicates your agreement to comply with this statement of confidentiality. There is no expiration date of this agreement, and may be renewed when System Administrators see the need.

_____ Signature	_____ Printed Name and Title	_____ Date
_____ Witness Signature	_____ Witness Printed Name and Title	_____ Date

The User Agreement/Statement of Confidentiality should be kept on file at the Organization or returned to the appropriate lead organization when requested. Forms for individuals no longer employed by the Participant should be kept on file for seven years following date of termination. System Administrators may, at any time, monitor compliance.

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Attachment E

**NW Social Service Connections
CMIS/HMIS and HIPAA**

NW Social Service Connections CMIS/HMIS is not a HIPAA covered entity and therefore not subject to the rules and regulations of HIPAA. HIPAA covered entities may participate in NW Social Service Connections CMIS/HMIS.

HIPAA is the: Health Insurance Portability and Accountability Act of 1996

A Federal law that allows persons to qualify immediately for comparable health insurance coverage when they change their employment relationships. Title II, Subtitle F, of HIPAA gives HHS the authority to mandate the use of standards for the electronic exchange of health care data; to specify what medical and administrative code sets should be used within those standards; to require the use of national identification systems for health care patients, providers, payers (or plans), and employers (or sponsors); and to specify the types of measures required to protect the security and privacy of personally identifiable health care information. Also known as the Kennedy-Kassebaum Bill, the Kassebaum-Kennedy Bill, K2, or Public Law 104-191.

(<http://www.hhs.gov/ocr/privacy/hipaa/administrative/securityrule/index.html>)

HMIS: Homeless Management Information System

CMIS: Client Management Information System

A Homeless Management Information System (HMIS) is a software application designed to record and store client-level information on the characteristics and service needs of homeless persons. An HMIS is typically a web-based software application that homeless assistance providers use to coordinate care, manage their operations, and better serve their clients.

In order to be competitive for homeless funding administered by the U.S. Department of Housing and Urban Development (HUD), agencies that coordinate a Continuum of Care system must have. If you receive HUD funding, you will be required by your Continuum of Care Coordinator, or HUD, to use the appropriate HMIS.

To be covered by HIPAA, you must be:

- A health plan;
- A health care clearinghouse;
- A health care provider who transmits any health information in electronic form in connection with a covered transaction.

NW Social Service Connections CMIS/HMIS is not a covered entity and because:

- NW Social Service Connections CMIS/HMIS is not a health plan;
- NW Social Service Connections CMIS/HMIS is not a clearinghouse;
- NW Social Service Connections CMIS/HMIS is not a provider of health care;
- Any agencies/programs that may be covered independent of the CMI/HMIS do not use the CMIS/HMIS for electronic financial collections;
- NW Social Service Connections CMIS/HMIS does not do any of the standard transactions that would make it be covered by HIPAA.

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The following forms are provided for Participant guidance only. Participants may use their own forms for Notice to Clients of Uses & Disclosures and Intake, Consent/Release of Information, providing they cover essentially the same information.

Attachment F – Notice of Uses and Disclosures, Intake and Consent/Release of Information

**NW Social Service Connections
Notice to Clients of Uses & Disclosures
Privacy Notice to Clients**

This notice tells you about how we use and disclose your private personal information. It tells you about your rights and our responsibilities to protect the privacy of your private personal information. It also tells you how to notify us if you believe that we have violated any of your rights or any of our responsibilities.

We are required by law to maintain the privacy of your private personal information. We must follow the terms of this notice that are currently in effect.

We reserve the right to change this Notice at any time. This Notice is not a legal contract. If this notice is changed, a copy of the revised notice will be available upon request or posted on our website.

You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice.

We will enter the information you provide our agency into a computerized record-keeping system called ServicePoint. Several local agencies take part in this implementation of ServicePoint™ in order to better organize and deliver services to homeless or near homeless individuals and families in Multnomah, Clackamas, and Washington Counties. Our goal is to improve efforts to work together to understand and end homelessness. Information you provide will play an important role, including:

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

How your personal information may be used

- Information you provide and services you receive will be entered into ServicePoint.
- Information you provide will be used for administrative and operational purposes to improve, provide and coordinate services that can be offered you.
- Information you provide will be used for functions related to payment or reimbursement for services.
- Information you provide will be used to monitor program effectiveness.

Washington County, Oregon Continuum of Care Agency Participation Agreement

- Information you provide will be used to prepare aggregate reports and statistical information without personal identifying information.
- Information you provide concerning substance abuse, mental health, HIV, and domestic violence will not be shared with NWSSC CMIS/HMIS Partner agencies, unless specifically authorized by you.
- Personal identifying information will not be disclosed to any third-party, unless authorized by you or required by law.
 - Authorization not required for certain disclosures to government agencies or legal processes
 - Uses and disclosures required by law
 - Public health, health oversight and regulatory agency activities
 - Cases of neglect, abuse or domestic violence
 - Judicial and administrative proceedings
 - Law enforcement investigations
 - Deceased individuals and organ donors
 - Serious threats to health or safety
 - Disclosure of “de-identified” health information

How will my information be kept secure?

- The computer program we use has the highest degree of security protection available.
- Persons with access to ServicePoint data shall not issue reports containing personal identifying information.
- NWSSC CMIS/HMIS is governed by federal, state, county, city and local privacy policies. System-wide access to personally identifying information contained in ServicePoint shall be limited System Administrators. System Administrators have been screened and are employed by a lead organization and have an Intergovernmental Agreement in place.
- Personal identifying information, like your name or birth date, will be viewed only by people working to provide services to you or by administrators providing technical assistance. Personal identifying information will be removed before reports are issued to local, state, or national agencies.
- All ServicePoint users receive training in privacy protection and have received copies of this privacy policy and have signed a confidentiality agreement pledging to adhere to its requirements.

Know your information rights!

As a Client receiving services from a NWSSC CMIS/HMIS Participating agency, you have the following rights:

1. Determine the level of disclosure of your information; allow or refuse to share your information with NWSSC CMIS/HMIS participating agencies.
2. May terminate the Release of Information at any time, by providing this service provider written notice.
3. Right to request entrance into the database as an anonymous client or a restricted client.
4. Are entitled to a copy of this notice.
5. Reasonable accommodation. The agency you are seeking services from must make reasonable accommodations to ensure that you understand your information rights.

**Washington County, Oregon Continuum of Care
Agency Participation Agreement**

6. Access to your record. You have the right to review your ServicePoint record, obtain a printed copy of your data, and have information that you do not understand explained to you.
7. Correction of your record. You have the right to have your record corrected so that information is up-to-date, accurate, and to ensure fairness in its use. Disagreements over the accuracy of information shall be subject to the agency grievance process and any uncorrected disagreement shall be noted in your ServicePoint record.
8. Refusal. You will not be denied services for which you are otherwise eligible if you refuse to consent to the sharing with other provider agencies of data that has been entered into ServicePoint. If you have safety concerns, please discuss this with a staff member.
9. Grievance: You have the right to be heard if you feel that you have been unjustly served, put at personal risk, or harmed. Employees or agencies that misuse information are subject to reprimands, warnings, and dismissal from the NWSSC CMIS/HMIS. The agency must make their written grievance policy available to you.
10. Data Archival: All personally identifying data will be archived from ServicePoint no later than seven years after being entered or after last being modified.
11. Amendments: The terms of this privacy notice may be amended at any time and all amendments will be effective with respect to previously obtained information.
12. Privacy Policy Questions & Complaints: All questions or complaints regarding this agency's privacy and data security practices may be pursued through the agency grievance process.

CMIS/HMIS Intake Form

Agency or Event Name

Any individual with a disability or other medical need who needs accommodation with respect to this form should inform (Designated Person/Agency).

Date Intake Form Completed (Assessment Date): _____

Section 1: Household

A. **Household Type:** Select the household type that best describes your household. Please select only one.

- ☐ Single Individual ☐ Female Single Parent ☐ Male Single Parent ☐ Two Parent Family
☐ Grandparent(s) and Child(ren) ☐ Foster Parent(s) ☐ Couple with No Children ☐ Non-Custodial Caregivers
☐ Other (explain): _____

B. **Household Demographics.** Starting with the Head of the Household, list all members of the household. Use the correct legal name for each member as it appears on his/her Social Security Card or INS documents.

Name <i>Last, First</i>	Relationship to Head of Household	Date of Birth	Gender	Race* (Select as many as apply)	Ethnicity*	Disability (Yes/No)	Disability Type* (if applicable)	Social Security Number
	Head of the Household		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African- American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> White	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Alcohol Abuse <input type="checkbox"/> Developmental Disability <input type="checkbox"/> Drug Abuse <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Mental Illness <input type="checkbox"/> Physical/Medical <input type="checkbox"/> Physical/Mobility <input type="checkbox"/> Other disability not listed <input type="checkbox"/> Prefer not to answer	- - - -or- <input type="checkbox"/> I don't know or don't have one <input type="checkbox"/> I choose not to provide the SSN.
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African- American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> White	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Alcohol Abuse <input type="checkbox"/> Developmental Disability <input type="checkbox"/> Drug Abuse <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Mental Illness <input type="checkbox"/> Physical/Medical <input type="checkbox"/> Physical/Mobility <input type="checkbox"/> Other disability not listed <input type="checkbox"/> Prefer not to answer	- - - -or- <input type="checkbox"/> I don't know or don't have one <input type="checkbox"/> I choose not to provide the SSN.
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African- American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> White	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Alcohol Abuse <input type="checkbox"/> Developmental Disability <input type="checkbox"/> Drug Abuse <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Mental Illness <input type="checkbox"/> Physical/Medical <input type="checkbox"/> Physical/Mobility <input type="checkbox"/> Other disability not listed <input type="checkbox"/> Prefer not to answer	- - - -or- <input type="checkbox"/> I don't know or don't have one <input type="checkbox"/> I choose not to provide the SSN.
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African- American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> White	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Alcohol Abuse <input type="checkbox"/> Developmental Disability <input type="checkbox"/> Drug Abuse <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Mental Illness <input type="checkbox"/> Physical/Medical <input type="checkbox"/> Physical/Mobility <input type="checkbox"/> Other disability not listed <input type="checkbox"/> Prefer not to answer	- - - -or- <input type="checkbox"/> I don't know or don't have one <input type="checkbox"/> I choose not to provide the SSN.
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African- American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> White	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Alcohol Abuse <input type="checkbox"/> Developmental Disability <input type="checkbox"/> Drug Abuse <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Mental Illness <input type="checkbox"/> Physical/Medical <input type="checkbox"/> Physical/Mobility <input type="checkbox"/> Other disability not listed <input type="checkbox"/> Prefer not to answer	- - - -or- <input type="checkbox"/> I don't know or don't have one <input type="checkbox"/> I choose not to provide the SSN.
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African- American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> White	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Alcohol Abuse <input type="checkbox"/> Developmental Disability <input type="checkbox"/> Drug Abuse <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Mental Illness <input type="checkbox"/> Physical/Medical <input type="checkbox"/> Physical/Mobility <input type="checkbox"/> Other disability not listed <input type="checkbox"/> Prefer not to answer	- - - -or- <input type="checkbox"/> I don't know or don't have one <input type="checkbox"/> I choose not to provide the SSN.

* This information is voluntary and is used for statistical purposes only.

Please continue to the next page ➞

Section 2: Contact Information.

Mailing Address: _____
(Street Address and Apartment, or PO Box)

(City) _____ (State) _____ (Zip) _____

Telephone: _____ Email Address: _____

Section 3: Household Income and Benefits.

A. Income and Cash Benefits

Has any member of the household received any **income or cash benefits** in the last 30 days? ☐ Yes ☐ No

If yes, please indicate the monthly amount from each of the following sources:

Income Type	Monthly Amount	Who?	Approx. Date Income Began	Income Type	Monthly Amount	Who?	Approx. Date Income Began
Alimony or Spousal Support	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other: _____		Social Security	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other: _____	
Child Support	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other: _____		SSDI	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other: _____	
Earned Income	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other: _____		SSI	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other: _____	
Pension	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other: _____		TANF	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other: _____	
Private Disability Insurance	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other: _____		Unemployment	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other: _____	
Self Employment	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other: _____		Veteran's Disability	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other: _____	
Other: _____	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other: _____		Veteran's Pension	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other: _____	
Other: _____	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other: _____		Worker's Compensation	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other: _____	

B. Non-Cash Benefits

Has any member of the household received any **non-cash benefits** in the last 30 days? ☐ Yes ☐ No

If yes, please indicate the monthly amount from each of the following sources:

Benefit Type	Monthly Amount, if known	Who?	Approx. Date Benefit Began	Benefit Type	Monthly Amount, if known	Who?	Approx. Date Benefit Began
Food Stamps (aka "SNAP")	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other: _____		TANF Child Care Services	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other: _____	
Medicaid	N/A	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other: _____		TANF Transportation Services	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other: _____	
Medicare	N/A	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other: _____		Other TANF-Funded Services	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other: _____	
SCHIP	N/A	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other: _____		Rental Subsidy (Section 8, HUD)	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other: _____	
Spec. Supp. Nutrition, aka WIC	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other: _____		Other: _____	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other: _____	
VA Medical Services	N/A	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other: _____		Other: _____	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other: _____	

Section 4: Housing Status and Other Demographics

A. Where have you been living or staying up until today? Please check one:

- ☐ Emergency Shelter (including hotel/motel voucher)
- ☐ Foster Care Home or Group Home
- ☐ Hospital (Non-Psychiatric)
- ☐ Hotel or Motel Paid Without Emergency Shelter Voucher
- ☐ Jail, Prison, or Juvenile Facility
- ☐ Other:

- ☐ Owned by me
☐With Subsidy or ☐Without Subsidy
- ☐ Permanent Housing for Formerly Homeless Persons
- ☐ Psychiatric Hospital or Facility
- ☐ Rental by me
☐With VASH Housing Subsidy or
☐With Other Housing Subsidy (i.e. Section 8)
☐Without Subsidy
- ☐ Safe Haven
- ☐ Staying with Family
- ☐ Staying with Friends
- ☐ Substance Abuse Treatment Facility
- ☐ Transitional Housing
- ☐ Don't know
- ☐ Prefer not to answer.

B. How long have you been staying in the situation above?

- ☐ One week or less
- ☐ One to three months
- ☐ One year or longer
- ☐ More than one week, but less than one month
- ☐ More than three months, but less than one year

What is/was the zip code of your last permanent address? _____ ☐Don't know ☐Prefer not to answer

Are you/your household currently homeless?..... ☐Yes ☐No

Are you a victim of Domestic Violence?..... ☐Yes ☐No ☐Prefer not to answer

Are you a US Military Veteran? ☐Yes ☐No ☐Prefer not to answer

Notice of Use.

Agency or Event Name provides services through a variety of funding sources, which may include government grants, public funds, or grants from private foundations. Agency or Event Name is required to collect and report on certain information to account for how these funds are used. In addition, this information may aid the effort to end homelessness by demonstrating how many individuals and families in the area need services.

For this reason, you have been asked to provide the information on this form. The information you have provided will be entered into a Homeless Management Information System (HMIS) and used to provide statistical information about services provided to homeless persons (or persons at risk of homelessness) in LOCAL County and the metropolitan area.

Your identifying information will be kept as confidential as possible: it will only be seen by persons employed by or volunteering with Agency or Event Name, and persons administering or auditing the HMIS.

Signature of the Head of the Household

Date

Spouse/Other Adult

Date

HMIS GOVERNANCE CHARTER

Policy No.:	578.7-OR506CoC	Approved By:	HSSN (the CoC)
Effective Date:	September 3, 2008	Revision Date:	June 10, 2015
Prepared By:	Washington County Department of Housing Services		
	503-846-4760 http://www.co.washington.or.us/Housing/EndHomelessness/		

Policy Authority: This policy is adopted under the authority of the local Continuum of Care (CoC) in Washington County, commonly referred to as the Housing and Supportive Services Network (HSSN).

Purpose: The term Homeless Management Information System (HMIS) refers to the information system designated by the CoC used to record, analyze, report, and transmit client and activity data in regard to the provision of shelter, housing, and services to individuals and families who are homeless or at risk of homelessness.

Standard: The HSSN is responsible for selecting HMIS software, designating the HMIS Lead to manage the system, provide oversight for key HMIS policies, work with the HMIS Lead to ensure CoC achieves high participation rates among projects that serve persons experiencing homelessness, and use the data in HMIS to support planning and operational responsibilities.

Scope: Homeless Provider Agencies, recipients and subrecipients of CoC Program and Emergency Solution Grant (ESG) funds, the HMIS Lead Agency, and the CoC Collaborative Applicant.

Authority For Code: Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act Code of Federal Regulation (CFR) for the CoC Program 24 CFR Part 578.7 and HMIS 24 CFR part 580.

Responsibilities:

Note: This policy is adopted by the HSSN using the HMIS proposed rule 24 CFR 580. This HMIS Governance Charter will be updated to include the final HMIS rules with specific details applicable to HMIS technical standards, security standards, data quality standards, and data collection requirements to allow for flexibility in adapting to changing technology and new program requirements.

1. HMIS DESCRIPTION

In May 2006, the HSSN selected Bowman-Systems *ServicePoint* software and the Washington County Department of Housing Services as the HMIS Lead Agency for the geographic region covered by OR-506 CoC Hillsboro/Beaverton/Washington County, Oregon.

Washington County subsequently entered into a partnership with NW Social Service Connections (NWSSC), owned and operated by the Portland Housing Bureau (PHB) with the

HMIS GOVERNANCE CHARTER

City of Portland to create a regional HMIS implementation. Since that time, additional localities throughout the State of Oregon joined the implementation. By 2012, all State of Oregon HMIS jurisdictions had joined the original implementation, making it a statewide HMIS using *ServicePoint*.

The HMIS system will:

- Produce an unduplicated count of persons experiencing homelessness;
- Describe the extent and nature of homelessness locally, and provide aggregate data for regional, state and national reporting;
- Identify patterns of service use by at-risk and homeless populations; and
- Measure program and system-level performance.

Appointed by the Housing And Supportive Services Network (HSSN), the Washington County Department of Housing Services is the jurisdiction's CoC Collaborative Applicant. Washington County coordinates the use of HMIS data for evaluating program and system outcomes, analysis of resource gaps, prepare local and federal reporting on homeless demographics, and prepare the federal McKinney-Vento Homeless Assistance grant application.

2. RESPONSIBILITIES ASSIGNED TO THE COC FOR HMIS IMPLEMENTATION

The HSSN will:

- a) Select HMIS software for the geographic area covered by the CoC.
- b) Designate an eligible HMIS Lead Agency to be responsible for managing the CoC's HMIS.
- c) Review, revise and approve a privacy plan, security plan, and data quality plan for the HMIS and incorporate into the CoC's Governance the policies and procedures needed to implement these plans and comply with other HMIS-related requirements identified.
- d) Ensure consistent HMIS participation.
- e) Ensure that the HMIS is administered and implemented in compliance with the requirements established by HUD in 24 CFR Part 580.

The HSSN will use HMIS to:

- f) Support community-wide planning;
- g) Track progress in meeting CoC and project-specific performance goals;
- h) Identify how best to direct resources to prevent and end homelessness;
- i) Perform screening and assessment within the Centralized Assessment System;
- j) Complete the competitive McKinney-Vento CoC Program Homeless Assistance grant application;
- k) Meet HUD reporting requirements, to include the required Annual Performance Report (APR) for all HUD-funded programs, the Annual Homeless Assessment Report (AHAR) submitted to the U.S. Congress;
- l) Complete the homelessness components of the Consolidated Plan;
- m) Report outcomes and challenges for *A Road Home: 10-Year Plan to End Homelessness in Washington County*;
- n) Document the CoC's qualifications as a high-performing community; and

HMIS GOVERNANCE CHARTER

- o) Enter into a CoC and HMIS Governance Agreement between the HSSN (the CoC) and the HMIS Lead Agency that is reviewed annually with the CoC and the HMIS Lead Agency. Refer to Appendices for copy of signed CoC and HMIS Governance Declaration of Roles and Responsibilities.

3. HMIS TECHNICAL PRIVACY, SECURITY AND DATA QUALITY STANDARDS

Current applicable HMIS standards include:

- a) 2014 HMIS Data Standards. The HUD HMIS Data Standards Manual is available online at <https://www.hudexchange.info/resource/3826/hmis-data-standards-manual/>

Technical Requirements (24 CFR 580.33)

HMIS Lead Agency and the HMIS vendor are jointly responsible for ensuring compliance with the technical standards. The HSSN will implement uniform technical requirements for HMIS and proper data collection and maintenance of the database to ensure the confidentiality of the information in the database. Data entry will follow standards on participation, data collection, and reporting under the local *Servicepoint* HMIS and comply with 24 CFR part 578.57(a)(3).

Privacy and Security Requirements (24 CFR 580.35)

Security standards are directed to ensure the confidentiality, integrity, and availability of all HMIS information, protect against any reasonably anticipated threats or hazards to security, and ensure compliance by end users.

At a minimum, Washington County and all Covered Homeless Organizations (CHO) designated will comply with the following:

- Security Plan. See Appendix B, the NW Social Service Connections CMIS/HMIS Policies and Procedures, Section 10.
- Administrative Safeguards. The administrative actions, policies, and procedures required to manage the selection, development, implementation, and maintenance of security measures to protect HMIS information, at a minimum will meet the following:
 - (1) Security Officer - A designated security officer ensuring compliance to standards.
 - (2) Security Awareness Training and Follow-up – CoC HMIS Lead will provide annual training to CHO and CoC.
 - (3) Reporting Security Incidents – See Appendix B Agency Participation Agreement “Security Addendum” for the policy and communication plan for reporting.
 - (4) Disaster Recovery Plan – Protocol for communication with staff, CHO and COC.
 - (5) Annual Security Review – HMIS Lead will complete annual review using security checklist.
 - (6) Contracts and other arrangements – Lead will administer and retain copies of all contracts and agreements executed as part of the administration and management of the HMIS.

The CHO will comply with any Federal, State and local laws requiring additional confidentiality protections, including but not limited to:

- The Health Insurance Portability and Accountability Act (HIPAA) of 1996 (45 CFR parts 160 and 164)

HMIS GOVERNANCE CHARTER

- The Confidentiality of Alcohol and Drug Abuse Patient Records Rule (42 CFR part 2)
- Violence Against Women and Department of Justice Reauthorization Act. Victim service providers are exempted from entering data directly into a CoC's HMIS because of privacy and confidentiality considerations. While they may be exempt from direct client-level data entry into HMIS, victim service providers still must keep required data in a comparable database.
- CoC Program and ESG-funded recipients and subrecipients will follow written procedures to ensure confidentiality of data for both HMIS and comparable databases in accordance with 24 CFR Part 578.103(b)(i).

Data Quality Standards and Management Requirements (24 CFR 580.37)

The data quality standards ensure the completeness, accuracy, and consistency of the data in the HMIS. The CoC is responsible for the quality of the data produced.

HMIS Lead will develop and implement a Data Quality Plan and set data quality benchmarks for Covered Homeless Organizations (CHO) for "Lodging" providing overnight accommodations and "Non-lodging" projects that do not provide overnight accommodations.

The HMIS is capable of producing reports required by HUD to assist the HMIS Lead in monitoring data quality.

4. APPENDICES

Appendix A: CoC and HMIS Governance Declaration of Roles and Responsibilities

Appendix B: Washington County, Oregon CoC Agency Participation Agreement



WASHINGTON COUNTY

OREGON

CoC AND HMIS GOVERNANCE

DECLARATION OF ROLES AND RESPONSIBILITIES

Names of Parties Referenced Below:

- Hillsboro/Beaverton/Washington County OR-506 Continuum of Care is a community consortium under the governance of the Housing and Supportive Services Network (HSSN), hereinafter referred to as **CoC**.
- Washington County Department of Housing Services hereinafter referred to as **WCHS**.

Recitals:

- The CoC is the primary decision making body for HUD funded programs for homeless people in Washington County, Oregon.
- The CoC has determined that WCHS will be the CoC Lead Organization and the HMIS (Homeless Management Information System) Lead Organization.
- The U.S. Department of Housing and Urban Development requires all recipients of Federal funds under the Stewart B. McKinney Homeless Assistance Act, as amended by the HEARTH Act, to participate in a Homeless Management Information System (HMIS).
- HMIS is a community-wide computer software application that is designed to capture client-level information including the characteristics of men, women, and children experiencing homelessness and the housing/services provided to them.
- CoC has chosen *ServicePoint* software by Bowman Systems LLC as the HMIS product.
- WCHS has entered into a contract for HMIS software with the City of Portland, administered by the Portland Housing Bureau. This contract enables the CoC to participate in a state-wide HMIS implementation of *ServicePoint* administered by Portland Housing Bureau using.

1. Responsibilities of CoC:

- a) Oversight of the HMIS system in Washington County.
- b) Designation of the CoC HSSN Work Group as the group that will track HMIS implementation and performance.
- c) Enforce compliance that all CoC Program and Emergency Solution Grant (ESG) project recipients and subrecipients participate fully in HMIS, and encourage and support non-HUD funded projects to participate in HMIS.
- d) Ensure accurate data reporting in the CoC Program Homeless Assistance grant application utilizing HMIS data.
- e) Ensure that the HMIS projects receive a priority funding status in the CoC's Priority List in the CoC Collaborative Application submission to HUD.
- f) Require annual HMIS data submission in the HUD Annual Homeless Assessment Report (AHAR), Point-In-Time (PIT) Count and Housing Inventory Chart (HIC) for all Emergency Solution Grant and CoC Program projects.

2. Responsibilities of WCHS as HMIS Lead Organization:


- a) Function as System Administrator for the HMIS in Washington County.
- b) Monitor HMIS security at user and system level.
- c) Provide group and individual training to HMIS users in Washington County.
- d) Provide individualized technical assistance to HMIS users in Washington County.
- e) Assist CoC recipient and subrecipient(s) with specialized reporting needs.
- f) Monitor and promote data quality on a monthly basis.
- g) Recommend continuum-level mechanisms for monitoring and enforcing compliance with approved policies and procedures.
- h) Produce quality data in compliance with Federal reporting, to include the Annual Homeless Assessment Report (AHAR), Point-In-Time (PIT) count and the Housing Inventory Chart (HIC)/
- i) Ensure that pertinent HMIS monitoring is included in the CoC's annual site visit of grantees.
- j) Function as the Washington CoC's liaison to the Regional HMIS Implementation effort.

- k) Ensure compliance with the Portland Housing Bureau contract.
- l) Participate in the statewide HMIS System Administrators' Work Group.
- m) Collaborate with WCHS CoC Lead staff on CoC data needs.
- n) Generate data necessary for CoC Collaborative Application.
- o) Provide grant administration functions for the CoC's dedicated HMIS grant:
 - 1. Prepare data for annual renewal grant application;
 - 2. Identify and secure grant match and leverage funding;
 - 3. Track grant expenditures throughout the project year;
 - 4. Prepare HUD Annual Performance Report (APR) for HMIS dedicated project;

3. Responsibilities of WCHS as CoC Lead Organization:


- a) Provide staffing to the CoC to ensure a sustainable infrastructure.
- b) Coordinate the planning efforts of the CoC.
- c) Organize and advertise CoC meeting schedules.
- d) Ensure distribution and record maintenance of CoC documentation; e.g. meeting minutes, policies, annual work plans in support of the 10-Year Plan, documents.
- e) Coordinate, complete, certify and submit the CoC Collaborative Application.
- f) Coordinate with WCHS HMIS lead staff on CoC data needs.

Housing and Supportive Services Network (Washington County CoC) Policy and Procedure Review Certification:


Annette M. Evans
CoC Chair


Date

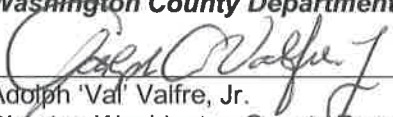
Homeless Program Coordinator, Washington County Department of Housing Services (public agency)


Katherine Galian
CoC Co-Chair


Date

Grant Manager, Community Action Organization (nonprofit agency)

Washington County Department of Housing Services Policy and Procedure Review Certification:


Adolph 'Val' Valfre, Jr.


Date

Director, Washington County Department of Housing Services

Revision History

Date	Version	Description
09/03/2008	1.0	Adopted by the CoC (Housing & Supportive Services Network or HSSN)
12/14/2012	2.0	Amended to include HEARTH Act language, revised Portland Bureau of Housing & Community Development (BHCD) to read Portland Housing Bureau (the statewide HMIS Lead), and add reference to CoC Program and Emergency Solution Grant.
06/03/2015	3.0	Amendment to include signature of newly elected CoC (HSSN) Co-Chair.

Washington County, Oregon Continuum of Care Agency Participation Agreement

This Agreement is entered into on 07/01/2011 (mm/dd/YYYY) between the Washington County, Oregon Department of Housing Services (WCDHS) and «OrgName» (Organization Name) (Participant).

NW Social Service Connections (NWSSC) is the administrative entity that governs a multiple key stakeholder¹ implementation of Management Information System (CMIS/HMIS) used to record and share information among service-providers on services provided to homeless and near homeless Clients. The NWSSC CMIS/HMIS system of choice is ServicePoint. ServicePoint (trademarked and copyrighted by Bowman Systems) is an information system that provides standardized assessment of a Client's needs, creates individualized service plans and records the use of housing and services which communities can use to determine the utilization of services of participating Service Providers, identify gaps in the local service continuum and develop outcome measurements.

The City of Portland, Portland Housing Bureau (PHB) is the owner and operator of the NWSSC CMIS/HMIS and serves as the NWSSC System Administrator and custodian of data in the CMIS/HMIS. The lead organization for NWSSC is the City of Portland, Portland Housing Bureau (PHB) in partnership with key stakeholder¹ organizations with PHB Intergovernmental Agreements. The NWSSC System Administrators are ServicePoint dedicated program staff from PHB, additionally each of the key stakeholder¹ organizations may have identified staff functioning as local ServicePoint System Administrators.

Any documentation, agreements, policies and forms created for use with NW Social Service Connections CMIS/HMIS must incorporate all NW Social Service Connections CMIS/HMIS policies, agreements, and documents and be no less restrictive.

In this agreement, "Participant" means (insert Organization name); "Client" is a consumer of services.

This agreement is between WCDHS and «OrgName» (Participant). Additional organizations may join CMIS/HMIS in accordance with the NW Social Service Connections CMIS/HMIS Policies and Procedures.

- A. Consideration: Participant agrees to pay WCDHS an annual software support charge for each year the Participant uses the CMIS/HMIS. At the time of execution of this agreement, it is estimated that Annual User Support will cost no more than \$300 per user, per year. If at any time the Annual User Support charge exceeds \$300 per user, all Participants will be notified in writing of the change. Payments are due within thirty (30) days of invoice.
1. Operating Policies: Participant agrees to follow and comply with all of the following applicable policies and procedures, each of which may be modified by NWSSC CMIS/HMIS System Administrators which are attached hereto and incorporated herein by this reference:
 - Security Addendum
 - Attachment A - NW Social Service Connections CMIS/HMIS Policies and Procedures
 - Attachment B - NW Social Service Connections CMIS/HMIS Community Data Standards
 - NW Social Service Connections Data Expectations and Exceptions
 - Attachment C - NW Social Service Connections Remote Access policy

¹ Contact NWSSC System Administrator for the list of key stakeholders

Washington County, Oregon Continuum of Care Agency Participation Agreement

- Attachment D - NW Social Services Connections User Agreement
 - Attachment E - NW Social Services Connections CMIS/HMIS and HIPPA
 - Attachment F – Notice of Uses and Disclosures, Intake and Consent/Release of Information
 - CMIS/HMIS Intake Form
2. Technical Support: Bowman Systems is providing hosting services for NW Social Service Connections and Service Point. Bowman provides hosting, maintenance, monitoring, and administration for servers. The System Administrators and Bowman will provide continuing technical support as related to the ServicePoint system within budgetary constraints. Participating agencies will identify staff that will use the system and receive user licenses. If the agreement is terminated, PHB and NWSSC System Administrators will revoke user licenses, and the Participant shall promptly return any documentation to the System Administrators. Bowman Systems shall operate and maintain the network server, software, and any other network or communication devices at the host site, which is necessary for the proper functioning of the ServicePoint system. Participant shall provide and maintain its own computers and connection to the Internet.
3. Computers: Security for data maintained in NW Social Service Connections CMIS/HMIS depends on a secure computing environment. Computer security is adapted from relevant provisions of the Department of Housing and Urban Development's (HUD) "Homeless Management Information Systems (HMIS) Data Standards Manual." Agencies are encouraged to directly consult that document for complete documentation of HUD's standards relating to CMIS/HMIS.
- <https://www.hudexchange.info/resource/3826/hmis-data-standards-manual/>
HMIS Data Standards Manual (PDF)
Data Entry for HMIS Critical Data Standards Changes (PDF)
- PHB and Community Stakeholders may add additional standards and will provide notice(s) to Participants.
4. Training: Participant is responsible for training related to basic computer skills as well as confidentiality and ethics training. The System Administrators shall assure the provision of training of necessary Participant staff in the use of ServicePoint. The System Administrators will provide training updates, as necessary and reasonable due to staff changes and changes in technology.
5. Data: Participant shall not be denied access to Client data entered by the Participant. Participant is bound by all restrictions placed upon the data by the Client of any participant. Participant must diligently record and take all other appropriate actions to assure ServicePoint includes and reflects all restrictions or release of sharing records the Client has requested. Participant must also keep on file all Release of Information forms, including NWSSC CMIS/HMIS Client Consent/Release of Information Forms. A Client may not be denied access to their own records.

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

If this agreement is terminated, the System Administrators shall provide to the Participant an electronic copy of their Client data. A hardcopy form will be available, upon written request, within seven (7) working days. Nonetheless, the System Administrators and remaining participants shall continue a right of use of all Client data previously entered by the terminating participant. This use is subject to restrictions requested by the Client and may be used only in furtherance of the purpose of the NWSSC CMIS/HMIS application.

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6. Confidentiality of Information: Participant understands that participation in the NWSSC CMIS/HMIS system will make confidential information in the Client Profile available to other participants as outlined in the NWSSC CMIS/HMIS Policies and Procedures. It is the responsibility of Participant to observe all applicable laws and regulations regarding Client confidentiality. Only Client specific data approved for release by the Client and properly recorded by the Participant shall be accessible to other participants. The Participant will provide staff training in privacy protection, for their ServicePoint users.

If a Client withdraws consent for sharing of information (release of information), Participant remains responsible to ensure that the Client's information is restricted at the Client Profile level and therefore unavailable to other participants. If Participant terminates this agreement, Participant must notify the NWSSC CMIS/HMIS and lead organization System Administrators of the withdrawal. System Administrators and remaining participants shall continue a right of use of all Client data previously entered by the terminating Participant. This use is subject to restrictions requested by the Client and may be used only in furtherance of the purpose of the NWSSC CMIS/HMIS application.

Aggregate data may be made available by CMIS/HMIS lead organizations to other entities for funding or planning purposes pertaining to providing services to the homeless. However, data released by the CMIS/HMIS lead organizations must never directly identify individual Clients.

De-identified data sets may be used for unduplicated counting, planning and research activities.

All data will be archived from ServicePoint no later than seven years after being entered or after last being modified.

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

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

10. Limitation of Liability: WCDHS, PHB and Key Stakeholders¹ shall not be liable to Participant for any cessation, delay or interruption of services, nor for any malfunction of hardware, software or equipment to the extent that any such event is beyond reasonable control. If such an event continues for more than 30 days, Participant may terminate this agreement immediately upon written notification to WCDHS, the System

Washington County, Oregon Continuum of Care Agency Participation Agreement

Administrators, PHB, Key Stakeholders¹, and other participants. If Participant terminates thereby, the parties shall seek mutual resolution to any dispute.

11. Disclaimer of Warranties: WCDHS and the System Administrators make no warranties, expressed or implied, including the warranties or merchantability and fitness for a particular purpose, to any Participant or any other person or entity as to the services of the ServicePoint system or to any other matter.
12. Term and Termination: This Agreement shall remain in-force until revoked in writing by either party with 30 days advance written notice. This agreement will be superceded by any additional or alternative agreements presented by WCDHS, PHB and Key Stakeholders¹.
13. Amendments and Waivers: This agreement cannot be altered or modified except in writing signed by the Participant and WCDHS. No waiver of any right under this agreement is effective except by a writing signed by the Participant, WCDHS. No waiver or breach shall be considered a waiver or breach of any other provision neither of this agreement nor of any subsequent breach or default. Participant shall get notice by WCDHS of any breach or waiver of a breach.
14. Notices: All notices, between Participant and WCDHS under this agreement must be in writing.
15. Scope of Agreement: This agreement, together with attachments and any referenced material, is the entire agreement between the parties and is binding upon the parties and any permitted successors or assigns.
16. Applicable Law: This agreement is governed by and subject to the laws of the State of Oregon. No legal cause of action arising from this agreement may be brought except in courts with designated jurisdiction over Washington County, OR.
17. Display of Notice: Pursuant to the notice published by the Department of Housing and Urban Development (HUD) on July 30, 2004, Participant will prominently display the Notice to Clients of Uses & Disclosures (Privacy Notice to Clients) in its program offices where intake occurs and will take appropriate steps to ensure that all Clients whose information is entered into or accessed from CMIS/HMIS, read and understand the contents of the Notice. The Notice will be substantially in the form of the **Notice to Clients of Uses & Disclosures**, except that (a) where an Organization's treatment of information is materially limited by other applicable laws or requirements, the Participant's Notice must reflect the more stringent requirements, and (b) Participant will update its Notice whenever NWSSC CMIS/HMIS updates and distributes a new form of Notice to Clients of Uses & Disclosures. Participant will provide a written copy of the Participant's Notice then in effect to any Client who requests it and will provide a copy of such Notice to all Clients who are asked to sign a Client Consent/Release of Information Form. Participant will maintain documentation of compliance with these notice requirements by, among other things, maintaining copies of all Notices it uses and the dates upon which they were first used.

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ASSURANCE

«OrgName» (Participant) assures that the following fully executed documents will be on file and available for review.

- The Participant's Confidentiality Policy.
- The Participant's Grievance Policy, including a procedure for external review.
- The Participant's official Privacy Notice for NWSSC clients.
- Executed Client Release of Information forms.
- Executed Participant Authorizations for Release of Information as needed.
- Certificates of Completion for required training for all NWSSC System Users.
- A fully executed User Agreement for all NWSSC System Users.
- A current copy of the NWSSC Policy and Procedures.

Signature

«Signatory»

Printed Name

Date (mm/dd/yyyy)

**Washington County, Oregon Continuum of Care
Agency Participation Agreement**

EXTENT OF AGREEMENT

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

Washington County, Oregon
Department of Housing Services
111 NE Lincoln Street, Suite 200-L
Hillsboro, Oregon 97124

PARTICIPANT

«OrgName»
«Address»
«CityStZip»

Signature

Signature

Printed Name

«Signatory»
Printed Name

Title

Title

Date (mm/dd/yyyy)

Date (mm/dd/yyyy)

**Washington County, Oregon Continuum of Care
Agency Participation Agreement**

Security Addendum

This Addendum, effective this the 1st day of July, 2011, ("Effective Date") is entered into by the Washington County Department of Housing Services (WCDHS) and «OrgName» (Business Associate).

- A. WCDHS and Business Associate are parties to a Business Associate Agreement and/or one or more Agreements containing assurances from WCDHS and Business Associate about the safeguarding of Protected Health Information (PHI) disclosed to, created by or received by Business Associate in the course of Business Associate's providing services to Business Associate Clients. As used herein "Business Associate Agreement" shall mean each of the Agreements described in the preceding sentence.
- B. The parties desire to amend each Business Associate Agreement to include assurances from Business Associate concerning electronic PHI, as required by the Security Standards (45 CFR parts 160, 162 and 164) promulgated pursuant to the Health Insurance Portability and Accountability Act.
- C. Except as expressly provided below, capitalized terms used herein shall have the meaning given them in the Business Associate Agreement.

Now therefore, the parties agree as follows:

- 1. **Amendment of Business Associate Agreement.** Each Business Associate Agreement shall be amended to include the following provisions:

Compliance with Security Regulations. Beginning no later than April 21, 2005 and continuing thereafter, with respect to any electronic PHI that Business Associate creates, receives, maintains, or transmits, Business Associate shall:

- a. Implement administrative safeguards, physical safeguards and technical safeguards that reasonable and appropriately protect the confidentiality, integrity and availability of the electronic PHI, as required by the Security Standards;
 - b. Ensure that any agent, including a subcontractor, to whom it provides such electronic PHI agrees to implement reasonable and appropriate safeguards to protect it; and
 - c. Report to WCDHS any attempt or successful unauthorized access, use, disclosure, modification, or destruction of electronic PHI, or interference with system operations in an information system, of which it becomes aware.
- 2. **No Other Amendment.** Except as expressly amended by this Addendum, all remaining terms of each Business Associate Agreement shall remain in full force and effect.

The parties have caused this Addendum to be executed by their respective, duly authorized representatives

**Washington County, Oregon Continuum of Care
Agency Participation Agreement**

ADOPTED AND AGREED:

Washington County, Oregon
Department of Housing Services
111 NE Lincoln Street, Suite 200-L
Hillsboro, Oregon 97124

PARTICIPANT

«OrgName»
«Address»
«CityStZip»

Signature

Signature

Printed Name

«Signatory»
Printed Name

Title

Title

Date (mm/dd/yyyy)

Date (mm/dd/yyyy)

**Washington County, Oregon Continuum of Care
Agency Participation Agreement**

Attachment A

**NW Social Service Connections
CMIS/HMIS Policies and Procedures**

1. SERVICEPOINT: CMIS/HMIS SYSTEM

Client Management Information System (CMIS)/Homeless Management Information System (HMIS) is a locally administered, electronic data collection system that stores longitudinal person-level information about persons who access the service system.

City of Portland, Portland Housing Bureau (PHB) has instituted the use of ServicePoint as the CMIS/HMIS system in response to Congressional Directive and U.S. Department of Housing and Urban Development (HUD) support for Homeless Management Information Systems (HMIS).

ServicePoint (trademarked and copyrighted by Bowman Systems) is a web based Client Information System that provides standardized assessment of a Client's needs, creates individualized service plans and records the use of housing and services which communities can use to determine the utilization of services of participating Service Providers, identify gaps in the local service continuum and develop outcome measurements.

For more information regarding Client/Homeless Management Information Systems (CMIS/HMIS) Policy and Procedures, please contact the CMIS/HMIS System Administrator.

2. PROJECT OVERVIEW

NW Social Service Connections (NWSSC) is the administrative entity that governs a multi Continuum of Care implementation of CMIS/HMIS used to record and share information among service-providers on services provided to homeless and near homeless Clients.

The City of Portland, Portland Housing Bureau (PHB) is the owner and operator of the NWSSC CMIS/HMIS and serves as the NWSSC System Administrator and custodian of data in the system. The lead organizations for NWSSC are: City of Portland, Portland Housing Bureau (PHB); Multnomah County, Department of County Human Services, School & Community Partnerships (SCP); Clackamas County (CC); and Washington County (WC), and any additional lead organizations in accordance with PHB Intergovernmental Agreements.

The NWSSC System Administrators are ServicePoint dedicated program staffs from PHB, additionally each of the lead organizations have identified staff functioning as ServicePoint System Administrators for their respective jurisdictions.

3. CONTACT INFORMATION

Portland Housing Bureau

421 SW 6th Avenue, Suite 500

Portland, OR 97204

<http://www.portlandonline.com/PHB/>

Washington County, Oregon Continuum of Care Agency Participation Agreement

System Administrator

Veronica Clevidence

503-846-4773

veronica_clevidence@co.washington.or.us

4. PURPOSE

This document is to define the general requirements and provide an overview of the CMIS/HMIS System.

5. SCOPE

These Policies and Procedures apply to ALL Persons or Organizations, using any portion of the CMIS/HMIS system.

6. GOVERNING PRINCIPLES

- 6.1. ALL Persons using CMIS/HMIS are expected to read, understand, and adhere to the HMIS Data Standards Manual (<https://www.hudexchange.info/resource/3826/hmis-data-standards-manual/>) and the Department of Housing and Urban Development Homeless Management Information Systems Data Standards (<https://www.hudexchange.info/resource/1220/final-hmis-data-standards/>)
- 6.2. ALL Persons using CMIS/HMIS are expected to read, understand, and adhere to the spirit of these principles, even when the Policies and Procedures do not provide specific direction.
- 6.3. All information entered into the CMIS/HMIS system, the Service Providers, Participants, their respective staff, and end users are bound by all applicable federal and state confidentiality regulations and laws that protect the Client records that will be placed on the HMIS system; in accordance with the Participation Agreement.
- 6.4. Clients may not be denied access to their own records. Clients have the right to see their information on ServicePoint, within the time frame specified in the Privacy Notice to Clients. If a Client requests, the Participant/User must review the information with the client.
- 6.5. Bowman Internet Systems will host our implementation of ServicePoint; all Client information in ServicePoint is encrypted.
- 6.6. Confidentiality
 - 6.6.1. The rights and privileges of clients are crucial to the success of CMIS/HMIS. These policies will ensure clients' privacy without impacting the delivery of services, which is the primary focus of agency programs participating in this project.
 - 6.6.2. Policies regarding client data are founded on the premise that a client owns his/her own personal information and provide the necessary safeguards to protect client, agency, and policy level interests.
- 6.7. Data Integrity
 - 6.7.1. Client data is the most valuable and sensitive asset of CMIS/HMIS. These policies will ensure integrity and protect this asset from accidental or intentional unauthorized modification, destruction or disclosure.
- 6.8. System Availability
 - 6.8.1. The availability of a centralized data repository is necessary to achieve the ultimate system/community wide aggregation of unduplicated statistics. The System Administrators are responsible for ensuring the broadest deployment and availability for participating service providers.
- 6.9. Compliance

Washington County, Oregon Continuum of Care Agency Participation Agreement

- 6.9.1. Violation of the policies and procedures set forth in this document will have serious consequences. Any deliberate or unintentional action resulting in a breach of confidentiality or loss of data integrity may result in the withdrawal of system access for the offending entity.

7. DEFINITIONS

- 7.1. Refer to Homeless Management Information System (HMIS) Data Standards- Revised Notice – March 2010 Section 1.4 Definitions for terms used throughout the notice and applicable to CMIS/HMIS.
- 7.2. Refer to CMIS/HMIS Community Data Standards Section 2. Definitions for terms commonly used throughout the Portland/Gresham/Multnomah County CoC and community but are not included in the Final Revised HMIS Data Standards; March 2010 for HUD definitions.
- 7.3. Refer to funder or program documentation for terms used by those funders or programs.

8. EQUIPMENT, MATERIALS AND SUPPLIES

- 8.1. Participating Agencies are responsible for providing their own technical support for all Hardware and Software systems used to connect to CMIS/HMIS.
- 8.2. Computer Workstation (PC, Personal Computer).
 - 8.2.1. Minimum hardware and software requirements for workstations (subject to change).
 - 8.2.1.1. Computer: PC with a 2 Gigahertz or higher processor
 - 8.2.1.2. 40GB Hard Drive
 - 8.2.1.3. 512 MB RAM
 - 8.2.1.4. Microsoft Windows 2000 or XP
 - 8.2.1.5. Browser: Most recent version of Microsoft Internet Explorer or Firefox
 - 8.2.1.6. Connectivity: Minimum - 56 Kbps | | Optimal – 128 Kbps – 1.5 mps

9. FORMS and DOCUMENTS (incorporated by addendum and subject to change)

- 9.1. Homeless Management Information Systems (HMIS); Data and Technical Standards - Final Notice - August 2005
- 9.2. Homeless Management Information System (HMIS) Data Standards – Revised Notice – March 2010
- 9.3. Participation Agreement
- 9.4. User Agreement
- 9.5. CMIS/HMIS Privacy Notice
- 9.6. Community Data Standards
- 9.7. Data Element Matrix
- 9.8. Schedule of aggregate report pulls
- 9.9. Release of Information Authorization Form: Shall be used for Clients whom ServicePoint information will be made available to other CMIS/HMIS participating organizations. (Not part of the addendum as this is the Organization's own document)

10. CONFIDENTIALITY & SECURITY

- 10.1. CMIS/HMIS System administrators have full and complete access to all ServicePoint features and functions for their respective jurisdictions. If it is requested, the CMIS/HMIS system administrator must be willing to sign the confidentiality oaths of the Affiliated Service Providers.
- 10.2. For all information entered in the CMIS/HMIS system the Service Providers, Users and Agencies are bound by all applicable federal and state confidentiality regulations and laws that protect the Client records that will be placed on the CMIS/HMIS system.

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Agency Participation Agreement**

- 10.3. Any requests for release of information, including court orders and subpoenas, shall be referred to PHB. The Service Provider/User agrees not to release any confidential information received from the CMIS/HMIS database to any non affiliated service organization or individual.
- 10.4. The Service Provider shall ensure that all staff, volunteers and other persons are issued a unique User ID and password for CMIS/HMIS and receive confidentiality training on the use of CMIS/HMIS and applicable confidentiality laws.
 - 10.4.1. The Service Provider is responsible to contact the Agency or System Administrator for revoking, adding or editing User access in a timely manner.
- 10.5. Unauthorized disclosure of Protected Personal Information may be grounds for legal action.
- 10.6. Sharing of CMIS/HMIS data among Affiliated Service Providers is encouraged but not required. The CMIS/HMIS data items excluded from sharing include medical, legal, case management, case notes, and file attachments, unless specifically released by Client.
- 10.7. HIPAA Privacy Rules take precedence over CMIS/HMIS privacy standards. If an agency is a HIPAA covered agency, they must abide by HIPAA regulations.
- 10.8. Creating anonymous records may mean that reports will not provide a true unduplicated count and therefore this option should only be used if absolutely necessary. Please contact the System Administrator for other options.
- 10.9. ServicePoint™ shall only be accessed from the Organization's network, desktops, laptops, and mini-computers.
 - 10.9.1. NWSSC System Administrators are allowed to access the database from remote locations for purposes specific to their job. All staff that access the database remotely must meet the standards detailed in the System Security (above) and may only access it for activities directly related to their job. These approved remote locations include:
 - 10.9.1.1. Private Home office to provide system support as needed.
 - 10.9.1.2. Community Agency offices to support agency use of the system.
 - 10.9.1.3. Private Hotel Rooms on secure networks when providing services while in the field.
 - 10.9.1.4. Training Centers when providing services in the field.
- 10.10. Remote Access (In special circumstances access from remote locations may be permitted after application and approval by Agency and System Administrators)
 - 10.10.1. The ServicePoint Remote Access Agreement must be completed and submitted for approval.
 - 10.10.2. The Agency Administrator must review the need for remote access and investigate other options.
 - 10.10.3. If no other valid options are available the Agency Administrator must approve in writing remote access for a user.
 - 10.10.4. Once remote access agreement has been approved and signed by the Agency Administrator a copy will be filed with the System Administrators for final approval.
 - 10.10.5. Remote Access is subject to change at the NWSSC System Administrator's discretion.
 - 10.10.6. Agency and System Administrators will periodically audit all remote access.
- 10.11. Public Key Infrastructure (PKI)
 - 10.11.1. When a computer is used for ServicePoint, the Service Provider is responsible to contact the System Administrator for the PKI Certificate, password and installation instructions.
 - 10.11.2. When a computer is no longer used for Service Point, the service provider needs to remove the PKI Security Certificate .

11. ROLES AND RESPONSIBILITIES

- 11.1. If it is requested of the CMIS/HMIS system administrators he must be willing to sign the confidentiality oaths of the Affiliated Service Providers.

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11.2. PHB and the NWSSC System Administrator

- 11.2.1. Liaison With HUD
- 11.2.2. Project Staffing
- 11.2.3. Overall Responsibility For Success Of NWSSC CMIS/HMIS
- 11.2.4. Creation Of NWSSC Project Forms And Documentation
- 11.2.5. NWSSC Project Policies And Procedures And Compliance
- 11.2.6. Keeper Of Signed Memorandums Of Understanding and Intergovernmental Agreements
- 11.2.7. Procurement/Renewal of Server Software And Licenses

11.3. ALL Lead Organizations

- 11.3.1. Liaison with NWSSC System Administrator
- 11.3.2. Project Staffing
- 11.3.3. Creation of Local project Forms and Documentation
- 11.3.4. Data quality reviews
 - 11.3.4.1. Data Quality
 - 11.3.4.2. Data Validity
 - 11.3.4.3. Data Completeness
- 11.3.5. Adherence To HUD Data Standards
- 11.3.6. Adherence to Community Data Standards
- 11.3.7. Adherence to Project Data Standards
- 11.3.8. User Administration
 - 11.3.8.1. Manage User Licenses
 - 11.3.8.2. Process User Agreement forms
- 11.3.9. Training
 - 11.3.9.1. Curriculum Development
 - 11.3.9.2. Training Documentation
 - 11.3.9.3. Confidentiality Training
 - 11.3.9.4. Application Training For Agency Administrators and End Users
 - 11.3.9.5. New Provider training
 - 11.3.9.6. Upgrade, enhancement, refresher or other training
- 11.3.10. Outreach/End User Support/Technical Assistance/Password Resets
 - 11.3.10.1. Password Resets require some sort of user Identity verification.
- 11.3.11. Coordinate any application customizations with the NWSSC System Administrator
- 11.3.12. Will use universal naming conventions, in order to better standardize, when creating new assessment questions, sub-assessments, and any other system wide modifications.
- 11.3.13. All Local documentation including P&Ps and agreements must be no less restrictive than NWSSC documents.

11.4. Contributory HMIS Organization (CHO) Responsibilities:

- 11.4.1. The CHO must make available to users a secure system to access ServicePoint, including but not limited to firewall and virus protection.
- 11.4.2. The CHO must be current all related contracts.
- 11.4.3. The CHO shall follow, comply with and enforce the Agency Agreement.
- 11.4.4. The CHO shall abide by all data standards and all policies and procedures.
- 11.4.5. The CHO shall keep abreast of all ServicePoint updates and policy changes.
- 11.4.6. The CHO shall identify and approve their respective Agency Users.
- 11.4.7. The CHO shall designate one User to be the Agency's Key User/Agency Administrator.

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- 11.4.8. The CHO shall be responsible for entering Client data (profile, household, needs, services, referrals, any other Client data you may require), following up on referrals, and running reports in a timely manner.
- 11.4.9. The CHO shall have representation at agency administrators/regional data quality review meetings.
- 11.4.10. The CHO shall collect data on all clients as called out in the Data Element Matrix
- 11.4.11. CHO Exceptions may include non-homeless CMIS organizations, and DV Comparable database organizations. Please contact the System Administrator for information and waiver.

11.5. User Responsibilities:

- 11.5.1. The User shall provide an email contact to the System Administrators for communication purposes.
- 11.5.2. The User shall follow, comply with and enforce the User Agreement.
- 11.5.3. The User shall comply with all data standards and policies and procedures.
- 11.5.4. Each User is provided with an access level as required by his/her role. This access level controls who can see which information, lower levels of access allow ONLY viewing of basic demographics, while the middle levels of access allow additional information to be viewed. The highest levels of access are limited to administrators. Confidentiality is a primary concern and these levels of access help control access to information.
- 11.5.5. Every User of the CMIS/HMIS system is authenticated with a unique User ID and password. This provides a level of security and accountability for the CHO's database. Sharing of User IDs or passwords is forbidden.
- 11.5.6. The User shall only enter individuals in the CMIS/HMIS database that exist as Clients under the Service Provider's approved area of service. The User shall not misrepresent its Client base in the CMIS/HMIS database by entering known, inaccurate information. The User shall not knowingly enter false or misleading data under any circumstances.
- 11.5.7. The User shall consistently enter information into the CMIS/HMIS database and will strive for Real Time data entry, and be obligated to weekly data entry.
- 11.5.8. The User will not alter information, with known inaccurate information, in the CMIS/HMIS database that has been entered by another Service Provider (i.e. Service Provider will not purposefully enter inaccurate information to over-ride information entered by another Service Provider).
- 11.5.9. The User shall utilize the CMIS/HMIS database for business purposes only.
- 11.5.10. The User shall not use the CMIS/HMIS database with intent to defraud federal, state or local governments, individuals or entities, or to conduct any illegal activity.
- 11.5.11. The User shall not cause in any manner, or way, corruption of the CMIS/HMIS database in any manner.
- 11.5.12. In the event that data entry cannot be made Real Time and the User utilizes hard copy paper forms, once the data has been entered into CMIS/HMIS, the forms shall be securely stored or suitably disposed of.
- 11.5.13. The User shall enter data into CMIS/HMIS
 - 11.5.13.1. Universal Data elements shall be entered on all Clients.
 - 11.5.13.1.1. In addition to the Universal Data elements all HUD Funded CHO Users, at a minimum, shall also enter the additional data elements required by the Data Standards for all Clients.
 - 11.5.13.1.2. In addition to the Universal Data elements all City of Portland Funded CHO Users, at a minimum, shall also enter data on all clients as called out in the Data Element Matrix.

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- 11.5.13.1.3. In addition to the Universal Data elements all Continuum of Care OR-501 housing provider Users, at a minimum, shall also enter data on all clients as called out in the Data Element Matrix.
- 11.5.13.1.4. In addition to the Universal Data elements all Non-HUD funded CHO Users, at a minimum, shall also enter funder or program specific data elements as required.
- 11.5.14. Sharing data is optional but entering data is not optional. An ROI shall be completed by all clients, even if not sharing data.
- 11.5.15. The User is responsible for data entry accuracy and correctness.
- 11.5.16. The User shall log off the CMIS/HMIS and shut down the browser when not using CMIS/HMIS.
- 11.5.17. The User shall utilize the password protected screen savers that automatically turn on to mitigate the burden of shutting down the workstation when momentarily stepping away from the work area.
- 11.5.18. Report any discrepancies in the use of the PHB CMIS/HMIS system, including without limitation access of information and entry of information, to the Service Provider Key User or to the System Administrator.
- 11.5.19. The User shall periodically, when instructed by the Agency or System Administrator, run and review audit reports, making corrections to ensure data accuracy and completeness.

11.6. Key User/Agency Administrator Responsibilities:

- 11.6.1. The Key User/Agency Administrator shall observe all User Responsibilities.
- 11.6.2. The Key User/Agency Administrator shall use Agency NewsFlash only for distribution of CMIS/HMIS information.
- 11.6.3. The Key User/Agency Administrator shall act as the first level of Service Provider administration and support in the CMIS/HMIS system.
- 11.6.4. The Key User/Agency Administrator shall be responsible for the initial training of new Users in his/her Agency.
- 11.6.5. The Key User/Agency Administrator shall regularly run and review audit reports to ensure policies are being followed by staff.
- 11.6.6. The Key User/Agency Administrator will be responsible for monitoring all User access within their own Agency.

11.7. System Administrators Group

- 11.7.1. Is made up of at least 1 representative from each of the lead organizations of the NWSSC CMIS/HMIS and other participant representatives or advocates as invited by the NWSSC Administrators.
- 11.7.2. Review and make recommendations on all NWSSC HMIS documents, attachments, and related forms
- 11.7.3. Identify and prioritize system enhancements
- 11.7.4. Determine the guiding principles that should underlie the HMIS implementation activities of the project and participating organization and service programs
- 11.7.5. Setting minimum data collection requirements
- 11.7.6. Encourage continuum-wide provider participation
- 11.7.7. Facilitate consumer involvement
- 11.7.8. Recommend criteria, standards, and parameters for the usage and release of all data collected as part of the HMIS
- 11.7.9. Recommend continuum-level mechanisms for monitoring and enforcing compliance with the approved policies and procedures
- 11.7.10. Enhance the implementation and operations of the system for service-providers so they can protect the interests and privacy of their clients

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- 11.7.11. Enhance and improve the quality of data being reported to various levels throughout the Continuum
- 11.7.12. Create and implement procedures for additional system issues for Participating Agencies.

11.8. ServicePoint Agency Administrator Group

- 11.8.1. Agency Administrator Group will be established for the purpose of addressing implementation and ongoing operational issues.
- 11.8.2. Identify and prioritizing system enhancements
- 11.8.3. Providing feedback on system performance
- 11.8.4. Brainstorming the best uses of the HMIS
- 11.8.5. Regularly reviewing compliance with all NWSSC HMIS policies, agreements, and other requirements
- 11.8.6. Reviewing data quality and providing feedback to improve data quality

12. DATA STANDARDS

- 12.1. Homeless Management Information System (HMIS) Data Standards – Revised Notice – March 2010
- 12.2. Homeless Management Information Systems (HMIS); Data and Technical Standards - Final Notice - August 2005
- 12.3. Community Data Standards (may be revised at the discretion of the NWSSC System Administrator)
- 12.4. Data Element Matrix (may be revised at the discretion of the NWSSC System Administrator)

13. DATA EXPECTATIONS

- 13.1. Data will be entered within 5 business days of client contact
- 13.2. Data will be entered in a timely manner to meet aggregate reporting needs
- 13.3. Data accuracy will be no less than 95% (The file matches data entry)
- 13.4. Universal Data Elements Null/Missing Values will not exceed 5%
- 13.5. Universal Data Elements Refused/Don't Know Values will not exceed 5%
 - 13.5.1. Refused/Don't Know responses are client identified, not the case manager or data entry person's assessment.
- 13.6. No outstanding Corrective Actions from last NWSSC CMIS/HMIS Monitoring

14. REPORTS/DATA SUBMISSIONS

- 14.1. System or Community Wide reporting is done on a regular basis without notification. Refer to the Schedule of aggregate reports pulls document for timelines.
 - 14.1.1. Electronic Data Transfers may occur, with appropriate agreements in place.
 - 14.1.1.1. State MDR/OPUS
 - 14.1.1.2. County/ TOURS
 - 14.1.1.3. Others as needed, with appropriate agreements in place.
- 14.2. NWSSC CMIS/HMIS Standard reports include, but are not limited to
 - 14.2.1. SHAR
 - 14.2.2. ACDC
 - 14.2.3. Entry/Exit or APR
- 14.3. The Service Provider/User's access to data about Clients it does not serve shall be limited based on the current status of any release of information on file.
- 14.4. The general public can request non-identifying aggregate and statistical data, by submitting a data request.

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- 14.5. Non identifying aggregate and statistical data will not contain outliers. Outliers may be removed if they represent less than 5% of any value.
- 14.6. At a minimum, Password secure any document that includes client name or other PPI. Do not email the password with the file.
- 14.7. The CMIS/HMIS System Administrator will address all requests for system or community wide data from entities other than Affiliated Service Providers or clients.
- 14.8. The System Administrator will run system-wide reports to assess the data, quality and level of participation by Affiliated Service Providers. Results of these reports may be shared with Affiliated Service Providers.
- 14.9. The System Administrator may run reports for research use. Information in NWSSC CMIS/HMIS may be used to conduct research related to homelessness and housing programs, service needs, income supports, education and employment, and program effectiveness. Client names and social security numbers will never appear on a research report.

15.PRIVACY REQUIREMENTS

- 15.1. The CHO must post a sign at each intake desk (or comparable location) that explains generally the reasons for collecting this information.
- 15.2. The CHO must publish a privacy notice describing its policies and practices for the processing of PPI and must provide a copy of its privacy notice to any individual upon request.
- 15.3. The CHO must specify in its privacy notice the purposes for which it collects PPI and must describe all uses and disclosures.
- 15.4. If the CHO maintains a public web page, the CHO must post the current version of its privacy notice on the web page.
- 15.5. The CHO must post a sign stating the availability of its privacy notice to any individual who requests a copy.
- 15.6. The CHO must maintain permanent documentation of all privacy notice amendments.
- 15.7. The CHO must allow an individual to inspect and to have a copy of any PPI about the individual.
- 15.8. The CHO must offer to explain any information that the individual does not understand.
- 15.9. The CHO must consider any request by an individual for correction of inaccurate or incomplete PPI pertaining to the individual, The CHO is not required to remove such information but they may mark such information as inaccurate or incomplete or supplement such information.
- 15.10. The CHO must require each member of its staff (including employees, volunteers, affiliates, contractors and associates) to sign (annually or otherwise) a confidentiality agreement that acknowledges receipt of a copy of the privacy notice and that pledges to comply with the privacy notice.
- 15.11. The CHO must require each member of its staff (including employees, volunteers, affiliates, contractors and associates) to undergo (annually or otherwise) formal training in privacy requirements.
- 15.12. The CHO must establish a method, such as an internal audit, for regularly reviewing compliance with its privacy notice.
- 15.13. The CHO must establish an internal or external appeal process for hearing an appeal of a privacy complaint or an appeal of denial of access or correction rights.
- 15.14. The CHO must protect CMIS/HMIS system from malicious intrusion behind a secure firewall.
- 15.15. The CHO must secure any paper or other hard copy containing PPI that is either generated by or for CMIS/HMIS, including, but not limited to report, data entry forms and signed consent forms.

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Attachment B

**NW Social Service Connections
CMIS/HMIS Community Data Standards**

16. Introduction to the NWSSC Community Data Standards Notice

As called out in the Final Revised HMIS Data Standards; March 2010 (<http://www.hmis.info/ClassicAsp/documents/Final%20HMIS%20Data%20Standards-Revised%203.pdf>); HUD Program Descriptor Data Elements, Universal Data Elements, Program-Specific Data Elements, and Homelessness Prevention and Re-Housing Program Data Elements; are collected and entered as appropriate. Based on the special reporting needs of NWSSC, the Continuum of Care (OR-501), the City of Portland, other program specific needs, as well as best practices we are implementing these data standards at a local level. The intention is to allow for the collection and reporting of standardized client and program-level data on homeless service usage among programs within our community.

The NWSSC CMIS/HMIS is the principal source of data for Continuum of Care (OR-501) reporting including, but not limited to, Home Again: a 10-year plan to end homelessness in Portland and Multnomah County.

17. Definitions

This section defines terms commonly used throughout the community but are not included in the Final Revised HMIS Data Standards; March 2010 for HUD definitions. This list is not all-inclusive and is subject to change.

- **ACDC** - Active Client Demographic Count (considered a CoC Standard Report)
- **Adult** –An adult is any person 18 years of age or older.
- **Anonymous Client** - A client entered into the CMIS/HMIS with a unique computer generated identifying code used in lieu of actual client name. Contact PHB for more information.
- **B2H** – Bridges to Housing
- **BEST** - Benefits Eligibility Specialists Team
- **Children** – Children are defined as any person under the age of 18.
- **~Chronically Homeless-** HUD has broadened the definition of Chronic to be: either individual or family, in that the individual or family--
 - (i) is homeless and lives or resides in a place not meant for human habitation, a safe haven, or in an emergency shelter;
 - (ii) has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 1 year or on at least 4 separate occasions in the last 3 years; and
 - (iii) has an adult head of household (or a minor head of household if no adult is present in the household) with a diagnosable substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002)), post traumatic stress disorder, cognitive impairments resulting from a brain injury, or chronic physical illness or disability, including the co-occurrence of 2 or more of those conditions.
- **CMIS** - Client Management Information System
- **Completeness** – Is the client record complete?

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In general, an object is complete if nothing needs to be added to it.

- **Data Element Matrix** – Summary of all Data elements, Subject, Comments/Notes, Values, When Collected, and Program Expectation
- **Data quality** – Accuracy: Does the File match data entry?
Data is of high quality "if they are fit for their intended uses in operations, decision making and planning" (J. M. Juran). Alternatively, the data is deemed of high quality if it correctly represents the real-world construct to which it refers.
- **Domestic violence** - can be defined as a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner. Domestic violence can be physical, sexual, emotional, economic, or psychological actions or threats of actions that influence another person. This includes any behaviors that intimidate, manipulate, humiliate, isolate, frighten, terrorize, coerce, threaten, blame, hurt, injure, or wound someone. (Refer to Violence Against Women Act (VAWA) and Department of Justice for more information <http://www.ovw.usdoj.gov/ovw-fs.htm>)
- **Entry** – ServicePoint procedure used to represent the assistance start date, enrollment in program or point in time that the client becomes reportable
- **Entry Exit Report/ HUD-40118 APR** – Performance report/HUD Annual Performance Report (considered a CoC Standard Report)
- **eSNAPS** - Grants management system for HUD's Homeless Programs
- **Exit** - ServicePoint procedure used to represent the assistance end date, program departure or point in time that the client is no longer reportable
- **HAP** - Housing Authority of Portland
- **HDX** – Homeless Data Exchange
- **HIC** – Housing Inventory Account
- **High resource Using Family** (AKA: Chronically Homeless Family) *developed for Portland/Gresham/Multnomah County's 10-Year Plan to End Homelessness* - must meet the following: Family as defined as a parent(s) or guardian with one or more children; who have High resource usage is based on any family member's involvement with multiple categories listed below within a 12-month period unless otherwise specified.
 - Substance Abuse
 - Mental Health
 - Foster Care (State or Tribal)
 - Corrections
 - Physical and Cognitive Health Issues
 - Domestic Violence/Victim's Services/Issues
 - Homeless/Housing System
 - Mainstream Resources Involvement

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- **Homeless** - Federal Definition of Homeless - The United States Code contains the official federal definition of homeless. In Title 42, Chapter 119, Subchapter I, homeless is defined as:
§11302. General definition of homeless individual
(a) In general
For purposes of this chapter, the term "homeless" or "homeless individual or homeless person" includes-
 1. an individual who lacks a fixed, regular, and adequate nighttime residence; and
 2. an individual who has a primary nighttime residence that is -
 1. a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill);
 2. an institution that provides a temporary residence for individuals intended to be institutionalized; or
 3. a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.
(b) Income eligibility
 1. In general, A homeless individual shall be eligible for assistance under any program provided by this chapter, only if the individual complies with the income eligibility requirements otherwise applicable to such program.
 2. Exception, Notwithstanding paragraph (1), a homeless individual shall be eligible for assistance under title I of the Workforce Investment Act of 1998 [29 U.S.C. 2801 et seq.].
(c) Exclusion, For purposes of this chapter, the term "homeless" or "homeless individual" does not include any individual imprisoned or otherwise detained pursuant to an Act of the Congress or a State law.
- **Household** – A single individual or a group of persons who together apply for, enroll in, or receive services.
- **Households with Children and Adults** - include households composed of at least two persons, one of whom is an adult and one is a child.
- **Households with only children** - are composed only of persons age 17 or under, including unaccompanied youth, adolescent parents and their children, adolescent siblings, or other household configurations composed only of children.
- **Household without Children** – A household that does not include any children, including unaccompanied adults, multiple adult households, and pregnant women not accompanied by other children. For the purposes of reporting, households without children that contain multiple persons should be counted as one (1) household without children.
- **KNAC** – Key Not A Card
- **Leaver** – refers to clients who exited and were not in the program on the last day of the reporting period.
- **MFI** - Median Family Income
- **NWSSC**- Northwest Social Services Connection
- **OTIS** - Outside Transitions into Stability
- **PHB** – Portland Housing Bureau
- **Privacy Notice** - Notice to Clients of Uses & Disclosures
- **Provider /Provider Programs** – Organization or Agency and the assistance programs they operate
- **PSDE** – Program Specific Data Element
- **PSH** - Permanent Supportive Housing

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- **Regulatory compliance** – Do the provider and its users comply to Data Standards and Policies and Procedures?
Regulatory compliance describes the goal agencies aspire to in their efforts to ensure that personnel are aware of and take steps to comply with relevant laws and regulations.
- **ROI** – Release of Information – includes both ROI paper form and electronic transaction for ROI (electronic release only).
- **S+C** - Shelter Plus Care
- **SEA** – City of Portland Service Efforts and Accomplishments
- **ServicePoint** – is the City of Portland, NWSSC Connections, software of choice for HMIS/CMIS. ServicePoint is a product of Bowman Systems, Shreveport LA. ServicePoint is a web-based management information system that allows agencies, coalitions, and communities to manage (real-time) client and resource data. ServicePoint provides client, service and referral tracking, case management, agency and program indexing, and reporting.
 - **ClientPoint** – A module in ServicePoint that allows Users to enter, edit, view, or print Client information. Additionally, ClientPoint offers features such as building and tracking family relationships, restricting Client records, and conducting case management.
 - **ServicePoint** – A module that allows you to add new service items, update status, send and receive referrals, and view a Client's service history (unless restricted). The result is a thorough understanding of a Client's situation and providing Clients quicker access to appropriate services.
 - **ShelterPoint** – A module specifically designed to provide housing providers an efficient method of managing inventory, viewing area availability, and making referrals.
 - **ART** – The reporting module for ServicePoint.
- **SHAR** - Shared Housing Assessment Report (considered a CoC Standard Report)
- **Stayer** –refers to clients who were in the program on the last day of the reporting period. This includes clients who exited the program and re-entered the program before the end of the reporting period.
- **STRA** – Short Term Rent Assistance Program; administrated by HAP
- **Transitional Housing** –
 - (The McKinney-Vento Homeless Assistance Act As amended by S. 896 The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009) The term 'transitional housing' means housing the purpose of which is to facilitate the movement of individuals and families experiencing homelessness to permanent housing within 24 months or such longer period as the Secretary determines necessary.
 - Transitional housing means a project that has as its purpose facilitating the movement of homeless individuals and families to permanent housing within a reasonable amount of time (usually 24 months). Transitional housing includes housing primarily designed to serve deinstitutionalized homeless individuals and other homeless individuals with mental or physical disabilities and homeless families with children.
- **UDE** – Universal Data Element
- **Victim Service Provider** - A nonprofit or nongovernmental organization including rape crisis centers, battered women's shelters, domestic violence transitional housing programs, and other programs whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking. Programs that do not identify any of these populations as their primary mission are not considered victim service providers under VAWA and are not exempt from using HMIS.
- **WESC** - Women's Emergency Service Collaborative

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18.Documentation

- Homeless Status
 - Participants and respective users will record information on the homeless status of all clients entered into ServicePoint.
 - Data must be updated in ServicePoint at each program entry or as soon as possible thereafter and at program exit.
- If a funding program requires that a data element(s) must be collected, then official documentation must be obtained. If the funding source chooses to have these data elements as “optional”, then no official documentation is required (it can be client reported, etc.)
 - SHP funded programs, S+C, SRO – because HUD requires the collection of program-specific data elements (example: 4.3 Physical Disability; 4.4 Developmental Disability; 4.5 Chronic Health Condition; and 4.7 Mental Health) for the purposes of the APR, if the response is “yes”, then the programs are required to obtain official written documentation to back it up.
 - Emergency Shelters – currently no federal funding source requires the collection of program-specific data elements for emergency shelters (only the PSDEs and UDEs are required). Therefore if an emergency shelter chooses to collect any of these data elements, it does NOT require official documentation and it can be client reported, etc.

19.NWSSC CMIS/HMIS Goals

OR-501 Portland/Multnomah County/Gresham CMIS/HMIS Goals include:

- Set common objectives
- Identify indicators/issues for performance measurement and evaluation
- Identify questions suitable for inclusion in community plan evaluations
- Coordinated approach in order to ensure that there is sufficient, consistent and timely information

20.Data Entry requirements

- It is the responsibility of Participants and respective users to ask for all Universal and other required data elements from each client entered into ServicePoint.
 - Exceptions may include non-homeless CMIS organizations. Please contact the System Administrator for information and waiver.
- Data will be entered in a timely manner, within 5 working days following client contact.
- Blanks, Nulls or “unknown” entries in required fields will not exceed 5% per month.
- Complete and accurate data is essential to the system’s success; however it is important to note exceptions.
 - Clients may refuse to provide information without being denied services.
 - In the case where there is a conflict with collecting data and the provision of quality services and/or client safety, providers should not enter personal identifying information or do so at a later time.
 - NWSSC CMIS/HMIS monitoring will include data quality, “Does the file match data entry?” Accuracy will be no less than 95%.
- Although each participant will use ServicePoint in various capacities, the minimum data fields required for all providers regardless of funding source are detailed in the Data Element Matrix.

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21.Shared Outcomes

- Participants will complete all data entry requirements as needed for common goals and objectives reporting
 - Multnomah County/City of Portland/Continuum of Care OR-501 service providers share common goals related to placement and housing retention
 - Placement
 - Housing Outcomes (retention status) at 6 and 12 months, unless otherwise indicated by contract.
 - Other information, as needed, subject to change

22.Client Consent

- The Notice to Clients of Uses & Disclosures must be posted and/or given to each client so that he/she is aware of the potential use of his/her information and where it is stored. No consent is required for the functions articulated in the notice.
- Consent of the individual for data collection is inferred for the circumstances of the collection.
 - “We collect personal information directly from you (the client) for reasons that are discussed in our privacy statement. We may be required to collect some personal information by law or by organizations that give us money to operate this program. Other personal information that we collect is important to run our programs, to improve services for homeless persons, and to better understand the needs of homeless persons. We only collect information that we consider to be appropriate.”
- A client has a right to request entrance into the database as an anonymous client or a restricted client. Contact PHB for more information.
- A completed Release of Information Form is required prior to any electronic information sharing. The ServicePoint ROI procedure must be transacted to effectively share electronic information appropriately.
 - Clients who choose not to authorize sharing of information cannot be denied services for which they would otherwise be eligible.
 - All Client Authorization for ROI forms related to the CMIS/HMIS data sharing will be placed in a file to be located on premises.
 - CMIS/HMIS-related Authorization for ROI forms will be retained for a period of 7 years, after which time the forms will be discarded in a manner that ensures client confidentiality is not compromised.

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**NW Social Service Connections
Data Expectations and Exceptions**

ALL Persons using CMIS/HMIS are expected to read, understand, and adhere to

- The Final Revised HMIS Data Standards; March 2010,
- The Department of Housing and Urban Development Homeless Management Information Systems (HMIS); Data and Technical Standards Final Notice; Notice
- All NW Social Service Connections documentation; including but not limited to the CMIS/HMIS Policies and Procedures and the CMIS/HMIS Community Data Standards

It is the responsibility of Participants and respective users to ask for all Universal and other required data elements from each client and enter into ServicePoint in a timely manner.

We recognize that it may be difficult to obtain all UDEs for all clients entered into the CMIS/HMIS. Exceptions may include non-homeless CMIS organizations. Please contact the System Administrator for information and waiver.

Program Type	Timely Data Entry (days)	Don't Know or Refused	Missing Data
	Not to Exceed		
Emergency Shelter	3	10%	10%
Transitional Housing	5	5%	5%
Permanent Supportive Housing	5	5%	5%
Homeless Outreach	3	10%	10%
Homelessness Prevention and Rapid Re-Housing	5	5%	5%
Services Only	5	10%	10%
Other: Non-Homeless/Non CoC CMIS organizations (i.e. SUN Service System) ¹	N/A	10%	10%
Other: Homeless special programs (i.e. Point in Time Counts) ¹	N/A	10%	10%
Other: TBD	N/A	TBD	TBD
Safe Haven	3	10%	10%
Permanent Housing (i.e. Mod Rehab SRO, Subsidized housing without services)	5	5%	5%
Overall System wide	5	5%	5%

¹ - Data Completeness measured against data elements required by program, NOT against the HUD Universal Data Elements.

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Attachment C

**NW Social Service Connections
REMOTE ACCESS POLICY**

ServicePoint™ is intended only be accessed on-site from the Organization's network, desktops, laptops, mini-computers and any other electronic devices that are web capable .

In special circumstances access from remote locations may be permitted after application and approval by both the Agency and System Administrators.

The Remote Access Policy and Agreement is an extension of the User Agreement and NWSSC CMIS/HMIS Policies and Procedures. The USER shall comply with all Policies, Procedures, Agreements and all rules associate with NWSSC CMIS/HMIS.

The Agency Administrator has the responsibility to assure the user is in compliance with this and all other Policies, Procedures, Agreements and rules associated with NWSSC CMIS/HMIS. The Agency Administrator will regularly, at least annually, audit remote access by associating dates and times to the user's time sheet.

All staff that accesses the database remotely must meet the standards detailed in the System Security (see Policy and Procedures) and may only access it for activities directly related to their job.

Examples of Remote Access:

- Community Agency offices on secure networks to support agency use of the system.
- Training Centers on secure networks when providing services or training in the field.
- Private Agency Onsite Residence Offices on secure networks to complete assigned work duties.
- Agency Administrators or System Administrators only: Private Home office on secure networks to provide system support as needed.

Requirements for Remote Access of NWSSC CMIS/HMIS include:

- System security provisions will apply to all systems where NWSSC CMIS/HMIS is accessed.
- User must certify compliance all NWSSC CMIS/HMIS Policies, Procedures and Agreements.
- User must follow all confidentiality and privacy rules.
- User must assure access only access for activities directly related to their job.
- Remote access will only be on secure networks. (You will not access NWSSC CMIS/HMIS on any non-protected, free, or other network or Wi-Fi).
- Data containing client identifiable information will not be downloaded to any remote access site at any time for any reason.
- Data downloaded for purposes of statistical analysis will exclude client identifiable information.
- All CMIS/HMIS data (electronic and hardcopy), will be securely stored and/or disposed of in such a manner to protect the information.

Application for remote access must be made by completing NWSSC CMIS/HMIS Remote Access Agreement and submitting completed form to the Agency Administrator.

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Upon receipt that Agency Administrator will review and confirm the need for applicant to have remote access. The signed agreement will then be forwarded to the System Administrator for final approval.

The System Administrator will sign and retain the NWSSC CMIS/HMIS Remote Access Agreement, thus authorizing remote access for the identified user. The System Administrator will advise both the Agency Administrator and the User that approval has been granted.

Violation of this or any NWSSC CMIS/HMIS policy or agreement may result in the termination of the User License or Agency Participation.

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Attachment D

**NW Social Service Connections
USER AGREEMENT**

User name: _____ **Organization:** _____

Email: _____

Statement of Confidentiality

Employees, volunteers, and any other persons with access to NW Social Service Connections CMIS/HMIS are subject to certain guidelines regarding use of ServicePoint™. ServicePoint™ contains personal and private information on individuals and all such information must be treated carefully and professionally by all who access it.

Guidelines for use of ServicePoint include:

- The User shall comply with all data standards and policies and procedures.
- ServicePoint™ User Identification and Passwords must be kept secure and are not to be shared.
- Information obtained from ServicePoint™ is to remain confidential, even if my relationship with _____ changes or concludes for any reason.
- The CHO must post a privacy notice describing its policies and practices for the processing of PPI. The User must offer to explain any information that the individual does not understand, and must provide a copy of its privacy notice to any individual upon request.
- Informed client or guardian consent, as documented by a Release of Information form, is required for any data sharing, or disclosure of identifying information and service transactions via ServicePoint™.
- If a client or guardian chooses not to sign Release of Information form, all client information must be closed with no exceptions
- Only general, non-confidential information is to be entered in the “other notes/comments” section of the Client Profile on ServicePoint™. Confidential information, including TB diagnosis, HIV diagnosis or treatment information, domestic violence and mental and/or physical health information, is not permitted to be entered in this section.
- Client records only pertaining to user’s assigned work duties will be accessed.
- Only individuals that exist as clients under the Organization’s jurisdiction may be entered into ServicePoint™.
- Misrepresentation of the client base by entering known, inaccurate information is prohibited.
- Client records are not to be deleted from ServicePoint™, contact NWSSC CMIS/HMIS System Administrators for appropriate action.
- Discriminatory comments based on race, color, religion, national origin, ancestry, handicap, age, sex, and sexual orientation are not permitted in ServicePoint™. Profanity and offensive language are not permitted in ServicePoint™.
- ServicePoint™ is to be used for business purposes only.
- Transmission of material in violation of any United States Federal or State of Oregon regulations or laws is prohibited and includes material that is copyrighted, legally judged to be threatening or obscene, and considered protected by trade secret. ServicePoint™ will not be used to defraud the

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- Federal, State, or local government or an individual entity or to conduct any illegal activity.
- Any unauthorized use, access or unauthorized modification to ServicePoint™ computer system information or interference with normal system operations will result in immediate suspension of your access to ServicePoint™ and may jeopardize your ServicePoint access and/or your employment status.
 - ServicePoint™ shall only be accessed from the Organization's network, desktops, laptops, mini-computers and any other electronic devices that are web capable. In special circumstances access from remote locations may be permitted after application and approval by both the Agency and System Administrators.
 - The User is expected to physically enter the password each time he or she logs on to the system. DO NOT Save passwords in auto-complete settings.
 - Should the User download client identifiable information in any format, he or she will securely store and/or dispose of all electronic and hardcopy in a manner to protect the client's personal information. At a minimum this will require the use of strong password protection, preferably including encryption.
 - This agreement will be superceded by any additional or alternative agreements presented by NWSSC CMIS/ HMIS System Administrators.

Failure to comply with the provisions of this Statement of Confidentiality may result in the termination of the User License or Agency Participation. Your signature below indicates your agreement to comply with this statement of confidentiality. There is no expiration date of this agreement, and may be renewed when System Administrators see the need.

<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <div>Signature</div>	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <div>Printed Name and Title</div>	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <div>Date</div>
<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <div>Witness Signature</div>	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <div>Witness Printed Name and Title</div>	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <div>Date</div>

The User Agreement/Statement of Confidentiality should be kept on file at the Organization or returned to the appropriate lead organization when requested. Forms for individuals no longer employed by the Participant should be kept on file for seven years following date of termination. System Administrators may, at any time, monitor compliance.

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Attachment E

**NW Social Service Connections
CMIS/HMIS and HIPAA**

NW Social Service Connections CMIS/HMIS is not a HIPAA covered entity and therefore not subject to the rules and regulations of HIPAA. HIPAA covered entities may participate in NW Social Service Connections CMIS/HMIS.

HIPAA is the: Health Insurance Portability and Accountability Act of 1996

A Federal law that allows persons to qualify immediately for comparable health insurance coverage when they change their employment relationships. Title II, Subtitle F, of HIPAA gives HHS the authority to mandate the use of standards for the electronic exchange of health care data; to specify what medical and administrative code sets should be used within those standards; to require the use of national identification systems for health care patients, providers, payers (or plans), and employers (or sponsors); and to specify the types of measures required to protect the security and privacy of personally identifiable health care information. Also known as the Kennedy-Kassebaum Bill, the Kassebaum-Kennedy Bill, K2, or Public Law 104-191.

(<http://www.hhs.gov/ocr/privacy/hipaa/administrative/securityrule/index.html>)

HMIS: Homeless Management Information System

CMIS: Client Management Information System

A Homeless Management Information System (HMIS) is a software application designed to record and store client-level information on the characteristics and service needs of homeless persons. An HMIS is typically a web-based software application that homeless assistance providers use to coordinate care, manage their operations, and better serve their clients.

In order to be competitive for homeless funding administered by the U.S. Department of Housing and Urban Development (HUD), agencies that coordinate a Continuum of Care system must have. If you receive HUD funding, you will be required by your Continuum of Care Coordinator, or HUD, to use the appropriate HMIS.

To be covered by HIPAA, you must be:

- A health plan;
- A health care clearinghouse;
- A health care provider who transmits any health information in electronic form in connection with a covered transaction.

NW Social Service Connections CMIS/HMIS is not a covered entity and because:

- NW Social Service Connections CMIS/HMIS is not a health plan;
- NW Social Service Connections CMIS/HMIS is not a clearinghouse;
- NW Social Service Connections CMIS/HMIS is not a provider of health care;
- Any agencies/programs that may be covered independent of the CMI/HMIS do not use the CMIS/HMIS for electronic financial collections;
- NW Social Service Connections CMIS/HMIS does not do any of the standard transactions that would make it be covered by HIPAA.

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The following forms are provided for Participant guidance only. Participants may use their own forms for Notice to Clients of Uses & Disclosures and Intake, Consent/Release of Information, providing they cover essentially the same information.

Attachment F – Notice of Uses and Disclosures, Intake and Consent/Release of Information

**NW Social Service Connections
Notice to Clients of Uses & Disclosures
Privacy Notice to Clients**

This notice tells you about how we use and disclose your private personal information. It tells you about your rights and our responsibilities to protect the privacy of your private personal information. It also tells you how to notify us if you believe that we have violated any of your rights or any of our responsibilities.

We are required by law to maintain the privacy of your private personal information. We must follow the terms of this notice that are currently in effect.

We reserve the right to change this Notice at any time. This Notice is not a legal contract. If this notice is changed, a copy of the revised notice will be available upon request or posted on our website.

You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice.

We will enter the information you provide our agency into a computerized record-keeping system called ServicePoint. Several local agencies take part in this implementation of ServicePoint™ in order to better organize and deliver services to homeless or near homeless individuals and families in Multnomah, Clackamas, and Washington Counties. Our goal is to improve efforts to work together to understand and end homelessness. Information you provide will play an important role, including:

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

How your personal information may be used

- Information you provide and services you receive will be entered into ServicePoint.
- Information you provide will be used for administrative and operational purposes to improve, provide and coordinate services that can be offered you.
- Information you provide will be used for functions related to payment or reimbursement for services.
- Information you provide will be used to monitor program effectiveness.

Washington County, Oregon Continuum of Care Agency Participation Agreement

- Information you provide will be used to prepare aggregate reports and statistical information without personal identifying information.
- Information you provide concerning substance abuse, mental health, HIV, and domestic violence will not be shared with NWSSC CMIS/HMIS Partner agencies, unless specifically authorized by you.
- Personal identifying information will not be disclosed to any third-party, unless authorized by you or required by law.
 - Authorization not required for certain disclosures to government agencies or legal processes
 - Uses and disclosures required by law
 - Public health, health oversight and regulatory agency activities
 - Cases of neglect, abuse or domestic violence
 - Judicial and administrative proceedings
 - Law enforcement investigations
 - Deceased individuals and organ donors
 - Serious threats to health or safety
 - Disclosure of “de-identified” health information

How will my information be kept secure?

- The computer program we use has the highest degree of security protection available.
- Persons with access to ServicePoint data shall not issue reports containing personal identifying information.
- NWSSC CMIS/HMIS is governed by federal, state, county, city and local privacy policies. System-wide access to personally identifying information contained in ServicePoint shall be limited System Administrators. System Administrators have been screened and are employed by a lead organization and have an Intergovernmental Agreement in place.
- Personal identifying information, like your name or birth date, will be viewed only by people working to provide services to you or by administrators providing technical assistance. Personal identifying information will be removed before reports are issued to local, state, or national agencies.
- All ServicePoint users receive training in privacy protection and have received copies of this privacy policy and have signed a confidentiality agreement pledging to adhere to its requirements.

Know your information rights!

As a Client receiving services from a NWSSC CMIS/HMIS Participating agency, you have the following rights:

1. Determine the level of disclosure of your information; allow or refuse to share your information with NWSSC CMIS/HMIS participating agencies.
2. May terminate the Release of Information at any time, by providing this service provider written notice.
3. Right to request entrance into the database as an anonymous client or a restricted client.
4. Are entitled to a copy of this notice.
5. Reasonable accommodation. The agency you are seeking services from must make reasonable accommodations to ensure that you understand your information rights.

**Washington County, Oregon Continuum of Care
Agency Participation Agreement**

6. Access to your record. You have the right to review your ServicePoint record, obtain a printed copy of your data, and have information that you do not understand explained to you.
7. Correction of your record. You have the right to have your record corrected so that information is up-to-date, accurate, and to ensure fairness in its use. Disagreements over the accuracy of information shall be subject to the agency grievance process and any uncorrected disagreement shall be noted in your ServicePoint record.
8. Refusal. You will not be denied services for which you are otherwise eligible if you refuse to consent to the sharing with other provider agencies of data that has been entered into ServicePoint. If you have safety concerns, please discuss this with a staff member.
9. Grievance: You have the right to be heard if you feel that you have been unjustly served, put at personal risk, or harmed. Employees or agencies that misuse information are subject to reprimands, warnings, and dismissal from the NWSSC CMIS/HMIS. The agency must make their written grievance policy available to you.
10. Data Archival: All personally identifying data will be archived from ServicePoint no later than seven years after being entered or after last being modified.
11. Amendments: The terms of this privacy notice may be amended at any time and all amendments will be effective with respect to previously obtained information.
12. Privacy Policy Questions & Complaints: All questions or complaints regarding this agency's privacy and data security practices may be pursued through the agency grievance process.

CMIS/HMIS Intake Form
Agency or Event Name

Any individual with a disability or other medical need who needs accommodation with respect to this form should inform (Designated Person/Agency).

Date Intake Form Completed (Assessment Date): _____

Section 1: Household

A. Household Type: Select the household type that best describes your household. Please select only one.

- ☐ Single Individual ☐ Female Single Parent ☐ Male Single Parent ☐ Two Parent Family
☐ Grandparent(s) and Child(ren) ☐ Foster Parent(s) ☐ Couple with No Children ☐ Non-Custodial Caregivers
☐ Other (explain): _____

B. Household Demographics. Starting with the Head of the Household, list all members of the household. Use the correct legal name for each member as it appears on his/her Social Security Card or INS documents.

Name <i>Last, First</i>	Relationship to Head of Household	Date of Birth	Gender	Race* (Select as many as apply)	Ethnicity*	Disability (Yes/No)	Disability Type* (if applicable)	Social Security Number
	Head of the Household		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African- American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> White	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Alcohol Abuse <input type="checkbox"/> Developmental Disability <input type="checkbox"/> Drug Abuse <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Mental Illness <input type="checkbox"/> Physical/Medical <input type="checkbox"/> Physical/Mobility <input type="checkbox"/> Other disability not listed <input type="checkbox"/> Prefer not to answer	- - - -or- <input type="checkbox"/> I don't know or don't have one <input type="checkbox"/> I choose not to provide the SSN.
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African- American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> White	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Alcohol Abuse <input type="checkbox"/> Developmental Disability <input type="checkbox"/> Drug Abuse <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Mental Illness <input type="checkbox"/> Physical/Medical <input type="checkbox"/> Physical/Mobility <input type="checkbox"/> Other disability not listed <input type="checkbox"/> Prefer not to answer	- - - -or- <input type="checkbox"/> I don't know or don't have one <input type="checkbox"/> I choose not to provide the SSN.
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African- American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> White	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Alcohol Abuse <input type="checkbox"/> Developmental Disability <input type="checkbox"/> Drug Abuse <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Mental Illness <input type="checkbox"/> Physical/Medical <input type="checkbox"/> Physical/Mobility <input type="checkbox"/> Other disability not listed <input type="checkbox"/> Prefer not to answer	- - - -or- <input type="checkbox"/> I don't know or don't have one <input type="checkbox"/> I choose not to provide the SSN.
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African- American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> White	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Alcohol Abuse <input type="checkbox"/> Developmental Disability <input type="checkbox"/> Drug Abuse <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Mental Illness <input type="checkbox"/> Physical/Medical <input type="checkbox"/> Physical/Mobility <input type="checkbox"/> Other disability not listed <input type="checkbox"/> Prefer not to answer	- - - -or- <input type="checkbox"/> I don't know or don't have one <input type="checkbox"/> I choose not to provide the SSN.
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African- American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> White	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Alcohol Abuse <input type="checkbox"/> Developmental Disability <input type="checkbox"/> Drug Abuse <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Mental Illness <input type="checkbox"/> Physical/Medical <input type="checkbox"/> Physical/Mobility <input type="checkbox"/> Other disability not listed <input type="checkbox"/> Prefer not to answer	- - - -or- <input type="checkbox"/> I don't know or don't have one <input type="checkbox"/> I choose not to provide the SSN.
			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African- American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> White	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Alcohol Abuse <input type="checkbox"/> Developmental Disability <input type="checkbox"/> Drug Abuse <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Mental Illness <input type="checkbox"/> Physical/Medical <input type="checkbox"/> Physical/Mobility <input type="checkbox"/> Other disability not listed <input type="checkbox"/> Prefer not to answer	- - - -or- <input type="checkbox"/> I don't know or don't have one <input type="checkbox"/> I choose not to provide the SSN.

* This information is voluntary and is used for statistical purposes only.

Please continue to the next page ➞

Section 2: Contact Information.

Mailing Address:

(Street Address and Apartment, or PO Box)

(City)(State)(Zip)

Telephone: Email Address:

Section 3: Household Income and Benefits.

A. Income and Cash Benefits

Has any member of the household received any income or cash benefits in the last 30 days? ☐ Yes ☐ No

If yes, please indicate the monthly amount from each of the following sources:

Income Type	Monthly Amount	Who?	Approx. Date Income Began	Income Type	Monthly Amount	Who?	Approx. Date Income Began
Alimony or Spousal Support	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other:		Social Security	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other:	
Child Support	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other:		SSDI	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other:	
Earned Income	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other:		SSI	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other:	
Pension	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other:		TANF	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other:	
Private Disability Insurance	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other:		Unemployment	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other:	
Self Employment	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other:		Veteran's Disability	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other:	
Other:	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other:		Veteran's Pension	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other:	
Other:	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other:		Worker's Compensation	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other:	

B. Non-Cash Benefits

Has any member of the household received any non-cash benefits in the last 30 days? ☐ Yes ☐ No

If yes, please indicate the monthly amount from each of the following sources:

Benefit Type	Monthly Amount, if known	Who?	Approx. Date Benefit Began	Benefit Type	Monthly Amount, if known	Who?	Approx. Date Benefit Began
Food Stamps (aka "SNAP")	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other:		TANF Child Care Services	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other:	
Medicaid	N/A	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other:		TANF Transportation Services	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other:	
Medicare	N/A	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other:		Other TANF-Funded Services	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other:	
SCHIP	N/A	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other:		Rental Subsidy (Section 8, HUD)	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other:	
Spec. Supp. Nutrition, aka WIC	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other:		Other:	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other:	
VA Medical Services	N/A	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other:		Other:	\$	<input type="checkbox"/> Head of Household <input type="checkbox"/> Other:	

Section 4: Housing Status and Other Demographics

A. Where have you been living or staying up until today? Please check one:

- ☐ Emergency Shelter (including hotel/motel voucher)
- ☐ Foster Care Home or Group Home
- ☐ Hospital (Non-Psychiatric)
- ☐ Hotel or Motel Paid Without Emergency Shelter Voucher
- ☐ Jail, Prison, or Juvenile Facility
- ☐ Other:

- ☐ Owned by me
☐With Subsidy or ☐Without Subsidy
- ☐ Permanent Housing for Formerly Homeless Persons
- ☐ Psychiatric Hospital or Facility
- ☐ Rental by me
☐With VASH Housing Subsidy or
☐With Other Housing Subsidy (i.e. Section 8)
☐Without Subsidy
- ☐ Safe Haven
- ☐ Staying with Family
- ☐ Staying with Friends
- ☐ Substance Abuse Treatment Facility
- ☐ Transitional Housing
- ☐ Don't know
- ☐ Prefer not to answer.

B. How long have you been staying in the situation above?

- ☐ One week or less
- ☐ One to three months
- ☐ One year or longer
- ☐ More than one week, but less than one month
- ☐ More than three months, but less than one year

What is/was the zip code of your last permanent address? _____ ☐Don't know ☐Prefer not to answer

Are you/your household currently homeless?..... ☐Yes ☐No

Are you a victim of Domestic Violence?..... ☐Yes ☐No ☐Prefer not to answer

Are you a US Military Veteran? ☐Yes ☐No ☐Prefer not to answer

Notice of Use.

Agency or Event Name provides services through a variety of funding sources, which may include government grants, public funds, or grants from private foundations. Agency or Event Name is required to collect and report on certain information to account for how these funds are used. In addition, this information may aid the effort to end homelessness by demonstrating how many individuals and families in the area need services.

For this reason, you have been asked to provide the information on this form. The information you have provided will be entered into a Homeless Management Information System (HMIS) and used to provide statistical information about services provided to homeless persons (or persons at risk of homelessness) in LOCAL County and the metropolitan area.

Your identifying information will be kept as confidential as possible: it will only be seen by persons employed by or volunteering with Agency or Event Name, and persons administering or auditing the HMIS.

Signature of the Head of the Household

Date

Spouse/Other Adult

Date

“Community Connect”

Coordinated and Centralized Assessment System

Policy No.:	578.7a-OR506CoC	Approved By:	HSSN (the CoC)
Effective Date:	December 13, 2013	Revision Date:	August 3, 2016
Prepared By:	Washington County Department of Housing Services		
	503-846-4760 http://www.co.washington.or.us/Housing/EndHomelessness		

Policy Authority: This policy is adopted under the authority of the local Continuum of Care (CoC) in Washington County, commonly referred to as the Housing and Supportive Services Network (HSSN).

Purpose: Grant recipients and subrecipients under the Continuum of Care (CoC) Program and the Emergency Solution Grant (ESG) Program must use the coordinated and centralized assessment system (CCAS) established by the HSSN, in accordance with requirements established by HUD, to ensure the screening, assessment and referral of program participants is consistent with the written standards established.

Standard: The HSSN, in consultation with the CoC Program and ESG Program recipients and subrecipients, is responsible for determining how to allocate the CoC and ESG funds; for developing the performance standards and evaluating the outcomes of the local CCAS system and projects assisted by the CoC and ESG Program funds; and coordination and integration, to the maximum extent practicable, with other mainstream resources and programs targeted to homeless people in the area covered by the Continuum of Care to provide a strategic, community-wide system that will prevent and end homelessness for that area.

Scope: HSSN, recipients and subrecipients of CoC and ESG Program funds, the CoC Collaborative Applicant, and the HMIS Lead.

Authority For Code: Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act Code of Federal Regulation (CFR) for the CoC Program 24 CFR Part 578.7 and Part 578.23(c), the ESG Program Part 576.400, and Homeless Definitions 24 CFR Part 91.5, Part 582.5 and Part 583.5.

Responsibilities:

1. DEFINITIONS

1.1 **Assessment Specialist** is defined to mean any job description that performs assessment duties, as outlined by this policy. The Assessment Specialist may include housing specialist, outreach worker, and case management positions with Homeless Provider Agencies identified in this policy.

“Community Connect” Coordinated and Centralized Assessment System

- 1.2 **Collaborative Applicant** is defined to mean an instrumentality of state or local government, local government, nonprofit, state, or public housing authority that has been designated by the Continuum of Care to collect the required Continuum governance planning activities, data and information from all projects within the geographic area of the Continuum to prepare and apply for a grant.
- 1.3 **Community Connect** is the name given to the coordinated and centralized assessment system for the Continuum of Care jurisdiction in Washington County, Oregon.
- 1.4 **Homeless Provider Agency (HPA)** is defined as CoC Program and ESG Program recipients and subrecipients, and other homeless prevention and assistance programs that provide housing and/or services.
- 1.5 **Mobile Assessment** is defined to mean an agency that performs screening and assessment of at imminent risk or homeless individuals using the written standards and tools adopted in this policy. Washington County has identified two mobile assessment agencies that target specific populations:
- a) Boys And Girls Aid “Safe Place Youth Shelter” – runaway and homeless youth.
 - b) Luke-Dorf, Inc. “PATH Outreach” – literally homeless adult individuals experiencing a severe mental health crisis; e.g. hospitalized, referred by the Mental Health Crisis Team, etc.
- 1.6 **Recipient** is defined to mean an applicant that signs a grant agreement with the U.S. Department of Housing and Urban Development (HUD), as defined in Section 424 of the McKinney-Vento Act.
- 1.7 **Subrecipient** is defined to mean a private nonprofit organization, State or local government, or instrumentality of a State or local government that receives a subgrant from the recipient to operate a project. The definition of “subrecipient” is consistent with the definition of “project sponsor” found in Section 401 of the McKinney-Vento Act.

2. COMMUNITY CONNECT

A coordinated and centralized assessment system, hereafter called *Community Connect*, is a process designed to provide people at imminent risk of homelessness or experiencing homelessness with a centralized access point and a coordinated intake, assessment and process for referral to housing and services. *Community Connect* operating standards are established in this policy, to include evaluation of the *Community Connect* performance by the HSSN.

Community Connect will:

- 2.1 Cover the geographic area of Washington County, Oregon.

“Community Connect” Coordinated and Centralized Assessment System

- 2.2 Be easy to access by individuals and families through Community Action Organization, a nonprofit agency selected by the HSSN to operate as the communitywide access point to the coordinated and centralized assessment system.
- 2.3 Mobile Assessment is an alternate screening and assessment point that will operate in compliance with the written standards identified in this policy to ensure equity for people receiving screening, assessment and referral to community resources whether people enter the centralized assessment system through *Community Connect* or one of the two authorized mobile assessment agencies.
 - a) Luke-Dorf, Inc. – Upon completion of the screening and assessment, the Specialist will contact the *Community Connect* Assessment Specialist to review the assessment score and determine housing referral/placement.
 - b) Boys And Girls Aid – Upon completion of the screening and assessment, the agency will make the appropriate housing referral/placement for the unaccompanied homeless youth, to include programs for family reunification, shelter, Transitional Living Program, or referral to *Community Connect* Assessment Specialist if the individual is 18 years or older.
- 2.4 Use comprehensive and standard assessment tools with written standards to evaluate the eligibility of individuals and families for assistance, and make appropriate housing placement referrals.
- 2.5 Be well advertised to the public.
- 2.6 Be data driven using HMIS, and as available, other data sources to compliment planning and evaluation activities of the HSSN.
- 2.7 At a minimum will include CoC Program and ESG funded projects and activities, and coordinate with mainstream resources and other programs serving homeless.
- 2.8 Be culturally sensitive and provide bi-lingual services, to the extent possible.

3. ALIGNMENT WITH HOUSING AND SERVICES

Community Connect will align with prevention and homeless assistance programs targeted to serve the homeless, to include:

- 3.1 All CoC Program projects funded under 24 CFR Part 578.23(c)(9).
- 3.2 All Emergency Solution Grant projects and activities funded under 24 CFR Part 576.400(a).
- 3.3 Coordination, and to the extent possible system alignment, with other targeted homeless services:
 - a) HUD-VASH or Veteran Affairs Supportive Housing

“Community Connect” Coordinated and Centralized Assessment System

- b) Education for Homeless Children and Youth Grants (title VII-B of the McKinney-Vento Act);
- c) Grants for the Benefit of Homeless Individuals (Section 506 of the Public Health Services Act);
- d) Healthcare for the Homeless (42 CFR Part 51c)
- e) Programs for Runaway and Homeless Youth (Runaway and Homeless Youth Act);
- f) Projects for Assistance in Transition from Homelessness (Part C of title V of the Public Health Service Act)
- g) Services in Supportive Housing Grants (Section 520A of the Public Health Service Act);
- h) Emergency Food and Shelter Program (title III of the McKinney-Vento Act);
- i) Transitional Housing Assistance Grants for Victims of Sexual Assault, DV, Dating Violence, and Stalking Program (Section 40299 of the Violent Crime Control and Law Enforcement Act);
- j) Homeless Veterans Reintegration Program (section 5a1 of the Homeless Veterans Comprehensive Assistance Act);
- k) Domiciliary Care for Homeless Veterans Program (38 U.S.C. 2043)
- l) Veteran Affairs Homeless Providers Grant and Per Diem Program (38 CFR Part 61);
- m) Health Care for Homeless Veterans program (38 U.S.C. 2031);
- n) Homeless Veterans Dental program (38 U.S.C. 2062);
- o) SSVF or Supportive Services for Veteran Families Program (38 DFR Part 62); and
- p) Veteran Justice Outreach Initiative (38 U.S.C. 2031).

3.4 Coordination and integration with other program resources:

- a) Public housing programs (Section 9)
- b) Housing programs receiving tenant-based or project-based assistance (Section 8);
- c) Supportive Housing for Persons with Disabilities (Section 811);
- d) HOME Investment Partnerships Program;
- e) Temporary Assistance to Needy Families;
- f) Health Center programs;
- g) State Children’s Health Insurance program;
- h) Head Start;
- i) Mental Health and Substance Abuse Block Grants;
- j) Serviced funded under the Workforce Investment Act; and
- k) McKinney-Vento School District Liaisons in Washington County.

4. HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)

4.1 The Continuum’s HMIS will operate as a semi-open system and comply with data privacy and security standards (24 CFR 580.35) to support the screening, assessment and referral activities of the system.

- a) Compliance with the HSSN Governance Charter adopted by the HSSN; and
- b) HMIS Data Sharing Addendum to the Agency Participation Agreement (see Appendix 10.1).

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- 4.2 To protect the privacy of the homeless participant, the homeless provider agency (HPA) may apply confidentiality filters to the client record in the HMIS system upon intake and enrollment into the HPA’s program.
- 4.3 Community Action Organization is the lead agency to develop and maintain the screening and assessment tools, as approved by the HSSN and in consultation with the HMIS Lead Agency. Community Action Organization will ensure fidelity to the system standards through:
- a) Training provided to Screening and Assessment positions on use of policy and procedures; and
 - b) Training provided to HMIS Users who will perform Screening and Assessment in HMIS.
- 4.4 Washington County Department of Housing Services is the HMIS Lead Agency, and will ensure fidelity to the system standards through:
- a) Technical assistance provided to Community Action Organization, as necessary;
 - b) Implementation and monitoring of HMIS CoC Participation Agreements;
 - c) Prepare and provide daily housing inventory availability reports to Community Connect;
 - d) Implementation of reporting in support of the system performance measurements, and training to Community Action and the CoC Collaborative Applicant on use of the HMIS reporting tools; and
 - e) Monitoring of HMIS data quality.

5. OUTREACH AND MARKETING PROCESS

Community Connect is a public marketed system that aligns with the communitywide outreach activities targeted to serve unaccompanied youth, adults and families with children experiencing homelessness and those at imminent risk of homelessness.

- 5.1 Outreach activities and marketing aligned with the system include:
- a) Family Shelter Network Intake Line administered by Community Action.
 - b) Emergency Solution Grant (ESG) and other outreach programs administered by Open Door Counseling Center, Luke-Dorf, Inc., and HomePlate Youth.
 - c) HSSN listserv (the CoC email distribution that includes community stakeholders to include homeless/formerly homeless consumers, private citizens, and providers of housing, supportive services, mainstream resources, faith-based meal sites, health, education, and employment programs).
 - d) Washington County website
<http://www.co.washington.or.us/Housing/EndHomelessness/index.cfm>
 - e) 211info, a statewide resource and information referral agency.
 - f) Severe Weather Shelters/Warming Centers.
 - g) Public safety officials; e.g. law enforcement, fire/EMS.

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5.2 A flowchart visualizes the flow of homeless individuals through the outreach, screening, assessment, and referral/housing placement process. (see Appendix 10.2)

6. SCREENING PROCESS

The screening process will determine at imminent risk of homelessness or homeless status of the individual or families seeking assistance, also referred to as a “household”. Households will be required to meet the federal homeless definition defined in 24 CFR Part 91.5 to be eligible for McKinney-Vento homeless programs aligned with the *Community Connect*. Eligibility of homelessness for people with developmental disability will be in compliance with 24 CFR Part 582.5 and Part 583.5. Households meeting the State definition (doubled-up or shared-housing) are eligible for non-HUD funded program resources, as available.

To access the *Community Connect* system:

6.1 Call: **503-640-3263**

- a) Phone access available 24 hours daily, staffed by Community Action Organization.
- b) Community Action Organization will complete a screening over the phone to determine homeless eligibility using the written standards identified in the Screening Tool (see Appendix 10.3).
- c) Households actively fleeing domestic violence, dating violence, sexual assault, and stalking will receive information on domestic violence resources to include:
 - 1. **Domestic Violence Crisis Line: 503-469-8620 or 1-866-469-8600 toll free**
 - 2. **Portland Women’s Crisis Line: 503-235-5333**
- d) Households identifying as HIV/AIDS positive will receive information for the central intake at **Cascade AIDS Project: 503-278-3834**.
- e) Veteran individuals and families will receive information for veteran services with:
Washington County Disability, Aging and Veteran Services
Phone contact: **503-846-3060**
Veteran Community Resource and Referral Center (CRRC)
308 SW 1st Avenue, Portland, OR 97204.
Phone contact: **503-808-1256 or 1-800-949-1004, Ext. 51256**.

6.2 Determination – Eligible for Homeless Assistance

- a) A household that meets the homeless definition will receive information and referral to emergency assistance resources, to include prevention, diversion and emergency shelter serving youth or families, to the extent these resources are available; and
- b) Households not going into shelter will be scheduled to meet with a *Community Connect* Assessment Specialist. The meeting will be scheduled within 5 business days from the initial screening defined in this section, with the household receiving information on the date, time and location of the Assessment Specialist meeting.
- c) Veterans meeting the HUD homeless definition will be offered an assessment with *Community Connect* Assessment Specialist for eligibility for veteran and other assistance, as well as contact referral to DAVS and CRRC.
- d) Data collected during the screening interview is entered into HMIS, and will be used for assessment purposes and system performance evaluation.

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6.3 Determination - Not Eligible for Homeless Assistance

- a) A household that does not meet the homeless definition will receive information and referral to available community resources, to include 211info, mainstream resources serving people in poverty, and systems of care as defined in the Building Sustainable Partnerships for Housing matrix (see Appendix 10.4).
- b) Data collected during the screening interview is entered into HMIS, and will be used for tracking demographics on populations contacting the *Community Connect*.

7. ASSESSMENT PROCESS

A meeting with the Assessment Specialist and the household will determine the needs of people seeking homeless assistance, and effectively match each household with the most appropriate resources available to address that household’s particular needs.

7.1 Sheltered Households – Assessment Process

Households in one of five (5) emergency shelters in Washington County, to include three family shelters: Community Action, Family Promise and Good Neighbor Center, Monika’s House for victims fleeing domestic violence, and Safe Place Youth Shelter will be assessed by shelter staff, to include:

- a) Shelter staff will complete assessment of housing and service needs using the HMIS Assessment Tool (see Appendix 10.5);
- b) With the exception of Monika’s House, the shelter staff will enter household data in HMIS, and upload supporting documentation for Verification of Homelessness and identification (include all that are applicable):
 - 1. Homeless Verification and Self-Declaration of Housing form (see Appendix 10.6)
 - 2. Resource Eligibility and Housing Options form (see Appendix 10.7)
 - 3. Staff Affidavit form (see Appendix 10.8)
 - 4. Photocopy of Identification; e.g. Driver License, Social
- c) The Assessment Specialist at Monika’s House will maintain data in the HMIS comparable database for victim of domestic violence data. The Assessment specialist will compile hardcopies of the following documents that will be made available upon referral/housing placement with the *Community Connect* Assessment Specialist:
 - 1. Homeless Verification and Self-Declaration of Housing form (see Appendix 10.6)
 - 2. Resource Eligibility and Housing Options form (see Appendix 10.7)
 - 3. Staff Affidavit form (see Appendix 10.8)
 - 4. Photocopy of Identification; e.g. Driver License, Social
 - 5. Informed Consent Form
- d) The Assessment Specialists from the five (5) shelter facilities will schedule a meeting with *Community Connect* Assessment Specialist to complete the Scoring Criteria in preparation for the referral/housing placement process outlined in Section 7.3.

7.2 Non-sheltered Households – Assessment Process

- a) The household will meet with the *Community Connect* Assessment Specialist for assessment of need, or a mobile assessment performed by trained outreach workers using the same assessment criteria.

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- b) With the homeless household, the Assessment Specialist will complete the housing and service needs using the HMIS Assessment Tool (see Appendix 10.5) or the Mobile Assessment Specialist duties performed by PATH and other trained outreach workers using the paper Assessment Tool that is later entered into HMIS (see Appendix 10.5.a).
- c) In HMIS, upload homeless eligibility documentation:
 - 1. Homeless Verification and Self-Declaration of Housing form (see Appendix 10.6)
 - 2. Resource Eligibility and Housing Options form (see Appendix 10.7)
 - 3. Staff Affidavit for Reasonable Accommodation; if applicable (see Appendix 10.8)
 - 4. Photocopy of Identification; e.g. Driver License, Social Security Card, etc.

7.3 The Assessment Tools and Scoring Process For All Households

The Assessment Specialist will determine the appropriate housing and service program using the HMIS Assessment Tool to identify the household needs and strengths.

- a) Six categories of the Assessment Tool align with a Assessment Scoring Guide that applies points based on low, medium and high housing barriers and household service needs, and prioritizes which eligible households will receive transitional, rapid rehousing and permanent supportive housing assistance (see Appendix 10.9).
- b) The HMIS Assessment tool will apply points in each category of the assessment based on the client response, up to a total of 138 points.
 - 1) Monthly Income and Benefits – 10 points
 - 2) Housing History – 12 points
 - 3) Employment – 12 points
 - 4) Financial Status/Debts – 10 points
 - 5) Criminal History – 36 points
 - 6) Health – 40 points

8. REFERRAL AND HOUSING PLACEMENT PROCESS

The Assessment and Scoring process determines the household referral by Program Type to the appropriate housing project. Referrals are made to open beds and/or programs with capacity to serve in low and moderate housing needs. For homeless households scoring 75 points or higher, the household is referred to housing programs that have open beds and projects that maintain a wait list. When no housing resources are available, the household is advised of other community resources to address basic needs.

Appendix 10.9 includes a matrix used by determination of housing referral based on the assessment score that aligns with the most appropriate program types and referral to housing projects.

Appendix 10.9.a is a report published daily from HMIS that includes all program types and housing projects aligned with Community Connect, and serves as a supporting document to Appendix 10.9. This report mirrors the continuums Housing Inventory Chart (HIC) and provides real-time data on programs with empty beds or capacity to serve additional homeless households.

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8.1 Prioritizing Populations for Permanent Housing Placement

The local continuum prioritizes housing and resources in alignment with *A Road Home: 10-Year Plan to End Homelessness in Washington County* and *Opening Doors: Federal Strategic Plan*. The local priority will be delivered in the following order through new resources and turn-over of housing units not dedicated and/or not prioritized for occupancy.

- a) **First Priority – Homeless Individuals and Families with a Disability with Long Periods of Episodic Homelessness and Severe Service Needs.** The CoC prioritized new and turn-over non-chronic designated units for persons experiencing chronic homelessness and other vulnerable homeless populations in permanent supportive housing and will comply with recordkeeping requirements for documenting chronic homeless status, in alignment with HUD CPD-16-11¹ (supersedes CPD-14-012). Eligible persons who have experienced fewer than 4 occasions where they have been living or residing in a place not meant for human habitation, a safe haven, or in shelter but where the cumulative time homeless is at least 12 months and has been identified as having severe service needs.
- b) **Second Priority – Homeless Individuals and Families with a Disability with Severe Service Needs and Length of Time (LOT) Homeless.** The CoC will prioritize eligible persons residing in a place not meant for human habitation, a safe haven, or in shelter and has been identified as having severe service needs. The CoC will prioritize people with the longest length of homelessness.
- c) **Third Priority – Homeless Individuals and Families with a Disability Coming from Places Not Meant for Human Habitation, Safe Haven, or Emergency Shelter without Severe Service Needs and Length of Time (LOT) Homeless.** The CoC will prioritize eligible persons residing in a place not meant for human habitation, a safe haven, or in shelter where the person has not been identified as having severe service needs. The CoC will prioritize people with the longest length of homelessness, but there is not a minimum length of time required.
- d) **Fourth Priority – Homeless Individuals and Families with a Disability Coming from Transitional Housing.** The CoC will prioritize eligible persons residing in transitional housing, where prior to residing in the transitional housing had lived in a place not meant for human habitation, shelter or safe haven. This priority includes persons fleeing domestic violence or attempting to flee domestic violence, dating violence, human trafficking, sexual assault, or stalking and prior to residing in that transitional housing they did not live in a place not meant for human habitation, shelter or safe haven.
- e) **Prioritized Single Wait List.** The CoC has a single wait list for permanent supportive housing “tenant-based” programs serving individual and families managed by Washington County Department of Housing Services, with wait lists for permanent supportive housing in “facility-based” programs managed by the project sponsor agency in alignment with this policy and the CoC system operations.

¹ HUD CPD-16-11 Notice For Prioritizing Chronic Homeless and Other Vulnerable Populations (Adopted by HSSN on 8/3/2016) <https://www.hudexchange.info/resource/5108/notice-cpd-16-11-prioritizing-persons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-persons-in-psh/>

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8.2 Determining Housing Placement

- a) The Assessment Specialist will enter the household Assessment Score, Housing Status and Household Type into the Program Eligibility Tool (see Appendix 10.10). The Program Eligibility Tool will identify the appropriate Project and Homeless Provider Agency (HPA) that align with the household need and eligibility.
- b) Using the HPA Project(s) identified in the Program Eligibility Tool, the Assessment Specialist will view available bed/unit data for the specific project(s) in HMIS. The bed/unit availability data as maintained in HMIS by each Project agency, and published daily by the HMIS Lead Agency.
- c) For bed/unit data not maintained in HMIS, the Assessment Specialist will contact the HPA for available bed/unit information.
- d) The Assessment Specialist will advise the homeless household of the available program options.
- e) The Assessment Specialist will contact the HPA via phone to advise a referral is in process, and confirm the availability of the bed/unit in HMIS. A confirmation email will be sent referencing the unique client I.D. number in HMIS where the results of the screening, assessment and the uploaded Verification of Homelessness and I.D. documentation is stored.
- f) The household will be responsible for scheduling an intake briefing with the HPA once the referral has been made by *Community Connect*.
- g) The Assessment Specialist will complete entry/exit data in HMIS, and ensure all documentation is scanned and uploaded in HMIS within 24 hours of the Assessment.

8.3 Intake and Disposition of Referral/Housing Placement

- a) The HPA will schedule an Intake Briefing with the household referred by *Community Connect*.
- b) The HPA will meet with the household and have access to the screening, assessment and related documentation uploaded into HMIS, to include the Verification Of Homelessness and Personal Identification.
- c) The HPA enrolls the new program participant into the program; OR
- d) The HPA determines the household is not eligible for the program as a result of an inappropriate referral.
 1. The HPA will contact the Assessment Specialist who made the initial referral and follow-up with an email documenting the reasons for not accepting the household referral; e.g. sending a non-chronic homeless individual to a program that can only serve persons who meet the federal definition of chronically homeless.
 2. The household is then referred back to the *Community Connect* Assessment Specialist.

8.4 Rapid Rehousing Rent Subsidy Determination

Rapid Rehousing (RRH) is a community-based permanent housing model funded by the CoC Program and the ESG Program. The following outlines the standards adopted for the ESG-RRH program in consultation with the HSSN (see Appendix 10.11), and the standards for the CoC-RRH program.

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Rapid Rehousing Assistance (Maximum)	CoC Program CoC-RRH 24 CFR 578.37(a)(1)(ii)	ESG Program ESG-RRH 24 CFR 576.104
U.S. HUD Homeless Definition Populations ²	Category 1, and 4 <ul style="list-style-type: none"> • Literally Homeless • Fleeing Domestic Violence 	Category 1 and 4 <ul style="list-style-type: none"> • Literally Homeless • Fleeing Domestic Violence
Housing Standard	Units must meet HUD Housing Quality Standards (HQS)	Units must pass HUD Habitability Standards
Percentage (%) of rent to be paid by program participant, with utility allowance	The greater of: 30% of the adjusted gross income, <u>OR</u> 10 percent of the monthly income	The greater of: 30% of the adjusted gross income, <u>OR</u> 10 percent of the monthly income
Fair Market Rent Standard	Rent reasonableness	Up to the FMR for a unit
Rent Reasonableness Standard	Units in a structure must comply with HUD Rent Reasonableness Standard	Units must comply with HUD Rent Reasonableness Standard
Move-in Standards	Security deposit not to exceed two (2) months rent	<ul style="list-style-type: none"> • Rent in Arrears • Security deposit
Number (#) of months	0 to 24 Months	0 to 9 months; Extensions may be granted, but not to exceed 24 months
Number (#) of times participant can enroll in RRH	Two (2) episodes of homelessness in five years, but total amount of assistance cannot exceed 24 months	No limit, but total amount of assistance cannot exceed 24 months
Supportive Service Limitation	No longer than 6 months after rent assistance stops	No limit, but total amount of assistance cannot exceed 24 months
Re-evaluate participant self-sufficiency	At least annually,	At least every 3 months
Participant and Case Manager meet to review progress	At least monthly	At least monthly

9. PERFORMANCE MEASUREMENTS AND SYSTEM EVALUATION

The HSSN will provide oversight to the *Community Connect* process to provide transparency for people working in the system and ensure consistency with how people access resources communitywide.

9.1 The HSSN will measure project and system performance outcomes based on seven criteria:

- a) Reduction in the Average Length of Time Persons remain Homeless
- b) Reduction in Recidivism
- c) Reduction in First-time Homelessness

² Refer to eligible populations defined in the HUD NOFA. Addition resource, HUD Guidance released 3/12/2013 regarding Imminent Risk for CoC-RRH <https://www.onecpd.info/resource/2889/rapid-rehousing-esg-vs-coc/>

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- d) Reduction in Unsheltered Homelessness
- e) Increase in Earned Income
- f) Increase in Mainstream Benefits
- g) Increase in Placement to Permanent Housing from Outreach, and Placement in or Retention of Permanent Housing

9.2 Measurement period will be on a federal fiscal year, to align with Annual Homeless Assessment Report submitted to HUD.

9.3 The HSSN will review the outcomes of the system performance measurements semi-annually, at a minimum.

9.4 Target goals for system performance will be measured annually beginning October 1 to September 30, with CoC goals:

- a) Average length of homelessness ≤ 30 days, or a reduction by at least 10 percent from the preceding federal fiscal year.
- b) Less than 5 percent recidivism within two year period, or homeless again within two years decreased by at least 20 percent from the preceding year.
- c) HMIS bed coverage rate is greater than 80 percent.
- d) Outreach plan is comprehensive in identifying and referring homeless individuals and families to *Community Connect*.

10.0 APPENDICES

- 10.1 HMIS Data Sharing Addendum to the Agency Participation Agreement
- 10.2 Community Connect Screening and Intake Flow Chart
- 10.3 Screening Tool
- 10.4 Building Sustainable Partnerships for Housing Matrix
- 10.5 Assessment Tool (ServicePoint HMIS)
- 10.5.a Assessment Tool (Paper Form used by Outreach Staff)
- 10.6 Homeless Verification and Self-Declaration of Housing form
- 10.7 Resource Eligibility and Housing Options form
- 10.8 Staff Affidavit Form
- 10.9 Assessment Scoring Guide
- 10.9.a HMIS Occupied Beds Summary
- 10.10 Program Eligibility Tool
- 10.11 Emergency Solution Grant Operating Manual

"COMMUNITY CONNECT"**Washington County, Oregon Continuum of Care (OR-506)***as part of NW Social Service Connections***Data Sharing Addendum to the Agency Participation Agreement**

Effective _____ (mm/dd/YYYY), this Agreement is added as an amendment to the Agency Participation Agreement between the Washington County, Oregon Department of Housing Services (WCDHS), as part of NW Social Service Connections CMIS/HMIS, and _____ (Organization Name), herein referred to as "Participant".

In order to ensure adequate access to program data and to facilitate communication and collaboration between all programs participating in Community Connect, and a coordinated and centralized assessment system, certain data entered into the Homeless Management Information System (HMIS) will be shared with all Community Connect participating agencies. Community Connect agencies included under this agreement are:

Community Connect Participating Agencies

The following agencies participate in Community Connect by accepting referrals:

- Boys and Girls Aid
- Bridges to Change
- Cascade AIDS Project
- Community Action Organization
- Family Promise
- Good Neighbor Center
- Jubilee Transition Homes
- LifeWorks NW
- Luke-Dorf, Inc.
- Lutheran Community Services NW
- Sequoia Mental Health Services
- The Salvation Army Veterans and Family Center
- Washington County Department of Housing Services

Community Connect Intake Agencies

The following agencies will conduct intake activities for Community Connect:

- Community Action Organization
- Luke-Dorf
- Boys And Girls Aid

Participant agrees that certain data elements collected at intake, and the outcome of any referral(s) made through Community Connect, will be shared with participating agencies. These are listed in Attachment 1 to this Agreement.

Participant agrees that data added to HMIS, or updated, by participating Community Connect agencies will not be shared (with the exception of agencies already sharing data under other data sharing agreements).

Participant's are required to inform clients that their information will be entered into HMIS and that some of the information is shared with other agencies that do similar work. Client consent is required prior to sharing data.

“COMMUNITY CONNECT”
Washington County, Oregon Continuum of Care (OR-506)
as part of NW Social Service Connections
Data Sharing Addendum to the Agency Participation Agreement

Furthermore, Participant:

- ☐ Acknowledges that in transmitting, receiving, storing, processing or otherwise dealing with any consumer protected information, they are fully bound by state and federal statute or regulations governing confidentiality of patient records, including the Federal Law of Confidentiality for Alcohol and Drug Abuse Patients, (42 CFR, Part 2) and the Health Insurance Portability and Accountability Act of 1996 ('HIPAA', 45 CFR, Parts 160 & 164), and cannot use or disclose the information except as permitted or required by this agreement or by law.
- ☐ Acknowledges that they are prohibited from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by state and federal regulations governing confidentiality of patient records, including the Federal Law of Confidentiality for Alcohol and Drug Abuse Patients, (42 CFR, Part 2) and the Health Insurance Portability and Accountability Act of 1996 ('HIPAA', 45 CFR Parts 160 & 164), A general authorization for the release of information is NOT sufficient for this purpose.
- ☐ Agrees to use appropriate safeguards to prevent the unauthorized use or disclosure of the protected information.
- ☐ Agrees to endeavor to notify each of the other participating agencies, within one business day, of any breach, use, or disclosure of the protected information not provided for by this agreement.
- ☐ Agrees to adhere to the standards outlined within the Health Insurance Portability and Accountability Act of 1996 ('HIPAA', 45 CFR, Parts 160 & 164) and pertinent federal regulations which provide consumers access to their protected information, (164.524), the right to amend protected information (164.526), and receive an accounting of disclosures of protected information (164.528).
- ☐ Agrees to notify each of the other participating agencies of their intent to terminate their participation in this agreement.
- ☐ Agrees to resist, through judicial proceedings, any judicial or quasi-judicial effort to obtain access to protected information pertaining to consumers, unless expressly provided for in state and/or federal regulations. The Parties agree to give notice of such action as with any other security breach or unplanned disclosure.
- ☐ Agrees to continue to adhere to all requirements under the Agency Participation Agreement, including the NW Social Services Connections CMIS/HMIS Policies and Procedures, including Section 22. Client Consent, which has been amended below to read as follows:

22. Client Consent

- Participant agrees that the Notice to Clients of Uses & Disclosures shall be posted and/or given to each client so that he/she is aware of the potential use of his/her information and where it is stored. No consent is required for the functions articulated in the notice.

“COMMUNITY CONNECT”
Washington County, Oregon Continuum of Care (OR-506)
as part of NW Social Service Connections
Data Sharing Addendum to the Agency Participation Agreement

- Consent of the individual for data collection is inferred for the circumstances of the collection.
 - “We collect personal information directly from you (the client) for reasons that are discussed in our privacy statement. We may be required to collect some personal information by law or by organizations that give us money to operate this program. Other personal information that we collect is important to run our programs, to improve services for homeless persons, and to better understand the needs of homeless persons. We only collect information that we consider to be appropriate.”
- Participant agrees that a client has a right to request entrance into the database as an anonymous client or a restricted client. Contact PHB for more information.
- Participant agrees that a completed Release of Information Form, **or documented verbal consent**, is required prior to any electronic information sharing. The ServicePoint ROI procedure must be transacted **to document the client’s agreement to the Release of Information.**
 - Clients who choose not to authorize sharing of information cannot be denied services for which they would otherwise be eligible.
 - All Client Authorization for ROI forms related to the CMIS/HMIS data sharing will be placed in a file to be located on premises.
 - CMIS/HMIS-related Authorization for ROI forms will be retained for a period of 7 years, after which time the forms will be discarded in a manner that ensures client confidentiality is not compromised.

"COMMUNITY CONNECT"
Washington County, Oregon Continuum of Care (OR-506)
as part of NW Social Service Connections
Data Sharing Addendum to the Agency Participation Agreement

The parties have caused this Addendum to be executed by their respective, duly authorized representatives.

ADOPTED AND AGREED:

Washington County, Oregon
Department of Housing Services
111 NE Lincoln, Suite 200-L
Hillsboro, Oregon 97124

Signature

Printed Name

Title

Date (mm/dd/YYYY)

PARTICIPANT

Signature

Printed Name

Title

Date (mm/dd/YYYY)

“COMMUNITY CONNECT”
Washington County, Oregon Continuum of Care (OR-506)
as part of NW Social Service Connections
Data Sharing Addendum to the Agency Participation Agreement

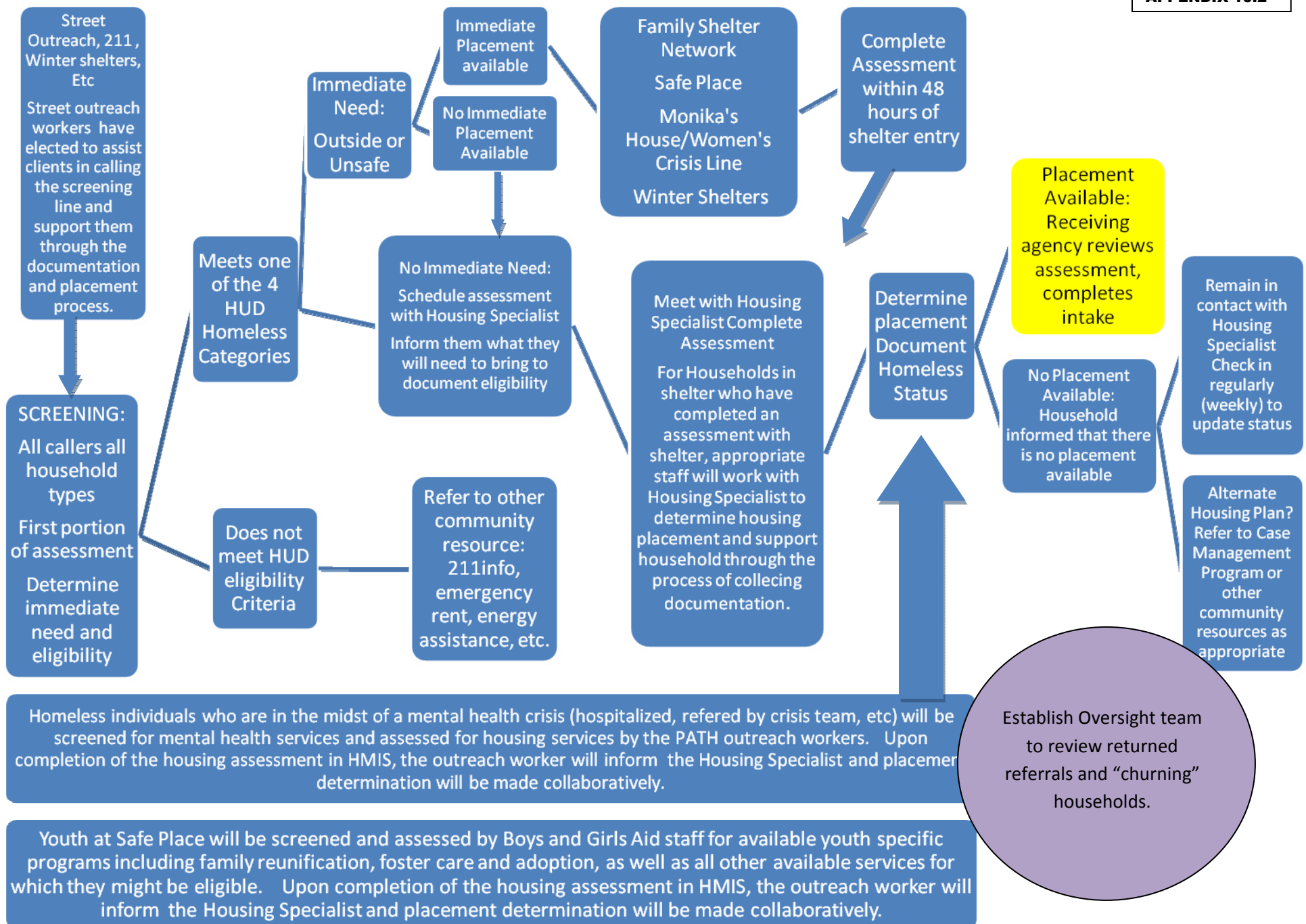
Attachment 1. Shared Data Elements

Part I. Shared Intake Data

The following data elements are collected at Community Connect intake and then shared with agencies participating in Community Connect:

- A. Client Name: First, Middle, Last and Nickname (if applicable)
- B. Client Social Security Number and Social Security Number Data Quality (i.e. full SSN, partial SSN, client does not know/have SSN, or client refused to provide SSN)
- C. Client demographics: date of birth, date of birth type (i.e. actual date of birth, approximate date of birth, client does not know, or client refused to provide), race, ethnicity
- D. Preferred language
- E. Domestic violence victim status
- F. Disability status and disability type
- G. Veteran status
- H. Homeless status (is client homeless, is client chronically homeless, housing status)
- I. Residence prior to program entry and length of stay in that situation
- J. Income and non-cash benefits
- K. Household income percent of Federal Poverty Level (HHS) and Median Family Income (HUD)
- L. Education level of adults
- M. Health insurance status (yes/no)
- N. Farmworker status
- O. Entry/Exit history (date of enrollment and date of exit from Community Connect-participating programs)
- P. Attachments to client records
- Q. Financial status, including employment, garnishment, debt
- R. Criminal history (self-reported by client)
- S. Health summary, including pregnancy, chronic health conditions, hospitalizations, substance abuse
- T. Household issues, including child services involvement, foster care
- U. Assessment of Outcomes and Referrals, including assessment scores, determined level of need, referrals

Updates made to the client record by Community Connect participating agencies, other than the outcome of a referral and entry/exit history, are not shared by default (with the exception of HMIS participating agencies who have already established other data sharing agreements).



Community Connect Initial Screening Form

Family Shelter Eligibility

☐ GNC ☐ CAO ☐ FP

Screener Name: Select

Initial Screening Date: Select

Head of Household HMIS ID

HH Contact Info: Phone: - - / - - How did you hear about CC? Select

Email:

Where Did You Stay Last Night?

Literally Homeless	Imminent Risk of Homelessness
<input type="checkbox"/> In shelter: Exit Date: Select	<input type="checkbox"/> With a friend (14 days or less = eligible) How long can you stay: Select
<input type="checkbox"/> In transitional housing: Exit Date: Select	<input type="checkbox"/> With a family member How long can you stay: Select (14 days or less = eligible)
<input type="checkbox"/> Camp, in a car or on the street ** Immediate Placement	
<input type="checkbox"/> Hotel/Motel paid by voucher or 3 rd party ** Immediate Placement	
<input type="checkbox"/> In a domestic violence situation ** Immediate Placement If household is fleeing Domestic Violence refer to DV Crisis Line: (503)469-8620, 1(866)469-8600 Call to Safety (Previously known as Portland Women's Crisis Line): 503-235-5333 Notes:	<input type="checkbox"/> In a hospital Select <input type="checkbox"/> Jail/Prison/Juvenile Detention Select <input type="checkbox"/> Hotel/Motel paid by HH Select <input type="checkbox"/> Foster Care or Group Home Select <input type="checkbox"/> Substance Abuse Treatment Facility Select <input type="checkbox"/> Detox Facility Select <input type="checkbox"/> In my own housing: Select Select

1. Is anybody in the Household a Veteran? NO
2. If YES, Do they have a VASH voucher or are they in the Grant and Per Diem Program? NO If yes, CLIENT IS ELIGIBLE
3. How long have you been staying there? Select
4. Was your situation caused by domestic violence? ☐ Yes ☐ No

If YES, household is eligible for Immediate Placement and a Housing Assessment.

5. What is your estimated total monthly income (before taxes or garnishments)?

AMI Level: ☐ 30% or below ☐ 31%-50% ☐ 51%-80% ☐ above 80% If at Imminent Risk, must be below 30% AMI to qualify for services

STOP! Does the household qualify for Community Connect? Their situation must fit into either the Literally Homeless or Imminent Risk Category; or be unsafe. If yes, continue with the form. Otherwise let them know they don't qualify at this time and offer alternative resources if appropriate. Let the household know if their situation changes they can call back to be re-screened.

6. What was the City and zip code of your last permanent address(For HoH): City Zip Code:

7. Do you want to live in Washington County? ☐ Yes ☐ No

**** If no and the household is not literally homeless, refer to 211 for resources in their community**

Family Members (Last, First, M.I.) INCLUDE FULL LEGAL NAME AND MAIDEN LAST NAME	Relation ship	Sex	D.O.B.	S.S. #	Race* & Ethnicity**	Primary Language	Disa bility Docum ented	Disability Type	Armed Servi ces
	H.O.H.	Select	/ /	- -	None -None- None	English	No	Select/Select /Select	No
	Select	Select	/ /	- -	None -None- None	English	No	Select/Select /Select	No
	Select	Select	/ /	- -	None -None- None	English	No	Select/Select /Select	No
	Select	Select	/ /	- -	None -None- None	English	No	Select/Select /Select	No
	Select	Select	/ /	- -	None -None- None	English	No	Select/Select /Select	No
	Select	Select	/ /	- -	None -None- None	English	No	Select/Select /Select	No
	Select	Select	/ /	- -	None -None- None	English	No	Select/Select /Select	No
	Select	Select	/ /	- -	None -None- None	English	No	Select/Select /Select	No
	Select	Select	/ /	- -	None -None- None	English	No	Select/Select /Select	No
	Select	Select	/ /	- -	None -None- None	English	No	Select/Select /Select	No

*Race Key: N = American Indian/Alaska Native P = Native Hawaiian/Pacific Islander W = White A = Asian B = Black/African American

**Ethnicity Key: H = Hispanic / Latino NON = Non Hispanic / Latino

Entered in to HMIS by: _____ on: _____ (date)

Community Connect Initial Screening Form

8. Are children enrolled in school, Head Start or Early Intervention? ☐ YES ☐ NO School District
Your child(ren) may be eligible for supports from their school including help with transportation to their current school no matter where you are staying. **** Be sure to give them the name & # of their school advocate.**
9. Is anyone in the household pregnant? ☐ Yes ☐ No If yes: Estimate Due Date: **Select** (+7 months pregnant eligible for family shelter)
If household identifies HIV/AIDS refer to Cascade AIDS: (503)278-3834
If any household member is a veteran refer to CRRC (503)808-1256 or 1-800-949-1004 Ext 51256 and DAVS (503)846-3060

In order to determine what programs and services you and your family may be eligible for, the information you have just provided will be entered into the County's Homeless Management Information System. Your record will be updated as you receive services. All records are confidential and system is secure. Your information is only used to determine eligibility and for data tracking and statistical purposes. Do you agree to allow us to enter the information you have just provided into this system? ☐ Yes ☐ No

Schedule with Community Resource Advocate

Your household **may** be eligible for housing assistance through Washington County Programs. If you are interested in living in Washington County I can schedule a full assessment with a Community Resource Advocate to see if there are programs that you and your family might be eligible for and it will take about an hour. Please be aware that this appointment does not guarantee that you will receive assistance.

Would you like to meet with a Community Resource Advocate? ☐ Yes ☐ No

Please be on time. If you are late 15 minutes or more, you won't be seen and will have to reschedule.

Beaverton	Hillsboro
5050 SW Griffith Dr., Suite 100 Beaverton, OR 97005 Bus 54. Runs every 30 min. 1/3 mile from office.	1001 SW Baseline, Hillsboro, OR 97123 Bus 57

Date of Scheduled Assessment: Select Time: Location: Select Assessor: Select

Needs Interpreter: No Language:

When you meet with the Community Resource Advocate, please bring the following items with you or have them available for your phone appointment: **Identification for all adults in the household**

Social security cards for everyone in the household, including children

Documentation of your income such as paystubs, DHS or unemployment benefits statements, etc.

Documentation of your Disability

Documentation of your living situation if available – See chart below to determine what is needed.

Situation	Documentation
Shelter or Transitional Housing	Letter from provider verifying stay and expected exit date or contact info for provider
Camp, in a car or on the street	Will be gathered at assessment
Hotel/Motel paid by voucher or 3 rd party	Letter from 3 rd party or contact info of 3 rd party
Hotel/Motel Paid by HH	Will be gathered at assessment
In a domestic violence situation	Will be gathered at assessment
Staying with Friend or family	Letter from friend or family member stating why you can't stay and when you must be out or contact info for friend or family member
In a hospital	Contact information for hospital staff
Jail/Prison/Juvenile Detention facility	Discharge paperwork or Contact information for facility official
Foster Care or Group Home	Contact information for Case Worker
Substance Abuse Treatment Facility	Discharge paperwork or contact information for facility official
Detox Facility	Discharge paperwork or contact information for facility official
In my own housing	Eviction notice or letter from landlord or contact info for landlord

Family Shelter Network Wait List

Does your family want to be on the waiting list for the family shelters network?

☐ Yes ☐ No

10. Is everyone able to walk up and down stairs?

☐ Yes ☐ No

11. Anyone in HH restricted from having contact with Minors?

☐ Yes ☐ No

12. Convicted of a crime against another person?

☐ Yes ☐ No

Name: Charge: Name: Charge:

13. Do you have a companion or service animal?

☐ Yes ☐ No

Immediate Placement Options:

Unaccompanied youth under 19 – refer to Safe Place (503) 542-2717

Families with Children – shelter network intake or winter shelters

Single Adults – Winter Shelters only

Entered in to HMIS by: _____ on: _____ (date)

Doc rev. 8/03/2015

Community Connect Initial Screening Form

Check-in Dates: If on waitlist for family shelters, please check in every Monday

Select	Select	Select	Select	Select	Select	Select	Select	Select	Select
Select	Select	Select	Select	Select	Select	Select	Select	Select	Select
Select	Select	Select	Select	Select	Select	Select	Select	Select	Select
Select	Select	Select	Select	Select	Select	Select	Select	Select	Select

Referral Notes

Date	Shelter	Notes	Outcome
Select	Select		Select
Select	Select		Select
Select	Select		Select

Applicant Signature_____

Date_____

Applicant Signature_____

Date_____

Staff Signature_____

Date_____

Date	Notes
Select	
Select	
Select	

Entered in to HMIS by: _____ on: _____ (date)

WASHINGTON COUNTY SYSTEM ACCESS MATRIX

This Matrix was developed as a component of the Building Sustainable Partnerships for Housing project. A full report is available online at http://www.co.washington.or.us/Housing/EndHomelessness/upload/BSPH-Grant_Washington-County-Report-on-Outcomes-and-Recommendations.pdf

SYSTEM	ACCESS POINT	SCREENING/ELIGIBILITY	REFERRAL/HOUSING PLACEMENT
HIV/AIDS Cascade AIDS Project 208 SW 5 Avenue, #800 Portland, OR 97204 503-223-5907 http://cascadeaids.org/	Walk-in to Office or Call Intake Staff to schedule appointment at 503-278-3834 Monday-Friday, 9am - 5pm Group Intake at Service Center	If not HIV+, the assessment ends and client is referred to other community resources. Must have HIV verification before housing and services provided.	Refer to housing with service supports based on need and available beds/units. Refer to community housing, as necessary.
Food Stamps (SNAP), TANF, and other State Mainstream Resources Oregon Department of Human Services 503-846-3150 http://www.oregon.gov/DHS/pages/index.aspx	*Walk-in to Office *Apply On-line *Call a Field Office at Beaverton: 503-646-9952 Hillsboro: 503-693-4555 Tigard: 503-670-9711	SNAP and TANF benefits based on income eligibility. Other mainstream resources for people with disabilities include in-home services, community-based care, Medicaid/Medicare.	No established "Back Door" aligned with housing opportunities. Refer to community housing, as necessary.
Developmental Disabilities Washington County Department of Health and Human Services 155 N First Avenue Hillsboro, OR 97123 503-846-3150 http://www.co.washington.or.us/HHS/DevelopmentalDisabilities/	Call Washington County Developmental Disabilities Intake Line at 503-846-4737 After Hours Crisis Line 503-291-9111	Must meet eligibility criteria and reside in Washington County to access Developmental Disability Services.	Assigned Services Coordinator. Referral to housing based on client need and available resources.
Mental Health Washington County Department of Health and Human Services 155 N First Avenue Hillsboro, OR 97123 503-846-4402 http://www.co.washington.or.us/HHS/MentalHealth/	Call Washington County Mental Health Access Line at 503-291-1155 Call FamilyCare Health Plans at 503-222-2880	Outpatient and Residential Treatment Services: Outpatient: MH Provider Agency. Client needs OHP/Medicaid. Residential: MH Provider Agency. Provider/hospital help client access SSI or OHP.	Outpatient Beds: Discharge to family or community housing. Residential Beds: Referral arranged by County and/or provider agency.
Substance and Gambling Addiction Treatment for Adults Washington County Department of Health and Human Services 155 N First Avenue Hillsboro, OR 97123 503-846-4402 www.co.washington.or.us/HHS/Addiction/	Call Washington County at 503-846-2120 A list of <i>Alcohol, Drug and Gambling Treatment Services Providers</i> is available upon request	Evaluation performed by a provider agency. Cost based on sliding fee scale. Affordable Care Act may change cost 1/2014.	Limited number of beds/units available for clients in treatment. Service provider will refer to community housing opportunities.
Aging and Disability Resource Connection of Oregon Washington County Disability, Aging, and Veteran Services (DAVS) 180 E Main Street Hillsboro, OR 97123 503-846-3060 TTY: 711 davinfo@co.washington.or.us www.co.washington.or.us/HHS/DAVS/	Contact Aging and Disability Resource Connection (ADRC) at 1-855-673-2372 www.ADRCofofOregon.org Receive information and referral to local resources.	Serving persons: *60+ years of age; *persons with physical disabilities ages 19 to 59 years	Long-term Care, Medicare counseling, an array of services to include OPI, benefits enrollment, home repair programs, veteran programs. Service provider will refer to community housing opportunities.

Prepared by Annette M. Evans, Homeless Program Coordinator
 503-846-4760 Annette_Evans@co.washington.or.us



Client - (1) Test, Justine A



(1) Test, Justine A

Release of Information: **None**

Client Information

Service Transactions

Summary	Client Profile	Households	ROI	Entry / Exit	Case Managers	Case Plans	Measurements	Assessments
---------	----------------	------------	-----	--------------	---------------	------------	--------------	-------------

WashCo CCAS Comprehensive Assessment



WashCo CCAS Screener name

Initial Screening Date 01/01/2013

Most Recent Contact 04/07/2014

Phone Number 123-456-7890

Phone Number (Additional) 123-789-4567

Client's Current Street Address (or Mailing)

Client Location OR-506 Hillsboro/Beaverton/Washington County CoC

Email Address

Referral Source

If Other, Please specify

WashCo CCAS Assessor's Name

CCAS Assessment Date 04/07/2014

Assessment Type In-Person

Assessment Tracking

1st Scheduled Assessment Scheduled In-Person Assessment Complete

2nd Scheduled Assessment

3rd Scheduled Assessment

If more than 3 no-shows, how many?

Confirm no HH members are Attempting to Flee DV. If no DV safety issue then proceed.

Review Informed Consent policy with household

Review Entry/Exit History. Has HoH exited a Washington County homeless program in the last 2 years? Yes

Has HoH ever been homeless before? Yes

If yes, at what age?

Recidivism Screen Total 10

Is this Client the Head-of-Household (tip: Veterans should always be HoH) Y/N Yes

If adult, does client have photo ID? Yes

HUD UNIVERSAL DATA ELEMENTS**Relationship to Head of Household** Self (head of household)**Date of Birth** 01/02/1990**Date of Birth Type** Full DOB Reported (HUD)**Gender** Other

If Other Gender, specify

Race American Indian or Alaska Native (HUD)

Race-Additional White (HUD)

Ethnicity (Hispanic/Latino) Non-Hispanic/Non-Latino (HUD)

Language English

Domestic violence victim/survivor

If yes for Domestic violence
victim/survivor, when experience occurred

If yes for Domestic Violence
Victim/Survivor, are you currently fleeing? No (HUD)

DV Screen Total

Does the client have a disabling condition?

Disabilities

HUD Verification

Disability Type	Start Date *	Disability determination	End Date
Mental Health Problem (HUD)	01/07/2016	No (HUD)	
Chronic Health Condition (HUD)	01/07/2016	No (HUD)	
HIV/AIDS (HUD)	01/07/2016	No (HUD)	
Physical (HUD)	01/07/2016	No (HUD)	
Developmental (HUD)	01/07/2016	No (HUD)	

Showing 1-5 of 80

Developmental disability? No

HH connected to Mentor Oregon or FAB? No

U.S. Military Veteran? (Moved to Profile) Yes (HUD)

If veteran- does client have copy of
DD214? Yes

ONLY select other if NONE of the listed residence types apply

Residence Prior to Project Entry Hotel or motel paid for without emergency shelter voucher (HUD)

If Other Type of Residence, specify

Is it safe for HH to stay there? No

If no, is HH fleeing DV? No

Length of Stay in Previous Place One to three months (HUD)

Client entering from the streets, ES or SH

If Yes for "Client entering from streets, ES
or SH" Approximate date started: [Date
Field]

Regardless of where they stayed last night
- Number of times the client has been on
the streets, in ES, or SH in the past three
years including today

Total number of months homeless on the
street, in ES or SH in the past three years

Length of Time Homeless - Status
Documented? No

Chronically Homeless = adult or unaccompanied youth w/ 1+ LT disability(s) and 1 yr of homelessness or 4 episodes of homelessness in past 3 yrs.

Is Client Chronically Homeless? Yes

Housing Status Screen Total * 10

Zip Code of Last Permanent Address 97404

Income from Any Source Data not collected (HUD)

Monthly Income

HUD Verification

Start Date *	Source of Income	Receiving Income Source?	Monthly Amount	End Date
10/01/2016	Earned Income (HUD)	Yes	US\$1,500.00	
01/15/2016	SSDI (HUD)	No		

12/03/2015	Earned Income (HUD)	No		
11/12/2015	VA Service Connected Disability Compensation (HUD)	Yes	US\$700.00	
11/12/2015	VA Service Connected Disability Compensation (HUD)	No	US\$0.01	

Showing 1-5 of 100

Total Monthly Income 1000

Garnishment Yes

Amount of Garnishment 300

Type of garnishment Child Support

Non-cash benefit from any source No (HUD)

Non-Cash Benefits

HUD Verification

Start Date *	Source of Non-Cash Benefit	Receiving Benefit?	Amount of Non-Cash Benefit	End Date
10/19/2015	Temporary rental assistance (HUD)	No		
10/19/2015	Other TANF-Funded Services (HUD)	No		
10/19/2015	Other Source (HUD)	No		
10/19/2015	Section 8, Public Housing, or other ongoing rental assistance (HUD)	No		
10/19/2015	Special Supplemental Nutrition Program for WIC (HUD)	No		

Showing 1-5 of 48

Household Size 4

Percent of Median Family Income 0-30% MFI

Level of Family Income (% HHS Guidelines) Up to 50%

Income Screen Total 8

Highest Level of Education Attained Less Than High School

All school age children enrolled in school? No

If yes, what was the name of the school?

Family requests contact from School Liaison No

Housing Information

Has moved 2 or more times in 60 days Yes

Has client ever been evicted? Yes

Has client ever been evicted from subsidized housing? No (HUD)

Number of Evictions in last 5 years 0

Does client owe money to any housing programs or previous landlords for back rent or damages? Yes (HUD)

Total \$ amount of housing arrearage 1500

Total \$ amount owed to LOCAL utility companies: 500

Do you have or have you ever had a housing voucher? No

If Yes, please describe

Restrictions on where any HH member can live? No

Housing Barriers score:

EMPLOYMENT & DEBT SUMMARY

WashCo 2Yr Employment History

Start Date *	End Date	HH Member	Position/Title/Business Type	Employer/Business Name	Hourly Wage	Primary Reason For Leaving Employment	Good Employment Reference
--------------	----------	-----------	------------------------------	------------------------	-------------	---------------------------------------	---------------------------

Employment-related services currently receiving: none

Services needed to maintain/secure employment: transportation

Employment Screen Total 15

Debt Amount 3000

Has client made payment plan(s) with creditors? No

Describe: medical debt

Financial Status Screen Total 3

Complete this section for all Household Members 18 years of age or older:

Does client have a criminal history? Yes (HUD)

Convicted Sex Offender?

Does the client owe court fees/fines? Yes (HUD)

If yes, how much? \$3,000

Is client restricted from having social contact with minors? No

Convicted of arson, assault, drug distribution/manufacture or possession, property destruction or other person-to-person crime within past 7 years? Yes (HUD)

Criminal History - Past 7 Years

HH member	Date of Conviction	* Felony?	Misdemeanor Charge	Time Served?	End of Sentence
just	12/12/2013	No	Yes	discharge of fire arm	No
just	07/04/2012	Yes		possession	No

Showing 1-2 of 2

Current legal system involvement:

On parole/probation? No

County (if applicable): Washington County

If not an Oregon county, list:

Open Cases/Outstanding Warrants No

Describe:

Do you have a recovery mentor through Community Corrections? Yes

May we talk with your mentor about your housing plan? Yes

If yes, Mentor Name:

Mentor Phone 123-456-8888

Complete and upload release of information

Criminal History Screen Total 20

HEALTH SUMMARY

Covered by Health Insurance

No (HUD)

Health Insurance

HUD Verification

Start Date *	Health Insurance Type	Covered?	End Date
12/03/2015	State Health Insurance for Adults	No	
12/03/2015	Private Pay Health Insurance	No	
12/03/2015	Veteran's Administration (VA) Medical Services	No	
12/03/2015	State Children's Health Insurance Program	No	
12/03/2015	Health Insurance obtained through COBRA	No	

Showing 1-5 of 41

Pregnant?

No

Due date, if pregnant

Receiving Prenatal Medical Care?

Do you have any of the listed chronic health issues?

Yes

If HIV/AIDS, refer to CAP

Hospitalized in the last 12 months for any of the above conditions?

Yes (HUD)

Serious or traumatic brain injury?

No (HUD)

times in ER in the past 3 months:

2

times admitted to hospital in past 12 months:

1

Treatment for mental health issues currently or in the past?

Yes (HUD)

Hospitalization for mental health reasons?

No (HUD)

Residential/In-patient treatment for substance abuse in last 2 years

Yes

Have you had outpatient treatment for substance abuse in the last two years?

Substance Abuse

HH Member	Sub Abuse Treatment or Recovery Plan	Substance Abuse Provider	Start Date *	End Date
just	Yes	just say no	10/15/2012	

Showing 1-1 of 1

Undocumented Dignoses or Health Conditions

Member Name	Start Date *	ConditionType	Condition	Comments
Just	04/04/2014	Mental Health Diagnosis	depression	

Showing 1-1 of 1

Are you currently working with a counselor or case manager?

No

Current Health Treatment/Service Providers

Start Date *	End Date	Agency/Provider/Hospital name	Physical Health/Mental Health
09/19/2013		Virginia Garcia	Physical Health
08/05/2011		White Bird	Physical Health

Showing 1-2 of 2

Health Screen Total 14

FOSTER CARE & CHILD WELFARE SUMMARY

Is/has been in foster care system? Yes

If yes, age at exit from foster care: 18

If was/is in foster care, select state OR

Current Child Services involvement? No

Child Protective Services worker name &
contact information:

Emergency Contact/Next-of-kin Information Brother 750-111-2222

VULNERABILITY INDEX (VI) SCORE

Comprehensive Screen Total 94

Need Level High

Reasonable Accommodation signed No

Homeless Verification on File Verification from outreach worker (for on the street)

WashCo Program Placement:

Referral accepted? Pending

If referral not accepted, primary reason for
denial:

Receiving Agency Notes Re
Assessment/Acceptance or Denial

Housing Placement

Date Client Secured Housing

Agency contact for follow-up

[Assessor notes on referral to CWL\(s\)](#)

Legal Clinic Eligibility

Have you been denied disability benefits for
which you are eligible?

Are you unable to work due to physical or
emotional health issues?

If yes, would you like assistance in filling
out an application for disability?

Have you been denied housing because of
an arrest or conviction?

Have you been denied employment or
discouraged from seeking employment
because of arrest/conviction?

Do you have a low-level criminal record or
misdemeanors?

If you have debt that prevents you from
obtaining housing, is it related to medical
expenses?

If you receive Social Security Disability or
Income, do you have debt related to child
support?

Do you have debt that could be resolved
through bankruptcy?

Have you been denied food stamps or
discouraged from applying for food stamps?

Have you been denied medical services or
government services due to lack of fixed
address?

Community Connect Comprehensive Assessment

Community Connect Assessor Contact Information

Name: _____
 Agency: _____
 Phone: _____ Email: _____

HH Contact Info: Phone: _____ **Email:** _____

Prior to completing assessment, please confirm that household is interested in remaining in Washington County

Community Connect Assessment Date: _____

Where Did You Stay Last Night?											
Literally Homeless						Imminent Risk of Homelessness					
<input type="checkbox"/> In shelter: Exit Date: _____						<input type="checkbox"/> With a friend					
<input type="checkbox"/> In transitional housing: Exit Date: _____						How long can you stay: _____ (14 days or less = eligible)					
<input type="checkbox"/> Camp, in a car or on the street ** Immediate Placement						<input type="checkbox"/> With a family member					
<input type="checkbox"/> Hotel/Motel paid by voucher or 3 rd party ** Immediate Placement						How long can you stay: _____ (14 days or less = eligible)					
<input type="checkbox"/> In a domestic violence situation ** Immediate Placement						<input type="checkbox"/> In a hospital					
If household is fleeing Domestic Violence refer to DV Crisis Line: (503)469-8620, 1(800)469-8600 Portland Women's Crisis Line: 503-235-5333						<input type="checkbox"/> Jail/Prison/Juvenile Detention					
						<input type="checkbox"/> Hotel/Motel paid by HH					
						<input type="checkbox"/> Foster Care or Group Home					
						<input type="checkbox"/> Substance Abuse Treatment Facility					
						<input type="checkbox"/> Detox Facility					
						<input type="checkbox"/> In my own housing – Rental Eviction notice? Yes No					
Housing Status Screen Total:											

1	Was your situation caused by Domestic Violence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	How long have you been staying there?	
3	Client entering from the streets, ES or SH	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	If Yes for "Client entering from streets, ES or SH" Approximate date started:	
5	Regardless of where they stayed last night-Number of times the client has been on the streets, in ES, or SH in the past three years including today.	
6	Total number of months homeless on the streets, in ES or SH in the past three years	
7	Is household chronically homeless? <i>(Chronically Homeless= adult or unaccompanied youth w/1 + LT disability(s) and that has been living in a place not meant for human habitation, in an emergency shelter, or a safe haven for the last 12 months continuously or on at least 4 occasions in the past 3 yrs where those occasions cumulatively total at least 12 month).</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	What was the City and zip code of your last permanent address?	
	City (HMIS-Client Location):	Zip Code:

Family Members (Last, First, M.I.)	Relationship	Sex	D.O.B.	S.S. #	Race* & Ethnicity**	Primary Language	Disability Documented		Disability Type	Armed Services	
	H.O.H.	M	F				Y	N		Y	N
		M	F				Y	N		Y	N
		M	F				Y	N		Y	N
		M	F				Y	N		Y	N
		M	F				Y	N		Y	N
		M	F				Y	N		Y	N

*Race Key:

N = American Indian/Alaska Native P = Native Hawaiian/Pacific Islander W = White A = Asian

**Ethnicity Key:

H = Hispanic / Latino

Community Connect Comprehensive Assessment

B = Black/African American

NON = Non Hispanic / Latino

9	If Developmental disability is YES. Is HH connected to Mentor Oregon or FAB (Full Access Brokerage)?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
10	Review Entry/Exit History. Has any household member been enrolled in a Washington County homeless assistance program in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
11	Has any household member been homeless before?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
12	If Yes, at what age?							
Recidivism Screen Total:								
13	Is this client the Head of Household?(Tip: Veterans should always be HoH)	<input type="checkbox"/> Yes <input type="checkbox"/> No						
14	If adult, does client have photo ID?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
15	Is Head of Household a Domestic Violence victim/Survivor?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
16	If yes, when did the last experience of domestic violence occurred? <table border="1" style="display: inline-table; margin-left: 10px; border-collapse: collapse;"> <tr> <td style="padding: 2px;"><input type="checkbox"/> Within the past 3 months</td> <td style="padding: 2px;"><input type="checkbox"/> 3 to 6 months ago</td> <td style="padding: 2px;"><input type="checkbox"/> 6 to 12 months ago</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> More than 1 year ago</td> <td style="padding: 2px;"><input type="checkbox"/> Don't know</td> <td style="padding: 2px;"><input type="checkbox"/> Refused</td> </tr> </table>	<input type="checkbox"/> Within the past 3 months	<input type="checkbox"/> 3 to 6 months ago	<input type="checkbox"/> 6 to 12 months ago	<input type="checkbox"/> More than 1 year ago	<input type="checkbox"/> Don't know	<input type="checkbox"/> Refused	
<input type="checkbox"/> Within the past 3 months	<input type="checkbox"/> 3 to 6 months ago	<input type="checkbox"/> 6 to 12 months ago						
<input type="checkbox"/> More than 1 year ago	<input type="checkbox"/> Don't know	<input type="checkbox"/> Refused						
17	If yes for Domestic Violence victim/survivor, are you currently fleeing?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
DV Screen Total:								

Income Sources			
Cash Benefits	\$ Amount	Who?	
Supplemental Security Income (SSI)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
Social Security Disability Income (SSDI)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
Social Security	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
General Public Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
Temporary Aid to Needy Families (TANF)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
Veterans Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
Employment Income	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
Farm work (Nursery, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
Unemployment Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
No Financial Resources- 0 income	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
Non Cash Benefits			
State Children's Health Insurance Program (SCHIP)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
Veterans Health Care	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
Medicaid	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
Food Stamps	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
WIC	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
ERCD/ TANF Child Care	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
18	Total Household monthly Income		\$
19	Garnishments		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	If YES, Type of Garnishment:	Amount \$	
21	Percent of Median Family Income (Refer to AMI chart) <input type="checkbox"/> 30% or below <input type="checkbox"/> 31%-50% <input type="checkbox"/> 51%-80% <input type="checkbox"/> above 80%		
22	Federal Poverty Level <input type="checkbox"/> Up to 50% <input type="checkbox"/> 51%-75% <input type="checkbox"/> 76%-100% <input type="checkbox"/> 101%-125% <input type="checkbox"/> 126%-150% <input type="checkbox"/> 151% and over		
Income Screen Total:			

Community Connect Comprehensive Assessment

23	Highest level of Education attained by Adults:	
	Name	Grade Level
24	All school age children enrolled in school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
25	If YES, What is the name of the School/s?	
26	Family Requests contact from School Liaison: <input type="checkbox"/> Yes <input type="checkbox"/> No	
27	Has household moved 2 or more times in the past 60 days? <input type="checkbox"/> Yes <input type="checkbox"/> No	
28	Has client ever been evicted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
29	Has client ever been evicted from subsidized housing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
30	Number of Evictions in the last 5 years	
31	Does client owe money to any housing programs or previous landlords for back rent or damages? <input type="checkbox"/> Yes <input type="checkbox"/> No	
32	Total amount of housing arrearage:	
33	Total amount owed to Local utility companies:	
34	Do you have or have you ever had a housing voucher? <input type="checkbox"/> Yes <input type="checkbox"/> No	
35	If yes, Please describe:	
36	Restrictions on where any HH member can live? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Housing Barriers Score:		

Employment & Debt History

Employment History – 2 YR Employment History

Start Date	End Date	HH Member	Position/Title	Employer	Hourly Wage	Primary reason for leaving job	Good reference
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
37	Employment-related services currently receiving:						
38	Service needed to maintain/secure employment:						
39	Are you unable to work due to physical or emotional health issues? <input type="checkbox"/> Yes <input type="checkbox"/> No						
40	Have you been denied disability benefits for which you are eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No						
41	Would you like assistance in filling out an application for disability benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No						
*If YES to questions 40 or 41, please refer client to ASSIST							
42	Referred to ASSIST <input type="checkbox"/> Yes <input type="checkbox"/> No						
Employment Screen Total:							

43	Debt Amount		\$
	Describe:		
44	Has client made payment plans with creditors?	Describe:	
Financial Status Screen Total:			

Community Connect Comprehensive Assessment

Criminal History – please complete this section for all HH members over 18						
45	Does client have criminal history?					<input type="checkbox"/> Yes <input type="checkbox"/> No
46	Convicted sex offender?					<input type="checkbox"/> Yes <input type="checkbox"/> No
47	Does the client owe court fees/fines?					<input type="checkbox"/> Yes <input type="checkbox"/> No
48	If Yes, how much?					\$
49	Is client restricted from having social contact with minors?					<input type="checkbox"/> Yes <input type="checkbox"/> No
50	Convicted of arson, assault, drug distribution/manufacture or possession, property destruction or other person-to-person crime within past 7 years?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Criminal History – Past 7 years						
HH member	Date of conviction	Felony	Misdemeanor	Charge	Time served	End of Sentence
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Current legal system involvement						
51	On parole/probation?					<input type="checkbox"/> Yes <input type="checkbox"/> No
52	County, State:					
53	Open Cases/Outstanding Warrants:					<input type="checkbox"/> Yes <input type="checkbox"/> No
54	Describe:					
55	Do you have a recovery mentor through Washington County Community Corrections?					<input type="checkbox"/> Yes <input type="checkbox"/> No
56	May we talk with your mentor about your housing plan?					<input type="checkbox"/> Yes <input type="checkbox"/> No
57	If YES, Mentor Name:			Phone:		
	Release of information completed					<input type="checkbox"/> Yes <input type="checkbox"/> No
Criminal History Screen Total:						

Health Summary						
58	Health Insurance					<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Public	<input type="checkbox"/> Private	<input type="checkbox"/> None	<input type="checkbox"/> Unknown		
59	Health Insurance Type					
	<input type="checkbox"/> MEDICAID	<input type="checkbox"/> State Children's Health Insurance Program	<input type="checkbox"/> Employer – Provided Health Care Insurance	<input type="checkbox"/> State Health Insurance for adults		
	<input type="checkbox"/> MEDICARE	<input type="checkbox"/> Veteran's Administration (VA) Medical Services	<input type="checkbox"/> Health Insurance obtained through COBRA	<input type="checkbox"/> Private Pay Health Insurance		
60	Pregnant?					<input type="checkbox"/> Yes <input type="checkbox"/> No
	Due date, if pregnant:		Receiving Prenatal Medical Care?			<input type="checkbox"/> Yes <input type="checkbox"/> No
61	Do you have any of the listed chronic health issues: <i>Kidney disease/End Stage Renal Disease or Dialysis; History of frostbite hypothermia or immersion foot; Liver disease, Cirrhosis, or End-stage Liver Disease; Heart disease, Arrhythmia or irregular heartbeat; HIV/AIDS; Emphysema; Diabetes; Asthma; Cancer; Hepatitis C; Tuberculosis; High blood pressure or hypertension, mental health issue</i> **If HIV/AIDS, Refer to CAP					<input type="checkbox"/> Yes <input type="checkbox"/> No
62	Hospitalized in the last 12 months for any of the above conditions?					<input type="checkbox"/> Yes <input type="checkbox"/> No
63	Serious or traumatic brain injury?					<input type="checkbox"/> Yes <input type="checkbox"/> No
64	# of times in ER in past 3 months:					
65	# of times admitted to the hospital in the past 12 months:					

Community Connect Comprehensive Assessment

66	Treatment for mental health issues currently or in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No
67	Hospitalization for mental health reasons?	<input type="checkbox"/> Yes <input type="checkbox"/> No
68	Residential in-patient treatment for substance abuse in last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
69	Have you had outpatient treatment for substance abuse in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Substance Abuse

HH member	Sobriety Date	Treatment or Rec. Plan	Provider	End Date
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Undocumented Diagnoses or Health Conditions

HH member	Start Date	Condition Type	Condition	Comments
		<input type="checkbox"/> Behavior <input type="checkbox"/> Mental Health <input type="checkbox"/> Physical <input type="checkbox"/> Medical <input type="checkbox"/> Other: _____		
		<input type="checkbox"/> Behavior <input type="checkbox"/> Mental Health <input type="checkbox"/> Physical <input type="checkbox"/> Medical <input type="checkbox"/> Other: _____		
		<input type="checkbox"/> Behavior <input type="checkbox"/> Mental Health <input type="checkbox"/> Physical <input type="checkbox"/> Medical <input type="checkbox"/> Other: _____		

70	Are you currently working with a counselor or case manager to address your housing situation?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Organization:		
	Counselor/Case Manager Name:	Phone:	

Current Health Treatment/Service Providers

HH member	Start Date	Agency/Provider/Hospital Name	Physical or Mental Health

Health Screen Total:

Foster Care and Child Welfare Summary

71	Is/has been in foster care system?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, age at exit from foster care:	State:	
72	Current Child Welfare involvement?		<input type="checkbox"/> Yes <input type="checkbox"/> No
73	Child Protective Services worker name:	Phone:	

Emergency Contact or next-of-kin information:

74	
----	--

Comprehensive Screen Total:

Eligibility for Legal Clinic Services

75	Have you been denied housing because of an arrest or conviction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
76	Have you been denied employment or discouraged from seeking employment because of an arrest or conviction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
77	Do you have a low-level criminal record that includes sidewalk obstruction, camping/trespass, park exclusion, or a misdemeanor conviction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
78	If you have debt that prevents you from obtaining housing, is it related to medical expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
79	If you receive Social Security Disability or Social Security Income, do you have debt that is related to child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
80	Do you have debt that could be resolved through bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
81	Have you been denied food stamps or discouraged from applying for food stamps?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Community Connect Comprehensive Assessment

82	Have you been denied medical services or been unable to receive government services because of the lack of a fixed address?	<input type="checkbox"/> Yes <input type="checkbox"/> No
83	Referred to Legal Clinic	<input type="checkbox"/> Yes <input type="checkbox"/> No

Community Connect Documents Check list

Required Forms (Community Connect Packet)

- ☐ 1. Homeless Verification and Self- Declaration of Housing Status form (Appendix 10.7)
- ☐ 2. Resource Eligibility and Housing Option form (Appendix 10.6)
- ☐ 3. Self-Declaration of Income form

Documents required from client:

- ☐ 4. ID's for all adults in the household
- ☐ 5. Social Security Cards for all members in the household
- ☐ 6. Birth Certificates for all children under 18

HOMELESS VERIFICATION AND SELF-DECLARATION OF HOUSING STATUS (1 of 3)

Applicant Name: _____

HMIS Client I.D. #: _____ (To be completed by Community Connect staff)

☐ Household without dependent children (complete one form for each adult in the household)☐ Household with dependent children (complete one form for household)

Number of persons in the household: _____

This is to certify that the above named individual or household is currently homeless or at-risk of homelessness, based on the following information and the signed declaration by the applicant.*Check only one:*☐ I [and my children] am/are currently homeless and living in shelter, transitional housing, or places not meant for human habitation (e.g. street, car, abandoned building), and no subsequent residence has been identified, and the household lacks the resources or support networks needed to obtain other permanent housing. [HUD Category 1]

1) Last night the applicant slept at/in _____ and tonight will sleep at/in _____

2) How long has the applicant been living in the situation indicated in question 1? ____ Days ____ Months ____ Years

3) Does the applicant have a disabling condition documented by a physician OR by the Social Security Administration? ☐Yes ☐No ☐Don't Know4) Has the applicant been continually homeless (on the streets, residing in a place not meant for habitation, or residing in an emergency shelter) for 12+ months? ☐Yes ☐No ☐Don't Know
Homeless period of **12+ consecutive** months is: Month/Day/Year ____/____/____ TO Month/Day/Year ____/____/____5) Has the applicant experienced four (4) or more episodes of homelessness in the past three years **that equal 12 months or more**, and each break separating the occasions is at least 7 consecutive nights not living homeless? ☐Yes ☐No ☐Don't Know

#1: M/D/Year ____/____/____ TO M/D/Y ____/____/____

#2: M/D/Year ____/____/____ TO M/D/Y ____/____/____

#3: M/D/Year ____/____/____ TO M/D/Y ____/____/____

#4: M/D/Year ____/____/____ TO M/D/Y ____/____/____

#5: M/D/Year ____/____/____ TO M/D/Y ____/____/____

#6: M/D/Year ____/____/____ TO M/D/Y ____/____/____

#7: M/D/Year ____/____/____ TO M/D/Y ____/____/____

#8: M/D/Year ____/____/____ TO M/D/Y ____/____/____

6) Is the applicant a U. S. Military Veteran? ☐Yes ☐No ☐Don't Know7) What is the zip code of the applicant's most recent **permanent** address? ☐Don't Know☐ I [and my children] am/are at imminent risk of being evicted from the housing we are presently staying in and must leave this housing within the next ____ days, and no subsequent residence has been identified, and the household lacks the resources or support networks needed to obtain other permanent housing. [HUD Category 2]☐ I [and my children] am/are the victim(s) of domestic violence and am/are fleeing from abuse. [HUD Category 4]**I certify that the information above and any other information I have provided in applying for assistance is true, accurate and complete. The homeless verification comes in the form of third-party documentation, in most cases, and to the best of my ability I will provide the name and/or agency that can provide third party verification on my behalf.**

Applicant Signature: _____ Date: _____

Staff Certification

I understand that third-party verification is the preferred method of certifying homelessness or risk for homelessness for an individual who is applying for assistance. I understand self-declaration is only permitted when I have attempted to but cannot obtain third party verification.

Documentation of attempt made for third-party verification:_____

Community Connect Staff Signature: _____ Date: _____

Phone: _____ Email: _____

Homeless Verification and Self Declaration is valid for 90 days from the Staff Certification date listed above.

Checklist to certify Homeless Verification and Housing Status includes:

CATEGORY 1	Required verification (Order of Priority):
<input type="checkbox"/> Has a primary nighttime residence that is a public or private place not meant for human habitation. <i>NOTE: Auditable HMIS records must include the person who entered the data, the date of entry, and the change made, and if the HMIS prevents overrides or changes of the dates on which entries are made.</i>	<ol style="list-style-type: none"> 1) Written third party documentation providing verification of homelessness by the outreach worker and/or documentation of records contained in an HMIS, or comparable database used by victim service providers, with auditable history of all entries; OR 2) Written referral by another shelter, safe haven or service provider; OR 3) Self-Declaration of Housing Status certified by the individual or head of household seeking assistance stating that (s)he is living on the streets. Chronic Homeless requires additional evidence of disability: <ol style="list-style-type: none"> 4) Written verification of the disability from a professional licensed by the state; OR 5) Written verification from the Social Security Administration; OR 6) Receipt of a disability check; OR 7) Intake staff-recorded observation of disability that, no later than 45 days from the application for assistance, is confirmed and accompanied by evidence in (4), (5), or (6).
<input type="checkbox"/> Is exiting an institution where he/she 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	<ol style="list-style-type: none"> 1) Letter from institution stating the person's length of stay, AND 2) Letter from service provider stating that prior to admission to the institution the person was living in the streets or at an emergency shelter and the specific institution setting in which the applicant resided
<input type="checkbox"/> Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state or local government programs)	<p>Letter from the shelter organization/transitional housing facility/hotel stating that the person is:</p> <ol style="list-style-type: none"> 1) Currently residing in temporary housing, AND 2) (If in transitional housing) was living in the streets or emergency shelter when they were admitted to the transitional/supportive housing.
<input type="checkbox"/> Not homeless according to definitions.	
CATEGORY 2	Required verification:
<input type="checkbox"/> Individual or family who will imminently lose their primary nighttime residence, provided that: <ol style="list-style-type: none"> a. Residence will be lost within 14 days of the date of application for homeless assistance; b. No subsequent residence has been identified; AND c. The individual or family lacks the resources or support networks needed to obtain other permanent housing 	<ol style="list-style-type: none"> 1) A court order resulting from an eviction action notifying the individual or family that they must leave; OR 2) For individual and families leaving a hotel or motel-evidence they lack the financial resources to stay; OR 3) A documented and verified oral statement; AND Certification that no subsequent residence has been identified; AND Self-certification or other written documentation that the individual lack the financial resources and support necessary to obtain permanent housing
<input type="checkbox"/> Not homeless according to definitions.	
CATEGORY 4	Required verification:
<input type="checkbox"/> Any individual or family who: <ol style="list-style-type: none"> a. Is fleeing, or is attempting to flee, domestic violence; b. Has no other residence; AND c. Lacks the resources or support networks to obtain other permanent housing 	<p><i>For non-victim service providers:</i> Oral statement by the individual or head of household seeking assistance that they are fleeing. This statement is documented by a Self-Declaration certified by the applicant or a certification by the caseworker.</p> <ol style="list-style-type: none"> 1) Where the safety of the individual or family is not jeopardized, the oral statement must be verified; AND 2) Certification by the individual or head of household that no subsequent residence has been identified; AND 3) Self-Declaration of Housing Status that the individual or family lacks the financial resources to obtain other permanent housing.
<input type="checkbox"/> Not homeless according to definitions.	



RESOURCE ELIGIBILITY AND HOUSING OPTIONS (2 of 3)

Applicant Name: _____

HMIS Client I.D. #: _____ (To be completed by Community Connect staff)

Please assess with the applicant what appropriate subsequent options might be available to the household:

Subsequent Housing Options:

1. Are there any appropriate subsequent housing options for this household? ☐ Yes ☐ No
If **yes**, please note below:

2. Have you verified that no other appropriate subsequent housing options are available? ☐ Yes ☐ No

Financial Resources and Support Networks:

3. Are there any financial resources or support networks available to this household that can be used to help them remain in their current housing or to obtain appropriate subsequent housing? ☐ Yes ☐ No

If **yes**, please note below:

4. Does anyone in the household have a checking or savings account? ☐ Yes ☐ No
If **yes**, please note **account balances** below:

Checking \$ _____ **Savings \$** _____

5. Have you verified that the household lacks the financial resources and support networks to maintain housing or obtain new housing? ☐ Yes ☐ No

Please document below (check all that apply):

- ☐ Applicant's income is insufficient to obtain and/or maintain housing (see attached income verification).
Applicant is at _____% AMI.
- ☐ Applicant has no friends or family in the area.
- ☐ Applicant has no friends or family with housing that can support them space wise.
- ☐ Applicant has no friends or family that is allowed to house them due to lease restrictions.
- ☐ Friends and family lack the financial resources to support the applicant.
- ☐ Friends and family refuse to provide assistance.
- ☐ The applicant does not qualify for housing assistance through other agencies at this time.

Community Connect Staff Signature: _____ **Date:** _____

**By signing this form, I declare that all of the Subsequent Housing, Financial Resource and Support Networks information provided in this document is true and correct to the best of my knowledge.
I understand that by providing fraudulent information, I could be prosecuted to the fullest extent of the law.**

Applicant Signature _____ **Date** _____

Resource Eligibility and Housing Options Documentation is valid for 60 days from the Staff Certification date listed above.



SELF-DECLARATION OF INCOME (3 of 3)

Applicant Name: _____

HMIS Client I.D. #: _____ (To be completed by Community Connect staff)

This is to certify the income status for the above named individual. Income includes but is not limited to:

- The full amount of gross income earned before taxes and deductions.
- The net income earned from the operation of a business, i.e., total revenue minus business operating expenses. This also includes any withdrawals of cash from the business or profession for your personal use.
- Monthly interest and dividend income credited to an applicant's bank account and available for use.
- The monthly payment amount received from Social Security, annuities, retirement funds, pensions, disability and other similar types of periodic payments.
- Any monthly payments in lieu of earnings, such as unemployment, disability compensation, SSI, SSDI, and worker's compensation.
- Monthly income from government agencies excluding amounts designated for shelter, and utilities, WIC, food stamps, and childcare.
- Alimony, child support and foster care payments received from organizations or from persons not residing in the dwelling.
- All basic pay, special day and allowances of a member of the Armed Forces excluding special pay for exposure to hostile fire.

Check only one box and complete only that section

Income:

☐ I certify, under penalty of perjury, that I currently receive the following income:

Source: _____	Amount: _____	Frequency: _____
Source: _____	Amount: _____	Frequency: _____
Source: _____	Amount: _____	Frequency: _____

☐ **Applicant Signature:** _____ **Date:** _____

No Income:

☐ I certify, under penalty of perjury, that I do not have any income from any source at this time.

☐ **Applicant Signature:** _____ **Date:** _____

Staff Verification

I understand that third-party verification is the preferred method of certifying income for assistance. I understand self declaration is only permitted when I have attempted to but cannot obtain third party verification.

Documentation of attempt made for third-party verification:

☐ **Community Connect Staff Signature:** _____ **Date:** _____



STAFF AFFIDAVIT FOR ACCOMMODATION

Applicant Name: _____

The homeless applicant named below has been assessed for housing placement by Community Connect. The applicant assessment score and the recommended scoring range for program referrals based on specific housing/service needs are not in the best interest of the applicant for the reason stated below. After consultation with the following program agency, it has been agreed to grant a reasonable accommodation to this applicant for placement in the following program based on:

- a) The applicant is eligible for the program; and
- b) The program is more appropriate to meet the applicant needs; and
- c) The assessment score does not accurately capture the housing and/or service needs of the applicant based on:

Applicant Assessment Score: _____ points

Proposed Program Eligibility Score: _____ points

Reason for accommodation: _____

Program Score Range (Appendix 10.9): 0-35 points = Low Barrier (Prevention, RRH) 35-75 points = Moderate Barrier (TH, RRH) 75+ points = High Barrier (PSH)

Refer to: _____
 Program Contact _____ Agency _____

 Phone/Email Contact Information _____

This Affidavit certifies that true and complete information was used to determine eligibility, and certifies that no conflict of interest exists related to the provision of assistance, and that it is in the best interest of the applicant to be referred to the above referenced program.

Each person signing below certifies that the applicant named above meets all requirements to receive assistance and that all of the information provided above is true and complete, to the best of my knowledge. This Affidavit certifies that the provision of assistance to the applicant named above has not resulted, nor will result, in a personal or financial interest or benefit, either for myself or for anyone with whom I have family or business ties.

Community Connect Staff Signature: _____ Date: _____

Print Name

Phone: _____ Email: _____

Community Connect Supervisor Signature: _____ Date: _____

Print Name



Community Connect Assessment Scoring Guide

Recidivism – Max= 10

Use of Washington County CoC or other Washington County homeless program entry in last 2 years	5pts
Previously Homeless	5pts

Domestic Violence History – Max 10

Last incident within last 6 months	10pts
Last incident 6-12 months	5pts

Housing Status – Max= 10

Literally homeless	5 pts
Chronically homeless	10 pts

Income – Max= 10

0 income	10 pts
Below 30% AMI	8 pts
Above 30%	0 pts

Housing History – Max= 12+ (base points on Worst History)

Moved 2 or more times in last 60 days		5 pts
Evictions in the last 3 years		1 pt. for every eviction
Owe \$ to previous Landlord/arrearage	0-\$1,000	0 Pts
	More than \$1,000	5 pts
Owe Utility	Yes	2 pts
	No	0 Pts
Evicted from federally funded/public housing	Yes	5 pts
	No	0 Pts

Community Connect Assessment Scoring Guide

Employment – Max=15 (base points on best history)

Unemployed			5 pts
No employment & not in school	In past 2 years	10 pts	Plus 5 pts If currently unemployed
	In the last year	5 pts	
	In the last 6 months	2 pts	
Unsteady employment/ multiple jobs in last year			2 pts
Regular/Steady employment over past 2 years			0 Pts

Financial Status – Max= 10 (base points on worst history)

Debt	More than \$ 10,000	10 pts
	5-10K	7 pts
	1-5k	3 pts
	Less than 1K	0 pts
Currently making payments/Payment plan in place		-3 pts

Criminal History – Max= 36 (base points on worst history)

Convicted Sex Offender		10 pts
Restricted from having contact with minors		5 pts
Conviction on list in 7 years	Yes	5 pts
Felony/Misdemeanor	Felony conviction in the last 2 Years	OR 10 pts
	Misdemeanor conviction in the last 2 years	OR 5 pts
	Felony over 2 years	OR 5 pts
	Misdemeanor over 2 years	OR 3 pts
Currently on Parole/probation	Yes	3 pts
Current open case or warrant	Yes	3 pts

Community Connect Assessment Scoring Guide

Health Summary = 40+

Health Insurance	Yes	0 pts
	No	5 pts
Number of Chronic Health Issues: How many of the following chronic Health Issues has the client been diagnosed and/or been treated for any of the following: Kidney disease/End Stage Renal Disease or Dialysis; History of frostbite hypothermia or immersion foot; Liver disease, Cirrhosis, or End-stage Liver Disease; Heart disease, Arrhythmia or irregular heartbeat; HIV/AIDS; Emphysema; Diabetes; Asthma; Cancer; Hepatitis C; Tuberculosis; High blood pressure or hypertension, mental health issue	Yes	5 pts
Serious or traumatic brain injury	Yes	5 pts
Hospitalized in the last 12 months for any of the above conditions	Yes	5 pts
# of times in ER in past 3 months		1 pt each
# of times admitted to the hospital in past 12 months		2 pts each
Hospitalization for mental health reasons in last year	Yes	10 pts
Inpatient treatment for substance Abuse/Detox	Less than 1 year	10 pts
	1-2 years	5 pts
	Longer than 2 yrs ago	0 pts

Max total	143
------------------	------------

Immediate Placement Regardless of Points: Literally Homeless

DVRC/Monica's House
Family Shelter Network
Safe Place Youth – Boys And Girls Aid
Severe Weather Shelters

Housing Placement Options based on Score

Below 35 pts = low barrier

Transitional Housing:

Transitional Living Program – Boys And Girls Aid

Rapid Rehousing/Prevention:

Emergency Solution Grant (ESG)
Community Action Rent Assistance
Support Services for Veteran Families (SSVF)
Prevention Assistance – Cascade AIDS Project

Permanent Housing:

Affordable Housing Project-based Section 8 Wait List

35-75= moderate

Transitional Housing:

Fresh Start Recovery
Jubilee Transition Homes
Fredrick House
Salvation Army Veterans & Family Center
Homeless to Work
Washington County Transitional Housing Program

Rapid Rehousing/Prevention with Case Management:

Emergency Solutions Grant (ESG)
CoC Rapid Re-Housing for Families
Housing Stabilization Program – Good Neighbor Center
Support Services for Veteran Families (SSVF)
Rent Assistance – Cascade AIDS Project
CAO Support Services

Permanent Housing:

Affordable Housing Project-based Section 8 Wait List

75+=high

Permanent Supportive Housing:

Legacy Shelter Plus Care – Service Providers include: Cascade AIDS Project; Community Action; Housing Independence; LifeWorks NW; Luke-Dorf, Inc.; Open Door Counseling Center; and Sequoia Mental Health Services, Inc.

The Knoll (Veterans)
HUD –VASH
Tom Brewer
Safe Haven
Hillsboro GILP /Hartner House
TriHaven

Community Connect - Occupied Beds Summary

11/17/15

Page 1 of 2

Emergency Shelter

Entry Exit Provider Id	Max HH (worksheet)	Households	Max Persons (worksheet)	Persons
BGA - Safe Place Youth Shelter (ESG)(2533)	4	4	4	4
CAO - Family Shelter - ESG(2385)	5	5	20	14
Family Promise - SP - ESG(2280)	3	3	14	10
Good Neighbor Center (GNC) (OHCS ESG)(2285)	9	9	36	39

Homelessness Prevention (HUD)

Entry Exit Provider Id	Max HH (worksheet)	Households	Max Persons (worksheet)	Persons
CAO - OCD-ESG Prevention(3950)	10	19	25	47
CAO - OHCS-ESGP Prevention(3948)	2	2	3	3

PH - Housing only (HUD)

Entry Exit Provider Id	Max HH (worksheet)	Households	Max Persons (worksheet)	Persons
WashCo - The Knoll(3210)	12	12	12	12
WashCo - VASH - SP(3035)	87	70	108	104

Permanent Supportive Housing

Entry Exit Provider Id	Max HH (worksheet)	Households	Max Persons (worksheet)	Persons
LifeWorks NW - Tom Brewer Recovery House(2816)	18	15	18	16
Luke-Dorf Graduated Independent Living (HILP) (2651)	14	8	14	8
Sequoia MH - Tri-Haven(2513)	12	15	12	15
WashCo-SPC-CH0140C(3324)	3	4	3	4
WashCo-SPC-ch0152c(3988)	3	3	3	3
WashCo-SPC-OR0095L(2928)	160	155	230	224
WashCo-SPC-OR0155L (CH706001)(2802)	22	28	22	29

Rapid Re-Housing

Entry Exit Provider Id	Max HH (worksheet)	Households	Max Persons (worksheet)	Persons
CAO - CoC RRH Families(4726)	30	28	75	84
CAO - OCD-ESG Rehousing(3949)	1	11	6	34
CAO - OHCS-ESGP Rehousing(3942)	9	3	9	9
CAO - Rent Assistance Program(2384)	18	79	50	183
CAO - SSVF Rehousing(3928)	20	29	36	49

Community Connect - Occupied Beds Summary

11/17/15

Page 2 of 2

Entry Exit Provider Id	Max HH (worksheet)	Households	Max Persons (worksheet)	Persons
GNC - Housing Stabilization Program(2402)	12	8	24	29
Lutheran Community Services NW - HopeSpring Program (OHCS ESG 2012)(2294)	15	3	36	9

Safe Haven

Entry Exit Provider Id	Max HH (worksheet)	Households	Max Persons (worksheet)	Persons
Luke-Dorf - Safe Haven(2530)	10	6	10	6

Transitional Housing

Entry Exit Provider Id	Max HH (worksheet)	Households	Max Persons (worksheet)	Persons
BGA - Transitional Living Program(2534)	11	9	13	12
Homeless to Work (HtW) (Wash Co)(2837)	13	11	13	11
Salvation Army Veterans and Family Center - SP (4101)	59	51	70	76
Washington County Transitional Corrections Housing Program(2401)	3	3	9	16

Prompt Information

Report:	WashCo - Community Connect - Occupied Beds Summary v04
Report effective:	Nov 17, 2015 3:11:28 AM
Provider Group:	WashCo Community Connect(733)

Community Connect

PROGRAM INFORMATION FOR CLIENTS

Click on the PDF icon to review information on the program. This information is available for printing and sharing with the participant being referred to the Provider Agency below



TH
Program_WashCo_Tr

Not for Release – All Information Below is Internal to Community Connect

PROGRAM REFERRAL CONTACT INFORMATION

PROJECT NAME:

AGENCY NAME:

AGENCY STREET ADDRESS:

AGENCY CITY, STATE ZIP

CONTACT NAME:

PHONE & EMAIL INFORMATION:

OFFICE HOURS/DAYS:

ALTERNATE CONTACT:

PHONE & EMAIL INFORMATION:

OFFICE HOURS/DAYS:

PROGRAM DESCRIPTION:

Examples of items to include:

Type of housing, target population (chronic, family, youth, etc.), target subpopulation (men only, women only, veteran, fleeing domestic violence), target age (youth ages, seniors 55+)

SPECIAL ELIGIBILITY

REQUIREMENTS:

Examples of items to include:

Required of diagnosed disabling condition, diagnosis of mental health, must meet SPMI, required clean and sober 6+ months, etc.

HOMELESS REQUIREMENTS:

HUD homeless definition:

Category 1 “Literally Homeless” on the street or in shelter.

Category 2. “Imminent Risk of Homelessness” within 14 days.



EMERGENCY SOLUTIONS GRANT (ESG)

Program Manual

Washington County
Office of Community Development
FY 2016

**FY 2016 Emergency Solutions Grant (ESG) Program Manual
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**WASHINGTON COUNTY OFFICE OF COMMUNITY DEVELOPMENT
EMERGENCY SOLUTIONS GRANT (ESG)
OPERATING MANUAL
FY 2016**

With the authorization of the HEARTH Act in May 2009, Congress made significant changes to the McKinney-Vento Act programs. One of the changes replaced the Emergency Shelter Grant program (ESG) with the Emergency Solutions Grant, also called ESG. Because of changes in the program, Washington County commenced a consultation process with its Continuum of Care, through its Housing and Supportive Services Network, to provide for the participation of local homeless service providers and not less than one homeless individual or formerly homeless individual in considering and making policies and decisions regarding any facilities, services, or other eligible activity that receives funding under ESG. Policies and other decisions resulting from this consultation process include how to allocate the ESG funds each year (between what eligible activities), the amount of funds distributed between activities, developing performance standards and evaluating outcomes, and policies and procedures related to the administration and operation of the County's Homeless Management and Information System (HMIS). The County's Policy Advisory Board maintains overall responsibility and oversight over the program for the approval of program policies and projects under the ESG program as an advisory body to the Board of County Commissioners.

Summary of Consultation Process

Washington County Office of Community Development (OCD) consulted with members of the Housing and Supportive Services Network (HSSN), the Continuum of Care (CoC) body for the area to discuss the activities to be funded under new regulatory guidelines of ESG. The HSSN Strategic Planning Workgroup members were asked to attend a meeting held on February 12, 2016 to assist in the consultation process. Participants of this meeting included current recipients under the Emergency Shelter Grant program, former HPRP recipients, formerly homeless individuals, and other service providers in the area representing all segments of the CoC including domestic violence providers, permanent supportive housing providers, emergency shelter providers, and emergency service providers. A discussion ensued on needed Emergency Solutions Grant program components as well as the percentage of and mechanism for distributing an estimated total of \$164,525 in PY 2016 ESG funding, as well as the process for subawarding ESG funds to private nonprofit organizations.

The general consensus of the group was for the continued funding of all activities allowable under the new ESG (with the exception of HMIS activities), with an emphasis on Homelessness Prevention and Rapid Re-Housing activities due to the importance that the U.S. Department of Housing and Urban Development has placed on looking predominantly toward Prevention and Rapid Re-Housing as an effective way for communities to combat homelessness. It was discussed that while supporting Homelessness Prevention and Rapid Re-housing activities deserved to be a focused effort, that funding for operations of shelters and street outreach

activities can be limited and that shelter still serves a crucial element in the road to transitioning individuals and families from homelessness and into permanent housing.

Once consultation was completed to obtain concurrence with the decision about funding, final consultation with the entire HSSN occurred on March 2, 2016.

Coordination

Policy:

Washington County's Continuum of Care (Housing and Supportive Services Network) will provide the main coordination function to ensure knowledge of the services available in the Continuum from shelter providers, essential services providers, homelessness prevention and rapid re-housing providers, other homeless assistance providers, and mainstream, employment service and housing providers.

Procedures:

The Coordination Policy will be carried out through a number of ways:

HSSN:

- Regular attendance at HSSN monthly meetings.
- Homeless subcommittee monthly meetings
- Annual updates from ESG Recipient to HSSN on status of ESG activities including consultation opportunities.
- Ensuring the mainstream and employment service providers attend HSSN meetings regularly.
- Encourage homeless consumer input in developing programs and the homeless response system.

Other:

- Coordination of the Shelter Network
- Requirement of ESG-funded agencies to coordinate and integrate to the maximum extent practicable with mainstream and employment service providers.

Standard Policies and Procedures

The following are general standard policies for evaluating individuals' and families' eligibility for assistance under all applicable activities that are funded under the Emergency Solutions Grant (ESG).

Policy:

- Beneficiaries must be below 30% Median Family Income (MFI) Limits.
- Beneficiaries must have an initial consultation with a staff person whose job description includes knowledge of ESG program policies and procedures.

- Households receiving prevention and re-housing assistance must have no other support networks or funding resources (this must be documented by OCD-approved format).
- Each beneficiary must have documentation of homeless or at-risk of homelessness status (by HUD definition).
- Agencies receiving ESG funding must use a barrier level assessment tool as part of a coordinated and centralized assessment system (CCAS). Policies and Procedures for Washington County's CCAS have been adopted under the local Continuum of Care (CoC) in Washington County, commonly referred to as the Housing and Supportive Services Network (HSSN). Grant recipients and subrecipients under the CoC and ESG Programs must use the coordinated and centralized assessment system, or "Community Connect" was established by the HSSN, in accordance with requirements established by HUD, to ensure that screening, assessment, and referral of program participants is consistent with the written standards established.
- Must implement the use of risk factors for assessing rent-assisted households.
- Households must have assets no greater than \$2,500.

Match Requirement

Washington County will ensure that 100 percent of the Emergency Solutions Grant received is matched with equal resources. This match requirement will be passed on to the grant recipients. Match documentation will be required before reimbursement will be made. The match may be cash or an in-kind amount and cannot be counted as satisfying the matching requirement of another federal grant. Types of match that will be accepted include:

- Cash contributions expended for allowable costs including staff salaries and fringe benefits
- Noncash contributions
- Services provided by volunteers are matched at the current minimum wage salary unless the recipient can verify a higher rate of pay for current employees performing similar work
- Real property, equipment, goods or services that if the recipient had to pay for them with grant funds, the payments would have been indirect costs
- The value of donated goods and services such as clothing, food, diapers, haircuts, etc. The value placed should be consistent with OMB Circulars 87 and A-122.
- Costs paid by program income provided the costs are eligible ESG costs that supplement the recipient's ESG program.

Proposed Activities

Washington County plans on funding the following activities: Street Outreach, Emergency Shelter, Homelessness Prevention, Rapid Re-Housing, and general ESG Program administration. The following narrative is intended to describe each activity that will be funded under the Emergency Solutions Grant and the Policies and Procedures under each.

Street Outreach

\$25,000 will go to support Street outreach activities targeted to homeless singles and families without children. Services will be initially targeted to engagement, case management, emergency health services, emergency mental health services, and or transportation activities to serve up to 200 individuals. The three agencies in Washington County that currently provide street outreach services to the homeless are Open Door Counseling Center, Luke-Dorf, Inc., and HomePlate Youth Services. These agencies will be subawarded \$8,333 each to perform this work under a subcontract with Community Action Organization, who will provide oversight for regulatory compliance on these subcontracts. Match support will come from private donations and foundation support.

Per HUD regulations, street outreach activities can ONLY be targeted to populations defined in HUD's Category 1, Paragraph (1)i definition of "Literally homelessness". (For further information about the criteria for determining homelessness under HUD's definition, please refer to Table C-1 at the end of this section.) The allocation method will be a direct allocation. If no funds have been expended under this category, funds will be re-programmed to the prevention and re-housing categories (which include rent and financial assistance as well as housing relocation and stabilization services) in a respective one third/two thirds split. Washington County Office of Community Development will continue to work to design procedures and selection criteria for how to allocate funding for Street Outreach activities under this grant.

Emergency Shelter

\$50,000 has been allocated to Community Action to support Emergency Shelter activities in Washington County's Shelter Network to serve 560 families, individuals, and youth. Five shelters in the Shelter Network will be awarded \$10,000 each under a subcontract with Community Action Organization, who will provide oversight for regulatory compliance on these subcontracts. Match support will come from shelter Levy funding (local), private donations, and foundation support. These funds will be allocated to Community Action as the Shelter Coordinator, as is currently the process.

Policy:

The Shelter Network is made up of five shelters; three in a system coordinated by Community Action and two others that operate in concert with the system but with procedures that are slightly different due to the special needs populations they serve. The Shelter Network will

work collaboratively to find other housing options, or if none, shelter opportunities, within the network of shelters so as to prevent households from living on the street.

In order to be eligible to receive ESG assistance, each shelter must adopt a policy of assessing homeless families at intake, prioritizing essential services (includes mainstream and employment services) based on needs of the household, and allowing for a re-assessment of each household during their stay at the shelter.

Safeguards for Special Needs Populations (survivors of domestic violence, dating violence, sexual assault, and/or stalking) are supported by the policy of the Shelter Network to not release the names of any of their shelter families so as to protect their privacy as well as to ensure the safety of the families. DVRC will not acknowledge or respond to any inquiries regarding someone who might be in shelter. Family Bridge does not allow visitors unless pre-approved/pre-arranged.

Procedure for Family Shelter Network:

Admission: To be admitted onto the Shelter Waitlist, the household must be a household with children and qualify as “homeless” based on HUD’s definitions under the HEARTH Act. Actual documentation of homelessness would occur at the point of entry into the shelter. Each shelter must adhere to OCD-approved method for documenting such status in order to be eligible for ESG assistance.

Diversion: The Shelter Network Coordinator will evaluate the household to determine first whether there are options for diversion away from shelter prior to placing the household in shelter. Admission and diversion functions will occur mainly at the weekly Community Resource Orientations hosted by Network Coordinator.

Referral: The Network will refer the household at the top of the list to re-housing opportunities (if applicable) or the next available shelter with open beds. The list for shelter is administered on a first come, first served basis.

Discharge: Shelters will discharge families when they have reached the end of the stay (as dictated by Shelter policy). The Shelters will coordinate with the Shelter Network Coordinator to determine whether there are other options for housing available before the household is moved to the next shelter (to prevent discharging onto the street). To the maximum extent possible given resources in this jurisdiction, shelters will work to prevent release of households into homelessness.

Procedure for Boys and Girls Aid Safe Place for Youth:

Admission: Youth call or drop in or are referred by outside source (police, schools, HomePlate). Shelter accepts youth age 10 – 19. Clients must be sober and non-aggressive. Agency does manage a waitlist and there are criteria (risk factors) for pulling off the list (not by first come first serve). Youth will not be placed on the list unless he or she has talked directly to staff, either by phone or in person.

Diversion: If the youth has just run away, Agency will try to divert from shelter by trying to get him or her back with family or family member before placing in the shelter.

Referral: While in care, Agency tries to determine whether a return to home or another family member is possible. Getting the youth to a stable resource is priority. Refer to Transitional Living Program (TLP) or other housing programs if available (New Avenues for Youth or Job Corps).

Discharge: Discharge after up to 12 weeks of stay at shelter (extensions possible). Discharge is dictated by plan in place. Discharge into homelessness ONLY occurs when they discharge themselves. As long as youth is making progress, the shelter stay can extend to prevent discharge into homelessness. General progression is shelter (crisis) to TLP then to housing.

Procedure for Domestic Violence Resource Center:

Admission: Clients will typically call in (drop-ins are not welcomed due to the confidential nature of the shelter). Stay at the shelter (Monica's House) is intended to be only for those in imminent danger. Referrals are taken for all ages and clients are accepted regardless of gender. Single adults with their children are accepted, but not dual parents. Client must be sober, and exhibit appropriate behavior for communal living; a drug test is required and used as a method to assess needs of the individual, not to deny services. No wait list, clients are accepted into the shelter on a first come, first serve, based upon availability and that the victim is in "imminent danger".

Diversion: DVRC evaluates the safety of a household to determine first whether there are options for diversion away from shelter prior to placing the household in shelter. If under imminent danger, then they are accepted. DVRC coordinates other services as needed to ensure that clients do not have to go into shelter if there are other options that do not compromise safety. Most are not "homeless", or are only temporarily without housing, or have other housing options. Those who are literally "homeless" are referred to Community Action.

Referral: Referrals come from hospitals, other agencies, and even other jurisdictions across the country. The common thread of clients served by DVRC is not socioeconomic; DVRC primarily serves low-income clients, but that is not a criterion for services. 120 adult clients and 150 children (270 total) stay at Monica's House annually. Some are referred to Survivor House (similar to Oxford House) or Oxford Recovery Living. Some are referred to HopeSpring, or will access the DV emergency grant to obtain financial assistance to secure housing (1st and last month's rent, fees, etc.).

Discharge: DVRC will discharge clients when they are no longer in imminent danger and have identified a permanent housing option, typically 4 weeks, though there is no specified time limit. DVRC's Case Manager coordinates with the clients weekly to discuss options for available housing before the household is moved to another shelter or to another housing option (to

prevent discharging onto the street). To the maximum extent possible given resources in this jurisdiction, DVRC works to prevent release of households into homelessness, unless the client poses a threat to other clients staying at the shelter. Examples of unacceptable behavior include bringing alcohol or drugs into the shelter, bringing a perpetrator to the shelter, or bringing weapons on site. Additionally, aggressive or inappropriate behavior that is not conducive to communal living is also grounds for immediate dismissal from the shelter (clients with children are given more time to identify another housing option to prevent discharging to the street).

Homeless Prevention (HP)

\$30,874 will be allocated to Community Action to carryout homeless prevention activities, which include rent assistance, financial assistance, and housing relocation and stabilization services to serve a minimum of 30 persons. Match support will come from Emergency Housing Account and the Supportive Housing Assistance Program. An additional \$12,339 of match is provided under this activity to help cover match requirements for Administrative costs associated with the ESG program, which will be retained by the Washington County Office of Community Development.

Policy:

Except as provided below, households that have incomes below 30% MFI, meet the HUD definition of at-risk of homelessness, meet prescribed risk factors, and that assess for this program (using an assessment tool) will be eligible to receive HP assistance (first come first serve) within the capacity of the funding.

Households that meet the above criterion AND have been approved for permanent housing assistance through another mainstream public subsidy (or are enrolled another program that is helping them to meet their housing costs) but need only a limited “financial assistance” payment(s) [example: security deposit, 1st/last month’s rent, etc.], will be prioritized for assistance under homeless prevention.

An agency awarded ESG assistance under homelessness prevention will be required to utilize OCD-approved documentation standards for income, HUD standards for at risk of homelessness, risk factors (if applicable), and assessment tools. ESG regulations require that subrecipients use the Part 5 definition of income for all activities under the ESG program, define at 24 CFR 5.609. OCD staff will conduct training to provide agencies technical assistance on how to count income and calculate rent assistance payments under this definition.

Households assisted with prevention assistance will be required to pay 30% of their income towards rent and utilities. This calculation shall be included in the income documentation so that both household income and household’s share of rent will be clearly documented.

ESG Program Participants will be eligible to receive up to 24 months of assistance for prevention, but not to exceed a maximum of 24 months of assistance per 24 CFR 576.105(a)(3)

and 576.106(a)(2). There will be no adjustment of the portion of rent paid by tenant over the assistance period, which will remain at 30% of adjusted gross income as determined under the Part 5 definition of income. The subrecipient must re-evaluate the program participant's eligibility and amount of assistance needs every 3 months for both prevention assistance and re-housing assistance. A participant may come back to the program at any point within the program year to receive homeless prevention and rapid re-housing rent and financial assistance, but the total amount of assistance received must be within the above limits.

Housing Relocation and Stabilization Services (HRSS) will include housing search and placement, housing stability case management, and mediation. Credit repair and legal services are allowed and may be included but would only be eligible if provided by a third party that had gone through OCD-approved procurement process.

The minimum amount of HRSS shall be a once per month in-person meeting with the client, though the goal would be for more. The duration of HRSS will be tied at a minimum to the length of rent assistance provided, but can continue for a longer period depending on the needs of the household. A participant may come back to the program at any point to receive HRSS but the total amount of assistance received must be within the above limits.

Other general program requirements for either rent-assistance activity under the ESG program include provisions that:

- The unit must be suitable for household size.
- The unit rents must not exceed Section 8 Fair Market Rents.
- The unit must have a rent that is documented by staff as being reasonable as compared to other units of similar size and with similar amenities.
- The unit and shelter must conform with Lead Based Paint remediation and disclosure.
- The unit must be Habitable (as documented by the Habitability Checklist, completed by ESG Subrecipient).
- The shelter must be habitable to receive ESG assistance (documented by OCD staff).

Rapid Re-Housing (RRH)

\$46,312 will be allocated to Community Action to support Rapid Re-Housing activities, which includes rent assistance, financial assistance, and housing relocation and stabilization services to serve an additional 10 households. Match support will come from Emergency Housing Account and the Supportive Housing Assistance Program.

Policy:

Except as provided below, households that have incomes below 30% MFI, meet the HUD definition of homeless, meet prescribed risk factors, and that assess for this program (using an assessment tool) will be eligible to receive RRH assistance (first come first serve) within the capacity of the funding. It was decided in the consultation process that payment of security

deposits, utility costs and moving costs are an important component for any rent assistance program. Without it, many cannot afford to move into housing. It was agreed that a client should be required to pay a portion of their rent so that they can begin the path to economic self-sufficiency.

Households that meet the above criterion AND have been approved for permanent housing assistance through another mainstream public subsidy (or are enrolled another program that is helping them to meet their housing costs) but need only a limited “financial assistance” payment(s) [example: security deposit, 1st/last month’s rent, etc], will be prioritized for assistance under homeless prevention or rapid re-housing.

An agency awarded ESG assistance under rapid re-housing will be required to utilize OCD-approved documentation standards for income, HUD standards for homelessness, risk factors (if applicable), and assessment tools. ESG regulations require that subrecipients use the Part 5 definition of income for all activities under the ESG program, define at 24 CFR 5.609. OCD staff will conduct training to provide agencies technical assistance on how to count income and calculate rent assistance payments under this definition.

Households assisted with re-housing assistance will be required to pay 30% of their income towards rent and utilities. This calculation shall be included in the income documentation so that both household income and household’s share of rent will be clearly documented.

ESG Program Participants will be eligible to receive up to 24 months of assistance for rapid re-housing, but not to exceed a maximum of 24 months of assistance per 24 CFR 576.105(a)(3) and 576.106(a)(2). There will be no adjustment of the portion of rent paid by a tenant over the assistance period, which will remain at 30% of adjusted gross income as determined under the Part 5 definition of income. The subrecipient must re-evaluate the program participant’s eligibility and amount of assistance needs every 3 months for re-housing assistance. A participant may come back to the program at any point within the program year to receive rapid re-housing rent and financial assistance, but the total amount of assistance received must be within the above limits.

Housing Relocation and Stabilization Services (HRSS) will include housing search and placement, housing stability case management, and mediation. Credit repair and legal services are allowed and may be included but would only be eligible if provided by a third party that had gone through OCD-approved procurement process.

The minimum amount of HRSS shall be a once per month in-person meeting with the client, though the goal would be for more. The duration of HRSS will be tied at a minimum to the length of rent assistance provided, but can continue for longer period depending on the needs of the household. A participant may come back to the program at any point to receive HRSS but the total amount of assistance received must be within the above limits.

Other general program requirements for either rent-assistance activity under the ESG program include provisions that:

- The unit must be suitable for household size.
- The unit rents must not exceed Section 8 Fair Market Rents.
- The unit must have a rent that is documented by staff as being reasonable as compared to other units of similar size and with similar amenities.
- The unit and shelter must conform with Lead Based Paint remediation and disclosure.
- The unit must be Habitable (as documented by the Habitability Checklist, completed by ESG Subrecipient).
- The shelter must be habitable to receive ESG assistance (documented by OCD staff).

HMIS

No ESG funds will be directly allocated for HMIS in FY 2016.

Policy:

HMIS (Homeless Management Information System) is a single platform database providing an unduplicated count of homeless people in Washington County. To date there are 15 service providers entering data into HMIS representing 48 service agencies. The programs include Emergency Shelters, Transitional Housing Programs, Permanent Supportive Housing Programs, Services only programs, Homelessness Prevention and Rapid Rehousing (HPRP) and other local funding programs. That data is used to inform both local and statewide public policy about the extent and nature of homelessness, captures client level data and assists agencies with tracking outcome measures for each homeless client entered into the system, allows agencies to pull aggregate data to assist with writing grants and applying for needed funds, plan for the reduction/ending of homelessness with uniform, longitudinal data by which to make effective programming decisions, to educate citizens about homeless families and youth in Washington County.

All ESG recipients must ensure that data on all persons served and all activities assisted under ESG are entered into the applicable community-wide HMIS in the area in which those persons and activities are located, or a comparable database, in accordance with HUD's standards on participation, data collection, and reporting under a local HMIS.

Procedures:

If the subrecipient is a victim service provider or a legal services provider, it may use a comparable database that collects client-level data over time (i.e., longitudinal data) and generates unduplicated aggregate reports based on the data. Information entered into a comparable database must not be entered directly into or provided to an HMIS. All ESG-funded agencies must either currently be an HMIS user or will be required in their contract for ESG funding to obtain HMIS licensing as a condition of funding. This will be a requirement of any ESG funded contract. Washington County HMIS policies and procedures are in compliance with

generally accepted standards adopted by regional partner agencies that form the Northwest Social Services Consortium (coordinated by the City of Portland). Washington County's victim service provider will use an accepted HMIS-like system approved by the County's HMIS Administrator. (Note: this is already in place in Washington County).

Administration

Administration will be used for costs related to the planning and execution of the ESG activities. The total amount for administration will be \$12,339, representing 7.5 percent of the total FY 2016 allocation of ESG funding grant, and the maximum amount allowable for administration, planning, implementation, reimbursement, and reporting under ESG regulations. Match funding for this activity will be provided under other ESG funded activities (i.e. Street Outreach, Emergency Shelter, Homeless Prevention and Rapid Re-housing Activities). Administrative dollars will be retained by the Office of Community Development, and match support for this activity will be provided by awarded agencies in conjunction with other homeless activities.

Performance Standards

Agencies receiving ESG funds will be monitored annually to ensure that program guidelines are being followed. Monitoring procedures will be conducted similarly to the HPRP program, including verification of income and homeless documentation. An experienced staff person is assigned to this program. In addition, before reimbursement can be made verification will be required including certification of homelessness, lease documents, and income calculations, as well as cancelled checks and invoices. A contract will be developed requiring quarterly reimbursement requests and timely expenditure of funds. During the past year, OCD has begun the formulation of specific performance objectives and outcomes for all of its programs. Benchmarks are in the process of being formulated. Refer to Table 6-1, *ESG Performance Objectives and Standards by Activity*, for more information on how Washington County will work to align performance outcome data with the federal objectives and standards governing the use of ESG funding.

Table 6-1: ESG Performance Objectives and Standards by Activity				
Eligible Activities*	Street Outreach	Emergency Shelter	Homeless Prevention	Rapid Re-Housing
Performance Objectives (HUD standards)	Objective: Suitable Living Environment Outcome: Availability/Accessibility	Objective: Suitable Living Environment Outcome: Availability/Accessibility	Objective: Decent Housing Outcome: Affordability	Objective: Decent Housing Outcome: Affordability
Performance Standards	Entry and exit measures Destination at exit Measurement: Number of individuals who participate in Community Connect, Washington County’s Coordinated and Centralized Assessment System	Reducing the time spent homeless Measurement: Average shelter stay for families exiting to permanent housing Measurement: Length of time families spent on the shelter wait list last year	Reduce the time spent homeless Measurement: Reduction in new incidences of homelessness and a reduced recidivism rate.	Reduce the time spent homeless Measurement: Reduction in new incidences of homelessness and a reduced recidivism rate.
Opening Doors: Federal Strategic Plan to Prevent and End Homelessness Objectives (U.S. Interagency Council on Homelessness)	Objective 10: Transform homeless services to crisis response systems that prevent homelessness and rapidly return people who experience homelessness to stable housing.	While funding to support Emergency Shelter activities cannot be directly linked to a goal identified in the federal strategic plan, the need for shelters is still recognized as a crucial component of the County’s homelessness crisis response system.	Objective 6: Improve access to mainstream programs and services to reduce people’s financial vulnerability to homelessness.	Objective 3: Provide affordable housing to people experiencing or most at risk of homelessness Objective 4: Provide permanent supportive housing to prevent and end homelessness.
Washington County’s 10-Year Plan to End Homelessness Goals	Goal 3: Link people to appropriate services and remove barriers	While funding to support Emergency Shelter activities cannot be directly linked to a goal identified in Washington County’s 10-Year Plan to End Homelessness, the need for shelters is still recognized as a crucial component of the County’s homelessness crisis response system.	Goal 1: Prevent people from becoming homeless	Goal 2: Move people into housing
Consolidated Plan Objective	C.8.v Provide outreach services to homeless persons and families. C.8.n Provide services through “Community Connect”, Washington County’s Coordinated and Centralized Assessment System (CCAS), to provide a central point of referral for homeless and at-risk households to prevent and end episodes of homelessness.	C.8.b Provide supportive services and case management to vulnerable populations including homeless, mentally ill, persons with HIV/AIDS.	C.8.e Provide one-time or short-term rental support for low-income persons at risk of becoming homeless. C.8.w Provide case management services to homeless families or those at risk of becoming homeless including those fleeing from domestic violence. C.8.u Provide supportive services to homeless individuals and families (and those at risk of homelessness) that would include, but not be limited to, child care, housing education (e.g. Rent Well), mental health and addiction counseling, employment training, information and referral, parenting skills, accessing housing, and homeless prevention services.	
*Note: Objective and outcomes reporting is not applicable for Administration and HMIS activities.				

Continuum of Care (CoC) Discharge Planning

The McKinney Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To comply with the requirement at 24 CFR 91.220(i)(1)(iv)(A), Washington County Continuum of Care (CoC) has developed planning policies and protocols for assisting low-income persons being discharged from publicly-funded institutions or systems of care.

Washington County certifies yearly that there are policies regarding discharge planning to minimize homelessness following discharge from publicly funded institutions. Through the County's application under the Continuum of Care, protocols are outlined that deal with youth exiting foster care, persons leaving the health care system, persons leaving the Oregon State Hospital and inmates being released from correctional facilities. In summary, Oregon's Department of Human Services' Child Welfare Division prepares individual discharge plans for youth leaving the foster care system. The transition plan is carried out through three different Independent Living Programs. The Oregon State Hospital defines the discharge process for clients leaving the hospital through a comprehensive treatment care plan. Discharge assessment and planning for discharge begins upon admission and continues through hospitalization. Washington County's Mental Health and the Oregon State Hospital have entered into an agreement concerning policies and procedures to be followed by the local program and the hospital when a patient is admitted and discharged. The Oregon Department of Corrections prepares a discharge plan for inmates as they near release from incarceration. The Department of Corrections forwards to Washington County's Community Corrections a copy of the individualized Transition Plan. Prison release counselors, Corrections Center residential counselors and probation/parole officers take an active role in developing transitional release plans that may include provisions for, but are not limited to, housing, employment, continuing education, supportive services, conditions and level of supervision. Local hospitals perform discharge in accordance with Standards of Practice governing health care operations. Both non-profit hospitals have internal social service departments that manage the discharge of patients through job descriptions and electronic discharge forms completed by hospital case managers. Hospitals work in partnership with community social service providers to refer homeless to appropriate programs. The following describes Washington County CoC's efforts to coordinate with and/or assist in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

Discharge Planning: Foster Care

The Oregon Department of Human Services (OR-DHS) is responsible for compliance with ORS 418.475, the State mandated discharge of youth leaving the foster care system. A transition plan from foster care to community housing is delivered through three State-funded Independent Living Programs to help prepare youth for the transition from foster care to adulthood.

OR-DHS is an active participant in the CoC planning process. The OR-DHS provides the CoC with foster care policy and training updates, and the CoC provides data to OR-DHS on homeless populations who have aged out or had experiences in the foster care system and are now homeless.

The OR-DHS completes an assessment of the youth's readiness to transition out of the foster care and into adulthood. The youth completes the T1 Transition Readiness Index, and provides this to the OR-DHS caseworker. The T1 tool encourages involvement by youth, foster parents or caretakers, OR-DHS child welfare staff, biological parents, independent living providers, courts, CASAs and other supportive adults

(such as a coach, teacher, mentor, or other relative) to maximize the level of support to ensure the greatest chance at success for a young person transitioning out of foster care.

The CoC's Housing and Supportive Services Network (HSSN) Youth Subcommittee is comprised of public and nonprofit partner organizations serving at-risk and homeless youth ages 12 to 24 years. The subcommittee is focused on prevention of homelessness, and works closely with the public institutions to ensure appropriate housing placement in State-funded and locally-funded housing options, group homes, and when possible in market rate apartments for older youth with an income.

The OR-DHS works with youth preparing for transition out of foster care to determine a housing plan that may include discharge to State and locally-funded Independent Living Programs: ILP, ILSP, or ILP-CH.

Youth ages 14 to 21 years leaving Foster Care may participate in the Independent Living Program Skills Training (ILP) where youth receive instruction in basic living skills such as money management, access to community resources, transportation, education, vocation training, support groups, and housing options.

Youth ages 16 to 21 years may participate in the Independent Living Subsidy program (ILSP) where youth receive the skills training offered in ILP in addition to funding for room and board, a transition to independence.

Youth ages 18 to 21 years may participate in the Independent Living Program (ILP-CH) for foster care youth who have left the OR-DHS Foster Care system and seek to live independently. This program coordinates housing services with Transitional Living Programs.

Discharge Planning: Health Care

The discharge plan was not developed by the State or the CoC. Providence St. Vincent Medical Center and Tuality Healthcare hospitals are local, independent health care providers, and discharge in accordance with Standards of Practice governing health care operations. Providence St. Vincent Medical Center and Tuality Healthcare participate in CoC planning and hospital administration is represented on the Homeless Plan Advisory Committee, a high-level leadership committee. Both hospitals have internal Social Service departments that manage the discharge of patients through job descriptions and electronic discharge forms completed by hospital case managers.

The CoC reviews the hospital discharge process annually. Hospital case managers work in partnership with CoC outreach workers and community social service agencies to refer homeless to appropriate community-based service programs and address special needs of the homeless beyond healthcare. Hospitals partner with Central City Concern to discharge homeless needing acute medical care into the Recuperative Care Program, or provided motel accommodations for homeless with less severe health care issues.

The CoC and hospital case managers work collaboratively to support the needs of homeless people, as many homeless experiencing a major health crisis will decide to engage in services to end their homelessness.

The Homeless Plan Advisory Committee is a high-level leadership committee including hospital administration, elected officials, directors of housing and service programs, formerly homeless, and other representatives. These stakeholders support research to prepare a Homeless Cost Study that will provide the CoC and community leaders with data on the cost of homelessness on health care and other institutions. The report will demonstrate costs of chronic homelessness in the community, and support

reallocation and creation of funding to provide housing programs demonstrating outcomes in ending chronic homelessness, and reducing occurrences of homelessness.

A holistic assessment is performed by the hospital to determine the individual's needs for ongoing health care, services and housing prior to discharge from the health care system. Where possible, the hospital case worker will contact family and friends of the homeless client to support reunification that leads to housing outcomes.

Homeless with acute health care conditions are referred to the Recuperative Care Program, a locally funded program. Homeless with less severe health care are provided assistance through motel vouchers, and assistance in connecting with community service providers and mainstream resources. This may include locally-funded resident recovery and transitional housing programs, group homes, and low-income affordable housing.

Discharge Planning: Mental Health

The State mandated discharge policy for the Oregon State Hospital is managed by the Oregon Health Authority (OHA), Addiction and Mental Health Division, as outlined in OAR 309-091, Division 91 State Hospital Admission and Discharge. The Washington County Mental Health Division is an active participant in the CoC planning process, and provides revised statute updates on Discharge Planning, in addition to the State's work to develop coordinated care organizations (CCO) that are responsible for delivering integrated physical health, mental health and addictions care to people served by the Oregon Health Plan, and to ensure that the new model of care includes a clear understanding of the essential role peer-delivered services play in behavioral health.

Mental Health Services are delivered through a network of non-profit mental health providers that are actively involved in the CoC planning, to include LifeWorks NW, Luke-Dorf, Inc., and Sequoia Mental Health Services, Inc.

The Oregon State Hospital (OSH) begins discharge assessment and planning for discharge upon admission to the hospital, and continues this process throughout hospitalization resulting in a comprehensive treatment plan. OSH and the Washington County Mental Health Division have entered into an agreement outlining the policies and procedures to be followed by the local Community Mental Health program when an individual is admitted to OSH, and upon determination of discharge to support the transition with housing, treatment, and other services assessed as needed to support the continuity of care necessary to maintain the individual's stability in the community. The CoC's Mental Health and Special Needs Community Consortium (MHSNCC) include the Oregon Health Authority (OHA), National Alliance for the Mentally Ill (NAMI), County and non-profit mental health and substance providers, health care, homeless consumer, and housing providers. The State and local MHSNCC collaborate to ensure persons are not discharged into homelessness.

The Washington County Mental Health Division provides care coordination with the hospital social workers for persons discharging from the Oregon State Hospital to ensure that individuals are connected to mental health treatment, social services and housing appropriate to the client's needs and desires. Housing opportunities include licensed residential services, group homes, State and locally-funded transitional housing, and market rate apartments.

The Oregon Addictions and Mental Health Division together with consumers, Oregon's Mental Health Organizations (MHO) and Community Mental Health Programs, implemented a new innovative program, Adult Mental Health Initiative (AMHI) that transfers responsibility for managing residential services to Oregon's Mental Health Organizations in local communities. This partnership improves coordination for

adult mental health services at all levels of care in the system. The CoC was briefed on this program at the time of implementation.

Discharge Planning: Corrections

For persons preparing to leave the Oregon State Prison, the State-mandated discharge policy is administered by the Oregon Department of Corrections (OR-DOC) under OAR 255-060-0008, Division 60 Release to Post-Prison Supervision or Parole and Exit Interviews and statutory authority ORS 144.096, ORS 144.125 and ORS 144.185. For offenders who originated in Washington County, thirty days before discharge the OR-DOC forwards a copy of the offenders Release Plan (Form PBM208B) to Washington County Department of Corrections (WCCC), the Local Supervisory Authority.

The WCCC and local law enforcement are active members in the CoC planning process, and work collaboratively with CoC partner agencies to support the offenders individualized Release Plan, to include housing, employment, education, support services and treatment programs. HMIS is used to track homeless people who reported recent discharge from the Prison system.

The Washington County Department of Community Corrections (WCCC), the Local Supervisory Authority, in partnership with the Oregon State Prison and Oregon Department of Corrections (OR-DOC) work collectively to develop the Release Plan approved by the Oregon Board of Parole and Post-Prison Supervision prior to offender's discharge. The Board works in partnership with the OR-DOC and the WCCC to set conditions of supervision for all offenders being released from Oregon prisons, and determines whether discharge from supervision is compatible with public safety.

The Oregon State Prison nurse sends referrals to Cascade AIDS Project (CAP) for persons being discharged that are HIV+. CAP has a HOPWA SPNS grant for housing assistance and services for people involved with the corrections system and assists with discharge planning.

WCCC and Washington County Jail are represented on the Homeless Plan Advisory Committee that provides policy leadership to address State-mandated discharge.

Washington County Department of Community Corrections (WCCC) has established partnerships with housing providers offering private, State and locally-funded beds within 38 separate clean and sober housing facilities, 20 regular group housing facilities that are used by people under supervision, and the 12 bed Community Corrections Center's transitional program. WCCC maintains close relationships with each of these housing facilities, with Probation Officer (PO) visits to each home on a regular basis (when supervised offenders reside in the home). These strong collaborative ties have enhanced the County's ability to quickly access beds.

The majority of people transitioning from prison facilities eventually reside in private housing either with family, friends or by themselves. Each person releasing from prison must have a residence approved by their PO.

Homeless Certification

Persons living on the street

Supportive services only—provides services such as outreach, food, health care, and clothing to persons who reside on the streets. In most cases, it is not feasible to require the homeless persons to document that they reside on the street. It is sufficient for the agency's staff to certify that the persons served, indeed, reside on the street. The outreach or service worker should sign and date a general certification verifying that services are going to homeless persons and indicating where the persons reside.

Persons coming from living on the street

The agency should obtain information to indicate that a participant is coming from the street. This may include names of other organizations or outreach workers who have assisted them in the recent past who might provide documentation. If you are unable to verify that the person is coming from residing on the street, have the participant prepare or you prepare a written statement about the participant's previous living place and have the participant sign the statement and date it. Merely obtaining a self-certification is not adequate. If the participant was referred by an outreach worker or social service agency, you must obtain written verification from the referring organization regarding where the person has been residing. This verification should be on agency letterhead, signed and dated.

Persons coming from an emergency shelter for homeless persons

The agency should have written verification from the emergency shelter staff that the participant has been residing at the emergency shelter for homeless persons. The verification should be on agency letterhead, signed, and dated.

Persons coming from transitional housing for homeless persons

The agency should have written verification from the transitional housing facility staff that the participant has been residing in the transitional housing. The verification should be on agency letterhead, signed and dated.

The agency should also have written verification that the participant was living on the streets or in an emergency shelter prior to living in the transitional housing facility (see above for required documentation) or was discharged from an institution or evicted prior to living in the transitional housing facility and would have been homeless if not for the transitional housing (see below for required documentation).

Persons from a short-term stay (up to 30 consecutive days) in an institution

The agency should have written verification from the institution's staff that the participant has been residing in the institution for 30 days or less. The verification should be signed and dated. The agency also should have written verification that the participant was residing on the street or in an emergency shelter prior to the short-term stay in the institution. See above for guidance.

Persons being evicted from a private dwelling

The agency must have evidence of the formal eviction proceedings indicating that the participant was being evicted within the week before receiving rental assistance. If the person's family is evicting him/her, a statement describing the reason for eviction should be signed by the family member and dated. In other cases where there is no formal eviction process, persons are considered evicted when they are forced out of the dwelling unit by circumstances beyond their control. In those instances, the agency must obtain a signed and dated statement from the participant describing the situation. The agency must make efforts to confirm that these circumstances are true and have written verification describing the efforts and attesting to their validity. The verification should be signed and dated.

The agency must also have information on the income of the participant and what efforts were made to obtain housing and why, without the rental assistance, the participant would be living on the street or in an emergency shelter.

Persons being discharged from an institution

The agency must have evidence from the institution's staff that the participant was being discharged within the week before receiving rental assistance. The agency must also have information on the income of the participant and what efforts were made to obtain housing and why, without the rental assistance, the participant would be living on the street or in an emergency shelter.

Fleeing domestic violence

The agency must have written verification from the participant that he/she is fleeing a domestic violence situation. If the participant is unable to prepare the verification, prepare a written statement about the participant's previous living situation and have the participant sign the statement and date it.

Criteria for Defining “Homeless”
[24 CFR Parts 91, 582, and 583]

Category 1	Literally Homeless	<p>(1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:</p> <p>(i) Has a primary nighttime residence that is a public or private place not meant for human habitation;</p> <p>(ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or</p> <p>(iii) 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</p>
Category 2	Imminent Risk of Homelessness	<p>(2) Individual or family who will imminently lose their primary nighttime residence, provided that:</p> <p>(i) Residence will be lost within 14 days of the date of application for homeless assistance;</p> <p>(ii) No subsequent residence has been identified; and</p> <p>(iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing</p>
Category 3	Homeless under other Federal statutes	<p>(3) Unaccompanied youth under 25 years of age, or families with children or youth, who do not otherwise qualify as homeless under this definition, but who:</p> <p>(i) Are defined as homeless under the other listed federal statutes;</p> <p>(ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application;</p> <p>(iii) Have experienced persistent instability as measured by two moves or more during the preceding 60 days; and</p> <p>(iv) Can be expected to continue in such status for an extended period of time due to special needs or barriers</p>
Category 4	Fleeing/Attempting to Flee Domestic Violence	<p>(4) Any individual or family who:</p> <p>(i) Is fleeing, or is attempting to flee, domestic violence;</p> <p>(ii) Has no other residence; and</p> <p>(iii) Lacks the resources or support networks to obtain other permanent housing</p>

Calculating Income

The requirements for determining whether a family is eligible for assistance, and the amount of rent the family will pay, requires the lead agency to project or estimate the annual income that the family expects to receive.

• Generally the agency must use current circumstances to anticipate income. Annual income is projected by annualizing current income. Income that may not last for a full 12 months (e.g. unemployment compensation) should be calculated assuming current circumstances will last a full 12 months. If changes occur later in the year, an interim recertification can be conducted to change the family's rent.

• If information is available on changes expected to occur during the year, use that information to determine the total anticipated income from all known sources for the year.

• Convert all income to an annual figure by multiplying the pay rate by the frequency of payment.

• Multiply hourly wages by the number of hours worked per year. Full-time employment (40 hours a week and no overtime) is 2,080 hours (40 hrs X 52 weeks = 2080 hours). (10 hours a week X 52 weeks = 520 hrs per year).

• Multiply weekly wages by 52.

• Multiply bi-weekly wages by 26.

• Multiply semi-monthly wages by 24.

• Multiply monthly wages by 12.

• Multiply daily wages by 260 (full time/no overtime).

• To convert monthly amount to weekly, divide by 4.3.

• Round up to the nearest dollar at .50 and above (except SS payments, which are always rounded down).

Calculating Unemployment Benefits:

1. Multiply gross weekly benefit by 52 weeks, regardless of the number benefit weeks remaining; and

2. When the family reports the benefits have ceased, complete an Interim Revision to adjust annual income.

Calculating Wages/Salary - Anticipated gross amounts prior to payroll deductions or garnishments, including:

• All employment sources;

• Overtime;

• Commissions;

• Bonuses

• Tips or other compensation for personal services;

• Projected pay increases/raises.

Irregular Income

Irregular income is defined as income received in an unpredictable or sporadic manner, such as income from seasonal employment, temporary work agencies, child support, or alimony. If the family has a history of irregular income, you may use the family's past income history to determine how to project such income forward.

When determining such income divide the year-to-date (YTD) total provided by the amount of actual weeks the total covers to receive an average weekly income. Multiply the weekly income amount by 52 (weeks).

Part 5 Definition of Income

The Part 5 definition of annual income is the gross amount of income of all adult household members that is anticipated to be received during the coming 12-month period. This definition sounds straightforward, but there are several specific issues related to the calculation of Part 5 annual income.

The words highlighted above are key parts of the following phrases, which are essential to understanding the requirements for calculating Part 5 annual income.

- **Gross amount.** For the types of income counted in the Part 5 definition, gross amounts (before any deductions have been taken) are used.
- **Income of all adult household members.** The Part 5 definition contains income "inclusions" (types of income to be counted) and "exclusions" (types of income that are not considered) for all adult members of a household.
- **Anticipated to be received.** Part 5 annual income is used to determine eligibility and the amount of Federal assistance a family can receive. A PJ must, therefore, use a household's expected ability to pay, not their past earnings, when estimating housing assistance needs.

Background on Using Part 5

The HOME Program previously required PJs to use only the Section 8 Program definition of annual income to determine the eligibility of applicants to their HOME programs.

The rules concerning Section 8 annual income were previously found at 24 CFR Part 813. However, Part 813 was removed from the Federal regulations on October 18, 1996. At the same time, 24 CFR Part 5 was published. Subpart F of Part 5 consolidated the requirements pertaining to income for many of HUD's programs, including Section 8.

Currently, the definition of annual income found at 24 CFR Part 5 is used by a variety of Federal programs, including:

- the HOME Investment Partnership Program,
- the Community Development Block Grant Program,
- the Section 8 Program,
- public housing programs, and
- the Low Income Housing Tax Credit Program.

Within each of these programs, the Part 5 definition of annual income can be used to determine program eligibility and, in some programs, the level of assistance the household will receive.

In some cases, two or more Federal programs may provide assistance to a single program or project at the local level. When this is the case, the PJ should be careful to choose a definition for income determinations that is permitted in all of the relevant Federal programs.

CPD's Income Eligibility Calculator is an interactive tool that assists in determining the income eligibility and assistance amounts for beneficiaries of CPD programs. Simply enter the requested data and this calculator will work behind the scenes to generate a summary of results for each beneficiary. You should then print out the summary and include it as part of the beneficiary's file:

<https://www.onecpd.info/incomecalculator/>

Whose Income to Count

Under the Part 5 definition of annual income, income from certain groups of people requires special consideration when calculating a household's annual income. Click on the key words below for more information on how to count the income of the following categories of people:

- [Minors](#) (age 17 and under)
- [Live-in aides](#)
- [Persons with disabilities](#)
- [Temporarily absent family members](#)
- [Permanently absent family members](#)
- [Adult students living away from home](#)

Types of Income to Count

A list of the Part 5 income "inclusions" and "exclusions" is published in the Code of Federal Regulations at 24 CFR 5.609. This list is periodically updated by HUD when changes are made to the Part 5 definition of annual income by the United States Congress.

Welfare assistance is generally counted in the Part 5 definition of annual income. Most PJs will therefore use the actual gross amount of welfare assistance the household receives in the calculation of "annual income". However, in certain "as-paid" localities a special calculation is required.

Part 5 Inclusions This table presents the Part 5 income inclusions as stated in the Code of Federal Regulations:

General Category	Statement from 24 CFR 5.609 paragraph (b) (April 1, 2004)
1. Income from wages, salaries, tips, etc.	The full amount, before any payroll deductions, of wages and salaries, overtime pay, commissions, fees, tips and bonuses, and other compensation for personal services.
2. Business Income	The net income from the operation of a business or profession. Expenditures for business expansion or amortization of capital indebtedness shall not be used as deductions in determining net income. An allowance for depreciation of assets used in a business or profession may be deducted, based on straight-line depreciation, as provided in Internal Revenue Service regulations. Any withdrawal of cash or assets from the operation of a business or profession will be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested in the operation by the family.
3. Interest & Dividend Income	Interest, dividends, and other net income of any kind from real or personal property. Expenditures for amortization of capital indebtedness shall not be used as deductions in determining net income. An allowance for depreciation is

	permitted only as authorized in number 2 (above). Any withdrawal of cash or assets from an investment will be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested by the family. Where the family has net family assets in excess of \$5,000, annual income shall include the greater of the actual income derived from all net family assets or a percentage of the value of such assets based on the current passbook savings rate, as determined by HUD.
4. Retirement & Insurance Income	The full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, and other similar types of periodic receipts, including a lump-sum amount or prospective monthly amounts for the delayed start of a periodic amount (except as provided in number 14 of Income Exclusions).
5. Unemployment & Disability Income	Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation, and severance pay (except as provided in number 3 of Income Exclusions).
6. Welfare Assistance	<p>Welfare Assistance. Welfare assistance payments made under the Temporary Assistance for Needy Families (TANF) program are included in annual income:</p> <ul style="list-style-type: none"> • Qualify as assistance under the TANF program definition at 45 CFR 260.31; and • Are otherwise excluded from the calculation of annual income per 24 CFR 5.609(c). <p>If the welfare assistance payment includes an amount specifically designated for shelter and utilities that is subject to adjustment by the welfare assistance agency in accordance with the actual cost of shelter and utilities, the amount of welfare assistance income to be included as income shall consist of:</p> <ul style="list-style-type: none"> • the amount of the allowance or grant exclusive of the amount specifically designated for shelter or utilities; plus • the maximum amount that the welfare assistance agency could in fact allow the family for shelter and utilities. If the family's welfare assistance is reduced from the standard of need by applying a percentage, the amount calculated under 24 CFR 5.609 shall be the amount resulting from one application of the percentage.
7. Alimony, Child Support, & Gift Income	Periodic and determinable allowances, such as alimony and child support payments, and regular contributions or gifts received from organizations or from persons not residing in the dwelling.
8. Armed Forces Income	All regular pay, special day and allowances of a member of the Armed Forces (except as provided in number 7 of Income Exclusions).

Part 5 Exclusions -This table presents the Part 5 income exclusions as stated in the Code of Federal Regulations:

General Category	Statement from 24 CFR 5.609 paragraph (c) (April 1, 2004)
1. Income of Children	Income from employment of children (including foster children) under the age of 18 years.
2. Foster Care Payments	Payments received for the care of foster children or foster adults (usually persons with disabilities, unrelated to the tenant family, who are unable to live alone).
3. Inheritance and Insurance Income	Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains and settlement for personal or property losses (except as provided in number 5 of Income Inclusions).
4. Medical Expense Reimbursements	Amounts received by the family that are specifically for, or in reimbursement of, the cost of medical expenses for any family member.
5. Income of Live-in Aides	Income of a live-in aide (as defined in 24 CFR 5.403).
6. Disabled Persons	Certain increases in income of a disabled member of qualified families residing in HOME-assisted housing or receiving HOME tenant-based rental assistance (24 CFR 5.671(a)).
7. Student Financial Aid	The full amount of student financial assistance paid directly to the student or to the educational institution.
8. Armed Forces Hostile Fire Pay	The special pay to a family member serving in the Armed Forces who is exposed to hostile fire.
9. Self-Sufficiency Program Income	<ul style="list-style-type: none"> a. Amounts received under training programs funded by HUD. b. Amounts received by a person with a disability that are disregarded for a limited time for purposes of Supplemental Security Income eligibility and benefits because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS). c. Amounts received by a participant in other publicly assisted programs that are specifically for, or in reimbursement of, out-of-pocket expenses incurred (special equipment, clothing, transportation, childcare, etc.) and which are made solely to allow participation in a specific program. d. Amounts received under a resident service stipend. A resident service stipend is a modest amount (not to exceed \$200 per month) received by a resident for performing a service for the PHA or owner, on a part-time basis, that enhances the quality of life in the development. Such services may include, but are not limited to, fire patrol, hall monitoring, lawn maintenance, resident initiatives coordination, and serving as a member of the PHA's governing board. No resident may receive more than one such stipend during the same period of time. e. Incremental earnings and benefits resulting to any family member from participation in qualifying state or local employment training programs (including training not affiliated with a local government) and training of a family member as resident management staff. Amounts excluded by this provision must be received under employment training programs with clearly defined goals and objectives, and are excluded only for the period during which the family member participates in the employment

	training program.
10. Gifts	Temporary, nonrecurring, or sporadic income (including gifts).
11. Reparations	Reparation payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era.
12. Income from Full-time Students	Earnings in excess of \$480 for each full-time student 18 years old or older (excluding the head of household or spouse).
13. Adoption Assistance Payments	Adoption assistance payments in excess of \$480 per adopted child.
14. Social Security & SSI Income	Deferred periodic amounts from SSI and Social Security benefits that are received in a lump sum amount or in prospective monthly amounts.
15. Property Tax Refunds	Amounts received by the family in the form of refunds or rebates under state or local law for property taxes paid on the dwelling unit.
16. Home Care Assistance	Amounts paid by a state agency to a family with a member who has a developmental disability and is living at home to offset the cost of services and equipment needed to keep this developmentally disabled family member at home.
17. Other Federal Exclusions	<p>Amounts specifically excluded by any other federal statute from consideration as income for purposes of determining eligibility or benefits under a category of assistance programs that includes assistance under any program to which the exclusions of 24 CFR 5.609(c) apply, including:</p> <ul style="list-style-type: none"> • The value of the allotment made under the Food Stamp Act of 1977; • Payments received under the Domestic Volunteer Service Act of 1973 (employment through VISTA, Retired Senior Volunteer Program, Foster Grandparents Program, youthful offender incarceration alternatives, senior companions); • Payments received under the Alaskan Native Claims Settlement Act; • Income derived from the disposition of funds to the Grand River Band of Ottawa Indians; • Income derived from certain submarginal land of the United States that is held in trust for certain Indian tribes; • Payments or allowances made under the Department of Health and Human Services' Low-Income Home Energy Assistance Program; • Payments received under the Maine Indian Claims Settlement Act of 1980 (25 U.S.C. 1721); • The first \$2,000 of per capita shares received from judgment funds awarded by the Indian Claims Commission or the U.S. Claims Court and the interests of individual Indians in trust or restricted lands, including the first \$2,000 per year of income received by individual Indians from funds derived from interests held in such trust or restricted lands; • Amounts of scholarships funded under Title IV of the Higher Education Act of 1965, including awards under the Federal workstudy program or under the Bureau of Indian Affairs student assistance programs; • Payments received from programs funded under Title V of the Older Americans Act of 1985 (Green Thumb, Senior Aides, OlderAmerican

	<p>Community Service Employment Program);</p> <ul style="list-style-type: none"> • Payments received on or after January 1, 1989, from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in the In Re Agent Orange product liability litigation, M.D.L. No. 381 (E.D.N.Y.); • Earned income tax credit refund payments received on or after January 1, 1991, including advanced earned income credit payments; • The value of any child care provided or arranged (or any amount received as payment for such care or reimbursement for costs incurred for such care) under the Child Care and Development Block Grant Act of 1990; • Payments received under programs funded in whole or in part under the Job Training Partnership Act (employment and training programs for Native Americans and migrant and seasonal farm workers, Job Corps, state job training programs and career intern programs, AmeriCorps); • Payments by the Indian Claims Commission to the Confederated Tribes and Bands of Yakima Indian Nation or the Apache Tribe of Mescalero Reservation; • Allowances, earnings, and payments to AmeriCorps participants under the National and Community Service Act of 1990; • Any allowance paid under the provisions of 38 U.S.C. 1805 to a child suffering from spina bifida who is the child of a Vietnam veteran; • Any amount of crime victim compensation (under the Victims of Crime Act) received through crime victim assistance (or payment or reimbursement of the cost of such assistance) as determined under the Victims of Crime Act because of the commission of a crime against the applicant under the Victims of Crime Act; and • Allowances, earnings, and payments to individuals participating in programs under the Workforce Investment Act of 1998.
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HUD Notice PIH-2004-11

HUD issued Notice PIH-2004-11, "Income Calculation Regarding Medicare Prescription Drug Cards and Transitional Assistance," on July 15, 2004. While the Notice addresses the calculation of annual household income under certain HUD programs, including certain Section 8 activities, the Notice and the Medicare Prescription Drug Card program **do not affect** the calculation of annual income under the Part 5 definition, and thus does not affect the calculation of annual or adjusted income for the purposes of HOME eligibility. The Medicare Modernization Act authorizing this benefit amended the Social Security Act to require that benefits provided under this program "not be treated as benefits or otherwise taken into account in determining an individual's eligibility for, or amount of benefits under, any other Federal program." Benefits provided under the Medicare Prescription Drug Benefit program must be excluded from the calculation of annual income of tenants residing in HUD's public housing and assisted housing program units.

Assets Inclusions and Exclusions

In general terms, an asset is cash or no cash item that can be converted to cash.

Note that when assets are included in the calculation of Part 5 annual income, it is the income earned from the asset - not the value of the asset - that is counted.

Inclusions

1. Cash held in savings accounts, checking accounts, safe deposit boxes, homes, etc. For savings accounts, use the current balance. For checking accounts, use the average 6-month balance.
2. Cash value of revocable trusts available to the applicant.
3. Equity in rental property or other capital investments. Equity is the estimated current market value of the asset less the unpaid balance on all loans secured by the asset and all reasonable costs (e.g., broker fees) that would be incurred in selling the asset. Under HOME, equity in the family's primary residence is not considered in the calculation of assets for owner-occupied rehabilitation projects.
4. Cash value of stocks, bonds, Treasury bills, certificates of deposit and money market accounts.
5. Individual retirement and Keogh accounts (even though withdrawal would result in a penalty).
6. Retirement and pension funds.
7. Cash value of life insurance policies available to the individual before death (e.g., surrender value of a whole life or universal life policy).
8. Personal property held as an investment such as gems, jewelry, coin collections, antique cars, etc.
9. Lump sum or one-time receipts, such as inheritances, capital gains, lottery winnings, victim's restitution, insurance settlements and other amounts not intended as periodic payments.
10. Mortgages or deeds of trust held by an applicant.

Exclusions

1. Necessary personal property, except as noted in number 8 of Inclusions, such as clothing, furniture, cars and vehicles specially equipped for persons with disabilities.
2. Interest in Indian trust lands.
3. Assets not effectively owned by the applicant. That is, when assets are held in an individual's name, but the assets and any income they earn accrue to the benefit of someone else who is not a member of the household and that other person is responsible for income taxes incurred on income generated by the asset.
4. Equity in cooperatives in which the family lives.
5. Assets not accessible to and that provide no income for the applicant.
6. Term life insurance policies (i.e., where there is no cash value).
7. Assets that are part of an active business. "Business" does not include rental of properties that are held as an investment and not a main occupation.

Program income is to be used as match under 24 CFR 85.25(g)

Grantees are encouraged to earn income to defray program costs. Program income includes income from fees for services performed, from the use or rental of real or personal property acquired with grant funds, from the sale of commodities or items fabricated under a grant agreement, and from payments of principal and interest on loans made with grant funds. Except as otherwise provided in regulations of the Federal agency, program income does not include interest on grant funds, rebates, credits, discounts, refunds, etc. and interest earned on any of them.

Definition of program income. Program income means gross income received by the grantee or subgrantee directly generated by a grant supported activity, or earned only as a result of the grant agreement during the grant period. *During the grant period* is the time between the effective date of the award and the ending date of the award reflected in the final financial report.

Cost of generating program income. If authorized by Federal regulations or the grant agreement, costs incident to the generation of program income may be deducted from gross income to determine program income.

Governmental revenues. Taxes, special assessments, levies, fines, and other such revenues raised by a grantee or subgrantee are not program income unless the revenues are specifically identified in the grant agreement or Federal agency regulations as program income.

Royalties. Income from royalties and license fees for copyrighted material, patents, and inventions developed by a grantee or subgrantee is program income only if the revenues are specifically identified in the grant agreement or Federal agency regulations as program income. (See §85.34.)

Property. Proceeds from the sale of real property or equipment will be handled in accordance with the requirements of §§85.31 and 85.32.

Use of program income. Program income shall be deducted from outlays which may be both Federal and non-Federal as described below, unless the Federal agency regulations or the grant agreement specify another alternative (or a combination of the alternatives). In specifying alternatives, the Federal agency may distinguish between income earned by the grantee and income earned by subgrantees and between the sources, kinds, or amounts of income. When Federal agencies authorize the alternatives in paragraphs (g) (2) and (3) of this section, program income in excess of any limits stipulated shall also be deducted from outlays.

Deduction. Ordinarily program income shall be deducted from total allowable costs to determine the net allowable costs. Program income shall be used for current costs unless the Federal agency authorizes otherwise. Program income which the grantee did not anticipate at the time of the award shall be used to reduce the Federal agency and grantee contributions rather than to increase the funds committed to the project.

Addition. When authorized, program income may be added to the funds committed to the grant agreement by the Federal agency and the grantee. The program income shall be used for the purposes and under the conditions of the grant agreement.

Cost sharing or matching. When authorized, program income may be used to meet the cost sharing or matching requirement of the grant agreement. The amount of the Federal grant award remains the same.

Income after the award period. There are no Federal requirements governing the disposition of program income earned after the end of the award period (i.e., until the ending date of the final financial report, see paragraph (a) of this section), unless the terms of the agreement or the Federal agency regulations provide otherwise.

Recordkeeping and reporting requirements [§ 576.500]

In references to documentation of homeless eligibility, recipients must comply with the recordkeeping requirements in 24 CFR 576.500 (as described below):

In general. The recipient must have policies and procedures to ensure the requirements of this part are met. The policies and procedures must be established in writing and implemented by the recipient and its subrecipients to ensure that ESG funds are used in accordance with the requirements. In addition, sufficient records must be established and maintained to enable the recipient and HUD to determine whether ESG requirements are being met.

Homeless status. The recipient must maintain and follow written intake procedures to ensure compliance with the homeless definition in §576.2 and the chronic homeless definition under 578.3. The procedures must require documentation at intake of the evidence relied upon to establish and verify homeless status. The procedures must establish the order of priority for obtaining evidence as third-party documentation first, intake worker observations second, and certification from the person seeking assistance third. However, lack of third-party documentation must not prevent an individual or family from being immediately admitted to emergency shelter, receiving street outreach services, or being immediately admitted to shelter or receiving services provided by a victim service provider. Records contained in an HMIS or comparable database used by victim service or legal service providers are acceptable evidence of third-party documentation and intake worker observations if the HMIS retains an auditable history of all entries, including the person who entered the data, the date of entry, and the change made; and if the HMIS prevents overrides or changes of the dates on which entries are made.

(1) If the individual or family qualifies as homeless under paragraph (1)(i) or (ii) of the homeless definition in §576.2, acceptable evidence includes a written observation by an outreach worker of the conditions where the individual or family was living, a written referral by another housing or service provider, or a certification by the individual or head of household seeking assistance.

(2) If the individual qualifies as homeless under paragraph (1)(iii) of the homeless definition in §576.2, because he or she resided in an emergency shelter or place not meant for human habitation and is exiting an institution where he or she resided for 90 days or less, acceptable evidence includes the evidence described in paragraph (b)(1) of this section and one of the following:

(i) Discharge paperwork or a written or oral referral from a social worker, case manager, or other appropriate official of the institution, stating the beginning and end dates of the time residing in the institution. All oral statements must be recorded by the intake worker; or

(ii) Where the evidence in paragraph (b)(2)(i) of this section is not obtainable, a written record of the intake worker's due diligence in attempting to obtain the evidence described in paragraph (b)(2)(i) and a certification by the individual seeking assistance that states he or she is exiting or has just exited an institution where he or she resided for 90 days or less.

(3) If the individual or family qualifies as homeless under paragraph (2) of the homeless definition in §576.2, because the individual or family will imminently lose their housing, the evidence must include:

(i) (A) A court order resulting from an eviction action that requires the individual or family to leave their residence within 14 days after the date of their application for homeless

assistance; or the equivalent notice under applicable state law, a Notice to Quit, or a Notice to Terminate issued under state law;

(B) For individuals and families whose primary nighttime residence is a hotel or motel room not paid for by charitable organizations or federal, state, or local government programs for low-income individuals, evidence that the individual or family lacks the resources necessary to reside there for more than 14 days after the date of application for homeless assistance; or

(C) An oral statement by the individual or head of household that the owner or renter of the housing in which they currently reside will not allow them to stay for more than 14 days after the date of application for homeless assistance. The intake worker must record the statement and certify that it was found credible. To be found credible, the oral statement must either: (I) be verified by the owner or renter of the housing in which the individual or family resides at the time of application for homeless assistance and documented by a written certification by the owner or renter or by the intake worker's recording of the owner or renter's oral statement; or (II) if the intake worker is unable to contact the owner or renter, be documented by a written certification by the intake worker of his or her due diligence in attempting to obtain the owner or renter's verification and the written certification by the individual or head of household seeking assistance that his or her statement was true and complete;

(ii) Certification by the individual or head of household that no subsequent residence has been identified; and

(iii) Certification or other written documentation that the individual or family lacks the resources and support networks needed to obtain other permanent housing.

(4) If the individual or family qualifies as homeless under paragraph (3) of the homeless definition in §576.2, because the individual or family does not otherwise qualify as homeless under the homeless definition but is an unaccompanied youth under 25 years of age, or homeless family with one or more children or youth, and is defined as homeless under another Federal statute or section 725(2) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a(2)), the evidence must include:

(i) For paragraph (3)(i) of the homeless definition in §576.2, certification of homeless status by the local private nonprofit organization or state or local governmental entity responsible for administering assistance under the Runaway and Homeless Youth Act (42 U.S.C. 5701 *et seq.*), the Head Start Act (42 U.S.C. 9831 *et seq.*), subtitle N of the Violence Against Women Act of 1994 (42 U.S.C. 14043e *et seq.*), section 330 of the Public Health Service Act (42 U.S.C. 254b), the Food and Nutrition Act of 2008 (7 U.S.C. 2011 *et seq.*), section 17 of the Child Nutrition Act of 1966 (42 U.S.C. 1786), or subtitle B of title VII of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431 *et seq.*), as applicable;

(ii) For paragraph (3)(ii) of the homeless definition in §576.2, referral by a housing or service provider, written observation by an outreach worker, or certification by the homeless individual or head of household seeking assistance;

(iii) For paragraph (3)(iii) of the homeless definition in §576.2, certification by the individual or head of household and any available supporting documentation that the individual or family moved two or more times during the 60-day period immediately preceding the date of application for homeless assistance, including: recorded statements or records obtained from

each owner or renter of housing, provider of shelter or housing, or social worker, case worker, or other appropriate official of a hospital or institution in which the individual or family resided; or, where these statements or records are unobtainable, a written record of the intake worker's due diligence in attempting to obtain these statements or records. Where a move was due to the individual or family fleeing domestic violence, dating violence, sexual assault, or stalking, then the intake worker may alternatively obtain a written certification from the individual or head of household seeking assistance that they were fleeing that situation and that they resided at that address; and

(iv) For paragraph (3)(iv) of the homeless definition in §576.2, written diagnosis from a professional who is licensed by the state to diagnose and treat that condition (or intake staff-recorded observation of disability that within 45 days of date of the application for assistance is confirmed by a professional who is licensed by the state to diagnose and treat that condition); employment records; department of corrections records; literacy, English proficiency tests; or other reasonable documentation of the conditions required under paragraph (3)(iv) of the homeless definition.

(5) If the individual or family qualifies under paragraph (4) of the homeless definition in §576.2, because the individual or family is fleeing domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions related to violence, then acceptable evidence includes an oral statement by the individual or head of household seeking assistance that they are fleeing that situation, that no subsequent residence has been identified and that they lack the resources or support networks, *e.g.*, family, friends, faith-based or other social networks, needed to obtain other housing. If the individual or family is receiving shelter or services provided by a victim service provider, the oral statement must be documented by either a certification by the individual or head of household; or a certification by the intake worker. Otherwise, the oral statement that the individual or head of household seeking assistance has not identified a subsequent residence and lacks the resources or support networks, *e.g.*, family, friends, faith-based or other social networks, needed to obtain housing must be documented by a certification by the individual or head of household that the oral statement is true and complete, and, where the safety of the individual or family would not be jeopardized, the domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening condition must be verified by a written observation by the intake worker or a written referral by a housing or service provider, social worker, legal assistance provider, health-care provider, law enforcement agency, legal assistance provider, pastoral counselor, or any other organization from whom the individual or head of household has sought assistance for domestic violence, dating violence, sexual assault, or stalking. The written referral or observation need only include the minimum amount of information necessary to document that the individual or family is fleeing, or attempting to flee domestic violence, dating violence, sexual assault, and stalking.

(c) *At risk of homelessness status.* For each individual or family who receives Emergency Solutions Grant (ESG) homelessness prevention assistance, the records must include the evidence relied upon to establish and verify the individual or family's "at risk of homelessness" status. This evidence must include an intake and certification form that meets HUD specifications and is completed by the recipient or subrecipient. The evidence must also include:

(1) If the program participant meets the criteria under paragraph (1) of the "at risk of homelessness" definition in §576.2:

(i) The documentation specified under this section for determining annual income;

(ii) The program participant's certification on a form specified by HUD that the program participant has insufficient financial resources and support networks; *e.g.*, family, friends, faith-based or other social

networks, immediately available to attain housing stability and meets one or more of the conditions under paragraph (1)(iii) of the definition of “at risk of homelessness” in §576.2;

(iii) The most reliable evidence available to show that the program participant does not have sufficient resources or support networks; *e.g.*, family, friends, faith-based or other social networks, immediately available to prevent them from moving to an emergency shelter or another place described in paragraph (1) of the “homeless” definition. Acceptable evidence includes:

(A) Source documents (*e.g.*, notice of termination from employment, unemployment compensation statement, bank statement, health-care bill showing arrears, utility bill showing arrears);

(B) To the extent that source documents are unobtainable, a written statement by the relevant third party (*e.g.*, former employer, public administrator, relative) or the written certification by the recipient's or subrecipient's intake staff of the oral verification by the relevant third party that the applicant meets one or both of the criteria under paragraph (1)(ii) of the definition of “at risk of homelessness” in §576.2; or

(C) To the extent that source documents and third-party verification are unobtainable, a written statement by the recipient's or subrecipient's intake staff describing the efforts taken to obtain the required evidence; and

(iv) The most reliable evidence available to show that the program participant meets one or more of the conditions under paragraph (1)(iii) of the definition of “at risk of homelessness” in §576.2. Acceptable evidence includes:

(A) Source documents that evidence one or more of the conditions under paragraph (1)(iii) of the definition (*e.g.*, eviction notice, notice of termination from employment, bank statement);

(B) To the extent that source documents are unobtainable, a written statement by the relevant third party (*e.g.*, former employer, owner, primary leaseholder, public administrator, hotel or motel manager) or the written certification by the recipient's or subrecipient's intake staff of the oral verification by the relevant third party that the applicant meets one or more of the criteria under paragraph (1)(iii) of the definition of “at risk of homelessness”; or

(C) To the extent that source documents and third-party verification are unobtainable, a written statement by the recipient's or subrecipient's intake staff that the staff person has visited the applicant's residence and determined that the applicant meets one or more of the criteria under paragraph (1)(iii) of the definition or, if a visit is not practicable or relevant to the determination, a written statement by the recipient's or subrecipient's intake staff describing the efforts taken to obtain the required evidence; or

(2) If the program participant meets the criteria under paragraph (2) or (3) of the “at risk of homelessness” definition in §576.2, certification of the child or youth's homeless status by the agency or organization responsible for administering assistance under the Runaway and Homeless Youth Act (42 U.S.C. 5701 *et seq.*), the Head Start Act (42 U.S.C. 9831 *et seq.*), subtitle N of the Violence Against Women Act of 1994 (42 U.S.C. 14043e *et seq.*), section 330 of the Public Health Service Act (42 U.S.C. 254b), the Food and Nutrition Act of 2008 (7 U.S.C. 2011 *et seq.*), section 17 of the Child Nutrition Act of 1966 (42 U.S.C. 1786) or subtitle B of title VII of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431 *et seq.*), as applicable.

(d) *Determinations of ineligibility.* For each individual and family determined ineligible to receive Emergency Solutions Grant (ESG) assistance, the record must include documentation of the reason for that determination.

(e) *Annual income.* For each program participant who receives homelessness prevention assistance, or who receives rapid re-housing assistance longer than one year, the following documentation of annual income must be maintained:

(1) Income evaluation form containing the minimum requirements specified by HUD and completed by the recipient or subrecipient; and

(2) Source documents for the assets held by the program participant and income received over the most recent period for which representative data is available before the date of the evaluation (*e.g.*, wage statement, unemployment compensation statement, public benefits statement, bank statement);

(3) To the extent that source documents are unobtainable, a written statement by the relevant third party (*e.g.*, employer, government benefits administrator) or the written certification by the recipient's or subrecipient's intake staff of the oral verification by the relevant third party of the income the program participant received over the most recent period for which representative data is available; or

(4) To the extent that source documents and third party verification are unobtainable, the written certification by the program participant of the amount of income the program participant received for the most recent period representative of the income that the program participant is reasonably expected to receive over the 3-month period following the evaluation.

(f) *Program participant records.* In addition to evidence of homeless status or "at risk of homelessness" status, as applicable, records must be kept for each program participant that document:

(1) The services and assistance provided to that program participant, including, as applicable, the security deposit, rental assistance, and utility payments made on behalf of the program participant;

(2) Compliance with the applicable requirements for providing services and assistance to that program participant under the program components and eligible activities provisions at §576.101 through §576.106, the provision on determining eligibility and amount and type of assistance at §576.401(a) and (b), and the provision on using appropriate assistance and services at §576.401(d) and (e); and

(3) Where applicable, compliance with the termination of assistance requirement in §576.402.

(g) *Centralized or coordinated assessment systems and procedures.* The recipient and its subrecipients must keep documentation evidencing the use of, and written intake procedures for, the centralized or coordinated assessment system(s) developed by the Continuum of Care(s) in accordance with the requirements established by HUD.

(h) *Rental assistance agreements and payments.* The records must include copies of all leases and rental assistance agreements for the provision of rental assistance, documentation of payments made to owners for the provision of rental assistance, and supporting documentation for these payments, including dates of occupancy by program participants.

(i) *Utility allowance.* The records must document the monthly allowance for utilities (excluding telephone) used to determine compliance with the rent restriction.

(j) *Shelter and housing standards.* The records must include documentation of compliance with the shelter and housing standards in §576.403, including inspection reports.

(k) *Emergency shelter facilities.* The recipient must keep records of the emergency shelters assisted under the ESG program, including the amount and type of assistance provided to each emergency shelter. As applicable, the recipient's records must also include documentation of the value of the building before the rehabilitation of an existing emergency shelter or after the conversion of a building into an emergency shelter and copies of the recorded deed or use restrictions.

(l) *Services and assistance provided.* The recipient must keep records of the types of essential services, rental assistance, and housing stabilization and relocation services provided under the recipient's program and the amounts spent on these services and assistance. The recipient and its subrecipients that are units of general purpose local government must keep records to demonstrate compliance with the maintenance of effort requirement, including records of the unit of the general purpose local government's annual budgets and sources of funding for street outreach and emergency shelter services.

(m) *Coordination with Continuum(s) of Care and other programs.* The recipient and its subrecipients must document their compliance with the requirements of §576.400 for consulting with the Continuum(s) of Care and coordinating and integrating ESG assistance with programs targeted toward homeless people and mainstream service and assistance programs.

(n) *HMIS.* The recipient must keep records of the participation in HMIS or a comparable database by all projects of the recipient and its subrecipients.

(o) *Matching.* The recipient must keep records of the source and use of contributions made to satisfy the matching requirement in §576.201. The records must indicate the particular fiscal year grant for which each matching contribution is counted. The records must show how the value placed on third-party, noncash contributions was derived. To the extent feasible, volunteer services must be supported by the same methods that the organization uses to support the allocation of regular personnel costs.

(p) *Conflicts of interest.* The recipient and its subrecipients must keep records to show compliance with the organizational conflicts-of-interest requirements in §576.404(a), a copy of the personal conflicts of interest policy or codes of conduct developed and implemented to comply with the requirements in §576.404(b), and records supporting exceptions to the personal conflicts of interest prohibitions.

(q) *Homeless participation.* The recipient must document its compliance with the homeless participation requirements under §576.405.

(r) *Faith-based activities.* The recipient and its subrecipients must document their compliance with the faith-based activities requirements under §576.406.

(s) *Other Federal requirements.* The recipient and its subrecipients must document their compliance with the Federal requirements in §576.407, as applicable, including:

(1) Records demonstrating compliance with the nondiscrimination and equal opportunity requirements under §576.407(a), including data concerning race, ethnicity, disability status, sex, and family characteristics of persons and households who are applicants for, or program participants in, any program or activity funded in whole or in part with ESG funds and the affirmative outreach requirements in §576.407(b).

(2) Records demonstrating compliance with the uniform administrative requirements in 24 CFR part 85 (for governments) and 24 CFR part 84 (for nonprofit organizations).

(3) Records demonstrating compliance with the environmental review requirements, including flood insurance requirements.

(4) Certifications and disclosure forms required under the lobbying and disclosure requirements in 24 CFR part 87.

(t) *Relocation*. The records must include documentation of compliance with the displacement, relocation, and acquisition requirements in §576.408.

(u) *Financial records*. (1) The recipient must retain supporting documentation for all costs charged to the ESG grant.

(2) The recipient and its subrecipients must keep documentation showing that ESG grant funds were spent on allowable costs in accordance with the requirements for eligible activities under §576.101-§576.109 and the cost principles in OMB Circulars A-87 (2 CFR part 225) and A-122 (2 CFR part 230).

(3) The recipient and its subrecipients must retain records of the receipt and use of program income.

(4) The recipient must keep documentation of compliance with the expenditure limits in §576.100 and the expenditure deadline in §576.203.

(v) *Subrecipients and contractors*. (1) The recipient must retain copies of all solicitations of and agreements with subrecipients, records of all payment requests by and dates of payments made to subrecipients, and documentation of all monitoring and sanctions of subrecipients, as applicable. If the recipient is a State, the recipient must keep records of each recapture and distribution of recaptured funds under §576.501.

(2) The recipient and its subrecipients must retain copies of all procurement contracts and documentation of compliance with the procurement requirements in 24 CFR 85.36 and 24 CFR 84.40-84.48.

(3) The recipient must ensure that its subrecipients comply with the recordkeeping requirements specified by the recipient and HUD notice or regulations.

(w) *Other records specified by HUD*. The recipient must keep other records specified by HUD.

(x) *Confidentiality*. (1) The recipient and its subrecipients must develop and implement written procedures to ensure:

(i) All records containing personally identifying information (as defined in HUD's standards for participation, data collection, and reporting in a local HMIS) of any individual or family who applies for and/or receives ESG assistance will be kept secure and confidential;

(ii) The address or location of any domestic violence, dating violence, sexual assault, or stalking shelter project assisted under the ESG will not be made public, except with written authorization of the person responsible for the operation of the shelter; and

(iii) The address or location of any housing of a program participant will not be made public, except as provided under a preexisting privacy policy of the recipient or subrecipient and consistent with state and local laws regarding privacy and obligations of confidentiality.

(2) The confidentiality procedures of the recipient and its subrecipients must be in writing and must be maintained in accordance with this section.

(y) *Period of record retention.* All records pertaining to each fiscal year of ESG funds must be retained for the greater of 5 years or the period specified below. Copies made by microfilming, photocopying, or similar methods may be substituted for the original records.

(1) Documentation of each program participant's qualification as a family or individual at risk of homelessness or as a homeless family or individual and other program participant records must be retained for 5 years after the expenditure of all funds from the grant under which the program participant was served;

(2) Where ESG funds are used for the renovation of an emergency shelter involves costs charged to the ESG grant that exceed 75 percent of the value of the building before renovation, records must be retained until 10 years after the date that ESG funds are first obligated for the renovation; and

(3) Where ESG funds are used to convert a building into an emergency shelter and the costs charged to the ESG grant for the conversion exceed 75 percent of the value of the building after conversion, records must be retained until 10 years after the date that ESG funds are first obligated for the conversion.

(z) *Access to records.* (1) *Federal government rights.* Notwithstanding the confidentiality procedures established under paragraph (w) of this section, HUD, the HUD Office of the Inspector General, and the Comptroller General of the United States, or any of their authorized representatives, must have the right of access to all books, documents, papers, or other records of the recipient and its subrecipients that are pertinent to the ESG grant, in order to make audits, examinations, excerpts, and transcripts. These rights of access are not limited to the required retention period but last as long as the records are retained.

(2) *Public rights.* The recipient must provide citizens, public agencies, and other interested parties with reasonable access (consistent with state and local laws regarding privacy and obligations of confidentiality and the confidentiality requirements in this part) to records regarding any uses of ESG funds the recipient received during the preceding 5 years.

(aa) *Reports.* The recipient must collect and report data on its use of ESG funds in the Integrated Disbursement and Information System (IDIS) and other reporting systems, as specified by HUD. The recipient must also comply with the reporting requirements in 24 CFR parts 85 and 91 and the reporting requirements under the Federal Funding Accountability and Transparency Act of 2006, (31 U.S.C. 6101 note), which are set forth in appendix A to 2 CFR part 170.

576.402 Terminating assistance.

If a program participant violates program requirements, the recipient or subrecipient may terminate the assistance in accordance with a formal process established by the recipient or subrecipient that recognizes the rights of individuals affected. The recipient or subrecipient must exercise judgment and examine all extenuating circumstances in determining when violations warrant termination so that a program participant's assistance is terminated only in the most severe cases.

Program participants receiving rental assistance or housing relocation and stabilization services. To terminate rental assistance or housing relocation and stabilization services to a program participant, the required formal process, at a minimum, must consist of:

(1) Written notice to the program participant containing a clear statement of the reasons for termination;

(2) A review of the decision, in which the program participant is given the opportunity to present written or oral objections before a person other than the person (or a subordinate of that person) who made or approved the termination decision; and

(3) Prompt written notice of the final decision to the program participant.

Ability to provide further assistance. Termination under this section does not bar the recipient or subrecipient from providing further assistance at a later date to the same family or individual.

Frequently asked Questions

Q: Are persons in Transitional Housing considered “homeless” under the new definition?

A: Yes. Refer to 24 CFR Part 583.5 Definitions.

Q: Can ESG funds be used for the Coordinated and Centralized Assessment system (CCAS)?

A: Yes, ESG can be used if the defined function of the CCAS is an eligible ESG activity.

Q: Can CDBG and SHP funds be used for ESG program match?

A: Yes, refer to interim ESG regulatory statutes under 576.201(f).

Our CoC’s HMIS is closed and the data is only seen by the provider entering it into the HMIS. Can recipients and subrecipients still use our HMIS in our coordinated entry process?

Depends - HUD recognizes that many HMIS implementations are closed and do not share data across providers. While it is possible to use a closed HMIS as a tool in your coordinated entry process, functionality will vary by system. Your organization should work with the HMIS Lead and HMIS vendor to determine if using the HMIS for the coordinated entry...

Date Published: March 2015

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Is it permissible for recipients and subrecipients to use CoC or ESG funds to pay to update their HMIS to become part of our coordinated entry process?

Yes - HMIS funds in the CoC and ESG Programs may be used to pay for coordinated entry, but only to the extent that the coordinated entry is integrated in the CoC’s HMIS. Per 24 CFR 576.107(a)(2) and 24 CFR 578.57(b) HMIS Leads may use funds to pay to customize or enhance the CoC’s HMIS to integrate coordinated entry. Additionally, per ...

Date Published: March 2015

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Has HUD published guidance about what it expects communities to report regarding coordinated entry?

No - HUD is not currently requiring reports for coordinated entry. However, HUD is working on guidance specific to coordinated entry and HMIS for both project set-up and reporting, which it will issue in the near future. Communities should ensure that their HMIS is programmed to the 2014 HMIS Data Standards.

Date Published: March 2015

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Is it permissible to include Domestic Violence providers in the coordinated entry process if the CoC uses HMIS as a tool?

Yes - While victim service providers are prohibited from entering personally identifying information into HMIS, HUD is encouraging CoCs to work with their victim services providers to establish either a process for their participation in the CoC's coordinated entry process or establish their own coordinated entry process outside of the HMIS. ...

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Are CoCs required to use their HMIS in their coordinated entry process?

No - HUD does not require CoCs to use their HMIS as part of their coordinated entry process. However, many communities recognize the benefit of using this option and have incorporated HMIS into their coordinated entry process. HUD is encouraging communities to consider using HMIS but recognizes that other systems might be better or more ...

Date Published: March 2015

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Our CoC uses a module outside of our HMIS to collect assessment data as part of our coordinated entry process; is this permissible?

Yes - However, it is important to note that data collected for assessment—which could be as simple as scores from assessment tools or something more complex—is not necessarily the same as data collected for HMIS. To the extent that the data overlaps and if your CoC plans to import the data into the HMIS at any point, the CoC must ...

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Can the records for ESG be retained in an electronic format or must hard copy records be retained?

Documentation of each program participant's qualification as homeless or at risk of homelessness and other program participant records must be retained in accordance with the requirements at 24 CFR part 576.500(y). Recipients/subrecipients may store files electronically, but must be able to produce records in hard copy upon request, or allow ...

Date Published: February 2015

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Can Community Services Block Grant (CSBG) funds be used as match for ESG?

Community Services Block Grant (CSBG) funds may be used to meet the match requirements for HUD's McKinney-Vento programs, including the Emergency Solutions Grants Program, as long as HUD's Appropriations Act language includes a provision authorizing recipients under HUD's McKinney-Vento Homeless Assistance Act programs to use other ...

Date Published: February 2015

[View FAQ](#)

What is acceptable documentation of eligibility for homeless individuals and families at a nightly turnout emergency shelter, and when is it required?

The recordkeeping requirements found in §576.500 require recipients to maintain and follow written intake procedures to determine whether potential program participants meet the homeless definition found in §576.2. These procedures must require documentation at intake of the evidence relied upon to establish and verify homeless status....

Date Published: February 2015

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The interim rule states that match funds must be “provided” after the date HUD signs the grant agreement. What does this mean?

For cash match, “provided” means when the funds are expended (or when the allowable cost is incurred). For in-kind match, it is the date the service (or other in-kind match source) is actually provided to the program or project. Remember that ESG matching funds must be expended within the same expenditure deadline that applies...

Date Published: February 2015

[View FAQ](#)

How do you report the “total number of shelter bed-nights available” and “total number of shelter bed-nights provided” on screen CR-70 of the ESG CAPER template in the eCon Planning Suite?

The “total number of shelter bed-nights available” is the total number of beds in all shelters the recipient funded with ESG that were available to program participants during the reporting period (the recipient’s program year). HUD does not require or expect that individual beds within an emergency shelter will be attributed...

Date Published: February 2015

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Are employee compensation (including fringe benefits such as holiday, vacation, sick leave) and other overhead costs eligible expenses under the ESG program? How should these costs be allocated?

Employee compensation (including fringe benefits such as holiday, vacation, sick leave) and other overhead costs directly related to carrying out activities eligible under an ESG component are eligible costs under that component (see 24 CFR § 576.100(d)). Determining how these staff costs should be allocated will depend on the type of ...

Date Published: February 2015

[View FAQ](#)

Does HUD have a preferred order for documenting eligibility in the ESG Program?

The recipient must document the eligibility of all program participants upon their intake to the program. In general, §576.500 of the ESG Program interim rule requires recipients to maintain and follow written intake procedures to determine compliance with the homeless definition found in §576.2. These procedures must require ...

Date Published: February 2015

[View FAQ](#)

How is the definition of ‘family’ that was included in the Equal Access to Housing in HUD Programs – Regardless of Sexual Orientation or Gender Identity apply to recipients and subrecipients of ESG and CoC Program funds?

The Equal Access Rule defines family as follows: Family includes, but is not limited to, regardless of marital status, actual or perceived sexual orientation, or gender identity, the following: (1) A single person, who may be an elderly person, displaced person, disabled person, near-elderly person, or any other single person; or, (2) A ...

Date Published: July 2014

[View FAQ](#)

Are youth who are within 14 days of exiting the foster care system who have not identified other permanent housing and have no other resources or support networks to obtain permanent housing defined as homeless under Category 2 of the definition of homeless?

No. Youth who are within 14 days of exiting the foster care system who have not identified other permanent housing and who have no other resources or support networks to obtain permanent housing are not defined as homeless under Category 2 of the definition of homeless. This is different than how HUD operationalized eligibility for Transi...

Date Published: January 2014

[View FAQ](#)

Whose responsibility is it to designate the HMIS and HMIS Lead Agency?

The CoC is responsible for designating the HMIS and the HMIS Lead Agency for the geographic area that the CoC covers. HUD encourages CoCs and ESG recipients to work together with the HMIS Lead to coordinate HMIS policies and procedures and ensure the HMIS meets the needs of their respective programs; however, only CoCs have the authority to designa...

Date Published: December 2013

[View FAQ](#)

What are the deadlines for spending and drawing down ESG funds? Are recipients allowed additional time, after the expenditure deadline, to draw down funds?

Recipients have two years from the date HUD signed the grant agreement to expend all ESG funds. Per 24 CFR 576.203(b), “expended” means that all eligible costs must be incurred by that date. Recipients may draw down funds after the 2-year expenditure deadline for eligible expenses incurred before that date.

Date Published: December 2013

[View FAQ](#)

Do subrecipients need to keep separate cost centers (or coding) for ESG funds? Do timesheets need to be broken down by actual time worked and charged accordingly (rather than by percent)?

Actual time must be charged to federal grants. The exact methodology for tracking the time that staff worked on federal grants and on components within a federal grant is at the discretion of the recipient. However, recipients and subrecipients must be able to justify and document the methodology used, and it must be reasonable and well-documented....

Date Published: December 2013

[View FAQ](#)

Is it allowable to use ESG funds to provide utility assistance to homeowners at risk of losing their utilities and/or becoming homeless?

Homeowners who meet ESG eligibility criteria may, under certain circumstances, receive utility payment assistance to cover the costs of utilities in the home that the individual/family owns. While recipients can provide utility-only assistance, HUD expects that this will be rare. First, there are laws governing public utilities in many sta...

Date Published: December 2013

[View FAQ](#)

What happens to a program participant’s security or utility deposit after they leave the program?

If a program participant leaves the program but remains in the unit for which the deposits were paid, the landlord will continue to hold the security deposit as provided in the lease, and the utility company will continue to hold any utility deposit as provided in the utility contract. The terms of the lease and state or local law will dictate...

Date Published: December 2013

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This Manual is also available at the Washington County Office of Community Development website at:  
<http://www.co.washington.or.us/CommunityDevelopment/policies.cfm>

For general information about the Emergency Solutions Grant Program, you can also refer to:  
<https://www.hudexchange.info/esg/>

# Performance Measurement Module (Sys PM)

## Measure 1: Length of Time Persons Remain Homeless

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

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

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

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

|                               | Universe<br>(Persons) |            | Average LOT Homeless<br>(bed nights) |            |            | Median LOT Homeless<br>(bed nights) |            |            |
|-------------------------------|-----------------------|------------|--------------------------------------|------------|------------|-------------------------------------|------------|------------|
|                               | Previous FY           | Current FY | Previous FY                          | Current FY | Difference | Previous FY                         | Current FY | Difference |
| 1.1 Persons in ES and SH      |                       | 541        |                                      | 53         |            |                                     | 38         |            |
| 1.2 Persons in ES, SH, and TH |                       | 803        |                                      | 110        |            |                                     | 43         |            |

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

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

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

## Performance Measurement Module (Sys PM)

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

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

|                               | Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior) | Returns to Homelessness in Less than 6 Months (0 - 180 days) |              | Returns to Homelessness from 6 to 12 Months (181 - 365 days) |              | Returns to Homelessness from 13 to 24 Months (366 - 730 days) |              | Number of Returns in 2 Years |              |
|-------------------------------|----------------------------------------------------------------------------------|--------------------------------------------------------------|--------------|--------------------------------------------------------------|--------------|---------------------------------------------------------------|--------------|------------------------------|--------------|
|                               |                                                                                  | # of Returns                                                 | % of Returns | # of Returns                                                 | % of Returns | # of Returns                                                  | % of Returns | # of Returns                 | % of Returns |
| Exit was from SO              | 36                                                                               | 3                                                            | 8%           | 0                                                            | 0%           | 6                                                             | 17%          | 9                            | 25%          |
| Exit was from ES              | 149                                                                              | 15                                                           | 10%          | 3                                                            | 2%           | 14                                                            | 9%           | 32                           | 21%          |
| Exit was from TH              | 43                                                                               | 0                                                            | 0%           | 2                                                            | 5%           | 0                                                             | 0%           | 2                            | 5%           |
| Exit was from SH              | 3                                                                                | 0                                                            | 0%           | 0                                                            | 0%           | 0                                                             | 0%           | 0                            | 0%           |
| Exit was from PH              | 235                                                                              | 0                                                            | 0%           | 6                                                            | 3%           | 3                                                             | 1%           | 9                            | 4%           |
| TOTAL Returns to Homelessness | 466                                                                              | 18                                                           | 4%           | 11                                                           | 2%           | 23                                                            | 5%           | 52                           | 11%          |

## Performance Measurement Module (Sys PM)

### Measure 3: Number of Homeless Persons

#### Metric 3.1 – Change in PIT Counts

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

|                                                                | Previous FY PIT Count | 2015 PIT Count | Difference |
|----------------------------------------------------------------|-----------------------|----------------|------------|
| Universe: Total PIT Count of sheltered and unsheltered persons | 537                   | 591            | 54         |
| Emergency Shelter Total                                        | 82                    | 71             | -11        |
| Safe Haven Total                                               | 10                    | 9              | -1         |
| Transitional Housing Total                                     | 106                   | 116            | 10         |
| Total Sheltered Count                                          | 198                   | 196            | -2         |
| Unsheltered Count                                              | 339                   | 395            | 56         |

#### Metric 3.2 – Change in Annual Counts

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

|                                                         | Previous FY | Current FY | Difference |
|---------------------------------------------------------|-------------|------------|------------|
| Universe: Unduplicated Total sheltered homeless persons |             | 815        |            |
| Emergency Shelter Total                                 |             | 531        |            |
| Safe Haven Total                                        |             | 12         |            |
| Transitional Housing Total                              |             | 286        |            |

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

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

|                                                  | Previous FY | Current FY | Difference |
|--------------------------------------------------|-------------|------------|------------|
| Universe: Number of adults (system stayers)      |             | 184        |            |
| Number of adults with increased earned income    |             | 6          |            |
| Percentage of adults who increased earned income |             | 3%         |            |

## Performance Measurement Module (Sys PM)

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

|                                                               | Previous FY | Current FY | Difference |
|---------------------------------------------------------------|-------------|------------|------------|
| Universe: Number of adults (system stayers)                   |             | 184        |            |
| Number of adults with increased non-employment cash income    |             | 25         |            |
| Percentage of adults who increased non-employment cash income |             | 14%        |            |

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

|                                                 | Previous FY | Current FY | Difference |
|-------------------------------------------------|-------------|------------|------------|
| Universe: Number of adults (system stayers)     |             | 184        |            |
| Number of adults with increased total income    |             | 27         |            |
| Percentage of adults who increased total income |             | 15%        |            |

Metric 4.4 – Change in earned income for adult system leavers

|                                                          | Previous FY | Current FY | Difference |
|----------------------------------------------------------|-------------|------------|------------|
| Universe: Number of adults who exited (system leavers)   |             | 104        |            |
| Number of adults who exited with increased earned income |             | 13         |            |
| Percentage of adults who increased earned income         |             | 13%        |            |

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

|                                                                       | Previous FY | Current FY | Difference |
|-----------------------------------------------------------------------|-------------|------------|------------|
| Universe: Number of adults who exited (system leavers)                |             | 104        |            |
| Number of adults who exited with increased non-employment cash income |             | 22         |            |
| Percentage of adults who increased non-employment cash income         |             | 21%        |            |

Metric 4.6 – Change in total income for adult system leavers

|                                                         | Previous FY | Current FY | Difference |
|---------------------------------------------------------|-------------|------------|------------|
| Universe: Number of adults who exited (system leavers)  |             | 104        |            |
| Number of adults who exited with increased total income |             | 33         |            |
| Percentage of adults who increased total income         |             | 32%        |            |

## Performance Measurement Module (Sys PM)

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

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

|                                                                                                                                                                             | Previous FY | Current FY | Difference |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------|------------|
| Universe: Person with entries into ES, SH or TH during the reporting period.                                                                                                |             | 665        |            |
| 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.                                             |             | 74         |            |
| 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) |             | 591        |            |

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

|                                                                                                                                                                              | Previous FY | Current FY | Difference |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------|------------|
| Universe: Person with entries into ES, SH, TH or PH during the reporting period.                                                                                             |             | 892        |            |
| 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.                                              |             | 146        |            |
| 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.) |             | 746        |            |

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

This Measure is not applicable to CoCs in 2016.

## Performance Measurement Module (Sys PM)

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

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

|                                                                                   | Previous FY | Current FY | Difference |
|-----------------------------------------------------------------------------------|-------------|------------|------------|
| Universe: Persons who exit Street Outreach                                        |             | 248        |            |
| Of persons above, those who exited to temporary & some institutional destinations |             | 9          |            |
| Of the persons above, those who exited to permanent housing destinations          |             | 33         |            |
| % Successful exits                                                                |             | 17%        |            |

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

|                                                                          | Previous FY | Current FY | Difference |
|--------------------------------------------------------------------------|-------------|------------|------------|
| Universe: Persons in ES, SH, TH and PH-RRH who exited                    |             | 668        |            |
| Of the persons above, those who exited to permanent housing destinations |             | 379        |            |
| % Successful exits                                                       |             | 57%        |            |

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

|                                                                                                                       | Previous FY | Current FY | Difference |
|-----------------------------------------------------------------------------------------------------------------------|-------------|------------|------------|
| Universe: Persons in all PH projects except PH-RRH                                                                    |             | 515        |            |
| Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations |             | 481        |            |
| % Successful exits/retention                                                                                          |             | 93%        |            |