Before Starting the CoC Application

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

The Collaborative Applicant is responsible for reviewing the following:

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

1A. Continuum of Care (CoC) Identification

Instructions:

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

1A-1. CoC Name and Number: FL-512 - St. Johns County CoC

1A-2. Collaborative Applicant Name: Flagler Hospital, Inc.

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Flagler Hospital, Inc.

1B. Continuum of Care (CoC) Engagement

Instructions:

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

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

Organization/Person Categories	Participates in CoC Meetings	Votes, including selecting CoC Board Members
Local Government Staff/Officials	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes
Law Enforcement	Yes	Yes
Local Jail(s)	Yes	Yes
Hospital(s)	Yes	Yes
EMS/Crisis Response Team(s)	Yes	Yes
Mental Health Service Organizations	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes
Disability Service Organizations	Yes	Yes
Disability Advocates	Yes	Yes
Public Housing Authorities	Not Applicable	No
CoC Funded Youth Homeless Organizations	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Yes	Yes
Youth Advocates	Yes	Yes
School Administrators/Homeless Liaisons	Yes	Yes
CoC Funded Victim Service Providers	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	Yes
Domestic Violence Advocates	Yes	Yes
Street Outreach Team(s)	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes
LGBT Service Organizations	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes
Mental Illness Advocates	Yes	Yes
Substance Abuse Advocates	Yes	Yes

Other:(limit 50 characters)		
Not applicable	Not Applicable	No

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

The CoC's Strategic Plan outlines several strategies for soliciting and considering opinions from varying parties interested in homelessness issues, most of which focus on connecting potential members to the CoC meetings and Committees. To accomplish this, the CoC's Membership and Outreach Committee focuses on identifying and creating partnerships with businesses, education, nonprofits, faith-based, and other organizations that have an interest in preventing or ending homelessness. The Committee invites interested organizations and individuals to attend the monthly CoC meetings, committee meetings, and other special events. The CoC general membership meetings also solicit public comment from attendees to encourage an open forum on homeless issues. Additionally, the CoC Lead Agency/Collaborative Applicant attends meetings and special events on behalf of the CoC, where CoC information including meeting times and contact information, is presented and/or distributed, typically several times a month. The CoC is also active on social media, where we have a public Facebook page available for interested parties to learn more and ask questions regarding the CoC and homelessness initiatives.

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

The CoC publicizes monthly meetings on their website, on social media, as well as via public notices in the local newspaper, the St. Augustine Record. These meetings are open to anyone interested in participating in the CoC's mission to end homelessness, and invitations are extended on an ongoing basis. CoC members are also encouraged to personally invite anyone they think may be interested to attend meetings. Additionally, The CoC has developed a brochure that provides additional information on participating with the CoC, with the Membership and Outreach Committee's oversight. These brochures are given to all prospective new members, and are distributed on an ongoing basis at health fairs, community events, special events, and CoC presentations. Once a new member is identified, the Membership and Outreach Committee reaches out to ensure that the organization is listed on the membership, and to educate

the new member on the CoC's opportunities, including general meetings, committees, community events, PIT Count, etc. To ensure that homeless or formerly homeless persons are represented in the CoC, the Membership and Outreach Committee also regularly works with Emergency Shelter and Transitional Housing providers to communicate with recent graduates from their programs or those experiencing homelessness currently.

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

The CoC keeps the public aware of CoC program funding availability through social media, CoC membership meetings, postings on the St. Johns County CoC website, and via email. The timeline and solicitation for letters of intent, as well as the link to the NoFA were posted on the CoC website on July 20, 2018. An email with the same information was also sent on July 20, 2018. Additionally, the NoFA process was discussed at the July 11, 2018 CoC General Membership meeting, which is publicized and open to the public.

1C. Continuum of Care (CoC) Coordination

Instructions:

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

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

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

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

The Collaborative Applicant attends monthly conference calls with the Florida DCF Office on Homelessness (ESG recipient) and other CoC Collaborative Applicants within the state of Florida to discuss ongoing homeless issues and grants. The Collaborative Applicant also consults with the Office on

Homelessness separately to discuss the unique needs of St. Johns County. DCF shares its established ESG priorities and standards with the CoC to aid in the planning and allocation of ESG funds. The HMIS Lead provides PIT and HIC data to DCF's Office on Homelessness and the St. Johns County Housing and Community Development Division for inclusion in their respective consolidated plans. The CoC Board, along with the HMIS Lead Agency, reviews and discusses the PIT and HIC data to ensure all data is accurate and is shared with the CoC membership in a public forum and are also published in the local newspaper.

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

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

The CoC has one certified domestic violence and sexual assault services provider in our county, the Betty Griffin Center. Clients experiencing domestic violence are referred directly to Betty Griffin Center, who operates a 24-hour crisis hotline and outreach services as entry points into emergency safe shelter at a confidential location, and provide services including safety planning, legal assistance in obtaining injunctions for protection, case management, economic empowerment, counseling, and other services, using trauma-informed care. All services are offered free of charge, and all Betty Griffin Center staff have a victim advocate confidentiality privilege. In the event that Betty Griffin Center is full, victims are offered confidential safe shelter in other certified domestic violence shelters within the state, or are placed in a hotel until safe shelter beds are available. The CoC does not currently have an emergency transfer plan, but Betty Griffin Center and the Collaborative Applicant are in the process of drafting a plan for review and approval by the CoC.

1C-3a. Applicants must describe how the CoC coordinates with victim services providers to provide annual training to CoC area projects and

Coordinated Entry staff that addresses best practices in serving survivors of domestic violence, dating violence, sexual assault, and stalking. (limit 2,000 characters)

The CoC coordinates with Betty Griffin Center to provide both general and targeted domestic violence trainings to CoC member agencies to address the needs of victims and their families across CoC programs. These trainings include a 30-hour core competency training, legal aspects pertaining to domestic violence, trauma-informed care, client confidentiality, and a variety of other topics. Additionally, Betty Griffin leadership and staff participate in CoC General Membership meetings and actively participate in committees and planning for the CoC, and provide suggestions for training regarding domestic violence, dating violence, sexual assault, and stalking on an ongoing basis. To address the Coordinated Entry needs of victims of domestic violence, Betty Griffin Center has applied for the DV Bonus in this NoFA cycle. Their project will focus on how to best integrate with the CoC's Coordinated Entry process, while also ensuring that the specialized and complex needs, including privacy, of domestic violence victims are addressed.

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

Statistics regarding domestic violence and homelessness are provided by Betty Griffin Center using the Osnium Women's Shelter Database, an HMIS comparable database, administered by the Florida Coalition Against Domestic Violence, and contracted by DCF. Betty Griffin Leadership and Staff also actively participate in CoC General Membership meetings, committee meetings, and planning sessions to ensure that the needs of victims of domestic violence are recognized and included in CoC community planning. Additionally, statistics regarding domestic violence and those fleeing violence are collected within the local HMIS database from all participating agencies.

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

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

SSO Coordinated Entry	X
RRH	
Joint TH/RRH	X

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

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

Betty Griffin Center currently serves 344 domestic violence survivors in the CoC geographic area through their comprehensive programs. This data is collected from the Osnium Women's Shelter database, an HMIS comparable database, used by Betty Griffin Center as mandated by the Florida Coalition Against Domestic Violence. Betty Griffin Center submits the data to the CoC via a CAPERs report. Other participating agencies inputting data into HMIS also reported 344 individuals who reported experiencing domestic violence currently or in the past, and 66 individuals who are currently fleeing a domestic violence situation.

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

Currently, Betty Griffin Center is actively working with 29 survivors in need of housing and 20 participants in Transitional Housing. There are currently 59 individuals in the domestic violence emergency shelter. These numbers do not reflect the survivors that may soon be in need of housing or housing services, but only those currently "enrolled" in the program to get housing. Many domestic violence survivors are still in a state of crisis and trying to establish safety before attempting to obtain housing. Betty Griffin Center and other local programs work with these clients to address other needs and increase self-sufficiency until they are ready to work toward obtaining housing. This data is collected from the Osnium Women's Shelter database used by Betty Griffin Center as mandated by the Florida Coalition Against Domestic Violence. Betty Griffin Center submits the data to the CoC via a CAPER report generated by Osnium, as an HMIS comparable database.

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

There is an unmet need for housing and housing services for DV survivors. The National Network to End Domestic Violence indicates that 63% of homeless women have experienced domestic violence in their adult lives. According to the 2018 St. Johns County Point in Time Homeless count, the Betty Griffin Center Shelter and Transitional Housing housed 25% of the sheltered homeless in St. Johns County. Domestic violence victims often have evictions, and poor credit records and employment histories because of the violence they have experienced. Also, some DV survivors may have criminal histories as they

have committed crimes in order to survive. These issues make it difficult for a DV survivor to clear a housing application. Property managers and landlords often discriminate against victims if they have a protection order or any other indicator of domestic violence. More often than not, DV survivors suffer financial instability, making it nearly impossible to obtain and maintain permanent housing without some semblance of ongoing support, both financially and emotionally/physically. The current Coordinated Entry for the St. Johns County CoC is inadequate to address the needs of DV survivors as the assessment in place may re-traumatize the victim and is administered by staff not trained in the dynamics of domestic violence or victimization. There are currently 344 DV survivors receiving services at Betty Griffin Center, the CoC's local domestic violence shelter. The majority of these individuals have either fled or are seeking to flee domestic violence as soon as they can establish the safety to do so. This data is collected from the Osnium Women's Shelter database used by Betty Griffin Center as mandated by the Florida Coalition Against Domestic Violence.

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

As safe, affordable housing has been identified as the highest unmet need for victims of domestic violence in our CoC, the DV bonuses being applied for will address both the housing needs, as well as how to best integrate DV services into the existing Coordinated Entry program. The Coordinated Entry process will be enhanced to identify current and past incidences of violence and determine relative levels of vulnerability and service needs in a trauma informed manner that is built on shared CoC tools and standards and not exposing the survivor to unnecessary danger. The enhanced process will adhere to the confidentiality and safety policies required by Victim Advocate privilege. Additionally the DV Bonus will provide funding for Transitional and Permanent Housing specific to DV survivors, who make up a large percentage of families and individuals seeking homeless and housing services and support. The DV Bonus will allow for greater prioritization of this population with the specific supportive services required to maintain housing.

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

The rate of placement and retention for permanent housing placement is currently unknown, as legal concerns regarding privacy and safety prevents the agency from collecting exit information regarding the whereabouts of their clients. Safety is improved for DV survivors and their families when they have safe and stable housing away from their abuser. The National Institutes of Health report that domestic violence results in negative health and social

consequences and the aftermath of injuries, fear, and stress associated with the violence can result in chronic physical and mental health problems that interfere with daily functioning, employment and quality of life. The DV Bonus project addresses multiple barriers faced by DV survivors. Survivors report that their partners prevent them from going to work by threats, injuries so severe they are unable to go work, and harassment and stalking while on the job. Survivors also report a lack of transportation; child care, education and/or work experience as indirect barriers to job searches and maintaining housing and employment. The Betty Griffin Center advocates provide support and resources for education, training, job searches, interviewing skills, resume building, safety planning, credit repair and safe housing searches while acknowledging a victim's competency, striving to equalize power between a victim and their environment.

1C-5. PHAs within CoC. Applicants must use the chart to provide information about each Public Housing Agency (PHA) in the CoC's geographic areas:
(1) Identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA who were experiencing homelessness at the time of admission;
(2) Indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV Program; and
(3) Indicate whether the CoC has a move on strategy. The information should be for Federal Fiscal Year 2017.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2017 who were experiencing homelessness at entry	PHA has General or Limited Homeless Preference	PHA has a Preference for current PSH program participants no longer needing intensive supportive services, e.g. move on?
Jacksonville Housing Authority	9.04%	No	No

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

Members of the CoC Board have reached out to the Jacksonville Housing Authority to discuss giving preference to homeless individuals. We are still working with them to determine barriers in their system that must be overcome in order to make these changes.

1C-5b. Move On Strategy with Affordable Housing Providers. Does the CoC have a Move On strategy with affordable housing

No

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

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

The CoC has provided anti-discrimination policies in their written standards, which prevents service providers from discriminating against clients based on a variety of factors, including sexual orientation. The CoC strives to educate all service providers on the written standards by distributing this information and making it readily available, as well as by providing training. To address ongoing training regarding the diverse needs of lesbian, gay, bisexual, and transgender clients, the CoC works with Jasmyn, a local organization that advocates for and assists with the needs of the LGBT population. Jasmyn is a member of the St. Johns County CoC, and in addition to training, they provide a 24-hour hotline, and actively coordinate with agencies in the CoC. All CoC funded agencies are required to attend an annual training provided by Jasmyn.

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

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

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

Engaged/educated local policymakers:	X
Engaged/educated law enforcement:	X
Engaged/educated local business leaders:	X
Implemented communitywide plans:	X

No strategies have been implemented:	☐
Other:(limit 50 characters)	
	☐
	☐
	☐

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

Coordinated Entry for the St Johns County CoC is a hybrid of a decentralized (no wrong door policy), along with outreach. Initial screening can be conducted for all populations at one of the multiple access points located in various areas of the county, or via a member of the CoC's street outreach team, to ensure that the CoC's entire geographic area is covered. Coordinated Entry includes the following core components: Information so that people will know where or how to access intake for homeless prevention or housing services; screening and assessment processes and tools, including a Universal Intake and VI-SPDAT to gather and verify information about the person and his/her housing and service needs and program eligibility and priority; Information about programs and agencies that can provide needed housing or services; A process and tools for referral of the person to an appropriate programs or agencies; and assistance in making program admissions decisions. While most housing and services are made available through other agencies, a variety of services may be provided on site at the "Access Points" or by a street outreach worker. These services typically meet basic client needs and may include diversion services, crisis counseling, landlord/tenant mediation, motel vouchers, bus pass or transportation to an agency and/or access to mainstream resources. The CoC's Coordinated Entry system is focused on providing a continuum of care including prevention, diversion and rapid re-housing approaches. The Plan requires each street outreach worker to assess household's eligibility for services. Prevention services target people at imminent risk of homelessness, while diversion services target people as they are applying for entry into shelter, and rapid re-housing services target people who are already homeless. All agencies have access to the VI-SPDAT tool, as well as VI-SPDAT training, available online.

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

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

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

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

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

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

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

Instructions

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

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

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

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

The CoC Scoring and Review Committee instituted a "Score Card" for reviewing and rating the project applicants. The Score Card included data elements and other criteria considered by the CoC as high priorities. Among others, the CoC considered several vulnerabilities in evaluating and scoring the projects, including: (1) that the project intends to serve those with zero income at entry, (2) intends to serve those from a place not meant for human habitation; and (3) intends to serve chronically homeless. Projects addressing the CoC's highest priorities, as well as utilizing the housing first model and participating in Coordinated Entry, scored the maximum points possible.

1E-3. Public Postings. Applicants must indicate how the CoC made public:
(1) objective ranking and selection process the CoC used for all projects (new and renewal);

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

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

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

Reallocation: Yes

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

(1) Did the CoC establish a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline? Attachment required.	Yes
(2) If the CoC rejected or reduced project application(s), did the CoC notify applicants that their project application(s) were being rejected or reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline? Attachment required.	Did not reject or reduce any project
(3) Did the CoC notify applicants that their applications were accepted and ranked on the Priority Listing in writing outside of e-snaps, at least 15 before days of the FY 2018 CoC Program Competition Application deadline?	Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

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

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

(3) total number of beds in HMIS.

Project Type	Total Beds in 2018 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) beds	87	56	31	100.00%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	97	14	83	100.00%
Rapid Re-Housing (RRH) beds	20	0	20	100.00%
Permanent Supportive Housing (PSH) beds	0	0	0	
Other Permanent Housing (OPH) beds	28	0	28	100.00%

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

The CoC Lead Agency and HMIS Lead Agency is currently working with our Permanent Housing provider to input their beds into the HMIS system. We have created a timeline for completion, and are providing ongoing technical assistance in this endeavor.

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

2A-7. CoC Data Submission in HDX. Applicants must enter the date the CoC submitted the 2018 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). (mm/dd/yyyy) 05/31/2018

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

Instructions:

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

2B-1. PIT Count Date. Applicants must enter the date the CoC conducted its 2018 PIT count (mm/dd/yyyy).	01/23/2018
2B-2. HDX Submission Date. Applicants must enter the date the CoC submitted its PIT count data in HDX (mm/dd/yyyy).	04/30/2018

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

Instructions:

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

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

There was no change in the PIT count of sheltered individuals in the 2018 PIT Count. Transitional Housing and Emergency Shelter locations utilize the Service Point database provided by St Johns Care Connect, where aggregate data is collected on a daily basis for those individuals and families that reside in shelter. Domestic Violence providers are excluded from this data base, and provided aggregated data to the HIMS Lead Agency to include in the final data collection.

2C-2. Did your CoC change its provider coverage in the 2018 sheltered count? No

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

Beds Added:	0
Beds Removed:	0
Total:	0

2C-3. Presidentially Declared Disaster Changes to Sheltered PIT Count. Did your CoC add or remove emergency shelter, transitional housing, or Safe Haven inventory because of funding specific to a Presidentially declared disaster, resulting in a change to the CoC's 2018 sheltered PIT count? Yes

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

Beds Added:	0
Beds Removed:	0
Total:	0

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

No

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

Yes

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

During the FY18 PIT Count, the CoC's Youth Outreach services provider provided assistance and information regarding youth homelessness. As they were preparing to formally open their Youth Outreach drop in center, the agency's outreach team was able to work with the PIT committee to identify and share locations prior to the PIT count. The CoC also worked with the county school district's homeless student liaison to identify students who were literally homeless and removed those that would be counted by shelters.

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

The 2018 PIT count included a 7-day post count at local service centers to ensure that families and chronically homeless that may not have been out during the PIT count were counted. Additionally, the CoC continued working with the county school district to identify families with school-age children who were homeless and/or chronically homeless. To ensure an accurate veteran count, the CoC partnered with neighboring FL-510, which serves SSVF for our geographic area. The CoC's street outreach team had been working to identify the locations of chronically homeless individuals prior to the count so that they

could visit those locations on the PIT date. Additionally, the CoC expanded PIT locations to include local libraries, which were identified as locations where interactions with homeless individuals were considered likely.

3A. Continuum of Care (CoC) System Performance

Instructions

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

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

Number of First Time Homeless as Reported in HDX.	481

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

The CoC used information gained from survey responses during the PIT Count, from universal intake applications, and from HMIS data to determine the rising risk factors for becoming homeless within our community. These main factors identified included loss of income, or some sort of crisis having taken place in their lives, such as a medical emergency, death, or other traumatic event. Current strategies in place to address risk factors are to recognize the risk factors of individuals and families during intake, and provide the appropriate referrals for concrete services such as applications for SSI/insurance, prescription assistance, assistance in obtaining identification, and other needs; as well as wrap-around case management tailored to their specific needs. The CoC HMIS/Coordinated Entry Committee and the Lead Agency are responsible for oversight and training agencies regarding risk factors for first-time homeless.

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

The average length of time individuals and families remained homeless was 89 days for those in ES and TH, and 25 days for those in ES. We are in the process of striving to reduce ES stays to 15 days or less, and TH stays to 180 days or less, to bring the overall average LOT homeless down. The CoC's Coordinated Entry process prioritizes those individuals experiencing homelessness for the longest length of time, and attempts to secure permanent housing for those individuals first. To accomplish these tasks, the CoC employs strategies such as: collaborating with homeless shelters and rapid re-housing programs, who have funding available to re-home individuals and families. The CoC has also created an Affordable Housing Taskforce to address the lack of affordable housing in the county, and has also added a Housing Navigator to increase housing stock and create easier access to these affordable housing options. To identify those with the longest length of time homeless, the CoC uses a universal intake, and a VI-SPDAT, which then provide a vulnerability score for the Coordinated Entry process. The CoC Strategic Planning Committee provides oversight to the CoC on strategy, and the HMIS Lead and HMIS Committee give analysis of the data measures.

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

	Percentage
Report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid re-housing that exit to permanent housing destinations as reported in HDX.	49%
Report the percentage of individuals and persons in families in permanent housing projects, other than rapid re-housing, that retain their permanent housing or exit to permanent housing destinations as reported in HDX.	100%

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

The CoC's strategy to increase the rate of households exiting to permanent housing is multifaceted. One major challenge has been the availability of affordable housing in the community. However, the CoC recently initiated an Affordable Housing Taskforce, whose members have been working with the local government to address issues preventing the development of this housing locally. Additionally, the CoC has recently begun utilizing a Housing Navigator to work directly with clients to access affordable housing and build local housing stock. The CoC uses a Housing First strategy to ensure that all service providers are focused on permanent housing as a destination. Critical to

strategies for both obtaining and retaining permanent housing is case management. The CoC has provided multiple training opportunities on various aspects of case management, and will continue to focus efforts on ensuring that agencies providing services are also addressing the case management needs of their clients.

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

	Percentage
Report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX	3%

3A-4a. Applicants must:
(1) describe how the CoC identifies common factors of individuals and persons in families who return to homelessness;
(2) describe the CoC's strategy to reduce the rate of additional returns to homelessness; and
(3) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the rate individuals and persons in families returns to homelessness.
(limit 2,000 characters)

The CoC experienced a decrease in the number of individuals returning to homelessness, down from 15% last year, to 3% this year. The HMIS database is utilized to monitor and record returns to homelessness. CoC agencies collaborate to identify those with the most vulnerability and likelihood in returning to homelessness, and provide referrals, support, and increased housing-focused case management to assist those individuals and households to avoid this scenario. In addition, PATH outreach workers perform periodic follow up visits to clients receiving PATH assistance, to ensure that they are receiving the necessary supports and services to maintain their housing. Recently, the CoC has placed a stronger focus and priority on the need for case management and wraparound services for individuals exiting to permanent housing situations. The CoC Strategic Planning Committee works with the HMIS Lead Agency and Collaborative Applicant to analyze data and develop strategies aimed at ending returns to homelessness.

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

The CoC's strategy to increase employment and access to mainstream benefits is to create partnerships with businesses, education, and provider agencies.

NFCAA has provided training on its family self-sufficiency program and encourages agencies to utilize their services. In terms of employment, the CoC and CoC member agencies work with various employment centers including CareerSource, First Coast Technical College, Northeast Community Action Agency, Communities in Schools, Goodwill, and Labor Finders, many of whom participate in CoC meetings regularly. Additionally, the County receives state funding to implement the SOAR program, which assists clients with SSI/SSDI applications. Four agencies serve as DCF community partners, providing access to public assistance services that promote self-sufficiency. The County also provides office space to DCF workers twice weekly to directly assist clients. Additionally, many CoC provider agencies have been "thinking outside the box", and offering programs in partnership with local colleges, churches, and community groups, such as sewing classes, business skills, resume writing, and interviewing skills. The Lead Agency is responsible for overseeing strategy related to employment and mainstream benefits.

3A-6. System Performance Measures Data Submission in HDX. Applicants must enter the date the CoC submitted the System Performance Measures data in HDX, which included the data quality section for FY 2017 (mm/dd/yyyy)	05/31/2018

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

Instructions

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

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

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

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

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

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

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

Coordinated Entry data is being utilized to prioritize those individuals and families experiencing homelessness and to create a network of available services to house children and families as quickly as possible. The CoC's specific strategy is to assess each individual and family seeking housing through the Coordinated Entry process, and score their vulnerability for prioritization for housing. Families with children generally score higher (meaning more vulnerable), and this vulnerability moves them to the top of the list for re-housing. Currently, each service provider receive RRH funding contacts local landlords for available unit. Additionally, the CoC was awarded a housing navigator position in last year's CoC competition, which will assist in moving families from homelessness to housing by identifying affordable and suitable housing, and assisting clients in obtaining permanent housing. The CoC has recently focused more strongly on case management, and ensuring that families are supported as they transition to permanent housing. The CoC continues to provide ongoing training on all aspects of case management to ensure that there are still supports in place for families, even after financial assistance ends. The Coordinated Entry committee and CoC Board provide oversight for rapid re-housing strategies.

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

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

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

Human trafficking and other forms of exploitation	Yes
LGBT youth homelessness	Yes

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

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

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

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

The County's only homeless shelter has continued to experience an increase in the number of younger individuals (age 18-24) in the past 4 years. In addition, the school district recorded 217 unaccompanied youth in the school system at the end of school year in 2017. An identified need within our CoC is for a dedicated full-service youth shelter, which is in the process of securing funding and additional certifications. In the meantime, this agency has opened the youth program as a day drop-in center. The youth program is open 7 days a week, and provides case management, meals, and other services. A targeted youth outreach team has also been working with the younger population to determine their unique needs. As part of the case management at the youth drop-in center, clients are referred to CoC housing service providers for RRH assistance, and are also directed to mainstream resources and local employment agencies.

3B-2.6a. Applicants must:
(1) provide evidence the CoC uses to measure both strategies in question 3B-2.6. to increase the availability of housing and services for youth experiencing homelessness;
(2) describe the measure(s) the CoC uses to calculate the effectiveness of the strategies; and

**(3) describe why the CoC believes the measure it uses is an appropriate way to determine the effectiveness of the CoC's strategies.
(limit 3,000 characters)**

Youth Outreach data is collected through the HMIS system, and reported in CAPER reports. Since Youth Outreach is not a performance measure actively measured by HUD with the other performance measures, the CoC is currently working with the youth outreach provider to put formal strategies and measures in place to ensure that we are meeting the needs of the homeless youth in our community. Currently, the Youth Outreach program is researching how other like programs measure their effectiveness. All efforts aimed at unaccompanied youth are grounded in Positive Youth Development and Trauma-Informed care. Once sufficient data has been gathered, additional targeted strategies will be developed to end youth homlessness in our county.

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

The CoC collaborates with the local early childhood education agency to ensure that families experiencing homelessness have access to early learning resources and childcare for their children. The CoC also has a MOU in place with the school district, and the district's McKinney-Vento homeless liaison currently sits on the CoC Board, and other CoC committees, and is an active participant in the CoC. The liaison provides valuable information on homeless school children, and disseminates this information both at monthly CoC Board and General Membership meetings. Additionally, the CoC works with a variety of other local youth education providers to ensure that the educational needs of families with children are met, regardless of their housing status.

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

The CoC has adopted Educational Assurances in its Written Standards as a requirement for all CoC-funded providers to ensure that homeless families and youth are made aware of their educational rights and eligibility for McKinney-Vento education services.

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

MOU/MOA	Other Formal Agreement

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

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

The St. Johns County CoC is not a direct recipient of SSVF funding, but provider agencies assess and refer veterans to our neighboring CoC in Jacksonville (FL-510) who is the administrator of SSVF funds for our county. Providers also communicate with the Jacksonville Housing Authority when a veteran is eligible for HUD-VASH assistance. Additionally, VA staff visits the St. Francis House emergency shelter once per week to assist homeless clients with verifying their veteran status. The CoC recently formalized an agreement and process to include SSVF the local Coordinated Entry process.

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

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

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

3B-5. Racial Disparity. Applicants must: No

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

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

Instructions:

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

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

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

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

The CoC works with a variety of mainstream resources through local service providers. St. Johns Care Connect, an organization providing resource navigation, utilizes ServicePoint (HMIS provider) as a tool to make referrals for services including housing, prescription assistance, transportation, insurance navigation, and other services impacting a person's social determinants of health. Additionally, the CoC state funding provides for a SOAR procesor to assist clients with the SSI/SSDI application process. The CoC homeless service providers serve as DCF Access Florida Community partners, providing access to public assistance services that promote self-sufficiency, such as food stamps and TANF. County HHS also provides office space to DCF twice per week to directly assist clients with obtaining benefits. A local Legal Aid office

representative attends the Monthly CoC meetings and regularly updates the CoC on the services they offer to the homeless community. The CoC Lead Agency distributes program information and related training via email and at the monthly meetings, on services that may be available. Additionally, the CoC Lead Agency provides a resource list for the community, which provides contact information for all appropriate resources, and is available to the public via the CoC website. This literature is also distributed to law enforcement, community agencies, groups, and individuals to distribute. The CoC Lead Agency is responsible for overseeing strategy related to mainstream benefits.

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

Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition.	1
Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach–meaning that the project quickly houses clients without preconditions or service participation requirements.	1
Percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects in the FY 2018 CoC Program Competition that will be designated as Housing First.	100%

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

The CoC's street outreach efforts cover 100% of the catchment area. Street outreach is conducted 6 days per week by a CoC provider agency, and is performed at known gathering places for persons experiencing homelessness (libraries, public parks, tourist attractions, etc). Outreach efforts are also targeted to non-public areas such as the woods, under bridges, and at the beach to seek out individuals living in unsheltered areas that are not currently seeking assistance. Street outreach is aimed at making relationships with individuals who may not be ready to seek assistance, in the hopes that once a relationship is built, the individual will make the choice to accept assistance. The street outreach program continues to research best practices and refine their program based on the changing needs of individuals experiencing homelessness.

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

A local Legal Aid representative is an active member of the CoC General Membership, attending monthly meetings and providing input to ensure that the CoC's strategies further fair housing and are non-discriminatory. Additionally, the local Legal Aid office recruits local attorneys to provide additional targeted training on topics such as legal issues relating to landlord tenant rights, fair housing, veterans, domestic violence, and LGBTQ. Additionally, the CoC ensures that persons with disabilities and limited English proficiency are fully accommodated through the use of interpreters and translators when necessary.

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

	2017	2018	Difference
RRH beds available to serve all populations in the HIC	16	20	4

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

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

4B. Attachments

Instructions:

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

Document Type	Required?	Document Description	Date Attached
1C-5. PHA Administration Plan–Homeless Preference	No		
1C-5. PHA Administration Plan–Move-on Multifamily Assisted Housing Owners' Preference	No		
1C-8. Centralized or Coordinated Assessment Tool	Yes	Assessment tools	09/13/2018
1E-1. Objective Critiera–Rate, Rank, Review, and Selection Criteria (e.g., scoring tool, matrix)	Yes	FY18 NoFA Scorecard	09/11/2018
1E-3. Public Posting CoC-Approved Consolidated Application	Yes		
1E-3. Public Posting–Local Competition Rate, Rank, Review, and Selection Criteria (e.g., RFP)	Yes	FL-512 Public Pos...	09/11/2018
1E-4. CoC's Reallocation Process	Yes	FL-512 Reallocati...	09/11/2018
1E-5. Notifications Outside e-snaps–Projects Accepted	Yes	FL-512 notificati...	09/11/2018
1E-5. Notifications Outside e-snaps–Projects Rejected or Reduced	Yes	FL-512 notificati...	09/11/2018
1E-5. Public Posting–Local Competition Deadline	Yes	Public Posting - ...	09/11/2018
2A-1. CoC and HMIS Lead Governance (e.g., section of Governance Charter, MOU, MOA)	Yes	FL-512 Governance...	09/11/2018
2A-2. HMIS–Policies and Procedures Manual	Yes	HMIS Manual	09/13/2018
3A-6. HDX–2018 Competition Report	Yes	HDX Performance R...	09/13/2018
3B-2. Order of Priority–Written Standards	No		

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

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: Assessment tools

Attachment Details

Document Description: FY18 NoFA Scorecard

Attachment Details

Document Description:

Attachment Details

Document Description: FL-512 Public Posting RFP-LOI

Attachment Details

Document Description: FL-512 Reallocation Policy

Attachment Details

Document Description: FL-512 notification of project approval

Attachment Details

Document Description: FL-512 notification of reduction-rejection

Attachment Details

Document Description: Public Posting - Timeline

Attachment Details

Document Description: FL-512 Governance Charter and MOUs

Attachment Details

Document Description: HMIS Manual

Attachment Details

Document Description: HDX Performance Report

Attachment Details

Document Description:

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Submission Summary

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

Page	Last Updated
1A. Identification	09/13/2018
1B. Engagement	09/14/2018
1C. Coordination	09/14/2018
1D. Discharge Planning	09/13/2018
1E. Project Review	09/13/2018
2A. HMIS Implementation	09/14/2018
2B. PIT Count	09/14/2018
2C. Sheltered Data - Methods	09/13/2018
3A. System Performance	09/14/2018
3B. Performance and Strategic Planning	09/14/2018
4A. Mainstream Benefits and Additional Policies	09/14/2018
4B. Attachments	Please Complete

Submission Summary	No Input Required

Vulnerability Index -

Service Prioritization Decision Assistance Tool

(VI-SPDAT)

Prescreen Triage Tool for Families

AMERICAN VERSION 2.0

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

COMMUNITY SOLUTIONS

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Welcome to the SPDAT Line of Products

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

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

VI-SPDAT Series

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

Current versions available:

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

All versions are available online at

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

SPDAT Series

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

Current versions available:

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

Information about all versions is available online at

www.orgcode.com/products/spdat/

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

SPDAT Training Series

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

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

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

Current SPDAT training available:

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

Other related training available:

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

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

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

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Administration

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

Opening Script

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

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

Basic Information

PARENT 1

First Name	**Nickname**	**Last Name**
_____	_____	_____

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

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

PARENT 2

☐ No second parent currently part of the household

First Name	**Nickname**	**Last Name**
_____	_____	_____

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

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

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

SCORE:

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Children

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

First Name	Last Name	Age	Date of Birth

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

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

SCORE:

A. History of Housing and Homelessness

5. Where do you and your family sleep most frequently? (check one)

☐ Shelters
☐ Transitional Housing
☐ Safe Haven
☐ **Outdoors**
☐ **Other (specify):** _____
☐ **Refused**

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

SCORE:

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

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

SCORE:

B. Risks

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

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

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

   c) Been hospitalized as an inpatient? ____ ☐ Refused

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

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

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

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

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

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

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

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

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

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

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

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

C. Socialization & Daily Functioning

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

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

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

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

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

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

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

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

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

D. Wellness

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

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

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

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

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

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

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

25. Will drinking or drug use make it difficult for your family to stay housed or afford your housing? ☐ **Y** ☐ N ☐ Refused

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

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

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

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

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

27. Do you or anyone in your family have any mental health or brain issues that would make it hard for your family to live independently because help would be needed? ☐ **Y** ☐ N ☐ Refused

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

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

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

29. Are there any medications that a doctor said you or anyone in your family should be taking that, for whatever reason, they are not taking? ☐ **Y** ☐ N ☐ Refused

30. Are there any medications like painkillers that you or anyone in your family don't take the way the doctor prescribed or where they sell the medication? ☐ **Y** ☐ N ☐ Refused

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

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

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

E. Family Unit

32.	Are there any children that have been removed from the family by a child protection service within the last 180 days?	☐ **Y**	☐ N	☐ Refused
33.	Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your housing?	☐ **Y**	☐ N	☐ Refused

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

34.	In the last 180 days have any children lived with family or friends because of your homelessness or housing situation?	☐ **Y**	☐ N	☐ Refused
35.	Has any child in the family experienced abuse or trauma in the last 180 days?	☐ **Y**	☐ N	☐ Refused
36.	*IF THERE ARE SCHOOL-AGED CHILDREN:* Do your children attend school more often than not each week?	☐ Y	☐ **N**	☐ N/A or Refused

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

37.	Have the members of your family changed in the last 180 days, due to things like divorce, your kids coming back to live with you, someone leaving for military service or incarceration, a relative moving in, or anything like that?	☐ **Y**	☐ N	☐ Refused
38.	Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed?	☐ **Y**	☐ N	☐ Refused

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

39.	Do you have two or more planned activities each week as a family such as outings to the park, going to the library, visiting other family, watching a family movie, or anything like that?	☐ Y	☐ **N**	☐ Refused
40.	After school, or on weekends or days when there isn't school, is the total time children spend each day where there is no interaction with you or another responsible adult...			
	a) 3 or more hours per day for children aged 13 or older?	☐ **Y**	☐ N	☐ Refused
	b) 2 or more hours per day for children aged 12 or younger?	☐ **Y**	☐ N	☐ Refused
41.	*IF THERE ARE CHILDREN BOTH 12 AND UNDER & 13 AND OVER:* Do your older kids spend 2 or more hours on a typical day helping their younger sibling(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that?	☐ **Y**	☐ N	☐ N/A or Refused

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

Scoring Summary

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

Follow-Up Questions

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

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

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

Appendix A: About the VI-SPDAT

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

The VI-SPDAT

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

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

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

Version 2

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

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

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

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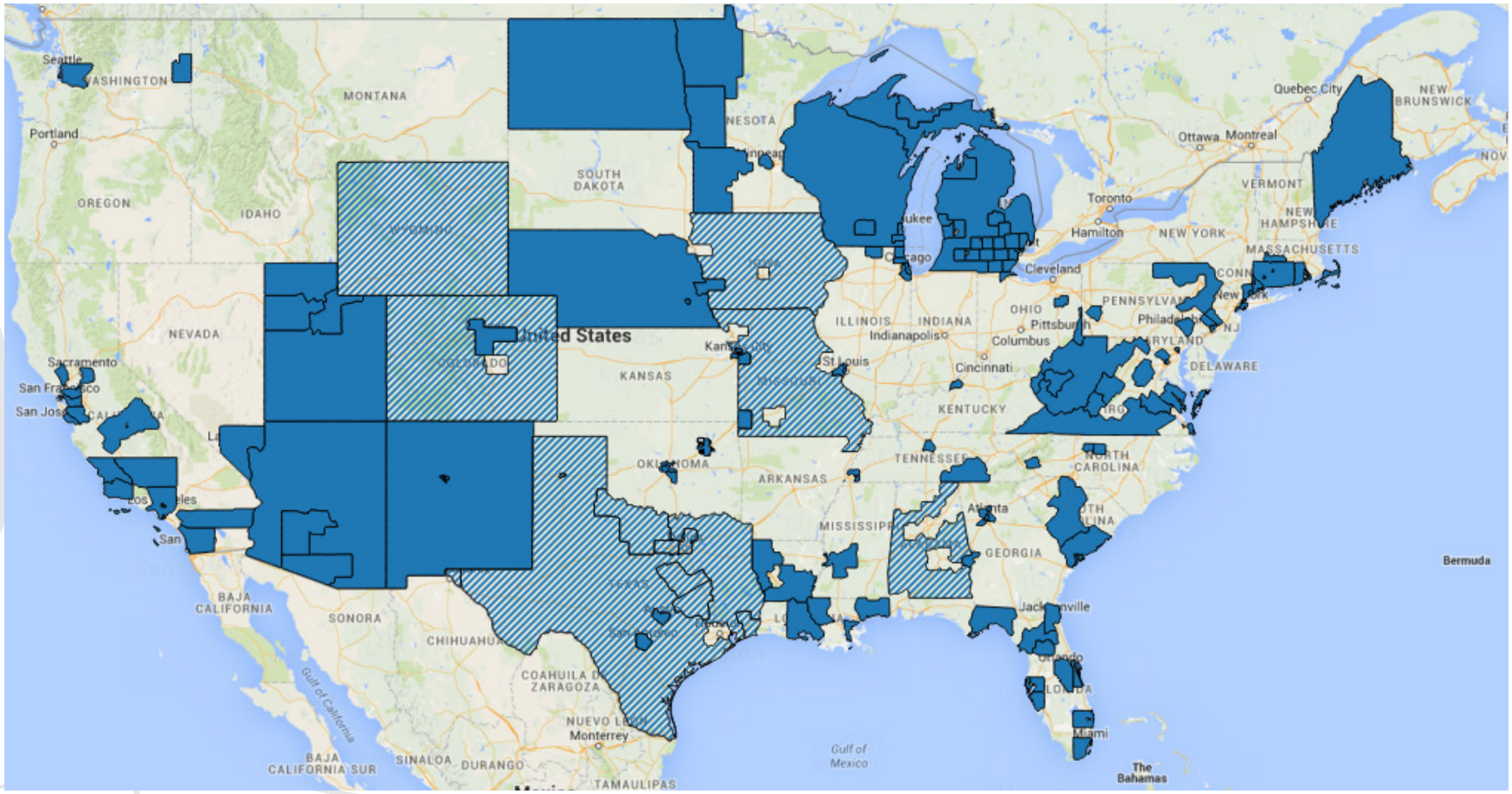
Appendix B: Where the VI-SPDAT is being used in the United States

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



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

Alabama
- Parts of Alabama Balance of State

Arizona
- Statewide

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

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

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

District of Columbia
- District of Columbia

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

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

Hawaii
- Honolulu

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

Iowa
- Parts of Iowa Balance of State

Kansas
- Kansas City/Wyandotte County

Kentucky
- Louisville/Jefferson County

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

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

Maryland
- Baltimore City
- Montgomery County

Maine
- Statewide

Michigan
- Statewide

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

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

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

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

North Dakota
- Statewide

Nebraska
- Statewide

New Mexico
- Statewide

Nevada
- Las Vegas/Clark County

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

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

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

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

Rhode Island
- Statewide

South Carolina
- Charleston/Low Country
- Columbia/Midlands

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

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

Utah
- Statewide

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

Washington
- Seattle/King County
- Spokane City & County

Wisconsin
- Statewide

West Virginia
- Statewide

Wyoming
- Wyoming Statewide is in the process of implementing

Vulnerability Index -

Service Prioritization Decision Assistance Tool

(VI-SPDAT)

Prescreen Triage Tool for Single Adults

AMERICAN VERSION 2.0

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COMMUNITY SOLUTIONS

ORG CODE

Welcome to the SPDAT Line of Products

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

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

VI-SPDAT Series

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

Current versions available:

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

All versions are available online at

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

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

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

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- Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
- Level 1 SPDAT Training: SPDAT for Frontline Workers
- Level 2 SPDAT Training: SPDAT for Supervisors
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- Excellence in Housing-Based Case Management
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Administration

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

Opening Script

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

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

Basic Information

First Name	**Nickname**	**Last Name**
_____	_____	_____

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

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

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

SCORE:

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

A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)

☐ Shelters
☐ Transitional Housing
☐ Safe Haven
☐ **Outdoors**
☐ **Other (specify):** _____
☐ **Refused**

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

2. How long has it been since you lived in permanent stable housing? _____ ☐ Refused

3. In the last three years, how many times have you been homeless? _____ ☐ Refused

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

B. Risks

4. In the past six months, how many times have you...

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

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

c) Been hospitalized as an inpatient? ____ ☐ Refused

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

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

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

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

5. Have you been attacked or beaten up since you've become homeless? ☐ **Y** ☐ N ☐ Refused

6. Have you threatened to or tried to harm yourself or anyone else in the last year? ☐ **Y** ☐ N ☐ Refused

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

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

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

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

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

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

C. Socialization & Daily Functioning

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

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

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

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

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

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

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

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

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

D. Wellness

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?	☐ **Y**	☐ N	☐ Refused
16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?	☐ **Y**	☐ N	☐ Refused
17. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you?	☐ **Y**	☐ N	☐ Refused
18. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?	☐ **Y**	☐ N	☐ Refused
19. When you are sick or not feeling well, do you avoid getting help?	☐ **Y**	☐ N	☐ Refused
20. *FOR FEMALE RESPONDENTS ONLY:* Are you currently pregnant?	☐ **Y**	☐ N	☐ N/A or Refused

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

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

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

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

a) A mental health issue or concern?	☐ **Y**	☐ N	☐ Refused
b) A past head injury?	☐ **Y**	☐ N	☐ Refused
c) A learning disability, developmental disability, or other impairment?	☐ **Y**	☐ N	☐ Refused
24. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help?	☐ **Y**	☐ N	☐ Refused

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

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

25. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? ☐ **Y** ☐ N ☐ Refused

26. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication? ☐ **Y** ☐ N ☐ Refused

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

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

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

Scoring Summary

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

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

Follow-Up Questions

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

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

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

Appendix A: About the VI-SPDAT

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

The VI-SPDAT

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

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

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

Version 2

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

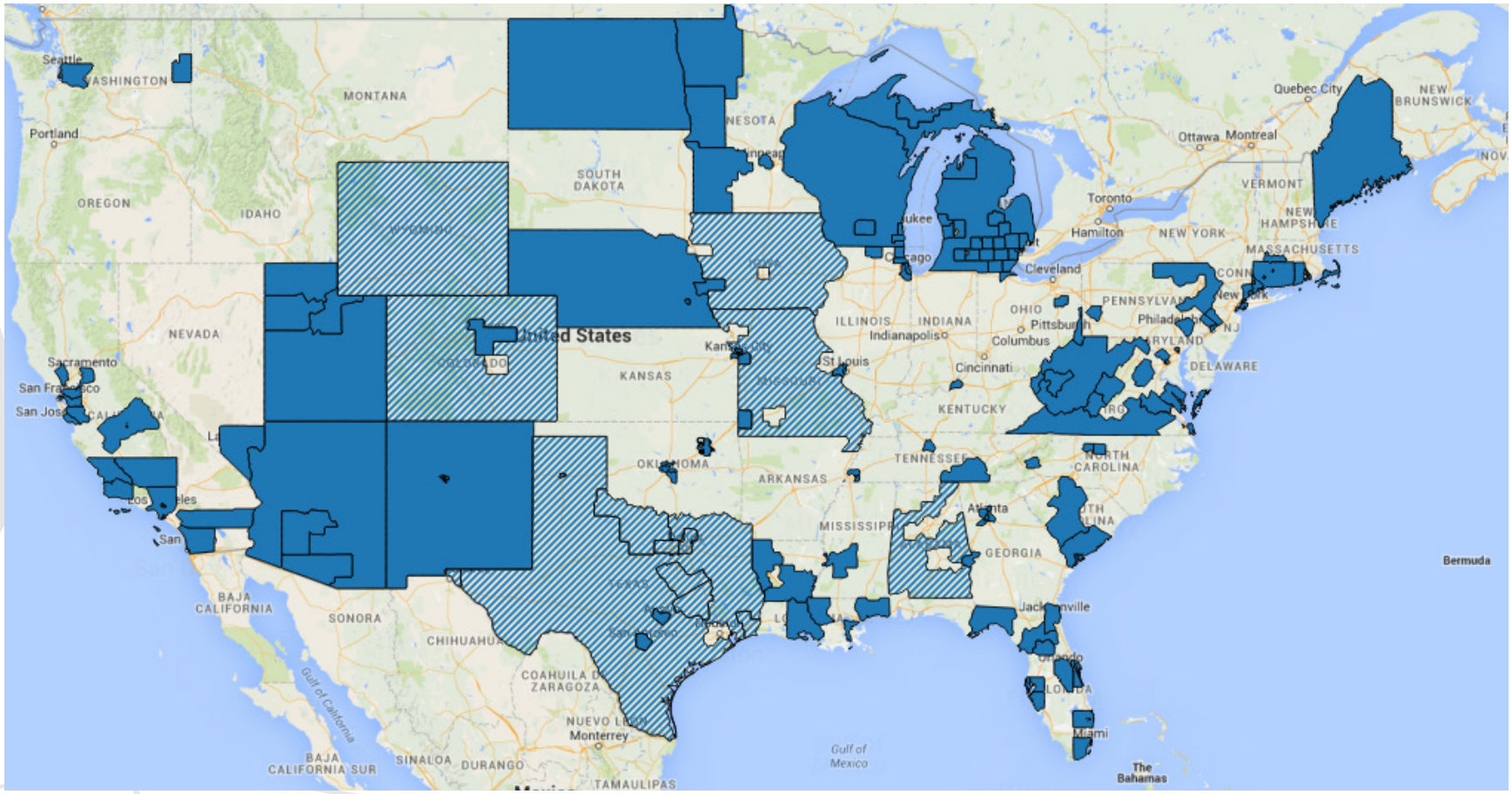
You will notice some differences in Version 2 compared to Version 1. Namely:

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

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

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

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



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

Alabama
- Parts of Alabama Balance of State

Arizona
- Statewide

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

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

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

District of Columbia
- District of Columbia

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

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

Hawaii
- Honolulu

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

Iowa
- Parts of Iowa Balance of State

Kansas
- Kansas City/Wyandotte County

Kentucky
- Louisville/Jefferson County

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

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

Maryland
- Baltimore City
- Montgomery County

Maine
- Statewide

Michigan
- Statewide

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

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

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

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

North Dakota
- Statewide

Nebraska
- Statewide

New Mexico
- Statewide

Nevada
- Las Vegas/Clark County

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

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

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

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

Rhode Island
- Statewide

South Carolina
- Charleston/Low Country
- Columbia/Midlands

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

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

Utah
- Statewide

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

Washington
- Seattle/King County
- Spokane City & County

Wisconsin
- Statewide

West Virginia
- Statewide

Wyoming
- Wyoming Statewide is in the process of implementing

Youth

Service Prioritization Decision Assistance Tool

(Y-SPDAT)

Assessment Tool for Single Youth

VERSION 1.0

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

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- Family VI-SPDAT V 2.0
- Next Step Tool for Homeless Youth V 1.0

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- F-SPDAT V 2.0 for Families
- Y-SPDAT V 1.0 for Youth

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Terms and Conditions Governing the Use of the SPDAT

SPDAT products have been developed by OrgCode Consulting, Inc. with extensive feedback from key community partners including people with lived experience. The tools are provided free of charge to communities to improve the client centered services dedicated to increasing housing stability and wellness. Training is indeed required for the administration and interpretation of these assessment tools. Use of the SPDAT products without authorized training is strictly prohibited.

By using this tool, you accept and agree to be bound by the terms of this expectation.

No sharing, reproduction, use or duplication of the information herein is permitted without the express written consent of OrgCode Consulting, Inc.

Ownership

The Service Prioritization Decision Assistance Tool ("SPDAT") and accompanying documentation is owned by OrgCode Consulting, Inc.

Training

Although the SPDAT Series is provided free of charge to communities, training by OrgCode Consulting, Inc. or a third party trainer, authorized by OrgCode, must be successfully completed. After meeting the training requirements required to administer and interpret the SPDAT Series, practitioners are permitted to implement the SPDAT in their work with clients.

Restrictions on Use

You may not use or copy the SPDAT prior to successfully completing training on its use, provided by OrgCode Consulting, Inc. or a third-party trainer authorized by OrgCode. You may not share the SPDAT with other individuals not trained on its use. You may not train others on the use of the SPDAT, unless specifically authorized by OrgCode Consulting, Inc.

Restrictions on Alteration

You may not modify the SPDAT or create any derivative work of the SPDAT or its accompanying documentation, without the express written consent of OrgCode Consulting, Inc. Derivative works include but are not limited to translations.

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A. Mental Health & Wellness & Cognitive Functioning

PROMPTS	CLIENT SCORE:
• *Have you ever had a conversation with a psychiatrist, psychologist, or school counsellor? When was that?* • *Do you feel you are getting all the help you might need with whatever mental health stress you might have?* • *Have you ever hurt your brain or head?* • *Do you have trouble learning or paying attention?* • *Has anyone ever told you you might have ADD or ADHD?* • *Was there ever any special testing done to identify learning disabilities?* • *Has any doctor ever prescribed you pills for anxiety, depression, or anything like that?* • *Do you know if, when pregnant with you, your mother did anything that we now know can have negative effects on the baby?* • *Are there any professionals we could speak with that have knowledge of your mental health?*	**NOTES**

SCORING		
4	**Any** of the following: ☐ Serious and persistent mental illness (2+ hospitalizations in a mental health facility or psychiatric ward in the past 2 years) **and** not in a heightened state of recovery currently ☐ Major barriers to performing tasks and functions of daily living or communicating intent because of a brain injury, learning disability or developmental disability	
3	**Any** of the following: ☐ Heightened concerns about state of mental health, but fewer than 2 hospitalizations, and/or without knowledge of presence of a diagnosable mental health condition ☐ Diminished ability to perform tasks and functions of daily living or communicating intent because of a brain injury, learning disability or developmental disability	
2	While there may be concern for overall mental health or mild impairments to performing tasks and functions of daily living or communicating intent, **all** of the following are true: ☐ No major concerns about safety or ability to be housed without intensive supports to assist with mental health or cognitive functioning ☐ No major concerns for the health and safety of others because of mental health or cognitive functioning ability ☐ No compelling reason for screening by an expert in mental health or cognitive functioning prior to housing to fully understand capacity	**FOR YOUTH** ☐ Age 16 or under and would not otherwise score higher
1	☐ In a heightened state of recovery, has a Wellness Recovery Action Plan (WRAP) or similar plan for promoting wellness, understands symptoms and strategies for coping with them, **and** is engaged with mental health supports as necessary.	☐ Age 17-23 and would not otherwise score higher
0	☐ Age 24+ **and** no mental health or cognitive functioning issues disclosed, suspected or observed	

B. Physical Health & Wellness

PROMPTS	CLIENT SCORE:
• *How is your health?* • *Do you feel you are getting all the care you need for your health? When was the last time you saw a doctor? What was that for?* • *Do you have a clinic or doctor that you usually go to?* • *Any illness like diabetes, HIV, Hep C or anything like that going on?* • *Do you have any reason to suspect you might be pregnant? Is that impacting your health in any way? Have you talked with a doctor about your pregnancy? Are you following the doctor's advice?* • *Anything going on right now with your health that you think would prevent you from living a full, healthy, happy life?* • *Are there other professionals we could speak with that have knowledge of your health?*	**NOTES**

Note: In this section, a current pregnancy can be considered a health issue.

SCORING	
4	**Any** of the following: ☐ Co-occurring chronic health conditions ☐ Attempting a treatment protocol for a chronic health condition, but the treatment is not improving health ☐ Pallative health condition
3	Presence of a health issue with **any** of the following: ☐ Not connected with professional resources to assist with a real or perceived serious health issue, by choice ☐ Single chronic or serious health concern but does not connect with professional resources because of insufficient community resources (e.g. lack of availability or affordability) ☐ Unable to follow the treatment plan as a direct result of homeless status
2	☐ Presence of a relatively minor physical health issue, which is managed and/or cared for with appropriate professional resources or through informed self-care ☐ Presence of a physical health issue, for which appropriate treatment protocols are followed, but there is still a moderate impact on their daily living
1	Single chronic or serious health condition, but **all** of the following are true: ☐ Able to manage the health issue and live a relatively active and healthy life ☐ Connected to appropriate health supports ☐ Educated and informed on how to manage the health issue, take medication as necessary related to the condition, and consistently follow these requirements.
0	☐ No serious or chronic health condition ☐ If any minor health condition, they are managed appropriately

C. Medication

PROMPTS	CLIENT SCORE:
• *Have you recently been prescribed any medications by a health care professional?* • *Do you take any medications prescribed to you by a doctor?* • *Have you ever sold some or all of your prescription?* • *Have you ever had a doctor prescribe you medication that you didn't have filled at a pharmacy or didn't take?* • *Were any of your medications changed in the last month? If yes: How did that make you feel?* • *Do other people ever steal your medications?* • *Do you ever share your medications with other people?* • *How do you store your medications and make sure you take the right medication at the right time each day?* • *What do you do if you realize you've forgotten to take your medications?* • *Do you have any papers or documents about the medications you take?*	**NOTES**

SCORING	
4	**Any** of the following: ☐ In the past 30 days, started taking a prescription which **is** having any negative impact on day to day living, socialization or mood ☐ Shares or sells prescription, but keeps **less** than is sold or shared ☐ Regularly misuses medication (e.g. frequently forgets; often takes the wrong dosage; uses some or all of medication to get high) ☐ Has had a medication prescribed in the last 90 days that remains unfilled, for any reason
3	**Any** of the following: ☐ In the past 30 days, started taking a prescription which is **not** having any negative impact on day to day living, socialization or mood ☐ Shares or sells prescription, but keeps **more** than is sold or shared ☐ Requires intensive assistance to manage or take medication (e.g., assistance organizing in a pillbox; working with pharmacist to blister-pack; adapting the living environment to be more conducive to taking medications at the right time for the right purpose, like keeping night-time medications on the bedside table and morning medications by the coffeemaker) ☐ Medications are stored and distributed by a third-party
2	**Any** of the following: ☐ Fails to take medication at the appropriate time or appropriate dosage, 1-2 times per week ☐ Self-manages medications except for requiring reminders or assistance for refills ☐ Successfully self-managing medication for fewer than 30 consecutive days
1	☐ Successfully self-managing medications for more than 30, but less than 180, consecutive days
0	**Any** of the following: ☐ No medication prescribed to them ☐ Successfully self-managing medication for 181+ consecutive days

D. Substance Use

PROMPTS	CLIENT SCORE:
• *When was the last time you had a drink or used drugs?* • *Is there anything we should keep in mind related to drugs or alcohol?* • *[If they disclose use of drugs and/or alcohol] How frequently would you say you use [specific substance] in a week?* • *Ever get into fights, fall down and bang your head, or pass out when drinking or using other drugs?* • *Have you ever used alcohol or other drugs in a way that may be considered less than safe?* • *Do you ever end up doing things you later regret after you have gotten really hammered?* • *Do you ever drink mouthwash or cooking wine or hand sanitizer or anything like that?* • *Have you engaged with anyone professionally related to your substance use that we could speak with?*	**NOTES**

Note: Consumption thresholds: 2 drinks per day or 14 total drinks in any one week period for men; 2 drinks per day or 9 total drinks in any one week period for women. "Under legal age" refers to under the age at which it is legal to purchase and consume the substance in question.

SCORING		FOR YOUTH
4	☐ In a life-threatening health situation as a direct result of substance use, **or**, In the past 30 days, **any** of the following are true... ☐ Substance use is almost daily (21+ times) **and** often to the point of complete inebriation ☐ Binge drinking, non-beverage alcohol use, or inhalant use 4+ times ☐ Substance use resulting in passing out 2+ times	☐ First used drugs before age 12 ☐ Scores a 2-3 and is under age 15 ☐ Scores a 3 and is under legal age
3	☐ Experiencing serious health impacts as a direct result of substance use, though not (yet) in a life-threatening position as a result, **or**, In the past 30 days, **any** of the following are true... ☐ Drug use reached the point of complete inebriation 12+ times ☐ Alcohol use usually exceeded the consumption thresholds (at least 5+ times), but usually not to the point of complete inebriation ☐ Binge drinking, non-beverage alcohol use, or inhalant use occurred 1-3 times	☐ First used drugs aged 12-15 ☐ Scores a 1 and is under age 15 ☐ Scores a 2 and is under legal age
2	In the past 30 days, **any** of the following are true... ☐ Drug use reached the point of complete inebriation fewer than 12 times ☐ Alcohol use exceeded the consumption thresholds fewer than 5 times	☐ Scores a 1 and is under legal age
1	☐ In the past 365 days, no alcohol use beyond consumption thresholds, **or**, ☐ If making claims to sobriety, no substance use in the past 30 days	
0	☐ In the past 365 days, no substance use	

E. Experience of Abuse & Trauma

PROMPTS	CLIENT SCORE:
To avoid re-traumatizing the individual, ask selected approved questions as written. Do not probe for details of the trauma/abuse. This section is entirely self-reported. • *"I don't need you to go into any details, but has there been any point in your life where you experienced emotional, physical, sexual or psychological abuse?"* • *"Are you currently or have you ever received professional assistance to address that abuse?"* • *"Does the experience of abuse or trauma impact your day to day living in any way?"* • *"Does the experience of abuse or trauma impact your ability to hold down a job, maintain housing or engage in meaningful relationships with friends or family?"* • *"Have you ever found yourself feeling or acting in a certain way that you think is caused by a history of abuse or trauma?"* • *"Have you ever become homeless as a direct result of experiencing abuse or trauma?"*	**NOTES**

SCORING	
4	☐ A reported experience of abuse or trauma, believed to be a direct cause of their homelessness
3	☐ The experience of abuse or trauma is **not** believed to be a direct cause of homelessness, but abuse or trauma (experienced before, during, or after homelessness) **is** impacting daily functioning and/or ability to get out of homelessness
2	**Any** of the following: ☐ A reported experience of abuse or trauma, but is not believed to impact daily functioning and/or ability to get out of homelessness ☐ Engaged in therapeutic attempts at recovery, but does not consider self to be recovered
1	☐ A reported experience of abuse or trauma, and considers self to be recovered
0	☐ No reported experience of abuse or trauma

F. Risk of Harm to Self or Others

PROMPTS	CLIENT SCORE:
• *Do you have thoughts about hurting yourself or anyone else? Have you ever acted on these thoughts? When was the last time?* • *What was occurring when you had these feelings or took these actions?* • *Have you ever received professional help – including maybe a stay at hospital – as a result of thinking about or attempting to hurt yourself or others? How long ago was that? Does that happen often?* • *Have you recently left a situation you felt was abusive or unsafe? How long ago was that?* • *Have you been in any fights recently - whether you started it or someone else did? How long ago was that? How often do you get into fights?*	**NOTES**

SCORING	
4	**Any** of the following: ☐ In the past 90 days, left an abusive situation ☐ In the past 30 days, attempted, threatened, or actually harmed self or others ☐ In the past 30 days, involved in a physical altercation (instigator or participant)
3	**Any** of the following: ☐ In the past 180 days, left an abusive situation, but no exposure to abuse in the past 90 days ☐ Most recently attempted, threatened, or actually harmed self or others in the past 180 days, but not in the past 30 days ☐ In the past 365 days, involved in a physical altercation (instigator or participant), but not in the past 30 days
2	**Any** of the following: ☐ In the past 365 days, left an abusive situation, but no exposure to abuse in the past 180 days ☐ Most recently attempted, threatened, or actually harmed self or others in the past 365 days, but not in the past 180 days ☐ 366+ days ago, 4+ involvements in physical alterations
1	☐ 366+ days ago, 1-3 involvements in physical alterations
0	☐ Reports no instance of harming self, being harmed, or harming others

G. Involvement in High Risk and/or Exploitive Situations

PROMPTS	CLIENT SCORE:
• *[Observe, don't ask] Any abcesses or track marks from injection substance use?* • *Does anybody force or trick you to do something that you don't want to do?* • *Do you ever do stuff that could be considered dangerous like drinking until you pass out outside, or delivering drugs for someone, having sex without a condom with a casual partner, or anything like that?* • *Do you ever find yourself in situations that may be considered at a high risk for violence?* • *Do you ever sleep outside? How do you dress and prepare for that? Where do you tend to sleep?*	**NOTES**

SCORING		
		YOUTH PREGNANCY
4	**Any** of the following: ☐ In the past 180 days, engaged in 10+ higher risk and/or exploitive events ☐ In the past 90 days, left an abusive situation	☐ Under the age of 24, and has ever become pregnant
3	**Any** of the following: ☐ In the past 180 days, engaged in 4-9 higher risk and/or exploitive events ☐ In the past 180 days, left an abusive situation, but not in the past 90 days	☐ Under the age of 24, and has ever gotten someone else pregnant, and wouldn't otherwise score a 4
2	**Any** of the following: ☐ In the past 180 days, engaged in 1-3 higher risk and/or exploitive events ☐ 181+ days ago, left an abusive situation	
1	☐ In the past 365 days, any involvement in higher risk and/or exploitive events, but not in the past 180 days	
0	☐ In the past 365 days, no involvement in higher risk and/or exploitive events	

H. Interaction with Emergency Services

PROMPTS	CLIENT SCORE:
• *How often do you go to emergency rooms?* • *How many times have you had the police speak to you over the past 180 days?* • *Have you used an ambulance or needed the fire department at any time in the past 180 days?* • *How many times have you called or visited a crisis team or a crisis counselor in the last 180 days?* • *How many times have you been admitted to hospital in the last 180 days? How long did you stay?*	**NOTES**

Note: Emergency service use includes: admittance to emergency room/department; hospitalizations; trips to a hospital in an ambulance; crisis service, distress centers, suicide prevention service, sexual assault crisis service, sex worker crisis service, or similar service; interactions with police for the purpose of law enforcement; interactions with fire service in emergency situations.

SCORING	
4	☐ In the past 180 days, cumulative total of 10+ interactions with emergency services
3	☐ In the past 180 days, cumulative total of 4-9 interactions with emergency services
2	☐ In the past 180 days, cumulative total of 1-3 interactions with emergency services
1	☐ Any interaction with emergency services occurred more than 180 days ago but less than 365 days ago
0	☐ In the past 365 days, no interaction with emergency services

I. Legal

PROMPTS	CLIENT SCORE:
• *Do you have any "legal stuff" going on?* • *Have you had a lawyer assigned to you by a court?* • *Do you have any upcoming court dates? Do you think there's a chance you will do time?* • *Any involvement with family court or child custody matters?* • *Any outstanding fines?* • *Have you paid any fines in the last 12 months for anything?* • *Have you done any community service in the last 12 months?* • *Is anybody expecting you to do community service for anything right now?* • *Did you have any legal stuff in the last year that got dismissed?* • *Is your housing at risk in any way right now because of legal issues?*	**NOTES**

SCORING		
		JUVENILE DELINQUENCY
4	**Any** of the following: ☐ Current outstanding legal issue(s), likely to result in fines of $500+ ☐ Current outstanding legal issue(s), likely to result in incarceration of 3+ months (cumulatively), inclusive of any time held on remand	☐ The youth is under the age of 18 and has current outstanding legal issue(s) that are likely to result in incarceration
3	**Any** of the following: ☐ Current outstanding legal issue(s), likely to result in fines less than $500 ☐ Current outstanding legal issue(s), likely to result in incarceration of less than 90 days (cumulatively), inclusive of any time held on remand	☐ The youth is under the age of 24 and was ever incarcerated while still a minor, and would not otherwise score a 4
2	**Any** of the following: ☐ In the past 365 days, relatively minor legal issue has occurred and was resolved through community service or payment of fine(s) ☐ Currently outstanding relatively minor legal issue that is unlikely to result in incarceration (but may result in community service)	
1	☐ There are no current legal issues, **and** any legal issues that have historically occurred have been resolved without community service, payment of fine, or incarceration	
0	☐ Has not had any legal issues within the past 365 days, **and** currently no conditions of release	

J. Managing Tenancy

PROMPTS	CLIENT SCORE:
• *Are you currently homeless?* • *Have you ever signed a lease? How did that go?* • *[If the person is housed] Do you have an eviction notice?* • *[If the person is housed] Do you think that your housing is at risk?* • *How is your relationship with your neighbors?* • *How do you normally get along with landlords (or your parents/guardian(s))?* • *How have you been doing with taking care of your place?*	**NOTES**

Note: Housing matters include: conflict with landlord and/or neighbors, damages to the unit, payment of rent on time and in full. Payment of rent through a third party is <u>not</u> considered to be a short-coming or deficiency in the ability to pay rent.

SCORING		
		RUNAWAYS
4	**Any** of the following: ☐ Currently homeless ☐ In the next 30 days, will be re-housed or return to homelessness ☐ In the past 365 days, was re-housed 6+ times ☐ In the past 90 days, support worker(s) have been cumulatively involved 10+ times with housing matters	☐ In the past 90 days, ran away from foster home, group home, or parent's home
3	**Any** of the following: ☐ In the next 60 days, will be re-housed or return to homelessness, but not in next 30 days ☐ In the past 365 days, was re-housed 3-5 times ☐ In the past 90 days, support worker(s) have been cumulatively involved 4-9 times with housing matters	☐ In the past 365 days, ran away from foster home, group home, or parent's home, but not in the past 90 days
2	**Any** of the following: ☐ In the past 365 days, was re-housed 2 times ☐ In the past 180 days, was re-housed 1+ times, but not in the past 60 days ☐ For the past 90 days, was continuously housed, but not for more than 180 days ☐ In the past 90 days, support worker(s) have been cumulatively involved 1-3 times with housing matters	☐ Ran away from foster home, group home, or parent's home, but not in the past 365 days
1	**Any** of the following: ☐ In the past 365 days, was re-housed 1 time ☐ For the past 180 days, was continuously housed, with no assistance with housing matters, but not for more than 365 days	
0	☐ For the past 365+ days, was continuously housed in same unit, with no assistance with housing matters	

K. Personal Administration & Money Management

PROMPTS	CLIENT SCORE:
• *How are you with taking care of money?* • *How are you with paying bills on time and taking care of other financial stuff?* • *Do you have any street debts?* • *Do you have any drug or gambling debts?* • *Is there anybody that thinks you owe them money?* • *Do you budget every single month for every single thing you need? Including cigarettes? Booze? Drugs?* • *Do you try to pay your rent before paying for anything else?* • *Are you behind in any payments like child support or student loans or anything like that?*	**NOTES**

SCORING	
4	**Any** of the following: ☐ Cannot create or follow a budget, regardless of supports provided ☐ Does not comprehend financial obligations ☐ Does not have an income (including formal and informal sources) ☐ Not aware of the full amount spent on substances, if they use substances ☐ Substantial real or perceived debts of $1,000+, past due or requiring monthly payments
3	**Any** of the following: ☐ Requires intensive assistance to create and manage a budget (including any legally mandated guardian/trustee that provides assistance or manages access to money) ☐ Only understands their financial obligations with the assistance of a 3rd party ☐ Not budgeting for substance use, if they are a substance user ☐ Real or perceived debts of $999 or less, past due or requiring monthly payments
2	**Any** of the following: ☐ In the past 365 days, source of income has changed 2+ times ☐ Budgeting to the best of ability (including formal and informal sources), but still short of money every month for essential needs ☐ Voluntarily receives assistance creating and managing a budget or restricts access to their own money (e.g. guardian/trusteeship) ☐ Has been self-managing financial resources and taking care of associated administrative tasks for less than 90 days
1	☐ Has been self-managing financial resources and taking care of associated administrative tasks for at least 90 days, but for less than 180 days
0	☐ Has been self-managing financial resources and taking care of associated administrative tasks for at least 180 days

L. Social Relationships & Networks

PROMPTS	CLIENT SCORE:
• *Tell me about your friends, family and other people in your life. How often do you get together or chat?* • *How do you get along with teachers, doctors, police officers, case workers, and other professionals?* • *Are there any people in your life that you feel are just using you?* • *Are there any of your closer friends that you feel are always asking you for money, smokes, drugs, food or anything like that?* • *Have you ever had people crash at your place that you did not want staying there?* • *Have you ever been kicked out of where you were living because of something that friends or family did at your place?* • *Have you ever been concerned about not following your lease agreement because of your friends or family?*	**NOTES**

SCORING	
4	**Any** of the following: ☐ In the past 90 days, left an exploitive, abusive or dependent relationship, **or** left home due to family violence or conflict over religious or moral differences, including sexual orientation ☐ Friends, family or other people are placing security of housing at imminent risk, **or** impacting life, wellness, or safety ☐ No friends or family and demonstrates no ability to follow social norms ☐ Currently homeless and would classify most of friends and family as homeless
3	**Any** of the following: ☐ In the past 90-180 days, left an exploitive, abusive or dependent relationship, **or** left home due to family violence or conflict over religious or moral differences ☐ Friends, family or other people are having some negative consequences on wellness or housing stability ☐ No friends or family but demonstrating ability to follow social norms ☐ Meeting new people with an intention of forming friendships, **or** reconnecting with previous friends or family members, but experiencing difficulty advancing the relationship ☐ Currently homeless, and would classify some of friends and family as being housed, while others are homeless
2	**Any** of the following: ☐ More than 180 days ago, left an exploitive, abusive or dependent relationship, **or** left home due to family violence or conflict over religious or moral differences ☐ Developing relationships with new people but not yet fully trusting them ☐ Currently homeless, and would classify friends and family as being housed
1	☐ Has been housed for less than 180 days, **and** is engaged with friends or family, who are having no negative consequences on the individual's housing stability
0	☐ Has been housed for at least 180 days, **and** is engaged with friends or family, who are having no negative consequences on the individual's housing stability

M. Self Care & Daily Living Skills

PROMPTS	CLIENT SCORE:
• *Do you have any worries about taking care of yourself?* • *Do you have any concerns about cooking, cleaning, laundry or anything like that?* • *Do you ever need reminders to do things like shower or clean up?* • *Describe your last apartment.* • *Do you know how to shop for nutritious food on a budget?* • *Do you know how to make low cost meals that can result in leftovers to freeze or save for another day?* • *Do you tend to keep all of your clothes clean?* • *Have you ever had a problem with mice or other bugs like cockroaches as a result of a dirty apartment?* • *When you have had a place where you have made a meal, do you tend to clean up dishes and the like before they get crusty?*	**NOTES**

	SCORING
4	**Any** of the following: ☐ No insight into how to care for themselves, their apartment or their surroundings ☐ Currently homeless and relies upon others to meet basic needs (e.g. access to shelter, showers, toilet, laundry, food, and/or clothing) on an almost daily basis ☐ Engaged in hoarding or collecting behavior and is not aware that it is an issue in her/his life
3	**Any** of the following: ☐ Has insight into some areas of how to care for themselves, their apartment or their surroundings, but misses other areas because of lack of insight ☐ In the past 180 days, relied upon others to meet basic needs (e.g. access to shelter, showers, toilet, laundry, food, and/or clothing), 14+ days in any 30-day period ☐ Engaged in hoarding or collecting behavior and is aware that it is an issue in her/his life
2	**Any** of the following: ☐ Fully aware and has insight in all that is required to take care of themselves, their apartment and their surroundings, but has not yet mastered the skills or time management to fully execute this on a regular basis ☐ In the past 180 days, relied upon others to meet basic needs (e.g. access to shelter, showers, toilet, laundry, food, and/or clothing), fewer than 14 days in every 30-day period
1	☐ In the past 365 days, accessed community resources 4 or fewer times, **and** is fully taking care of all their daily needs
0	☐ For the past 365+ days, fully taking care of all their daily needs independently

N. Meaningful Daily Activity

PROMPTS	CLIENT SCORE:
• *How do you spend your day?* • *How do you spend your free time?* • *Does that make you feel happy/fulfilled?* • *How many days a week would you say you have things to do that make you feel happy/fulfilled?* • *How much time in a week would you say you are totally bored?* • *When you wake up in the morning, do you tend to have an idea of what you plan to do that day?* • *How much time in a week would you say you spend doing stuff to fill up the time rather than doing things that you love?* • *Are there any things that get in the way of you doing the sorts of activities you would like to be doing?*	**NOTES**

SCORING		
		SCHOOL-AGED YOUTH
4	☐ No planned, legal activities described as providing fulfillment or happiness	☐ Not enrolled in school **and** with no planned, legal activities described as providing fulfillment or happiness
3	☐ Discussing, exploring, signing up for and/or preparing for new activities or to re-engage with planned, legal activities that used to provide fulfillment or happiness	☐ Enrolled in school, but attending class fewer than 3 days per week
2	☐ Attempting new or re-engaging with planned, legal activities that used to provide fulfillment or happiness, but uncertain that activities selected are currently providing fulfillment or happiness, **or** the individual is not fully committed to continuing the activities.	☐ Enrolled in school, and attending class 3 days per week
1	☐ 1-3 days per week, has planned, legal activities described as providing fulfillment or happiness	☐ Enrolled in school and attending class 4 days per week
0	☐ 4+ days per week, has planned, legal activities described as providing fulfillment or happiness	☐ Enrolled in school and maintaining regular attendance

O. History of Homelessness & Housing

PROMPTS	CLIENT SCORE:
• *How long have they been homeless?* • *How many times have they been homeless in their life other than this most recent time?* • *Have they spent any time sleeping on a friend's couch or floor? And if so, during those times did they consider that to be their permanent address?* • *Have they ever spent time sleeping in a car or alleyway or garage or barn or bus shelter or anything like that?* • *Have they ever spent time sleeping in an abandoned building?* • *Were they ever in hospital or jail for a period of time when they didn't have a permanent address to go to when they got out?*	**NOTES**

SCORING	
4	☐ Over the past 10 years, cumulative total of 5+ years of homelessness
3	☐ Over the past 10 years, cumulative total of 2+ years but fewer than 5 years of homelessness
2	☐ Over the past 4 years, cumulative total of 30+ days but fewer than 2 years of homelessness
1	☐ Over the past 4 years, cumulative total of 7+ days but fewer than 30 days of homelessness
0	☐ Over the past 4 years, cumulative total of 7 or fewer days of homelessness

Client:	Worker:	Version:	Date:

COMPONENT	SCORE	COMMENTS
MENTAL HEALTH & WELLNESS AND COGNITIVE FUNCTIONING		
PHYSICAL HEALTH & WELLNESS		
MEDICATION		
SUBSTANCE USE		
EXPERIENCE OF ABUSE AND/ OR TRAUMA		
RISK OF HARM TO SELF OR OTHERS		
INVOLVEMENT IN HIGH RISK AND/OR EXPLOITIVE SITUATIONS		
INTERACTION WITH EMERGENCY SERVICES		

Client:	Worker:	Version:	Date:

COMPONENT	SCORE	COMMENTS
LEGAL INVOLVEMENT		
MANAGING TENANCY		
PERSONAL ADMINISTRATION & MONEY MANAGEMENT		
SOCIAL RELATIONSHIPS & NETWORKS		
SELF-CARE & DAILY LIVING SKILLS		
MEANINGFUL DAILY ACTIVITIES		
HISTORY OF HOUSING & HOMELESSNESS		
TOTAL		**Score: Recommendation:** 0-19: No housing intervention 20-34: Rapid Re-Housing 35-60: Permanent Supportive Housing/Housing First

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Appendix A: About the SPDAT

OrgCode Consulting, Inc. is pleased to announce the release of Version 4 of the Service Prioritization Decision Assistance Tool (SPDAT). Since its release in 2010, the SPDAT has been used with over 10,000 unique individuals in over 100 communities across North America and in select locations around the world.

Originally designed as a tool to help prioritize housing services for homeless individuals based upon their acuity, the SPDAT has been successfully adapted to other fields of practice, including: discharge planning from hospitals, work with youth, survivors of domestic violence, health research, planning supports for consumer survivors of psychiatric care systems, and in work supporting people with fetal alcohol spectrum disorders. We are encouraged that so many service providers and communities are expanding the use of this tool, and OrgCode will continue to support the innovative use of the SPDAT to meet local needs.

SPDAT Design

The SPDAT is designed to:

- Help prioritize which clients should receive what type of housing assistance intervention, and assist in determining the intensity of case management services
- Prioritize the sequence of clients receiving those services
- Help prioritize the time and resources of Frontline Workers
- Allow Team Leaders and program supervisors to better match client needs to the strengths of specific Frontline Workers on their team
- Assist Team Leaders and program supervisors to support Frontline Workers and establish service priorities across their team
- Provide assistance with case planning and encourage reflection on the prioritization of different elements within a case plan
- Track the depth of need and service responses to clients over time

The SPDAT is NOT designed to:

- Provide a diagnosis
- Assess current risk or be a predictive index for future risk
- Take the place of other valid and reliable instruments used in clinical research and care

The SPDAT is only used with those clients who meet program eligibility criteria. For example, if there is an eligibility criterion that requires prospective clients to be homeless at time of intake to be eligible for Housing First, then the pre-condition must be met before pursuing the application of the SPDAT. For that reason, we have also created the VI-SPDAT as an initial screening tool.

The SPDAT is not intended to replace clinical expertise or clinical assessment tools. The tool complements existing clinical approaches by incorporating a wide array of components that provide both a global and detailed picture of a client's acuity. Certain components of the SPDAT relate to clinical concerns, and it is expected that intake professionals and clinicians will work together to ensure the accurate assessment of these issues. In fact, many organizations and communities have found the SPDAT to be a useful method for bridging the gap between housing, social services and clinical services.

Version 4

The SPDAT has been influenced by the experience of practitioners in its use, persons with lived experience that have had the SPDAT implemented with them, as well as a number of other excellent tools such as (but not limited to) the Outcome Star, Health of the Nation Outcome Scale, Denver Acuity Scale, Camberwell Assessment of Needs, Vulnerability Index, and Transition Aged Youth Triage Tool.

In preparing SPDAT v4, we have adopted a comprehensive and collaborative approach to changing and improving the SPDAT. Communities that have used the tool for three months or more have provided us with their feedback. OrgCode staff have observed the tool in operation to better understand its implementation in the field. An independent committee composed of service practitioners and academics review enhancements to the SPDAT. Furthermore, we continue to test the validity of SPDAT results through the use of control groups. Overall, we consistently see that groups assessed with the SPDAT have better long-term housing and life stability outcomes than those assessed with other tools, or no tools at all.

OrgCode intends to continue working with communities and persons with lived experience to make future versions of the SPDAT even better. We hope all those communities and agencies that choose to use this tool will remain committed to collaborating with us to make those improvements over time.

Version 4 builds upon the success of Version 3 of the SPDAT with some refinements. Starting in August 2014, a survey was launched of existing SPDAT users to get their input on what should be amended, improved, or maintained in the tool. Analysis was completed across all of these responses. Further research was conducted. Questions were tested and refined over several months, again including the direct voice of persons with lived experience and frontline practitioners. Input was also gathered from senior government officials that create policy and programs to help ensure alignment with guidelines and funding requirements.

The major differences from Version 3 to Version 4 include:

- The structure of the tools is the same: four domains (five for families) with components aligned to specific domains. The names of the domains and the components remain unchanged.
- The scoring of the tools is the same: 60 points for singles, and 80 points for families.
- The scoring tables used to run from 0 through to 4. They are now reversed with each table starting at 4 and working their way down to 0. This increases the speed of assessment.
- The order of the tools has changed, grouped together by domain.
- Language has been simplified.
- Days are used rather than months to provide greater clarification and alignment to how most databases capture periods of time in service.
- Greater specificity has been provided in some components such as amount of debts.

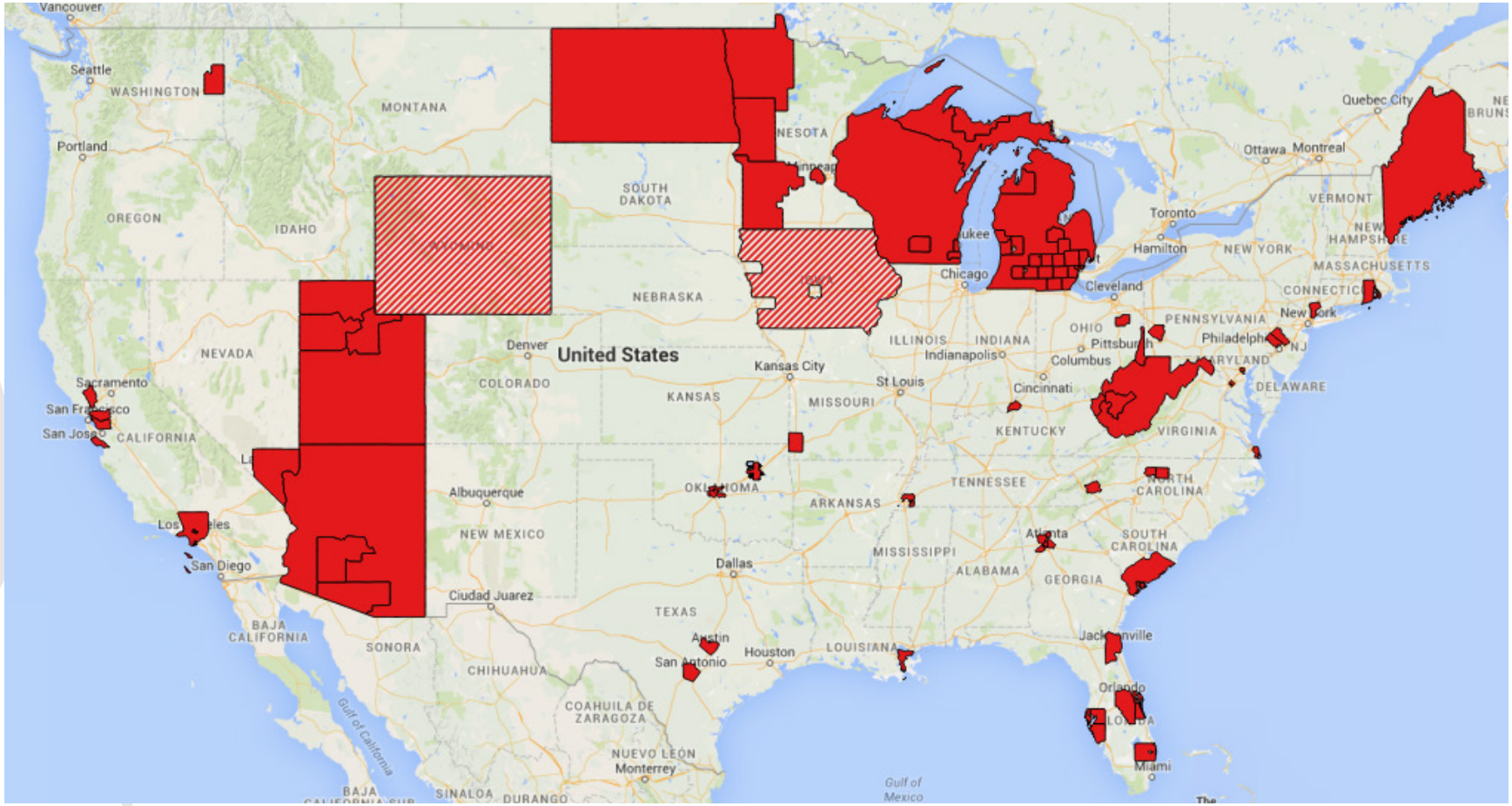
Youth SPDAT

To complement the launch of the Next Step Tool, OrgCode has also created a modified version of the Service Prioritization Decision Assistance Tool (SPDAT) for use specifically with youth.

The Youth SPDAT was developed based on feedback from many communities using the SPDAT who identified the need for a complete assessment tool that emphasized the unique issues faced by homeless youth.

Appendix B: Where the SPDAT is being used (as of May 2015)

United States of America



Arizona
- Statewide

California
- Oakland/Alameda County CoC
- Richmond/Contra Costa County CoC
- Watsonville/Santa Cruz City & County CoC
- Napa City & County CoC
- Los Angeles City & County CoC
- Pasadena CoC
- Glendale CoC

District of Columbia
- District of Columbia CoC

Florida
- Sarasota/Bradenton/Manatee, Sarasota Counties CoC
- Tampa/Hillsborough County CoC
- St. Petersburg/Clearwater/Largo/Pinellas County CoC
- Orlando/Orange, Osceola, Seminole Counties CoC
- Jacksonville-Duval, Clay Counties CoC
- Palm Bay/Melbourne/Brevard County CoC
- West Palm Beach/Palm Beach County CoC

Georgia
- Atlanta County CoC
- Fulton County CoC
- Marietta/Cobb County CoC
- DeKalb County CoC

Iowa
- Parts of Iowa Balance of State CoC

Kentucky
- Louisville/Jefferson County CoC

Louisiana
- New Orleans/Jefferson Parish CoC

Maryland
- Baltimore City CoC

Maine
- Statewide

Michigan
- Statewide

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

Missouri
- Joplin/Jasper, Newton Counties CoC

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

North Dakota
- Statewide

Nevada
- Las Vegas/Clark County CoC

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

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

Oklahoma
- Tulsa City & County/Broken Arrow CoC
- Oklahoma City CoC

Pennsylvania
- Lower Marion/Norristown/Abington/Montgomery County CoC
- Bristol/Bensalem/Bucks County CoC
- Pittsburgh/McKeesport/Penn Hills/Allegheny County CoC

Rhode Island
- Statewide

South Carolina
- Charleston/Low Country CoC

Tennessee
- Memphis/Shelby County CoC

Texas
- San Antonio/Bexar County CoC
- Austin/Travis County CoC

Utah
- Salt Lake City & County CoC
- Utah Balance of State CoC
- Provo/Mountainland CoC

Virginia
- Virginia Beach CoC
- Arlington County CoC

Washington
- Spokane City & County CoC

Wisconsin
- Statewide

West Virginia
- Statewide

Wyoming
- Wyoming is in the process of implementing statewide

Canada

Alberta
- Province-wide

Manitoba
- City of Winnipeg

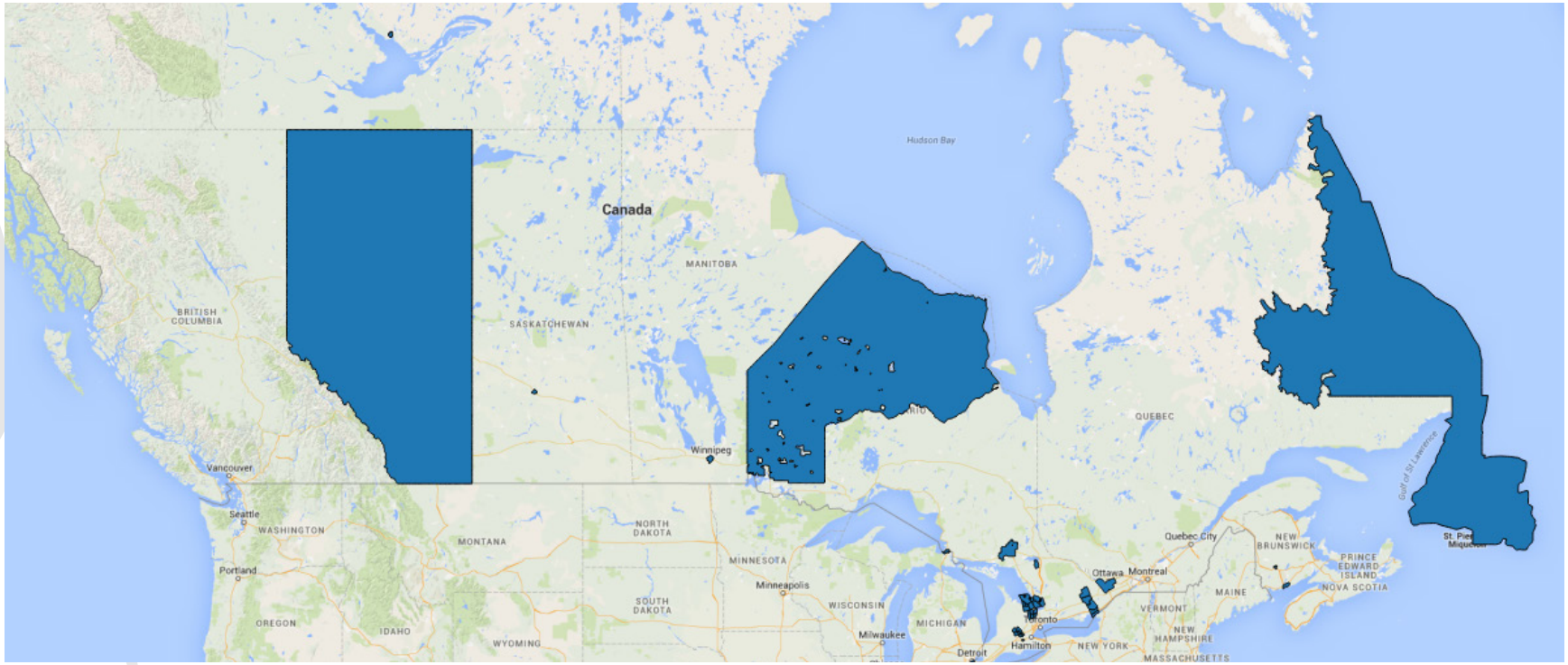
New Brunswick
- City of Fredericton
- City of Saint John

Newfoundland and Labrador
- Province-wide

Northwest Territories
- City of Yellowknife

Ontario
- City of Barrie/Simcoe County
- City of Brantford/Brant County
- City of Greater Sudbury
- City of Kingston/Frontenac County
- City of Ottawa
- City of Windsor
- District of Kenora
- District of Parry Sound
- District of Sault Ste Marie
- Regional Municipality of Waterloo
- Regional Municipality of York

Saskatchewan
- Saskatoon



Australia

Queensland
- Brisbane

St. Johns County Continuum of Care
2018 NoFA Score Card

Project applicants will be scored based on agency capacity, community partnership, project design, and past performance for renewal or like projects.

Project Name:

Organization Name:

Program Type

- Rapid Re-Housing
- Supportive Services Only
- Permanent Supportive Housing
- HMIS
- DV: Supportive Services Only
- DV: Rapid Re-Housing
- DV: Joint TH-RRH

Program Type

- New
- Renewal
- Expansion

THRESHOLD REQUIREMENTS

Please check "Yes", "No", or "N/A" for each question to determine if the project application met the threshold requirements. All threshold requirements must be answered "yes" or "N/A" in order to move forward through the competition.

	Yes	No	N/A
ALL: Is the applicant a active participant in the local CoC?			
ALL: Is the agency free of HUD. State, or local monitoring findings?			
ALL: Is the application complete and data is consistent?			
ALL: Is the project financially feasible?			
ALL: Did the applicant provide documented secured match?			
SER. PROJ.: Project will participate in local Coordinated Entry process?			
SER. PROJ.: Does project follow a housing first and low barrier implementation?			

AGENCY CAPACITY : Please indicate the following for each project: "Fully Met", "Partially Met", "Not Met", or "N/A". The point scale will be as follows: Fully Met = 10 pts.; Partially Met = 5 pts.; Not Met = 0 pts.; N/A = no point available.

	Fully Met	Partially Met	Not Met	N/A
ONLY HMIS: Project drew down at least 90% of funding in the last completed grant cycle.				
ALL: Project fits within agency's mission.				
ALL: Applicant shows agency's capacity to operate on a reimbursement basis.				
ALL: Applicant describes agency's experience in performing activities proposed in the application.				

COMMUNITY PARTNERSHIP: Please indicate the following for each project: "Fully Met", "Partially Met", "Not Met", or "N/A". The point scale will be as follows: Fully Met = 10 pts.; Partially Met = 5 pts.; Not Met = 0 pts.; N/A = no points available.

	Fully Met	Partially Met	Not Met	N/A
ALL: Applicant participation in monthly CoC meetings? 75% or higher would indicate fully met.				
ALL: Applicant agrees to participate in CoC committee meetings to address strategies in improving CoC system performance measures.				
SER. PROJ.: Applicant describes how participants will connect to mainstream resources through partnership.				

PROJECT DESIGN: Please indicate the following for each project: "Fully Met", "Partially Met", "Not Met", or "N/A". The point scale will be as follows: Fully Met = 10 pts.; Partially Met = 5 pts.; Not Met = 0 pts.; N/A = no points available
If project specific, questions will note project type. If no indication of project specific, the question applies to all.

	Fully Met	Partially Met	Not Met	N/A
RRH: Project is designed to find housing for program participants quickly. This includes identifying housing, landlord engagement, recruitment, and retention.				
RRH: Project is designed to provide short-term help so participants can pay for housing. Includes flexible approaches to determine duration and amount of financial assistance.				
RRH: Project is designed to help participants obtain and move into permanent housing, support them in stabilization and connects them to services and supports needed.				
RRH: Deliverables indicate project will serve participants with a prior resident of place not meant from human habitation. (Fully Met = 50% or more)				
RRH: Deliverables indicate project will serve chronically homeless persons. (Fully Met = 50% or more)				
RRH: Project is designed to only terminate due to standard lease violations; not due to program requirements.				
SER. PROJ.: Project is designed to assist those with highest barriers such as, multiple disabling conditions, sobriety, no income.				
SER. PROJ.: Project will not require service participation in order to receive services.				
Expansion: Project has described how they intend to expand additional activities.				

PROJECT PERFORMANCE
HMIS Lead Agency will provide data based on APR provided by agency

Length of Stay: APR Q22c; take sum of (7 days, 8-14 days, and 15 - 21 days s) and divide by total to indicate the LOS.
The point scale will be as follows:
100% = 20 pts.; 99% - 80% = 15 pts.; 79% or less = 0 pts.; N/A = no points available.

	100%	99% - 80%	79% or less	N/A
RRH: On average participants spend 15 days from project entry to residential move in .				

Exits to Permanent Housing: View 5a5 to determine total leavers; view 23a and 23b to determine percentage that exited to a positive destination.
100% - 90% = 25 pts.; 89% - 80% = 15 pts.; 79% or less = 0 pts.; N/A = no points available.

	100% - 90%	89% - 80%	79% or less	N/A
RRH: Percentage that move to permanent housing upon exit.				

Serving Vulnerable Populations:
Fully Met= 20 pts.; Partially Met = 10 pts.; Not Met = 0 pts.; N/A = no points available

	Fully Met	Partially Met	Not Met	N/A
At minimum, 95% or participants sent through CE indicate RRH or more intervention needed. (refer to CE report)				
At minimum, 50% of the participants had zero income at entry. (APR Q 16, sum with no income /divided by total adults)				
At minimum, 50% of participants were chronically homeless at entry. (APR Q 5a11 CH persons /divided by 5a1 total persons served)				
At minimum, 50% of participants came from a place not meant for human habitation. (APR Q 15 sum of place not meant for human habitation /divided by total)				

Returns to Homelessness: Please review HMIS Lead Report.
Yes = 15 pts.; No = 0 pts.; N/A = no points available

	Yes	No	N/A
Percentage of participants that return to homelessness within 12 months of exiting to permanent housing is less than 15%			

New or Increased Income: APR Q:19a1 refers to stayers (annual assessment); 19a2 refers to exit (Leavers)
Yes = 2.5 pts.; No = 0 pts.; N/A = no points available

	Yes	No	N/A
At minimum 8% of project STAYERS had new or increased EARNED income.			
A minimum of 10% of project STAYERS had new or increased NON-EMPLOYMENT income.			
A minimum of 8% of project LEAVERS had new or increased EARNED income.			
A minimum of 10% of project LEAVERS had new or increased NON-EMPLOYMENT income.			

Data Quality: Review report card provided by HMIS Lead
Yes = 25 pts.; No = 0 pts.; N/A = no points available.

	Yes	No	N/A
Data quality for like group projects is at or above 90%			

Total Points Available

Available points my change based on selection of N/A. Points below indicate all allowable points for each project.

	Agency Capacity	Community Partnership	Project Design	Project Performance	Total Available
New RRH	30	30	80	0	**140**
Renewal RRH	30	30	80	175	**315**
New SSO-CE	30	30	20	0	**80**
New Expansion	40	20	10	0	**70**
Renewal HMIS	40	20	0	0	**60**

FY 18 CoC Program NOFA

Link to: FY 2018 CoC Program NOFA

This Notice of Funding Availability (NOFA) establishes the funding criteria for the FY 2018 Continuum of Care (CoC) Program. HUD is making available approximately $2.1 billion in Fiscal Year 2018 for the CoC Program. The CoC Program is designed to promote a community-wide commitment to the goal of ending homelessness; to provide funding for efforts by nonprofit providers, States, and local governments to quickly re-house homeless individuals, families, persons fleeing domestic violence, and youth while minimizing the trauma and dislocation caused by homelessness; to promote access to and effective utilization of mainstream programs by homeless individuals and families; and to optimize self-sufficiency among those experiencing homelessness.

FY 18 HUD-CoC NOFA Competition: St. Johns County CoC Letter of Intent Solicitation

Link to: FY18 HUD-CoC NOFA Competition: St. Johns County CoC Letter of Intent Solicitation

FY18 HUD-COC NOFA Competition: St. Johns County CoC Timeline

Link to: FY18 HUD-COC NOFA Competition – St. Johns County CoC Timeline

St. Johns County Continuum of Care

FY18 CoC NOFA

Link to: FY 2018 CoC Program NOFA

Link to: FY18 HUD-CoC NOFA Competition: St. Johns County CoC Letter of Intent Solicitation

Link to: FY18 HUD-COC NOFA Competition – St. Johns County CoC Timeline

Link to: Summary of LOIs received for FY18 NOFA CoC Local Competition

Link to: Instructions for Project Applications - FL-512 Local Competition

Link to: FY18 NOFA Score Card Face Sheet

Link to: FY18 NOFA Score Card

From:	Sarah Legrand
To:	Sarah Legrand
Bcc:	"acowling@sjcfl.us"; "angela.perez@myflfamilies.com"; "ann.ltrstjohns@gmail.com"; Ashley Ellison; "bconey@sjcfl.us"; "blazar@sjhp.org"; Brittany Coronado; "cfalconer@lsfnet.org"; "choniker@comcast.net"; "dgilman@eshcnet.org"; "homelesscoalition@comcast.net"; "denis.sousa@stfrancisshelter.org"; "diane.marshall@uss.salvationarmy.org"; "ellenwalden@live.com"; "emgmgnt@sjcfl.us"; "haroldgeorgeis@gmail.com"; "jerry-cameron@comcast.net"; "jim.bush@fpl.com"; John Eaton; "director@bettygriffinhouse.org"; "judith.dembowski@stfrancisshelter.org"; "president@stjohnscares.org"; "lbrooks@epicbh.org"; "laurenc@bettygriffincenter.org"; "lequita.brooks@va.gov"; "president@stjohnscares.org"; Lindsey Rodea; "lisa@aomh.org"; "lynnr@bettygriffincenter.org"; "mgarcia@sjcfl.us"; "masheppard@ccbstaug.org"; "mkryzwick@ccbstaug.org"; "megan.wall@jaxlegalaid.org"; "melanie.owens@uss.salvationarmy.org"; "melissas@bettygriffincenter.org"; "melissa.walker@myflfamilies.com"; "melissa.nelson@unitedway-sjc.org"; "mjdocmike@cs.com"; "michael.israel@stjohns.k12.fl.us"; "mcrapse@ccbstaug.org"; "nancyshaver77@gmail.com"; "poconnell@stjohnscoa.com"; "pgreenough@epicbh.org"; "rob.vincent@uss.salvationarmy.org"; "ssprenger@epicbh.org"; Sarah Legrand; "snovak@sjcfl.us"; "sheri.goodwin@lsfnet.org"; "tlshirley@sjcfl.us"; "tprovini@ccbstaug.org"; "stcypriansted@aol.com"; "tim.williford@uss.salvationarmy.org"; "tatteberry@epicbh.org"; "terwin@sjso.org"; "tdillon@sjcfl.us"; "troy@walkingmc.com"; "coastalpointerealty@live.com"; "dcgilbert@bellsouth.net"; "director@ncfalliance.org"; "jjohnson@abilityhousing.org"; "marylawrence@bellsouth.net"; "legalshielddirector@gmail.com"; "sterrance53@hotmail.com"; "kyle.dresback@stjohns.k12.fl.us"; "director@habitatstjohns.org"
Subject:	FY18 HUD-CoC Notice of Funding Availability - St. Johns County Letter of Intent
Date:	Friday, July 20, 2018 11:23:57 AM
Attachments:	FL512 LOI - FY18 NOFA COC.pdf FY2018 CoC Program NoFA Timeline.pdf

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Good morning,

As many of you are aware, the Notice of Funding Availability (NOFA) for the FY18 HUD – CoC Competition was released on June 20, 2018. The NOFA can be found at: https://www.hudexchange.info/resource/5719/fy-2018-coc-program-nofa/

The St. Johns County Continuum of Care (FL-512) is releasing a solicitation for Letters of Intent (LOI) from organizations/agencies that are interested in applying for funds through the CoC Competition. The solicitation for LOIs is attached to this email, and will also be posted on the St. Johns County CoC website (https://www.stjohnscountycoc.org/) later today. Also attached is the St. Johns County CoC's timeline for the NOFA, which will also be posted to the CoC website.

Letters of Intent are due Friday, July 27, 2018 by 4:00pm, sent via email to sarah.legrand@flaglerhospital.org. Hard copies of LOIs are not needed.

All organizations/agencies interested in submitting an LOI must attend a MANDATORY NOFA Workshop on Monday, July 23, 2018 at 2:00pm. The Workshop will take place at Flagler Hospital, 400 Health Park Boulevard, Anderson-Gibbs Building #301, in the Lockwood conference room on the 1st floor. Please use Parking Lot D for parking.

Please feel free to share this email and information with anyone you think may be interested in applying.

I am happy to answer any questions regarding the NOFA process.

Thank you for all you do!
Sarah

Sarah LeGrand | Manager of Community Health Improvement | Flagler Hospital – St. Augustine
(904) 819-4328 office | sarah.legrand@flaglerhospital.org

St. Johns County Continuum of Care (FL-512)
HUD CoC Program Reallocation Policy

Policy Objectives:

In developing our local policy governing project ranking, re-allocation, and tiering, St. Johns County CoC's annual reallocation objectives are to:

- Comply with all HUD requirements;
- Preserve funding for high performing projects;
- Shift investments from lower performing projects to new projects that help advance our community's goal of reducing homelessness

General Project Review and Ranking Policy:

HUD requires Collaborative Applicants to rank all projects in two tiers. Tier 1 is defined by HUD in the NoFA as a percent of the CoC's Annual Renewal Demand (ARD) approved by HUD on the final HUD-approved Grant Inventory Worksheet (GIW). Tier 1 projects are traditionally protected from HUD cuts. Tier 2 is the difference between Tier 1 and the CoC's ARD plus any amount available for bonus projects as described in the HUD NoFA. Tier 2 projects have to compete nationally for funding.

Renewal projects are scored and ranked according to the Renewal Project Scoring Criteria with the exception of first time renewals or projects funded as part of the NoFA competition that have not been in operation for at least one year. Projects funded as part of the NoFA competition that have not been in operation for at least one year will be ranked ahead of first time renewals. First time renewal projects will be ranked after the renewal projects, projects funded as part of a previous NoFA that have not been in operations for one year, and ahead of the new project applications. New projects will be scored based on the New Project Scoring Criteria and ranked after renewal projects.

The St Johns County CoC will invite submissions for new and renewal projects and will conduct a review and ranking following the procedures established in the Scoring and Review Grant Process Policy and Procedures.

The general approach to rating and ranking will be to organize projects into five groups, following the priority order established by HUD:

1. Renewal PH:
2. Renewal RRH;
3. Renewal transitional housing;
4. Renewal HMIS; and
5. New PH and/or RRH

Within each type, projects will be scored using a scoring system specific to that program type and placed in their ranked order.

Tiering Policy:

Once the rank order of projects has been determined, the projects at the bottom of the list (up to an amount equal to 7% of ARD) will fall into Tier 2. Given policy articulated above, the Tier 2 projects will, in general, be the lowest performing projects. The CoC reserves the option of re-ordering the project list to place projects into Tier 2 to best position St Johns County to receive the maximum overall amount of funding.

HMIS is one of HUD's top mandated priorities, it lies in Tier 1 in order to ensure funding for this required activity.

Re-Allocation Policy:

The HUD CoC Project Reallocation Process establishes the CoC's policy governing grant re-allocation for the 2017 HUD CoC funded projects. If applicable, funds re-allocated as part of recapturing unspent funds, voluntary or involuntary will be made available for reallocation to create new projects during the local solicitation process.

Unspent Funds: Projects that are not fully expending or under-spending their grant awards are subject to the re-allocation process. Projects that have underspent their award by 10% may be reduced and those funds will go to reallocation for New Project(s). A one year grace period may be extended by HIP to providers who appeal proposed reallocation with a plan that demonstrates that the grant's expenditure will be improved in the current program year. Projects that have under-expended more than 10% of their award in two consecutive program years will have their funding reduced or eliminated through reallocation in the next CoC NoFA competition.

Voluntary Re-Allocation:
As part of the local solicitation for inclusion in the HUD CoC CA, programs are asked whether they wish to voluntarily re-allocate some or all of their funding. Such re-allocated funds are pooled for re-allocation to New Projects.

Involuntary Re-Allocation:
Projects with poor performance and/or are not serving the intended population or with significant, unresolved findings are subject to re-allocation.

Bonus Project (determined annually by HUD)
In the FY2018 CoC Competition, there are 2 bonuses available.

1. Domestic Violence bonus – the following project types can be applied for under the DV bonus:
    a. Permanent Housing-Rapid Re-Housing
    b. Joint TH and PH-RRH component
    c. Supportive services only

Applications can be submitted for each project type, as long as the requested funding does not exceed the allowable amount. Project types applied for under the DV bonus are separate from new and renewal projects, and applying for a project type under the DV bonus does not remove the ability to apply for that project type under non-DV projects.

2. General bonus – the following project types can be applied for under the general bonus:
    a. Permanent Housing-Permanent Supportive Housing (PH-PSH) – must follow DedicatedPlus
    b. Permanent Housing-Rapid Re-Housing
    c. Joint TH and RRH component
    d. Dedicated HMIS
    e. Supportive Services only (SSO-CE)

Project applications under the general bonus cannot "double up" on renewal projects being submitted. For example, if a PH-RRH renewal project is applying to renew, the bonus project may not be for the PH-RRH project type.

From: Sarah Legrand
To: Melissa Strohminger
Subject: NoFA Funding Recommendation: DV Bonus - SSO-CE
Date: Friday, August 31, 2018 3:20:30 PM
Attachments: NOFA letter - BG SSO-CE.pdf

Melissa,

Please find attached the recommendation of the Scoring and Review Committee in regards to your project application for the FY18 NoFA CoC Competition.

Thanks,
Sarah

Sarah LeGrand | Manager of Community Health Improvement | Flagler Hospital – St. Augustine
(904) 819-4328 office | sarah.legrand@flaglerhospital.org

NoFA CoC Competition – Project Application

August 30, 2018

Melissa Strohminger, Compliance Coordinator
Safety Shelter of St. Johns County, Inc. dba Betty Griffin Center
2450 Old Moultrie Road, Suite 202
St. Augustine, FL 32086

Dear Ms. Strohminger,

Thank you for submitting your grant application – DV Bonus Coordinated Entry. Upon review of your proposal, our Scoring and Review Committee has determined that this program meets the NoFA COC Program Competition guidelines and local continuum plan priorities, therefore, your application will be recommended for funding in the amount of $5,000.

Once again, we appreciate your interest in the FY18 CoC Program Competition, and wish you success in your work.

Sincerely,

Pat O'Connell
Chair, St. Johns County Continuum of Care Scoring and Review Committee

From: Sarah Legrand
To: Melissa Strohminger
Subject: NoFA Funding Recommendation: DV Bonus - TH/RRH
Date: Friday, August 31, 2018 3:21:21 PM
Attachments: NOFA letter - BG TH-RRH.pdf

Melissa,

Please find attached the recommendation of the Scoring and Review Committee in regards to your project application for the FY18 NoFA CoC Competition.

Thanks,
Sarah

Sarah LeGrand | Manager of Community Health Improvement | Flagler Hospital – St. Augustine
(904) 819-4328 office | sarah.legrand@flaglerhospital.org

NoFA CoC Competition – Project Application

August 30, 2018

Melissa Strohminger, Compliance Coordinator
Safety Shelter of St. Johns County, Inc. dba Betty Griffin Center
2450 Old Moultrie Road, Suite 202
St. Augustine, FL 32086

Dear Ms. Strohminger,

Thank you for submitting your grant application – DV Bonus (Joint Transitional/Rapid Re-Housing). Upon review of your proposal, our Scoring and Review Committee has determined that this program meets the NoFA COC Program Competition guidelines and local continuum plan priorities, therefore, your application will be recommended for funding in the amount of $45,000.

Once again, we appreciate your interest in the FY18 CoC Program Competition, and wish you success in your work.

Sincerely,

Pat O'Connell
Chair, St. Johns County Continuum of Care Scoring and Review Committee

From:	Sarah Legrand
To:	John Eaton
Subject:	NoFA Funding Recommendation: HMIS Exansion
Date:	Friday, August 31, 2018 3:22:46 PM
Attachments:	NOFA letter - FH HMIS Exp funding.pdf

John,

Please find attached the recommendation of the Scoring and Review Committee in regards to your project application for the FY18 NoFA CoC Competition.

Thanks,
Sarah

Sarah LeGrand | Manager of Community Health Improvement | Flagler Hospital – St. Augustine
(904) 819-4328 office | sarah.legrand@flaglerhospital.org

NoFA CoC Competition – Project Application

August 30, 2018

John Eaton, Director of Community Health Improvement
Flagler Hospital
400 Health Park Boulevard
St. Augustine, FL 32086

Dear Mr. Eaton,

Thank you for submitting your grant application – FH HMIS Expansion Renewal 2018 – New Project. Upon review of your proposal, our Scoring and Review Committee has determined that this program meets the NoFA COC Program Competition guidelines and local continuum plan priorities, therefore, your application will be recommended for funding in the amount of $14,186.

Once again, we appreciate your interest in the FY18 CoC Program Competition, and wish you success in your work.

Sincerely,

Pat O'Connell
Chair, St. Johns County Continuum of Care Scoring and Review Committee

From:	Sarah Legrand
To:	John Eaton
Subject:	NoFA Funding Recommendation: HMIS Renewal
Date:	Friday, August 31, 2018 3:22:21 PM
Attachments:	NOFA letter - FH HMIS Renew funding.pdf

John,

Please find attached the recommendation of the Scoring and Review Committee in regards to your project application for the FY18 NoFA CoC Competition.

Thanks,
Sarah

Sarah LeGrand | Manager of Community Health Improvement | Flagler Hospital – St. Augustine
(904) 819-4328 office | sarah.legrand@flaglerhospital.org

NoFA CoC Competition – Project Application

August 30, 2018

John Eaton, Director of Community Health Improvement
Flagler Hospital
400 Health Park Boulevard
St. Augustine, FL 32086

Dear Mr. Eaton,

Thank you for submitting your grant application – FH HMIS Renewal 2018. Upon review of your proposal, our Scoring and Review Committee has determined that this program meets the NoFA COC Program Competition guidelines and local continuum plan priorities, therefore, your application will be recommended for funding in the amount of $62,790.

Once again, we appreciate your interest in the FY18 CoC Program Competition, and wish you success in your work.

Sincerely,

Pat O'Connell
Chair, St. Johns County Continuum of Care Scoring and Review Committee

From: Sarah Legrand
To: John Eaton
Subject: NoFA Funding Recommendation: Housing Navigator Renewal
Date: Friday, August 31, 2018 3:21:58 PM
Attachments: NOFA letter - FH NAV funding.pdf

John,

Please find attached the recommendation of the Scoring and Review Committee in regards to your project application for the FY18 NoFA CoC Competition.

Thanks,
Sarah

Sarah LeGrand | Manager of Community Health Improvement | Flagler Hospital – St. Augustine
(904) 819-4328 office | sarah.legrand@flaglerhospital.org

NoFA CoC Competition – Project Application

August 30, 2018

John Eaton, Director of Community Health Improvement
Flagler Hospital
400 Health Park Boulevard
St. Augustine, FL 32086

Dear Mr. Eaton,

Thank you for submitting your grant application – FH Housing Navigator Renewal 2018. Upon review of your proposal, our Scoring and Review Committee has determined that this program meets the NoFA COC Program Competition guidelines and local continuum plan priorities, therefore, your application will be recommended for funding in the amount of $40,856.

Once again, we appreciate your interest in the FY18 CoC Program Competition, and wish you success in your work.

Sincerely,

Pat O'Connell
Chair, St. Johns County Continuum of Care Scoring and Review Committee

From: Sarah Legrand
To: Angela Cowling (acowling@sjcfl.us)
Subject: NoFA Funding Recommendation: RRH Renewal
Date: Friday, August 31, 2018 3:23:25 PM
Attachments: NOFA letter - SJC RRH.pdf

Angie,

Please find attached the recommendation of the Scoring and Review Committee in regards to your project application for the FY18 NoFA CoC Competition.

Thanks,
Sarah

Sarah LeGrand | Manager of Community Health Improvement | Flagler Hospital – St. Augustine
(904) 819-4328 office | sarah.legrand@flaglerhospital.org

NoFA CoC Competition – Project Application

August 30, 2018

Angela Cowling, Contract Coordinator
St. Johns County Health and Human Services
200 San Sebastian View, Suite 2300
St. Augustine, FL 32084

Dear Ms. Cowling,

Thank you for submitting your grant application – Renewal Rapid Re-Housing Project FY18. Upon review of your proposal, our Scoring and Review Committee has determined that this program meets the NoFA COC Program Competition guidelines and local continuum plan priorities, therefore, your application will be recommended for funding in the amount of $17,956.

Once again, we appreciate your interest in the FY18 CoC Program Competition, and wish you success in your work.

Sincerely,

Pat O'Connell
Chair, St. Johns County Continuum of Care Scoring and Review Committee

We did not reduce or reject any project applications in this application cycle

FY 18 CoC Program NOFA

Link to: FY 2018 CoC Program NOFA

This Notice of Funding Availability (NOFA) establishes the funding criteria for the FY 2018 Continuum of Care (CoC) Program. HUD is making available approximately $2.1 billion in Fiscal Year 2018 for the CoC Program. The CoC Program is designed to promote a community-wide commitment to the goal of ending homelessness; to provide funding for efforts by nonprofit providers, States, and local governments to quickly re-house homeless individuals, families, persons fleeing domestic violence, and youth while minimizing the trauma and dislocation caused by homelessness; to promote access to and effective utilization of mainstream programs by homeless individuals and families; and to optimize self-sufficiency among those experiencing homelessness.

FY 18 HUD-CoC NOFA Competition: St. Johns County CoC Letter of Intent Solicitation

Link to: FY18 HUD-CoC NOFA Competition: St. Johns County CoC Letter of Intent Solicitation

FY18 HUD-COC NOFA Competition: St. Johns County CoC Timeline

Link to: FY18 HUD-COC NOFA Competition – St. Johns County CoC Timeline

St. Johns County Continuum of Care

St. Johns County CoC (FL-512) Governance Charter

The name of this Continuum of Care (CoC) shall be the **St. Johns County Continuum of Care (FL-512)** and the name of the CoC board shall be the **St. Johns County Continuum of Care Board**, herein referred to, respectively, as "the CoC" and "the CoC Board."

I. Purpose of the CoC and CoC Board

The CoC is a membership planning and oversight body for homeless services in St. Johns County, in the state of Florida. The purpose of the CoC is to develop and implement strategies to help end homelessness in St. Johns County. The CoC coordinates the community's policies, strategies, and activities toward ending homelessness, with duties including gathering and analyzing information in order to determine the local needs of people experiencing homelessness, identifying and bridging gaps in housing and services, educating the community on issues surrounding homelessness, providing advice and input on the operations of homeless services, and measuring CoC performance.

The CoC Board, as constituted in Article III of this charter, provides ongoing leadership, administrative oversight, and implementation responsibility for fulfilling the purposes of the St. Johns County CoC, including the responsibilities set forth in Article II of this charter.

II. Responsibilities of the CoC

The responsibilities of the CoC include:

A. Operating a CoC

- Develop, follow, and update annually this governance charter, which will include all procedures and policies needed to comply with HUD requirements and with HMIS requirements, including a code of conduct and recusal process for the CoC Board, its chair(s), and any person acting on behalf of the CoC Board
- In consultation with recipients and sub-recipients of Emergency Solutions Grant (ESG) funds within the CoC's geographic area, establish and operate coordinated entry system that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services
- In consultation with recipients and sub-recipients of ESG funds within the CoC, establish and consistently follow written standards for providing CoC assistance
- Consult with recipients and sub-recipients to establish performance targets appropriate for population and program type
- Monitor performance of Federal and State homeless assistance grants
- Evaluate the outcomes of projects funded under ESG and CoC programs

- Provide technical assistance and support to underperforming projects. At times, there is the possibility that it may be necessary to request technical assistance from outside agencies if assistance cannot be given through the CoC
- Take action against ESG and CoC projects that perform poorly
- Report the outcomes of ESG and CoC projects to HUD annually or as needed

B. CoC Planning

- Coordinate the implementation of a housing and service system within the CoC's geographic area that meets the needs of individuals and families experiencing homelessness. At a minimum, such a system encompasses the following:
    - Outreach, engagement, and assessment
    - Shelter, housing, rapid re-housing, and supportive services (supportive services include, but are not limited to mental health, substance abuse, medical services, and domestic violence and sexual assault)
    - Prevention strategies (preventing an episode of homelessness)
- Develop strategies to end homelessness locally, based on the consideration of documented best practices, local needs and gaps, innovations in programs and service delivery, and available and potential resources
- Plan for and conduct an annual Point In Time (PIT) count of persons experiencing homelessness within the CoC's geographic area that meets HUD requirements, including a housing inventory of shelters, transitional housing, and permanent housing reserved for persons who are homeless, in general, and persons who are chronically homeless and veterans experiencing homelessness, specifically, as HUD requires
- Conduct an annual gap analysis of the needs of people experiencing homelessness, as compared to available housing and services within the CoC's geographic area
- Provide information required to participate in the State or jurisdictional Consolidated Plan(s), including the St. Johns County CoC geographic area
- Engage and inform the City of St. Augustine and County of St. Johns and communities in the CoC
- Consult with State and local government ESG recipients within the CoC's geographic area on the plan for allocating ESG funds, as well as reporting on and evaluating the performance of ESG recipients and sub-recipients

C. Designating and Operating a Homeless Management Information System (HMIS)

- The CoC designates an eligible applicant to serve as the CoC's HMIS lead agency
- The CoC designates **Flagler Hospital, Inc**. as the St. Johns County HMIS Lead Agency
- The CoC Board will execute a Memorandum of Understanding (MOU) with the HMIS Lead specifying the duties and responsibilities of the HMIS Lead Agency, which will be updated annually
- The CoC Board will review and approve a CoC HMIS data privacy plan, data security plan, and data quality plan
- Ensure that the HMIS is administered in compliance with HUD requirements
- Ensure consistent participation by CoC and ESG recipients and sub-recipients in the HMIS

D. Preparing an Application for State and Federal Grant Funds

- Establish a collaborative and inclusive process for identifying projects and proposals to submit in response to homeless-related funding opportunities. The process will include aligning with community priorities, establishing scoring and selection criteria, administering a competitive application and selection process that is transparent and devoid of conflict of interest, and submitting funding requests to applicable funding opportunities
- The CoC designates **Flagler Hospital, Inc.** as the St. Johns County HUD CoC Collaborative Applicant. The CoC Board will execute a Memorandum of Understanding with the CoC Collaborative Applicant, defining the role and responsibilities of the Collaborative Applicant, which will be updated annually
- Establish priorities that address gaps within the continuum and align with funding priorities
- Determine whether to select the collaborative applicant to apply for Unified Funding Agency designation from HUD
- Approve the final submission of applications in response to the CoC Notice of Funding Availability

E. Designating an organization to serve as the CoC Lead Agency in accordance with Florida Statute 420.623

- Designate an organization that is eligible and has the capacity to serve in the CoC Lead Agency role with the CoC
- The CoC designates **Flagler Hospital, Inc.** as the St. Johns County CoC Lead Agency. The CoC Board will execute a Memorandum of Understanding with the CoC Lead Agency, which will be updated annually

III. Membership of the CoC Board

The CoC Board may be broadly based with representation from all sectors of the St. Johns County geographic area, including but not limited to: individuals experiencing or with a history of experiencing homelessness, homeless housing and service providers, business community, funders, and representatives of government. The CoC Board must be representative of the community and must be representative of the geographic area served by the CoC. The CoC Board shall have a minimum of twelve (12) and maximum of nineteen (19) members.

The CoC Board shall consist of members representing the following sectors and interests:

- Provider Agencies
- Business, Government (ex. City of St. Augustine, County of St. Johns Board Of County Commissioners, St Augustine Beach, and Hastings)
- Schools and Universities
- Civic Organizations
- Law Enforcement
- Health Care
- Faith-based Organizations
- Housing Developers and Providers
- Veteran Groups
- Community members
- At least one CoC Board member shall be experiencing or have experienced homelessness.

Recognizing not all sectors can be represented at one time on the Board, representation shall rotate across sectors and committee memberships will remain open to all sectors. No organization may have more than two staff or Board representatives seated on the CoC Board at any time, regardless of which seats they occupy.

The CoC Board nominating process will ensure that the Board is representative of CoC stakeholder groups, all communities in the CoC geographic area when possible, and homeless services areas.

The general membership of the CoC will elect the CoC Board members at the annual meeting of the CoC general membership. The term of board membership shall be a calendar year; except for the first year of membership on the board, in which case membership commences upon election by the CoC membership and concludes according to the staggered term to be established by the CoC Board.

If a Board seat is vacated during the year, the Board Chair may nominate a CoC member to be elected by the Board to serve the unexpired term.

IV. Leadership of the CoC Board (Executive Committee)

The Executive Committee shall consist of:

- Chair – The Chair is responsible for conducting the meetings and ensuring all meetings and agendas are properly noticed
- Vice Chair – The Vice Chair is responsible for chairing a nominating committee which will prepare a slate of potential board members for presentation and vote at the annual meeting of the CoC general membership. The Vice Chair should fulfill the Chair's responsibilities during the Chair's absence
- Secretary - The Secretary is responsible for maintaining a membership list and attendance records in addition to recording a written record of CoC Board meetings.

These positions shall be elected by the CoC Board at the annual meeting. A member of the CoC Executive Committee may serve no more than two consecutive two-year terms in a given office. No organization may have more than one staff or Board representative on the CoC Board Executive Committee at any time, regardless of which seats they occupy.

V. Terms of CoC Board Office

Except for certain members of the Board elected to the inaugural Board, members of the CoC Board will serve two-year terms. An elected member may serve no more than three sequential terms of office. Terms will be staggered to ensure continuity of CoC governance. In the first year, the CoC Board will establish a policy to ensure staggering of terms, recognizing that some board members may have an initial term of three years. Except for the inaugural Board, terms will begin in January of each year.

Persons elected to serve by the Board to fill a vacated seat will serve until the term expires. This person will be eligible for election at the next annual meeting of the CoC general membership and will be eligible to serve up to three subsequent sequential terms.

VI. CoC Board Member Qualifications and Responsibilities

All members of the CoC Board shall affirm a professional interest in, or personal commitment to, addressing and alleviating the impacts of homelessness on the people of St. Johns County.
Each Board Member must also:

- Be a CoC member in good standing referenced in Section VIII –A, paragraph 2
- Sign a conflict of interest disclosure statement to be filed with the Secretary
- Collaborate with other members to work toward the CoC mission

- Actively serve on at least one committee per year
- If representing a certain sector of homeless services or prevention, they should solicit input from others in that sector that are not on the CoC Board to ensure their voices are represented
- Attend and participate actively in at least 75% of the board meetings in a 12-month period

VII. CoC Board Process

A. Selection

As described in Article III, CoC Board members are elected at an annual meeting of the CoC general Membership. To be elected to the CoC Board, a CoC member must obtain a majority vote of the CoC members in attendance.

The CoC Board Vice Chair shall chair the nominating committee which prepares a slate of potential board members for presentation to the CoC general membership. This slate shall be made available at least one week prior to the annual meeting of the CoC general membership. Additionally, at the annual meeting, nominations for CoC Board members will be taken from the floor.

B. Removal

A Board Member may be removed for cause from the Board upon a two-thirds vote of the remaining CoC Board members. If a CoC Board member wishes to resign, the Board member shall submit a letter of resignation to the CoC Board Chair.

C. Conflict of Interest and Board Recusal Process

All members of the CoC Board will avoid conflicts between the interest of the CoC Board and personal, professional and financial interests. This includes avoiding potential and actual conflicts of interest, as well as perceptions of conflicts of interest. Any individual participating in or influencing decisions must identify actual or perceived conflicts of interest as they arise and comply with the letter and spirit of this policy. A financial conflict of interest is broadly defined to include a conflict by any CoC Board Member with any other CoC Board Member or Officers, professional employment and groups, funding sources, and vendors, and with members of their immediate family or significant others. Disclosure should occur at the earliest possible time but prior to the discussion of any such issues.

Individuals with a conflict of interest shall abstain from both discussion and voting on any issues in which they may have a conflict. An individual with a conflict who is the Board chair shall yield that position during discussion and abstain from voting on the item. Decisions by the Board must be justifiable as being in the best interests of the CoC. Minutes of meetings involving possible conflicts of interest shall record such disclosure, abstention, and rationale for approval.
Additional commitments to support this policy by CoC members include: refraining from influencing the selection of staff, consultants, or vendors who are relatives or personal friends or affiliated with, employ, or employed by a person with whom they have a relationship that adversely affects the appearance of impartiality.

D. Decision Making, Quorum, and Proceedings at CoC Board Meetings:

The CoC Board is expected to meet quarterly or more frequently, as needed.

Notice: It is the intent of the CoC Board to be open and transparent in all of its efforts. All CoC Board

meetings shall be open to any interested party. Meetings will be noticed a minimum of one week in advance of the meeting through the CoC membership list and may be published in local newspaper and media, including social media. Such notice will include the date, time, and location of the meeting. Meeting agendas shall be posted online at least one week prior to the meeting at a specified location and emailed to members on the CoC membership list. These notice and posting timeline requirements shall be waived if the business of the CoC Board or its committees requires a meeting which does not permit such timely notices. In such instances, notice shall be provided as quickly as possible.

Quorum: A quorum for CoC Board meetings is defined as two-thirds of the CoC Board Membership. The Board Chair will conduct all CoC Board meetings. Meetings will be conducted according to Robert's Rules of Order, revised edition. Meeting procedures for CoC Board meetings must provide an opportunity for all Board members present to be heard and for the efficient conduct of business.

Actions: Actions of the CoC Board will be by majority vote, i.e., 50% +1 of the CoC Board Members present.

Minutes of CoC Board meetings shall be taken by the Secretary or his/her designee and shall be made available to interested parties.

E. Committees and Workgroups

The CoC Board will appoint committees, subcommittees, or workgroups to fulfill the work of the CoC. Much of the CoC's work is conducted at committee and workgroup meetings.
Standing committees will include but not be limited to:

- Advocacy
- System Performance and Evaluation Data and HMIS
- Finance
- Strategic Planning
- Membership – to include recruitment and outreach
- Coordinated Entry

The CoC Board may also create time-limited ad-hoc committees to develop recommended solutions to the specific issue for which they were created.

Each committee will be chaired by a Board member. Committee membership shall be open to the CoC general membership as well as members of the general public. Committees and workgroups will submit their findings and recommendations to the CoC Board for further action, if needed.

VIII. CoC Membership

A. Relationship between St. Johns County CoC Board and Full CoC Membership

The CoC Board serves at the direction of the CoC membership. CoC Board meetings will be open to the full CoC membership, and the minutes of the CoC Board meetings will be public and easily accessible to CoC members. The CoC Board will keep the full membership involved by engaging CoC members in workgroups and committees, and sharing information via email lists and any other means appropriate.

Each CoC member in good standing who is present at the CoC annual meeting is entitled to one vote. To be a member in good standing, the individual or organization must be committed to assisting

persons experiencing homelessness, to reducing and ending homelessness, attend at least 75% of the CoC general membership meetings in the prior 12 months, and actively serve on at least one committee of the CoC. New members are ineligible to vote until actively participating for 6 consecutive months.

B. Recruitment and Outreach

Membership for joining the general membership of the CoC is open. Any interested person or organization may become a member at any time. The CoC will publish and appropriately disseminate an open invitation at least annually for persons within the CoC area to join as new CoC members. Recruitment efforts will be documented by the CoC.

The CoC will identify and address membership gaps in essential sectors from key providers or other vital stakeholders. The CoC will recruit members to ensure that it meets all membership requirements set forth in this governance charter, including representation of certain populations and certain organizations. Specifically, outreach will be conducted to obtain membership from the following groups as they exist within the St. Johns County CoC geographic area and are available to participate in the CoC:

- Nonprofit homeless assistance providers,
- Victim service providers,
- Faith-based organizations,
- Governments,
- Businesses,
- Advocates,
- School districts,
- Social service providers,
- Mental health agencies,
- Hospitals,
- Universities,
- Affordable housing developers,
- Law enforcement,
- Organizations that serve veterans,
- Individuals who are, or have been, homeless, and
- Other relevant organizations within the CoC's geography (which may include mental health service providers and funders, substance abuse service providers and funders, foster care, local job councils, etc.)

C. Decision Making, Quorum, and Proceedings at CoC General Membership Meetings

Meetings of the CoC general membership meetings shall be held at least quarterly, with one meeting specified as the annual meeting at which Board elections are held.

Notice: It is the intent of the CoC general membership meetings to be open and transparent in all efforts. Therefore, all CoC general membership meetings shall be open to any interested party. Meetings will be noticed a minimum of one week in advance of the meeting through the CoC membership list and may be published in local newspaper and media, including social media. Such notice will include the date, time, and location of the meeting. Meeting agendas shall be posted online at least one week prior to the meeting at a specified location and emailed to members. For the annual CoC general membership meeting at which CoC Board members are elected, public notice may be provided through publication in local newspaper and media. This meeting shall be

noticed, with the intended election of Board members referenced, with a minimum of two weeks in advance of the meeting.

Quorum: A quorum for CoC membership meetings is defined as 50% +1 of the CoC general membership. Conduct of all CoC meetings shall be vested in the Chair. Meetings will be conducted according to Robert's Rules of Order, revised edition.

Actions: Actions of the CoC membership will be by majority vote of the CoC general Members present. Majority vote is defined as 50% +1 of members present at a publicly noticed meeting. All votes are final. However, the CoC Board may reconsider a vote if there is a 2/3 vote of the membership asking for a re-vote of the disputed action.

Meeting procedures for CoC meetings must provide an opportunity for all present to be heard and for the efficient conduct of business.

Minutes of CoC general membership meetings shall be taken by the Secretary or his/her designee and shall be made available to interested parties.

IX. Amendment and Review

The CoC will review, update, and approve this governance charter at least annually. Amendment of the Charter requires a majority vote of the CoC members present at a regularly scheduled meeting of the CoC, provided that notice of the scheduled vote on the charter amendment was provided at a minimum of two weeks in advance of that CoC meeting.

Adopted: _____

MEMORANDUM OF UNDERSTANDING

BETWEEN

ST. JOHNS COUNTY CONTINUUM OF CARE (FL-512)

AND

FLAGLER HOSPITAL, INC.

WHEREAS, the St. Johns County Continuum of Care (the "CoC") adopted a Governance Charter on April 16, 2016;

WHEREAS, the CoC shall serve the geographic area of St. Johns County (FL-512) to:

- Promote a community-wide coordinated commitment to the goal of ending homelessness
- Provide funding for efforts by nonprofit providers from the state and local government to rehouse homeless individuals and families rapidly while minimizing the trauma and dislocation caused to homeless individuals, families, and communities as a consequence of homelessness
- Promote access to and effective use of mainstream programs by homeless individuals and families
- Optimize self-sufficiency among individuals and families experiencing homelessness

WHEREAS, the CoC shall develop policies and procedures conforming to the U.S. Department of Housing and Urban Development requirements detailed in 24 CFR part 578 to designate an eligible organization to serve as the Collaborative Applicant to provide services outlined in this Memorandum of Understanding;

WHEREAS, the CoC has designated its Governance Board to sign this Memorandum of Understanding on its behalf; and

WHEREAS, Flagler Hospital, Inc., a 501(c)3 nonprofit organization, has been designated as the Collaborative Applicant by the CoC, and as such is the sole eligible applicant for HUD CoC Planning Grant funds, and shall manage the required HUD process on behalf of the CoC to ensure the maximum amount of funds are received by the CoC jurisdiction and that the CoC is in compliance with all applicable HUD rules and regulations;

The parties agree to the following:

ROLES AND RESPONSIBILITIES OF THE COLLABORATIVE APPLICANT

1. Conduct the HUD CoC Program grant process, which will include but is not limited to:
    a. Plans and coordinates a collaborative grant process within the CoC catchment area
    b. Staffs a ranking committee that
        i. Establishes CoC priorities that align with HUD's priorities, as stated in the Notice of Funds Availability (NOFA) or related materials; and

ii. Ranks project according to the NOFA's instructions

c. Develops an application timeline
d. Prepares the application for CoC approval
e. Submits the consolidated application

2. Applies for HUD planning dollars and is able to provide the match required for the planning grant
3. Develop in cooperation with committees CoC performance targets appropriate for each population and program type based on HUD performance standards identified in HUD guidance, NOFA, and notices
4. Conduct performance monitoring, evaluation, and reporting of all CoC program and ESG program recipients and sub-recipients
5. Develops a Quality Improvement Plan (QIP) and provides technical assistance for underperforming projects
6. Provides all required reports to HUD
7. Coordinates the Point in Time and Housing Inventory Count with the HMIS Lead Agency
8. Establishes written standards for HUD-funded and state-funded recipients and sub-recipients
9. Serves as liaison between CoC-funded projects and the local HUD field office located in Jacksonville, Florida
10. Provides a staff person(s) specifically engaged to do all aforementioned work and directly report to the SJC CoC

ROLES AND RESPONSIBILITIES OF THE CoC GOVERNANCE BOARD

1. Approve policies and procedures for performing, monitoring, evaluation, corrective plans and reporting for all CoC program and ESG recipients and sub-recipients
2. Provide coordinated oversight of the Lead Agency/Collaborative Applicant staff person
3. Ensure that any potential or perceived conflicts of interest are addressed in an effective, open, and timely manner
4. Collaborate to secure and align local public and private funds, state funds, and federal funds to prevent and end homelessness
5. Review and approve the funding application and response to HUD's annual CoC program NOFA for homelessness assistance resources
6. Approve CoC performance targets appropriate for each population and program type
7. Approve written standards for HUD-funded and state-funded homeless projects
8. Conduct an annual performance review of the Collaborative Applicant

DURATION AND RENEWAL

Except as provided in the TERMINATION section, the duration of the MOU shall be from July 1, 2018 through June 30, 2019. This agreement shall renew automatically unless either party gives notification pursuant to TERMINATION section.

AMENDMENTS/NOTICES

The MOU may be amended in writing by either party and is in effect upon signature of both parties. Notices shall be mailed, emailed, or delivered to:

1. Chair of the St. Johns County Continuum of Care
2. President and CEO of Flagler Hospital, Inc.

TERMINATION

Either party may terminate this MOU at a date prior to the renewal date specified in the MOU by giving 60 days written notice to the other party. If the HUD CoC Planning Grant funds relied upon to undertake activities described in the MOU are withdrawn or reduced, or if additional conditions are placed on such funding, any party may terminate this MOU within 30 days by providing written notice to the other party. The termination shall be effective on the date specified in the notice of termination.

Signatures:

Chair
St. Johns County Continuum of Care

7/1/2018
Date

President and CEO
Flagler Hospital, Inc.

8-13-18
Date

MEMORANDUM OF UNDERSTANDING

BETWEEN

ST. JOHNS COUNTY CONTINUUM OF CARE (FL-512)

AND

FLAGLER HOSPITAL, INC.

WHEREAS, the St. Johns County Continuum of Care (the "CoC") adopted a Governance Charter on April 13, 2016;

WHEREAS, the CoC shall serve the geographic area of St. Johns County (FL-512) to:

- Promote a community-wide coordinated commitment to the goal of ending homelessness
- Provide funding for efforts by nonprofit providers from the state and local government to rehouse homeless individuals and families rapidly while minimizing the trauma and dislocation caused to homeless individuals, families, and communities as a consequence of homelessness
- Promote access to and effective use of mainstream programs by homeless individuals and families
- Optimize self-sufficiency among individuals and families experiencing homelessness

WHEREAS, the CoC shall develop policies and procedures conforming to the U.S. Department of Housing and Urban Development requirements detailed in 24 CFR part 578 to designate an eligible organization to serve as the Homeless Management Information System (HMIS) Lead Agency to provide services outlined in this Memorandum of Understanding.

WHEREAS, the CoC has designated its Governance Board to sign this Memorandum of Understanding on its behalf; and

WHEREAS, Flagler Hospital, Inc., a 501(c)3 nonprofit organization, has been designated as the HMIS Lead Agency by the CoC, and as such, is the sole eligible applicant for HUD CoC HMIS project grant, and shall manage the HMIS as required by HUD and that the CoC is in compliance with all applicable HUD rules and regualtions;

The parties agree to the following:

ROLES AND RESPONSIBILITIES OF THE HMIS LEAD AGENCY

1. Oversee day-to-day administration and operation of HMIS
2. Maintain relationship with vendor (active contract)
3. Maintain relationship with SJC CoC's Collaborative Applicant
4. Maintain and keep current all licenses and user agreements
5. Maintain a working relationship with all covered homeless organizations (CHOs)
6. Develop and implement HMIS-related trainings for end users

7. Develop and follow a data quality plan (to be approved by HMIS workgroup/data committee)
8. Develop and follow a data security and privacy plan (to be approved by HMIS workgroup/data committee)
9. Produce standard reports and customized reports, as applicable and requested by member agencies
10. Maintain compliance with HUD's current data standards
11. Recruitment of non-CHOs to use HMIS
12. Staff HMIS workgroup and data committee
13. Provide mandatory reporting to HUD – AHAR and other reports, as required
14. Develop HMIS project application for annual consolidated application
    a. Develops and adheres to annual budget
    b. Provides match for HMIS grant
15. Maintain relationships with other non-HUD projects
16. Assist Collaborative Applicant with the execution of the annual Point in Time
17. Coordinate the Housing Inventory Count with the Collaborative Applicant
18. Annual gaps analysis

ROLES AND RESPONSIBILITIES OF THE CoC GOVERNANCE BOARD

1. Approve policies and procedures for performing, monitoring, evaluation, corrective plans and reporting for all CoC program and ESG recipients and sub-recipients
2. Ensure that any potential or perceived conflicts of interest are addressed in an effective, open, and timely manner
3. Collaborate to secure and align local public and private funds, state funds, and federal funds to prevent and end homelessness
4. Review and approve the HMIS project application as a response to HUD's annual CoC program NOFA for homeless assistance resources
5. Approve CoC performance targets appropriate for each population and program type
6. Conduct an annual performance review of the HMIS Lead Agency

DURATION AND RENEWAL

Except as provided in the TERMINATION section, the duration of the MOU shall be from July 1, 2018 through June 30, 2019. This agreement shall renew automatically unless either party gives notification pursuant to TERMINATION section.

Confidentiality and Security

It is understood that HMIS will receive client information that may be subject to privacy and security protection and requirements of HUD HMIS Standards, HIPAA Privacy Rules, other law and local HMIS privacy and security policies and procedures. The HMIS Lead Agency hereby agrees that it will use protected client information only for purposes permitted by this Agreement. Further, the HMIS Lead Agency agrees that it will make use of all safeguards required by HUD Privacy Standards, HIPAA Privacy

Rules, where appropriate, other law, and local HMIS privacy and security policies and procedures in order to prevent any unauthorized disclosure of protected client information.

Period of Agreement and Modification/Termination

1. Period of Operation and Termination

This MOU may be extended or amended by mutual, written agreement of the parties.

2. Amendments

Amendments, including additions, deletions, or modifications to this MOU must be agreed to by all parties to this agreement.

Signatures:

Carl W. Falconer

Chair
St. Johns County Continuum of Care

7/1/18
Date

President and CEO
Flagler Hospital, Inc.

8-13-2018
Date

Flagler Hospital, Inc. St. Augustine
400 Health Park Blvd.,
St. Augustine, FL 32086

HMIS Lead Agency
Phone: (904) 819-4425
E-mail: john.eaton@flaglerhospital.org
HMIS System Administrator Office:
Phone: (904) 819-3071
E-mail: brittany.coronado@flaglerhospital.org

St. Johns County Continuum of Care
ENDING HOMELESSNESS TOGETHER

St. Johns County HMIS Governance Policies and Standard Operating Procedures Manual

Prepared by:

Flagler Hospital, Inc. St. Augustine
400 Health Park Blvd.,
St. Augustine, Florida 32086
John Eaton
Director of Community Health Improvement, Flagler Hospital
Brittany Coronado, Service Point Coordinator, Flagler Hospital
HMIS System Administrator (SJC CoC)
HMIS Data Committee

Original Document 9/23/2008 by ESHC
Updated 01/02/2013,
Name Revision E.S.H.C. to F.H. 12/1/2016 (Updated 9/1/2017)

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Flagler Hospital, Inc.
Homeless Management Information System (SJC HMIS)

Policies and Standard Operating Procedures

This document details the policies, procedures, guidelines, and standards that govern the operations of the SJC Information Network Homeless Management Information System (SJC HMIS). It outlines the roles and responsibilities of all agencies and persons with access to SJC HMIS data, and it contains important and useful information about the ways in which SJC HMIS data is secured and protected. All Providers using the SJC HMIS should read this document in full and train every end user within its agency and programs to understand its contents as necessary. Attachment A is a user license agreement which includes a statement that the user has read and understands these operating procedures.

Introduction:

Flagler Hospital of St. Augustine, (FH) is a non-profit corporation designated as the HMIS Lead Agency for the St Johns County CoC.

HUD requires Local Continuums to provide unduplicated statistical demographic reports on the numbers and characteristics of clients served as well as on program outcomes. In order to address the reporting requirements mandated by HUD, FH has taken on the HMIS Lead role for the current implementation of an electronic management information system (FH) that will provide the necessary demographic information and reports. This system is called the St. Johns County Continuum of Care Homeless Management Information System (SJC HMIS). Mediware previously known as Bowman is the vendor of the web-based software known as Service*Point,* which was selected in consultation with local service providers in 2003 as part of a competitive process. FH now assumes the role to provide or arrange training and technical assistance to users of the SJC HMIS. All Providers funded by certain HUD grants (Supportive Housing Program, Shelter Plus Care, Emergency Solutions Grants and HOPWA) and state funds such as (Challenge and TANF) are required to participate in the SJC HMIS, and some privately funded providers participate on a voluntary basis.

Providers participating in the SJC HMIS are required to collect and record certain data elements for all new and continuing clients in the HMIS (see Attachment B for a description of the universal and program-specific data elements required by program type) daily. Data entry should be completed within three days of data collection. All records should be up to date every Monday for clients served during the prior week. All Providers using the SJC HMIS are also required to comply with HUD's *HMIS Data and Technical Standards* (see Attachment C for an overview and a full copy of the Standards).

FH recognizes the importance of maintaining confidential client records in a secure environment to ensure that the information is not misused or accessed by unauthorized people. The following Policies and Standard Operating Procedures (SOP) have been developed to establish standards for the collection, storage and dissemination of confidential information by the users of the SJC HMIS. The development of privacy and policy regarding the use and disclosure of data in HMIS has developed a privacy policy regarding the use and disclosure of data in the HMIS and by programs operated directly by FH (see Attachment D for a copy of this policy}.

The SJC HMIS is an open/shared system which allows for sharing of electronic data between agencies, unless otherwise stated in this document FH is the Administering body for the SJC HMIS and as such is the only entity able

to access all the client-level information, including personal identifiers, contained in the SJC HMIS. Acceptable uses and disclosures of the data are outlined in FH's privacy policy. For example, FH may disclose data that is required under a court order issued by a judge, to protect the health and safety of those being served in its programs, and may use de-identified data for research and analysis purposes. Additionally, HUD does not require any client-level information from the SJC HMIS for the programs it funds. Thus only de-identified and/or aggregate-level data is shared with HUD.

SJC HMIS Goals:

The goals of the SJC HMIS are to support and improve the delivery of homeless services in St. Johns County. Inclusive in these goals is the improvement of the knowledge base about homelessness that contributes to an enlightened and effective public response to homelessness. The SJC HMIS is a tool that facilitates the following:

- *Improvements in service delivery* for clients as case managers assess the client's needs, inform the client about available services on site or through referral, help the client find and keep permanent housing, and improve service coordination when information is shared between programs within one agency, or across various agencies utilizing the system that are serving the same client
- *A confidential and secure environment* that protects the collection and use of all client data including personal identifiers.
- The *automatic generation of standard reports,* required by HUD, CoC, or other funders, including the St. Johns County's participation in the national Annual Homelessness Assessment Report (AHAR).
- *Generation of system-level data* and analysis of resources, service delivery needs and program outcomes for St. Johns County's homeless population.
- A *data collection and management* tool for Partner Agencies to administer and supervise their programs.

FH recognizes the need to maintain each client's confidentiality, and will treat the personal data contained within the SJC HMIS with respect and care. As the guardians entrusted with this personal data, FH has both an ethical and a legal obligation to ensure that data is collected, accessed and used appropriately. Of primary concern to FH are issues of security (i.e. encryption of data traveling over the Internet. the physical security of the HMIS server), and the policies governing the release of this information to the public and government funders.

Meeting the needs of homeless persons served by FH and its Providers is the underlying and most basic reason for having the SJC HMIS and employing it for continued improvements in program quality.

Definitions

Many* of *the terms used in this Policies and Standard Operating Procedures Manual* may *be* new to many users. *Definitions* of some of *these* terms are as *follows:

Agency Administrator: The person responsible for system administration at the agency level. This person is responsible for; inactivating users within 24 hours and submitting request for deletion to System Administrator following inactivation as well as requestor of new user role, basic troubleshooting, and organizational contact with the SJC HMIS System Administrator. Authentication: The process of identifying a user in order to grant access to a system or resource; usually based on a username and password.

Bowman Internet Systems: Also known as Bowman now Mediware. The company that wrote the software used for the SJC HMIS. Bowman Internet Systems also houses and maintains the server owned by the Flagler Hospital that holds our HMIS database.

Client: shall mean any recipient of services offered by a Provider or Partner Agency.

Client-level Data: Data collected or maintained about a specific person. This type of data can be de-identified for purposes of data analysis, which means that personally identifying information is removed from the record.

Community Agency: Agencies participating in the SJC HMIS that are not currently receiving funding from the Continuum of Care.

Database: An electronic system for organizing data so it can easily be searched and retrieved; usually organized by fields and records.

De-identified Data: Data that has been stripped of personally identifying information

Encryption: Translation of data from plain text to a coded format only those with the "key" have the ability to correctly read the data. Encryption is used to protect data as it moves over the internet and at the database level through the use of special software.

FH: Flagler Hospital. The Homeless Management Information System Lead Agency for St. Johns County Continuum of Care, with the goal of eliminating homelessness in St. Johns County and connecting the community to resources, Flagler Hospital manages the HMIS for the St Johns Continuum of Care

SJC HMIS: The specific HMIS utilized in the St. Johns Continuum of Care. Currently the SJC HMIS uses software produced by Bowman Systems, called *ServicePoint*.

SJC HMIS System Administrator: The job title of the person at the Flagler Hospital who provides technical support and training to HMIS users. This person has the highest level of user access in ServicePoint and has full access to all user and administrative functions.

Firewall: A method of controlling access to a private network, to provide security of data. Firewalls can use software, hardware, or a combination of both to control access.

HMIS: Homeless Management Information System. This is a generic term for any system used to manage data about homelessness and housing.

HUD HMIS Data and Technical Standards (the Standards): Standards HUD published in the July 30, 2004 Federal Register, *Vol.* 69, No. 146, pp. 45888 through 45934. These standards fall into three categories: a) data elements required to be collected by HMIS users including "universal" and "program specific" data elements; b) Privacy and Security Standards for data confidentiality; and c) Technical Standards for the creation of HMIS data systems.

Identifying Information: Information that is unique to an individual and that may be used to identify a specific person. Examples of identifying information are name and social security number.

Module: The ServicePoint software has several sections that focus on different types of functions related to HMIS. These sections, known as "modules," include ClientPoint (for entering client data), ResourcePoint (for looking up homeless services), ShelterPoint (for checking clients in and out of beds), and SkanPoint (for using scan guns to look up or input client data).

Modules may be added to the SJC HMIS as needed.

Partner Agency: Any agency, organization or group who has an NEFIN Partner Agency Agreement and/or contract signed by NEFIN Agency Representative, known as Flagler Hospital and that is allowed access to the SJC HMIS database. These Agencies connect independently to the database via the Internet

Program Manager: This position at FH is responsible, among other duties, for managing the HMIS projects including overseeing data collection methods and quality assurance practices to ensure the reliability of SJC CoC research on program operations and outcomes.

Provider: Shall mean any organization under contract with FH to provide outreach, shelter, housing, employment and/or social services and mainstream resources to homeless/ at risk of people.

Server: A computer on a network that manages resources for use by other computers in the network. For example, a file server stores files that other computers (with appropriate permissions) can access. One file server can serve" many files to many client computers. A database server stores a data file and performs database queries for client computers.

ServicePoint: A web-based software package developed by Bowman Internet Systems which tracks data about people in housing crisis in order to determine individual needs and provide aggregate data for reporting and planning.

User: An individual who uses a particular software package; in the case of the SJC HMIS, the *ServicePoint* software.

User license: An agreement with a software company that allows an individual to use the product. In the case of ServicePoint, user licenses are agreements between the Flagler Hospital United Way 2-1-1 North East

Florida Information Network that contract with Bowman to provide license to the local Continuums which govern individual connections to the SJC HMIS. User licenses cannot be shared.

A. *Organization and Management* of *the SJC HMIS*

A.1. SJCHMIS Program Manager

Policy: Flagler Hospital is responsible for project management and coordination of the SJC HMIS. FH employs a Program Manager who is responsible for all system-wide policies, procedures, communication, performance measurement reporting and coordination. FH's Program Manager is the primary contact with Bowman Systems and word with Bowman to implement any necessary or desired system-wide changes and updates. In this role as HMIS Project Manager, FH endeavors to provide a uniform SJC HMIS that yields the most consistent data for client management, agency reporting and service planning.

Procedure: All concerns relating to the policies and procedures of the HMIS should be addressed with FH's Program Manager, however, the HMIS Data Committee is the final authority for policies and procedures of the SJC HMIS.

A.2.SJC HMIS System Administrator

Policy: SJC employs a System Administrator whose primary responsibility is the coordination and administration of the SJC HMIS.

Procedure: The SJC HMIS System Administrator manages day-to-day operations of the SJC HMIS and is governed by a confidentiality agreement that allows access to client level data. The confidentiality agreement is available for public review upon request All system-wide questions and issues should be directed to the SJC HMIS System Administrator. The HMIS Data Committee is ultimately responsible for all final decisions regarding planning and implementation of the SJC HMIS.

A.3.SJC HMIS Resource Specialist

Policy: FH employs a Resource Specialist whose primary responsibility is to act as backup in the absence of the SJC System Administrator.

Procedure: The SJC HMIS Resource Specialist assists in the day-to-day operations of the SJC HMIS and is governed by a SJC confidentiality agreement that allows access to client level data. The confidentiality agreement is available for public review upon request

A.4. Agency Administrators

Policy: Each Partner Agency must designate a staff member to be the HMIS Agency Administrator who is responsible on a day-to-day basis for enforcing the data and office security requirements under these Policies and Standard Operating Procedures.

Procedure: The Executive Director of the Partner Agency must identify an appropriate Agency Administrator and provide that person's name, qualifying skills and contact information to the SJC HMIS System Administrator. Changes to that information over time should be reported immediately to the SJC HMIS System Administrator. The SJC HMIS System Administrator is responsible for maintaining a current list of Agency Administrators. Agency Administrators are responsible for the following:

- Serves as the primary contact between the Partner Agency and Flagler Hospital.
- Must have an email address and be a licensed user.
- Are required to contact the Flagler Hospital immediately upon termination of an end user holding a user license to revoke the user license and access. All changes must be relayed to the SJC HMIS Data Committee.
- Must be technically proficient with a web-based HMIS since he/she will be responsible for maintaining the Partner Agency's HMIS site.
- Has access to all agency client data, user data and agency administration information for the Partner Agency; thus is responsible for the quality and accuracy of these data.
- Ensures the stability of the agency connection to the Internet and *ServicePoint,* either directly or in

communication with other technical professionals.

- Provides support for the generation of agency reports.
- Monitors and enforces compliance with standards of client confidentiality and ethical data collection, entry, and retrieval at the agency level.

A.5. User Access Levels

Policy: All SJC HMIS Users will have a level of access to HMIS data that is appropriate to the duties of their position so that information is recorded and accessed on a "need to know" basis. All users should have the level of access that allows efficient job performance without compromising the security of the SJC HMIS or the integrity of client information.

Explanation: The SJC HMIS provides appropriate and layered levels of access to ensure the security of HMIS data. *ServicePoint* allows multiple levels of user access to data contained in the database. Access is assigned when new users are added to the system and can be altered as needs change. The ability to change user access levels allows for legitimate changes in agency needs and removes the temptation to share logins in order to by-pass access restrictions. In the interest of client data security, the Agency Administrator will always attempt to assign the most restrictive access that allows efficient job performance. Procedure: Each Agency Administrator (and/or its Executive Director) will consult with the Flagler Hospital to identify the level of access each licensed user will have to the HMIS database. Levels of access are detailed below.

User Levels: There are several levels of access to *ServicePoint.* These levels should be reflective of the access a user has to client level paper records and should be determined by a staff person's position in the organization, their direct interaction with clients and their data entry responsibilities. ServicePoint access levels are described in the table below.

Resource Specialist I: Access is limited to the *ResourcePoint* module. This role allows the User to search the database of area agencies and programs and view the detail screens for each agency or program. Access to client or service records is not given. A Resource Specialist cannot modify or delete data.

Resource Specialist II: The same access rights as Resource Specialist I, however, this person is considered an agency-level I&R Specialist who updates their own agency and program information.

Resource Specialist Ill: The same access rights as Resource Specialist II, however, this person is a system-wide I&R Specialist who can update any agency or program information. This access level can also edit the system-wide news. Volunteers can view or edit basic demographic information about clients (the profile screen), but is restricted from viewing detailed assessments.

A volunteer can enter new client records, make referrals, or check-in/out a client from a shelter. Normally, Administrators assign this User Access Level to individuals who complete client intake and then refer the client to an Agency Staff User or a Case Manager.

Agency Staff Agency staff has access to *ResourcePoint*, limited access to *ClientPoint*, full access to service records and access to most functions in *ServicePoint.* However, Agency Staff can only access basic demographic data on clients (profile screen). All other screens are restricted, including assessments and case plan records. They have full access to service records. Agency Staff can also add news items to the *Newsflash* feature. There is no reporting access.

Case Managers have access to all features excluding administrative functions. They have access to all screens within *ClientPoint*, including the assessments and full access to service records. There is full reporting access with the exception of audit reports.

Agency Administrators have access to all features, including agency level administrative functions. This level can add/remove Users for his/her agency and edit their agency and program data. They have full reporting access. They cannot access the following administrative functions: Assessment Administration, Pick-list Data, Licenses, Shadow Mode, or System Preferences. Executive Directors have the same access rights as hJency Administrator, but ranked above Agency Administrator. Has the ability to delete Agency Administrator accounts.

System Operators have no access to *ClientPoint* or *ShelterPoint*. They have no access to reporting functions, but do have access to administrative functions. The System Operator can setup new agencies, add new Users, reset passwords, and access other system-level options. The System Operator helps to maintain the system, but does not have access to any Client or Service Records. The System Operator can order additional User Licenses and modify the allocations of Licenses.

System Administrator I: have the same access rights to client information (full access) as Agency Administrator .However, this

User has full access to administrative functions.

System Administrator II: has full and complete access to the system. However, this User does not have the option of choosing a Provider other than the default Provider assigned to their ID.

A.6. FH Communication with Partner Agencies

Policy: The SJC HMIS System Administrator is responsible for relevant and timely communication with each agency regarding the SJC HMIS. The SJC HMIS System Administrator will communicate system-wide changes and other relevant information to Agencies as needed. He/she will also maintain a high level of availability to Partner Agencies. Explanation: Good communication is essential to the proper functioning of any system, electronic or otherwise. Providing a single point of communication simplifies and speeds communications within the SJC HMIS.

Procedure: General communications from the SJC HMIS System Administrator will be directed towards the Agency Administrator .Specific communications will be addressed to the person or people involved. The SJC HMIS System Administrator will be available via email, phone, and mail. While specific problem resolution may take longer, the SJC HMIS

System Administrator will strive to respond to Partner Agency questions and issues within three business days of receipt In the event of planned unavailability, the SJC HMIS System Administrator will notify Partner Agencies in advance and designate a backup contact. Information affecting all users will be directed to the Agency Administrators. Agency Administrators are responsible for distributing that information to any additional people at their agency who may need to receive it including, but not

limited to, Executive Directors, client intake workers, and data entry staff. Agency Administrators are responsible for communication with all of their agency's users.

A.7. Partner Agency Communication with FH

Policy: Partner Agencies are responsible for communicating needs and questions regarding the SJC HMIS directly to the SJC HMIS System Administrator.

In order to foster clarity both for SJC HMIS users and for Bowman Internet Systems, ALL communications with

Bowman regarding the SJC HMIS must go through the SJC HMIS System Administrator.

Explanation: Flagler Hospital holds the sub-contract with 2-1-1 which gives rights to access Bowman directly, and is therefore responsible for acting as the primary contact for the SJC HMIS. Designated points of communication within Partner Agencies and within FH simplify and speed communications about the SJC HMIS.

Procedure: Users at Partner Agencies will communicate needs, issues and questions to the Agency Administrator. If the Agency Administrator is unable to resolve the issue, the Agency Administrator will contact the SJC HMIS System Administrator via email, phone or mail. The SJC HMIS System Administrator will attempt to respond to Partner *Agency* needs within three business days of the first contact. If the SJC HMIS System Administrator cannot resolve the issue, he/she may contact Bowman Internet Systems for technical assistance .If *Agency* Administrators desire to escalate any HMIS issues beyond the SJC HMIS System Administrator, they should contact FH's Program Manager directly via phone, email or mail. Should an HMIS issue require additional attention, an *Agency* Administrator may contact the Flagler Hospital's Chief Executive Officer in writing.

A.8. System Availability

Policy: FH and Bowman Internet Systems will provide a highly available database server and will inform users in advance of any planned interruption in service.

Explanation: A highly available database affords agencies the opportunity to plan data entry, management, and reporting according to their own internal schedules. Availability is the key element in maintaining an HMIS that is a useful tool for Partner Agencies to use in managing programs and services.

Procedure: No computer system achieves 100% uptime. Downtime *may* be experienced for routine maintenance, in the event of a disaster or due to system failures beyond the control of Bowman Internet Systems or FH .In the event of disaster or routine planned server downtime, Bowman Internet Systems will contact the SJC HMIS System Administrator. The SJC HMIS System Administrator will contact Agency Administrators and inform them of the cause and duration of the interruption in service. The SJC HMIS System Administrator will log all downtime for purposes of system evaluation. In the event that it is needed, Bowman Internet Systems is required to have redundant systems in place so that connection to the server can be restored as quickly as possible.

A.9.Inter-Agency Data Sharing

Policy: Currently the SJC HMIS is an open system. The data included in the Profile section of a client record will remain open unless a client specifies restrictions in writing.

Explanation: The need for client confidentiality and the benefit of integrated case management should be balanced when discussing inter-agency data sharing. During the HMIS planning process providers were not in favor of electronic data sharing within the HMIS. However, in 2007, a consensus from the previous HMIS Lead, ESHC Steering Committee determined that data sharing between Partner Agencies would better serve the community and its needs and the system was opened.

Procedure: When new clients and new service records are entered into ServicePoint, the default setting of each record is "open" to users from other Partner Agencies.Open sections of the record can be seen and changed by users from other Partner Agencies if the client authorizes a release of information. If a client specifies restrictions for sharing their information in writing, the user creating the record will contact their agency administrator and have them lock down the information the client does not want shared and the information will be unavailable to other partner agencies.

A.10. Uses and Disclosures of Protected Personal Information

Policy: HMIS Data Committee Team may use or disclose PPI from an HMIS under certain circumstances. Agencies may only use PPI.

Explanation: Partner Agencies use PPI to serve their clients' needs. Extenuating circumstances may require the disclosure of PPI.

Procedure: An A agency may use PPI under these circumstances :(1) to provide or coordinate services to an individual; (2) for functions related to payment or reimbursement for services; (3) to carry out administrative functions including but not limited to legal, audit, personnel, oversight and management function; or (4) for creating de-identified PPI. Under the HMIS privacy standard, these additional uses and disclosures are permissive and not mandatory (except for first party access to information and any required disclosures for oversight of compliance with HMIS privacy and security standards.}

In order to disclose PPI, agencies should contact the HMIS Data Committee Team to address the following reasons: as required by law/law enforcement purposes; to avert a serious threat to health or safety; about victims of abuse, neglect, or domestic violence; for academic research purposes.

A.11. Ethical Data Use

Policy: Data contained in the SJC HMIS will only be used to support or report on the delivery of

homeless and housing services in St. Johns County. Each HMIS User will affirm the principles of ethical data use and client confidentiality contained in the SJC HMIS Policies and Standard Operating Procedures Manual and the HMIS User Agreement. Each Partner Agency must have a written privacy policy that includes policies related to employee misconduct or violation of client confidentiality. All HMIS Users must understand their Agency's privacy policy, and a signed policy statement must become a permanent part of the employee's personnel file.

Explanation: The data collected in the SJC HMIS is the personal information of people in the St Johns County community who are experiencing a housing crisis. It is the user's responsibility as the guardian of that data to ensure that it is only used to the ends to which it was collected and in and the manner to which the individual client has given consent

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

A.12. Access to HMIS Database

Policy: No one but FH (or its designee) and/or Bowman will have direct access to the SJC HMIS database through any means other than the *ServicePoint* software, unless explicitly given permission by FH during a process of software upgrade, conversion or for technical assistance.

Explanation: This policy prevents a user from accessing the HMIS database and viewing its contents, thus rendering the security measures within *ServicePoint* ineffectual.

Procedure: Under its contract with FH, Bowman Internet Systems will monitor both the FH web application server and database server and employ updated security methods to prevent unauthorized database access. Also, any party who has access to the SJC HMIS database (including Bowman) must sign a Health Insurance Portability and Accountability Act (HIPAA)-compliant confidentiality agreement prior to system access.

A.13. Client Rights and Confidentiality of Records

Policy: The SJC HMIS System operates under a protocol of *written* consent to include client data in the HMIS. Each Partner Agency is required to post a sign about their privacy policy in a place where clients may easily view it (at the point of intake, on a clipboard for outreach providers, in a case management office and on their website if applicable). The privacy posting should include a statement about the uses and disclosures of client data as outlined in this document Clients may opt out of HMIS or be unable to provide basic personal information. Clients have the right of refusal to provide personal identifying information to the HMIS, except in cases where such information is required to determine program eligibility or is required by the program's funders. Such refusal or inability to produce the information shall not be a reason to deny eligibility or services to a client When a client exercises his/her right of refusal, information will be entered into the database, but not shared with other agencies.

Each Partner Agency shall take appropriate steps to ensure that authorized users only gain access to confidential information on a "need-to-know" basis in accordance with FH's Privacy Policy. FH and Partner Agencies will ensure the confidentiality of all client data as described in this document.

Explanation: The data in the SJC HMIS is personal data, collected from people in a vulnerable situation. FH and Partner Agencies are ethically and legally responsible to protect the confidentiality of this information. The SJC HMIS will be a confidential and secure environment protecting the collection and use of client data.

Procedure: Access to client data will be controlled using security technology and restrictive access policies. Each Partner
Agency (including FH} must develop and make available a privacy policy related to client data captured in HMIS and through other means. A posting that summarizes the privacy policy must be placed in an area easily viewed by clients, and must also be placed on the Partner Agency's web site (if they have one).Only individuals authorized to view or edit individual client data in accordance with the stated privacy policies and these Standard Operating Procedures will have access to that data. The SJC HMIS will employ a variety of technical and procedural methods to ensure that only authorized individuals have access to individual client data.

A.14. Partner Agency Grievances

Policy: Partner Agencies will contact the SJC HMIS System Administrator to resolve HMIS operation issues. Partner Agencies will contact the SJC HMIS Program Manager if an operation issue needs to be escalated and/or to resolve HMIS problems including, but not limited to, policy issues. The Flagler Hospital's Patient Engagement Department will have final decision-making authority over all grievances that arise pertaining to the use, administration and operation of the SJC HMIS.

Explanation: In order for the SJC HMIS to serve as an adequate tool for Partner Agencies and guide for system-wide planning, any HMIS problems must be addressed by the organization with the means to affect system-wide change. Because many agencies with varied funding streams and applicable laws participate in the HMIS, the Flagler Hospital's Patient Engagement Department (rather than HUD) is the appropriate party for resolution of sensitive issues that must be escalated beyond the HMIS Program Manager.

Procedure: Partner Agencies will bring HMIS problems or concerns to the attention of the SJC HMIS System Administrator,
who may ask for these issues to be stated in writing. If problems, concerns or grievances cannot be resolved by the SJC HMIS Program Manager or System Administrator and requires further attention, the issue will be directly relayed by phone, email or
mail to the Flagler Hospital's Patient Engagement Department, who shall have final decision-making authority in all matters regarding the SJC HMIS.

A.15. Client Grievance

Policy: Clients must contact the Flagler Hospital's Patient Engagement Department, in writing regarding the Partner Agency with which they have a grievance for resolution of HMIS problems. As stated in the FH Notice of Uses & Disclosures, clients may request that their personally-identifying information be removed from the SJC HMIS at any time.

Explanation: A dear and effective client grievance policy protects the needs of the client and the confidentiality of client data. Partner Agency is responsible for answering questions, complaints, and issues from their own clients regarding the SJC HMIS. Partner Agencies will provide a *copy* of their privacy policy and/or of the SJC HMIS Policies and Standard Operating Procedures Manual upon client request. Client complaints should be directed to the FH Grievance Department in writing. FH is responsible for the overall use of the HMIS, and will respond if users or Partner Agencies fail to follow the terms of the HMIS agency agreements, breach client confidentiality, or misuse client data. The SJC HMIS Program Manager will record all grievances and will report these complaints to the Flagler Hospital's Patient Engagement Department. Resulting actions might include further investigation of incidents, clarification or review of policies, or sanctioning of users and Agencies if users or Agencies are found to have violated standards set forth in HMIS Agency Agreements or the Polities and Standard Operating Procedures Manual. Upon the clients request for data removal from the SJC HMIS, the Agency Administrator will delete all personal identifiers of client data within 72 hours. A record of these transactions will be kept by the Agency Administrator.

A.16. Partner Agency Hardware/Software Requirements

Policy: Partner Agencies will provide their own computer and method of connecting to the

Internet, and thus to the SJC HMIS.
Explanation: Flagler Hospital covers the cost of the user license and [] certificates for access to the system for agencies who are current members of St Johns County Continuum of Care; if an *agency* would like to participate without membership to the
St Johns County Continuum of Care, they would be required to pay for their user license. The cost of acquiring and maintaining computers and Internet access is the responsibility of the Partner Agencies.
Procedure: Partner Agencies must provide their own hardware, their own Internet access, and their own support for their hardware and Internet access.
Hardware/Software Requirements: ServicePoint is web-enabled software; all that is required to use the database is a computer, a valid username and password, and the ability to connect to the Internet using internet browser software (Internet Explorer, Netscape Navigator, Firefox, etc.). There is no unusual hardware or additional ServicePoint-related software or
software installation required. Bowman guidelines state the following minimum and recommended workstation specifications.
Minimum Workstation Requirements
U Computer: PC 500 MHz or better
CJ Web Browser: Microsoft Internet Explorer 5.5 or higher or Netscape Navigator 6.0 or higher
U Hard Drive: 2GB
1 1 64MBRAM
lJ Internet Connectivity (broadband or high-speed)
1 I SVGA monitor with 800 x 600+ resolution
o Keyboard and Mouse
Recommended Workstation Requirements
fJ Computer: 1 Gigahertz Pentium Processor PC
o Browser: Microsoft Internet Explorer 6.0 or higher or Netscape 7 or higher
0 20 GB Hard Drive
U 256MB RAM
lJ Broadband Internet Connection - 128 kpbs (hosted version) or LAN connection
0 SVGA monitor with 800x600 + resolution
o Keyboard and mouse
Although there is no unusual hardware or additional ServicePoint-related software required to connect to the database, the
speed and quality of the Internet connection and the speed of the hardware and could have a profound affect on the ease of data entry and report extraction. A high-speed Internet connection, like a DSL or ISDN line with speeds at or above 128.8 Kbps, is preferred, as is a computer with speeds above 166MHz. Bowman also recommends the use of Windows 2000 or XP (1 GHz models or faster) as the Windows platform to eliminate certain technical problems.

A.17. Partner Agency Technical Support Assistance
Policy: FH will provide technical assistance including ongoing software support for users of the SJC HMIS. Internal
hardware and internet connectivity issues should be addressed by the Partner Agency's internal IT staff to the extent
possible.
Explanation: Even though the equipment and internet connection used to connect to the SJC HMIS is owned by the Partner
Agency, FH will provide technical assistance when possible and as resources allow.
Procedure: Hardware and connectivity issues not related to the HMIS software should be addressed by the Partner Agency's
internal IT staff. Partner Agencies may contact the SJC HMIS System Administrator for technical support of the components
necessary to connect to the SJC HMIS.

A.18. Users' Guide

Policy: FH will provide a SJC HMIS Users' Manual for all SJC HMIS Users at training.

Explanation: The SJC HMIS Users' Manual will provide specific technical instruction to SJC HMIS Users about how to use ServicePoint.

Procedure: The SJC HMIS System Administrator and Resource Specialist will create, distribute and update the SJC HMIS Users' Manual. These will include procedures that are held in common for all Partner Agencies, and fonns for each Partner Agency's customization. The manual will be provided to all users during user training.

A.19. Monitoring and Evaluation

Policy: The HMIS Data Committee Team will regularly monitor and evaluate the effectiveness of the SJC HMIS and, based on the information received, will continue to make enhancements to the SJC HMIS and the Policies and Standard Operating Procedures as necessary. FH will also include HMIS in its standard contractor monitoring protocol. This may include compliance with the HMIS Standard Operating Procedures and with HUD's Data and Technical Standards. Explanation: Monitoring and evaluation helps ensure security and proper usage of the SJC HMIS.

Procedure: The SJC HMIS System Administrator will conduct internal system monitoring and will contact Agency Administrators to schedule monitoring and evaluation visits. FH's monitoring staff may also contact Agency Administrators or other Partner Agency staff in relation to the HMIS portion of standard monitoring visits conducted by FH over the course of *each* year.

B. Security and Access

81. User Access

Policy: Agency Administrators will provide unique user names and initial passwords to each Partner Agency user. User names will be unique for each user and passwords will not be exchanged or shared with other users. The SJC HMIS System Administrator will have access to the list of user names for the SJC HMIS and will track user name distribution and use. Only the SJC System Administrator will be authorized to purchase or grant additional user licenses to an Agency that has utilized all current licenses.

Explanation: Unique user names and passwords are the most basic building block of data security. Not only is each user name assigned a specific access level, but in order to provide to Clients or program management an accurate record of who has altered a client record, when it was altered, and what the changes were {called an •audit trail1 it is necessary to log a user name with every change. Exchanging or sharing user names and passwords seriously compromises the security of the SJC HMIS, and will be considered a breach of the user agreement and will trigger appropriate repercussions and/or sanctions for the user and agency.

Procedure: The SJC HMIS System Administrator will provide unique user names and initial passwords to each user upon successful completion of training and signing of a confidentiality agreement and receipt of the Policies and Standard Operating Procedures Manual. The sharing of user names will be considered a breach of the user agreement. The FH Technical Assistance is also responsible for providing current users with a new password if he/she requires one.

8.2. User Changes

Policy: The Partner Agency Administrator has the ability to re-set user passwords at their agency. The Partner Agency Administrator is also able to inactivate a user's account, but must immediately notify the SJC HMIS System Administrator. Partner Agency Administrator *will not delete* any user accounts. Flagler Hospital owns the user licenses, so the SJC HMIS System Administrator must maintain the licenses internally.

Explanation: The Partner Agency Administrator is able to make changes to the user accounts at their agency, but must keep the
SJC HMIS System Administrator informed on any changes to users' accessibility of the system.
Procedure: The Partner Agency Administrator will make any necessary changes to the list of Partner Agency users. Changes in Agency Administrators must be reported to the SJC HMIS System Administrator. The Agency Administrator is required to notify the SJC HMIS System Administrator of any employee termination so the FH System Administrator or Resource Specialist can revoke the user license immediately upon termination of employment. For employees with user access otherwise leaving the agency, the user license should be revoked at the end of business on the person's last day of employment.

8.3. Passwords

Policy: Users will have access to the SJC HMIS via a user name and password. Passwords must be changed a minimum of once every 45 days. Users will keep passwords confidential. Under no circumstances shall a licensed user share a password nor shall they post their password in an unsecured location.

Explanation: Users will have access to the SJC HMIS via a user name and password. These methods of access are unique to each user and confidential. Users are responsible for keeping their passwords confidential. For security reasons, passwords will automatically be reset every 45 days.

Procedure: The SJC HMIS System Administrator will issue a user name and temporary password to each new user who has successfully completed training. Upon sign in with the user name and temporary password, the user will be required by the software to select a unique password that will be known only to him/her. This password must be between 8 and 16 characters in length, contain at least two numeric values, and not be found in the dictionary. Every 45 days, passwords are reset automatically by the SJC HMIS software. See Section B.1 for additional detail on password security.

8.4. Password Recovery

Policy: The Partner Agency Administrator or SJC HMIS System Administrator member will reset a user's password in the event the password is lost or forgotten.

Explanation: In any secure system, there is a danger that users will lose or forget their passwords.

Procedure: In the event of a lost or forgotten password, the user whose password is lost will contact their Agency Administrator; if the Agency Administrator is unavailable, user may contact the SJC HMIS System Administrator. The Agency Administrator or SJC HMIS System Administrator member will reset the user password, and issue a temporary password to allow the user to login and choose a new password. The new password will be valid from that time forward, until the next 45-day forced change.

8.5. Extracted Data

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

Explanation: The custom report-writer function of ServicePoint allows client data to be downloaded to an encrypted file on the local computer. Once that file is unencrypted by the user, confidential client data is left vulnerable on the local computer, unless additional measures are taken. Such measures include restricting access to the file by adding password. For security reasons, unencrypted data may not be sent over a network that is open to the public. Unencrypted data may not be sent via email. HMIS users should apply the same standards of security to local files containing client data as to the HMIS database itself. Procedure: Data extracted from the database and stored locally will be stored in a secure location (not on floppy disks/COs or other temporary storage mechanisms tike flash drives or on unprotected laptop computers, for example) and will not be transmitted outside of the private local area network unless it is properly protected via encryption or by

adding a file-level

password. The SJC HMIS System Administrator will provide help in determining the appropriate handling of electronic files. All security questions will be addressed to the SJC HMIS System Administrator. Breach of this security policy will be considered a violation of the user agreement, which may result in personnel action and/or agency sanctions.

B.6 Data Access Computer Requirements

Policy: Users will ensure the confidentiality of client data, following all security policies in the SJC HMIS Policies and

Standard Operating Procedures Manual and adhering to the standards of ethical data use, regardless of the location of the connecting computer. All Policies and Procedures and security standards will be enforced regardless of the location of the connecting computer. FH may restrict access to the SJC HMIS to specific computers in the future. Explanation: Because ServicePoint is web-enabled software users could conceivably connect to the database from locations other than the Partner Agency itself, using computers other than agency-owned computers. Connecting from a non-agency location may introduce additional threats to data security, such as the ability for non-ServicePoint users to view client data on the computer screen or the introduction of a virus. If such a connection is made, the highest levels of security must be applied, and client confidentiality must still be maintained. This includes only accessing the SJC HMIS via a computer that has virus protection software installed and updated.

Procedure: Each Partner Agency and Agency Administrator is responsible for:

a) Physical Space. Partner Agencies must take reasonable steps to insure client confidentiality when licensed users are accessing the SJC HMIS. Licensed users are required to conduct data entry in a protected physical space to prevent unauthorized access to the computer monitor while confidential client information is accessible.

b) Use of a non-agency computer located in a public space (i.e. internet cafe, public library) to connect to HMIS is prohibited.

c) Time-Out Routines. Each Agency Administrator will be required to enable time-out (logiru1ogout) routines on every computer to shut down access to the SJC HMIS when a computer is unattended. Time-out routines will be engaged at a minimum after 10 minutes of inactivity or at other intervals as FH determines.

d) Each computer that accesses HMIS must have current virus software that updates automatically installed.

e) If the HMIS is accessed over a network, the network must be protected by a hardware or software firewall at the server. A

stand-alone machine that accesses HMIS must also have a hardware or software firewall installed and active. This may be the

firewall protection included as part of the operating system or the virus protection software installed on the computer.

Questions about security of the SJC HMIS should be referred to the SJC System Administrator.

C. Agency Participation Requirements

C.1 FH HMIS Agency Agreements

Policy: Only Agencies who are members of the St. Johns County Continuum of Care will be granted free licensure to access the SJC HMIS system. *Agencies that* are *not* members *of* the *St John County Continuum of Care will be required* to *pay for their* own *user* license. All Agencies (members and non-members) will be required to sign a "HMIS Partner Agency Agreement"

(Attachment E) binding their organization to the SJC HMIS Policies and Standard Operating Procedures and all

applicable laws and regulations regarding the handling of client data before access is granted.

Explanation: Flagler Hospital has final authority over the SJC HMIS. In order to ensure the integrity and security of sensitive data, the HMIS Data Committee will regulate access to this data. Only Agencies that have agreed to the terms set out in the HMIS Agency Agreement will be allowed access to the SJC HMIS. The

agency agreements will include terms and duration of access, an acknowledgement of receipt of the Policies and Standard Operating Procedures Manual, and an agreement to abide by all provisions contained therein.

Procedure: Partner Agencies will be given a copy of the HMIS Agency Agreement or contract, the Policies and Standard Operating Procedures Manual and any other relevant paperwork in time for adequate review and signature. Once that paperwork has been reviewed and signed by the Partner Agency's Executive Director, the SJC HMIS System Administrator will issue a certain number of licenses for use by the agency and assist with the set-up of an Agency Administrator. Agency users will be trained to use ServicePoint by training sessions scheduled by FH. Once training has been completed, each user will be issued a user name and password by the SJC System Administrator.

C.2. User Licenses for Members

Policy: In order to obtain a license, a user must successfully complete a training program and must sign a User Agreement (Attachment A) upon completing training. Sharing of licenses, User IDs or passwords is strictly prohibited.

Explanation: FH purchases a number of user licenses on behalf of the St Johns County Continuum of Care and determines the number of users appropriate for participating agencies.

Procedure: Each Agency Administrator (or Program Manager) will identify the staff designated to be the licensed users of the SJC HMIS and submit the names to the SJC HMIS System Administrator. FH determines the number of users appropriate for participating agencies based on the list provided and other factors. Member Partner Agencies may request additional licenses for no additional cost.

C.3. User Licenses for Non-Members

Policy: In order to obtain a license, a user must successfully complete a training program and must sign a User Agreement (Attachment A) upon completing training. Sharing of licenses, User IDs or passwords is strictly prohibited. Non-Member Partner Agencies will need to purchase User Licenses from St. Johns Care Connect through Flagler Hospital.

Explanation: Non-Member Partner Agencies will need to purchase their own User licenses from St. Johns Care Connect through the SJC HMIS System Administrator. This purchase can be made at any time.

Procedure: Each Agency Administrator (or Program Manager) will identify the staff designated to be the licensed users of the SJC HMIS and submit the names to the SJC HMIS System Administrator .Non-Member Partner Agencies wishing to purchase additional User Licenses will complete a User License Purchase Form. The Non-Member Partner Agency will return this form, with a check made payable to the Flagler Hospital to cover the cost of the licenses, to the SJC HMIS System Administrator. The SJC HMIS System Administrator will purchase the User licenses from Bowman and forward the check and copy of the request form to the Flagler Hospital's Finance Department for deposit. The SJC HMIS System Administrator purchases licenses online, through the ServicePoint program. The SJC HMIS System Administrator will then notify the Non- Member Partner Agency when the additional licenses are available. Bowman invoices the St. Johns Care Connect for the cost of the licenses.

C.4. User Activation

Policy: Each Partner Agency is responsible for the distribution of its own user licenses through the SJC System Administrator. Each new user will be issued a user name and password to access the SJC HMIS upon approval by the Partner Agency, completion of ServicePoint training, and signing of the HMlS User Agreement. Every user must receive appropriate ServicePoint training before being issued a user name and password.

Explanation: Partner Agencies will determine which of their employees will have access to the SJC HMIS. This allows for the needed flexibility in selecting users.

Procedure: SJC System Administrator will distribute user licenses for each partner Agency, adding and deleting

users as needed. Agency Administrators are responsible for notifying the SJC System Administrator of user changes. The SJC System Administrator provide training to Agency Administrators and will supplement this training as necessary through the regular training schedule or through on-site visits.

C.5. HMIS User Agreements

Policy: Each Partner Agency User will sign an HMIS User Agreement before being granted access to the SJC HMIS. Explanation: Before being granted access to the SJC HMIS, each user must sign an HMIS User Agreement, stating that he or she has received training, will abide by the SJC HMIS Policies and Standard Operating Procedures Manual, will appropriately maintain the confidentiality of client data, and will only collect, enter and retrieve data in the SJC HMIS relevant to the delivery of services to people in housing crisis in St Johns County.

Procedure: The SJC System Administrator will distribute HMIS User Agreements to new HMIS Users for signature during training. The SJC System Administrator will file signed HMIS User Agreements for all users in their agency file. The existence of a signed HMIS User Agreement for each active user will be verified in the annual HMIS on-site review or may be checked during regular FH monitoring of contracts. Allowing a user access to the SJC HMIS without a signed user agreement is a violation of the SJC HMIS Standard Operating Procedures and may result in program sanctions.

C.6. Training

Policy: Flagler Hospital is responsible for defining training needs and organizing training sessions for Partner Agencies. The SJC System Administrator will provide various training options, to the extent possible, based on the needs of HMIS users. The SJC System Administrator will provide for adequate and timely ServicePoint training.

Explanation: In order for the SJC HMIS to be a benefit to clients, a tool for Partner Agencies and a guide for planners, all users must be adequately trained to collect, enter and extract data.

Procedure: The SJC System Administrator will provide access to training for all HMIS users. Agency Administrators will be given additional training relevant to their position. The SJC HMIS System Administrator will provide support to Agency Administrators.

C.7. Contract Termination Initiated by Partner Agency

Policy: Partner Agencies may terminate the HMIS Agency Agreement with or without cause upon 30 days written notice to Flagler Hospital and according to the terms specified in the HMIS Agency Agreement The termination of the HMIS Agency Agreement by the Partner Agency may affect other contractual relationships with Flagler Hospital and/or requirements set forth in contracts issued by HUD. In the event of termination of the HMIS Agency Agreement, all data entered into the SJC HMIS will remain an active part of the SJC HMIS.

Explanation: While Flagler Hospital contracted Partner Agencies may terminate relationships with Flagler Hospital and the SJC HMIS, the data entered prior to that termination would remain part of the database. This is necessary for the database to provide accurate information over lime and information that can be used to guide planning for community services in St. Johns County. The termination of the HMIS Agency Agreement may affect other contractual relationships with the Flagler Hospital and/or HUD.

Procedure: SJC Provider Agencies may be required to participate in the SJC HMIS as a condition of their funding. The Chief Executive Officer will notify the SJC HMIS Program Manager if a Partner Agency terminates the HMIS Agency Agreement In all cases of termination of HMIS Agency Agreements, the SJC HMIS System Administrator will inactivate all users from that

Partner Agency on the date of termination of agreement.

C.8. Contract Termination Initiated by Flagler Hospital/St. Johns Care Connect

Policy: Flagler Hospital may terminate the HMIS Agency Agreement for non-compliance with the terms of the agreement or with the HMIS Standard Operating Procedures with written notice to the Partner Agency. Flagler

Hospital may also terminate the SJC HMIS Agency Agreement with or without cause with 15 days written notice to
the Partner Agency and according to the terms specified in the HMIS Agency Agreement HMIS access for that program will also be terminated. In that case, access will be renegotiated by Flagler Hospital and the agency as appropriate and in
accordance with these standard operating procedures. The termination of the HMIS Agency Agreement may affect other
contractual relationships with St. Johns Coutny Continuum of Care or with HUD. In the event of termination of the HMIS Agency Agreement, all data entered into the SJC HMIS will remain a part of the SJC HMIS. If termination of the HMIS Agency Agreement occurs, all Partner Agency users will be inactivated on the date the HMIS Agency Agreement is terminated. Explanation: While Flagler Hospital may terminate the HMIS Agency Agreement with the Partner Agency, the data entered by that Partner Agency prior to termination of contract would remain part of the database. This is necessary for the database to provide accurate information over time and information that can be used to guide planning for community services in Hillsborough County. Participation in HMIS is often a requirement for contracts to remain binding with HUD, so the termination of the HMIS Agency Agreement may affect other contractual relationships with the St. Johns County Continuum of Care or with HUD. Procedure: FH Provider Agencies are often required to participate in the SJC HMIS as a condition of their funding. When terminating the HMIS Agency Agreement, the Chief Executive Officer of the Flagler Hospital will notify the person from the Partner Agency who signed the HMIS Agency Agreement (or a person in the same position within the agency) 15 days or more prior the date of termination of contract, unless the termination is due to non-compliance with the Standard Operating Procedures. Willful neglect or disregard of the Standard Operating Procedures may result in immediate termination of a Partner Agency from the SJC HMIS. Flagler Hospital's Chief Executive Officer will also notify the SJC HMIS Program Manager if a Partner Agency terminates the HMIS Agency Agreement In all cases of termination of HMIS Agency Agreements, the SJC HMIS System Administrator will inactivate all users from that Partner Agency on the date of termination of contract.

D. Data *Collection, Quality Assurance and Reporting*

0.1. Required Data Collection

Policy: Providers funded by HUD (either through SJC CoC or directly) through the Supportive Housing Program, Shelter Plus Care, HOPWA, Section 8 Moderate Rehabilitation and the Emergency Solutions Grant are required to participate in HMIS by HUD. Other providers contracted by SJC CoC are also required to participate in the SJC HMIS. All Partner Agencies that participate in HMIS are considered "Contributing Homeless Organizations" (CHO) and are required to comply with HUD's *Data and Technical Standards* unless those standards are in conflict with local laws. This includes the collection of required data elements. Providers shall attempt to collect basic information as detailed in Attachment B. On every client served by the Provider upon intake into the Provider's facility or program. In the case of outreach, the Provider shall attempt to collect basic information outlined in Attachment B during engagement on the street. Partner Agencies may choose to collect more client information for their own case
management and planning purposes.

Assessment Data Collection: Providers of certain programs shall attempt to conduct detailed assessments on each client who has gone through the intake process and has been accepted into the Provider's facility or program. At a minimum, providers shall attempt to collect the assessment information required as part of HUD's Data and Technical Standards.

Timeliness of Data Entry: Providers are required to enter basic client intake data into the SJC HMIS within three (3)
business days.

Exceptions to these data collection policies are in place for domestic violence shelters. DV shelters receiving [funding] are prohibited from using HMIS.

Explanation: In order for the data contained within the SJC HMIS to be useful for data analysis and reporting to funders,
certain minimum data must be consistently collected throughout the system in "real time.•
Procedure: Each agency should review Attachment B to determine the type of data that is required to be collected and entered into HMIS.

D.2. Client Consent
Policy: Each agency must post a sign at each intake or comparable location and on its web site (if applicable)
explaining the reasons for data collection for those seeking services. The client has the option to opt out of allowing his or her identifying information to be added to the database. In that case, the client's file should be maintained internally by the agency to minimize the number of duplicate records for one client
Explanation: Privacy Policies should be in effect for each agency to both inform clients about the uses and disclosures of their personal data and to protect the agency by establishing standard practices for the use and disclosure of data. Each client must give permission for the disclosure and/or use of any client data outside of the privacy policy developed and posted by the agency. Client consent notices must contain enough detail so that the client may make an informed decision. Clients may withdraw permission to have their personal protected information in the HMIS, or may make a request to see copies of his or her client record.
Procedure: Partner Agencies will develop a privacy policy, which will be posted in appropriate areas for client review. FH will review the privacy notices as part of the annual HMIS review and/or through regular monitoring. If a client denies permission to
enter confidential data, the Partner Agency will not enter the data into the SJC HMIS, and maintain the clients file at their agency to minimize duplicate records for their agency.

D.3. Client Consent Forms to Share Data
Policy: Each Partner Agency should include in its privacy policy that data collected by the agency is disclosed to FH as part of its administrative responsibility for the SJC HMIS and that the data may be used for analysis and reporting purposes. FH will only report aggregate and/or de-identified data as part of its responsibilities, and agrees to maintain the data with the highest level of confidentiality and within the security guidelines set forth in this document Agency will also share the client's data with other partner agencies, provided the client has signed a release of information.
Explanation: The need for client confidentiality and the benefit of integrated case management should be balanced when discussing inter-agency data sharing. A consensus from the HMIS Data Committee determined that data sharing between Partner Agencies would better serve the community and its needs and the system was opened.
Procedure: Electronic data sharing between agencies is allowed in the SJC HMIS with written client consent

0.4. Appropriate Data Collection
Policy: SJC HMIS users will only collect client data relevant to the delivery of services to people in housing crises in St Johns County and/or required by funders or by law.
Explanation: The purpose of the SJC HMIS is to support the delivery of homeless and housing services in St Johns County. The database should not be used to collect or track information not related to serving people in housing crises or otherwise required for policy development and planning purposes.
Procedure: Agency Administrators will ask the SJC HMIS System Administrator for any necessary clarification of appropriate data collection. The SJC HMIS System Administrator, in consultation with SJC Program Manager, will make decisions about the appropriateness of data being entered into the database. FH will periodically audit pick-lists and agency-specific fields to

ensure the database is being used appropriately. This concern targets data elements that can be consistently tracked and reported, and does not specifically target the contents of case management notes or other fields not to be aggregated.

05 Data Ownership

Policy: The SJC HMIS, and any and all data stored in the SJC HMIS, is the property of Flagler Hospital. Flagler Hospital has authority over the creation, maintenance and security of the SJC HMIS. Violations of the HMIS Agency Agreement, the Standard Operating Procedures, privacy policies developed at the agency level, or other applicable laws may subject the Partner Agency to discipline and/or termination of access to the SJC HMIS and/or to termination of other St. Johns County Continuum of Care contracts.
Explanation: In order to ensure the integrity and security of sensitive client confidential information and other data maintained in the database, Flagler Hospital will be responsible for data ownership.
Procedure: The HMIS Agency Agreement and/or SJCCoC contract includes terms regarding the maintenance of the confidentiality of client information, provisions regarding the duration of access, an acknowledgement of receipt of the Policies and Standard Operating Procedures Manual, and an agreement to abide by all policies and procedures related to the SJC HMIS including all security provisions contained therein. Because programs participating in the SJC HMIS are funded through different streams with different requirements (HUD, blended, and other). FH shall maintain ownership of the database in its entirety in order that these funders cannot access data to which they are not legally entitled.

06 Data Entry Profile Information

Policy: Users will designate profile information as "OPEN" (this is currently the default setting) in the client security portion of the profile section of a client record in ClientPoint
Explanation: Open sections of the record can be seen and changed by users from another agency. Closed sections of the record can neither be seen nor changed by users from another agency, and Read-Only sections of the record can be seen, but not changed by users from another agency. Because the SJC HMIS is an open system, the default setting on client records has been set to "Open."
Procedure: Users will designate all client records as open, as indicated in the default settings. The Agency Administrator will
report any profiles created at their agency that need to be designated as "closed" and will immediately request the SJC HMIS
System Administrator to close these records.

0.7. Data Entry: Data Element Customization

Policy: Partner Agencies may have fields available for agency-specific customization.
Explanation: ServicePoint may include fields that can be customized on the Partner Agency level to reflect the program-specific data collection needs of its programs. These fields are part of the ServicePoint program and are available at no additional cost SJC HMIS System Administrator has the ability to customize these fields.
Procedure: The SJC HMIS System Administrator may customize the agency-specific fields at the Partner Agency Administrator or Program Manager's request

D.S. Additional Customization

Policy: Partner Agencies may purchase any additional desired customization (such as special reports) from Bowman Internet Systems through the SJC System Administrator. Flagler Hospital will not provide additional customization other than assistance with the customized assessment feature. Agency level customizations using this feature will be considered by the SJC HMIS System Administrator and/or FH's Program Manager on a case-by-case basis.
Explanation: It is the responsibility of individual Agencies to determine the best way to use ServicePoint for internal data
collection, tracking, and reporting. This may include purchasing additional customization directly from Bowman.
Procedure: Partner Agencies will contact Bowman Internet Systems through FH in order to discuss additional customization needs.

0.9. Data Integrity

Policy: SJC HMIS users will be responsible for the accuracy of their data entry. Partner Agency leadership will be responsible for ensuring that data entry by users is being conducted in a timely manner and will

also ensure the accuracy of the data entered.
Explanation: The quality of SJC HMIS data is dependent on individual users to take responsibility for the accuracy and quality of their own data entry. Agency Executive Directors and/or Agency Administrators are responsible for monitoring the quality of
the data for their own program(s).since that data may be used for reporting and/or monitoring purposes. Data may also be used

to measure program efficacy, which impacts funding opportunities during competitive funding processes such as the annual Continuum of Care application to HUD.
Procedure: In order to test the integrity of the data contained in the SJC HMIS, the SJC HMIS System Administrator will
perform regular data integrity checks on the SJC HMIS. The data integrity checks will include reporting of "overlaps periodic
verification of data and comparison to hard files, as well as querying for internal data consistency and null values. Any patterns of error will be reported to the Agency Administrator. When patterns of error have been discovered, users will be required to make corrections where possible, correct data entry techniques, improve the accuracy of their data entry, and will be monitored for compliance. In addition to data quality checks performed by the SJC HMIS System Administrator, each HUD-funded program is required to submit the HUD Annual Progress Report on a quarterly basis (based on the program's operating year) to the HMIS Data Committee. These reports will be assessed for data quality and errors will be reported to the SJC HMIS System Administrator and to the Agency Administrator. Other reports for non-HUD funded programs may also be required. Flagler Hospital reserves the right to add reporting requirements if data quality appears to be decreasing or if FH's reporting requirements change.

1.10. Quality Control: Data Integrity Expectations
Policy: Accurate and consistent data entry is essential to ensuring the usefulness of the SJC HMIS. Partner Agencies will provide acceptable levels of timeliness and accuracy. Partner Agencies without acceptable levels of data quality or timeliness may be locked out of the system to preserve overall data quality until the problems are addressed. Explanation: Data quality is an important aspect of the SJC HMIS. and must be maintained at the agency level and by users of the system. FH will monitor data quality as part of it HMIS management functions and as part of contract monitoring. Procedure: The SJC HMIS System Administrator will perform regular data integrity checks on the SJC HMIS and agencies will be required to report to FH on a regular basis as stated in the previous section.

1.11. On-Site Review
Policy: FH will perform annual reviews of each contracted Partner Agency's procedures related to the SJC HMIS as part of its regular monitoring.
Explanation: Regular reviews enable the HIMS Data Committee to monitor compliance with the Policies and Standard Operating Procedures Manual and HMIS Agency Agreements.
Procedure: The exact procedures for on-site reviews will be determined by HMIS Data Committee or Advisory Group and Steering Committee on an annual basis.

1.12. Client Data Retrieval
Policy: Any client may request to view, or obtain a printed copy of, his/her own records contained in the SJC HMIS. The client will also have access to a logged audit trail of changes to those records. No client shall have access to another client's records in the SJC HMIS as stated in the FH Notice of Uses & Disclosures.
Explanation: The data in the SJC HMIS is the personal information of the individual client Each client has a right to know
what information about him/her exists in the database, and to know who has added, changed or viewed this information, and when these events have occurred. This information should be made available to clients within a reasonable time frame of the request
Procedure: A client may ask his/her case manager or other agency staff to see his/her own record. The case manager, or any available staff person with SJC HMIS access, will verify the clients identity and print all requested information. The case manager can also request a logged audit trail of the clients record from the SJC

HMIS System Administrator. The System Administrator will print this audit trail, give it to the case manager, who will give it to the client. The client may request changes to the record, although the agency can follow applicable law regarding whether to change information based on the clients request A log of all such requests and their outcomes should be kept on file in the clients record.

1.13. Public Data Retrieval

Policy: Flagler Hospital will address all requests for data from entities other than Partner Agencies or clients. No individual client data will be provided to any group or individual that is neither the Partner Agency that entered the data or the client him or herself without proper authorization or consent FH will provide aggregate reports for the larger community. The content of these reports will reflect a commitment to client confidentiality and ethical data use. Explanation: My requests for reports or information from an individual or group who has not been explicitly granted access to the SJC HMIS will be directed to Flagler Hospital. No individual client data will be provided to meet these requests without proper authorization or consent as stated in FH's Privacy Policy.

Procedure: All requests for data from anyone other than a Partner Agency or a client will be directed to FH's Chief Executive Officer or a designee .As part of the mission to end homelessness in St. Johns County, it is Flagler Hospital's policy to provide aggregate data on homelessness and housing issues in this area. FH will also issue periodic public reports about homelessness and housing issues in St. Johns County. No individually identifiable client data will be reported in any of these documents.

D.14. Data Retrieval Support

Policy: Partner Agencies will create and run agency-level reports.

Explanation: The Agency Administrator has the ability to create and execute reports on agency-wide data. This allows Partner Agencies to customize reports and use them to support agency-level goals. The SJC HMIS is to be a tool for the Partner

Agencies in managing programs and services.

Procedure: The Agency Administrator will be trained in the use of the report writer reporting tool by a member of the SJC System Administrator. The SJC HMIS System Administrator will provide query and templates for reports specifically required by FH, and may assist Agency Administrators with the development of reports/queries for their specific use.

D. 15. Annual Progress Reporting

Policy: HUD funded programs will create and run Annual Progress Reports (APRs) using SJC HMIS.

Explanation: Recipients of funds under the SHP,S+C, Section 8 SRO, and HOPWA Programs are required to submit APRs to HUD. Homeless shelter and services providers receiving funds under the Emergency Solutions Grant (ESG} program are required to participate in an HMIS if the provider is located in a jurisdiction covered by a CoC with an HMIS. Entitlement Communities and states are not required to set up an HMIS for homeless providers receiving ESG funds in jurisdictions not covered by a CoC HMIS.

HUD anticipates moving towards the use of an APR driven by HMIS data to measure performance of both McKinney Vento Act

program grantees as well as CoCs. Performance evaluators would be developed through a process of consultation with service providers. Performance indicators would be designed to include appropriate adjustments to best fit the needs of the CoC and individuals service providers. The response categories for the program specific data elements have been modified to coincide with the response categories for the APR. Grantees that implement a HMIS in accordance with the final notice will be able to satisfy APR reporting requirements.

Procedure: Partner Agency Administrator and/or Program Manager will be trained in the use of the report writer APR in SJC HMIS.

E. Other HMIS Information

E.1. SJC HMIS Security Infrastructure

The following information about how SJC HMIS data is protected from unauthorized access or use is provided here for the benefit of all Partner Agencies, public officials, advocates and consumers who are interested in the architecture of security. Server Hosting at Bowman's Location: FH has co-located the SJC

HMIS database and web application servers in Shreveport, Louisiana, at the headquarters of Bowman Internet Services. This is done to take advantage of Bowman's ability to provide 24-hour security and support for FH's hardware and software. Co-location means that while FH owns the hardware and software, it pays a monthly maintenance fee for Bowman to provide both server hosting and routine server maintenance.

Bowman employs a full time staff of experts dedicated to keeping their clients up and running, secure, and using the latest Technology. This technology includes physical security, Cisco firewalls, authentication through *Verisign* certificates, Windows' secure server technology, and 128-bit encryption of usernames, passwords, and all data passing to and from the database.

It is the job of the SJC HMIS System Administrator and SJC's Program Manager to maintain a point of contact between Bowman and FH and keep track of any security issues related to the hosting of the SJC HMIS database.

Physical Attack: The database server and web server are located in a physically secure building where security guards are employed to monitor security from 7:00a.m. to 7:00p.m. Monday through Friday, and from 8:00a.m. to 4:00p.m. on Saturdays. During off-hours, a card key is required to enter the building. Within the building, the Bowman offices are also locked with a separate key structure. The server itself deploys the standard security measures available in Windows NT 4.0 to prevent unauthorized local access.

Network Attack: Bowman uses Cisco firewalls to prevent unauthorized remote access to the database server. A firewall is a software application that blocks all incoming electronic traffic except traffic that is explicitly permitted. Permissions are configured manually by network administrators. This combination of firewalls and virus protection software will detect and prevent most viruses, Trojan horses, worms, malicious mobile codes or email bombs from damaging our database.

Denial of Service: The combination of firewalls and routine monitoring of network traffic by skilled professionals (Bowman network administrators) will detect and prevent an attacker from flooding our server to the point of failure.

Exploitation of Operating System Vulnerabilities: k3 part of the maintenance contract. network administrators at Bowman are responsible for updating the server with the latest software patches and fixes of known operating system weaknesses. Keeping abreast of software patches and reports of new vulnerabilities is the best way to avoid falling prey to these attacks.

Exploitation of Software Vulnerabilities: Because FH relies on the same company who created the *ServicePoint* software to host its server, SJC HMIS is assured that security holes discovered in the *ServicePoint* software will be addressed by technicians with access to timely and accurate information about the core program. FH does not need to rely on second or third-hand software alerts or the installation of patches and upgrades by network administrators unfamiliar with the product. This is a great advantage in combating application-specific security issues.

User Falsification: Using a public-key infrastructure and signed digital certificates, the latest security technology available, Verisign provides a safe and reliable method of authenticating users. These methods, while they do employ traditional user names and passwords at their base, also encrypt data and provide a software enabled check and counter-check methodology that make stealing identities or masquerading as an authorized user virtually impossible. In addition, these methods produce one-time use session keys that foil a replay attack, as user credentials will never be signed and encrypted in precisely the same way twice.

Data Traps: Verisign provides 128--bit SSL encryption of all data passing from agency to server, or server to agency. Encryption is the translation of data from a readable "clear text to an encoded hash using complex mathematical algorithms. SSL, short for secure sockets layer, is a data transport protocol that encrypts data using a public-key infrastructure. 128-bit SSL encryption is the strongest encryption allowed by the U.S. Department of Commerce; it is estimated that data encrypted with 128-bit encryption would take a tnllion-trillion years to crack using today's technology .When data is encrypted, even if packets could be captured or recorded as they travel across the Internet they could not be decoded and read.

Server Falsification: The public-key infrastructure provided by Verisign provides not only authentication of the agency, but also authentication of the web site, and hence, authentication of the hosting server. Authentication is provided

through digital certificates verified by Verisign, and is an integral part of the login process. Mutual authentication prevents a rogue web site from masquerading as our secure web site and drawing sensitive data.

Social Engineering: These are attacks in which a social situation (for example, a customer service call from a third-party company) is manipulated so that an unauthorized user gains access to protected information, such as client data, or user names and passwords. The biggest deterrent to social engineering is clear policies and procedures. It is much harder for users to be manipulated into providing confidential information if they have clear and thoughtful rules to follow when providing such information. FH provides clear policies and procedures around issues of *ServicePoint* data confidentiality and confidentiality of user names and passwords. These policies and procedures are designed to speed problem resolution and minimize the chance of a user being manipulated into divulging confidential data through confusion or a sincere desire to help someone in need.

Misuse of Privileges: *ServicePoint* provides several levels of user access to the database. Each level has access to a particular subset of information and particular abilities to manipulate information. FH provides clear "job descriptions" for each level of access, to ensure that each user is assigned an appropriate level of access. FH provides clear protocol and procedures for handling data needs and requests that fall outside of a particular user's job description. Finally, FH will provide clear procedures for handling changes in access levels and users, as well as for password recovery and other access issues. These procedures will be designed to clarify and streamline the daily work of legitimate users, and minimize the chance of legitimate users misusing privileges even towards legitimate ends.

Local Physical Attack: Agency computers are necessarily more physically vulnerable than our central server. As no ServicePoint data is stored on the local computer the physical vulnerability of these computers does not constitute a significant threat to client confidentiality regarding this data. However, *any* user access data, such as a password, that is stored on a computer or in a written file, does constitute a risk to client confidentiality. The SJC HMIS policies and procedures will include provisions for the appropriate handling of client access data. In addition the physical security for the SJC HMIS is enhanced with database level encryption through the purchase of Protegrity software.

This two key encryption system works like a safety-deposit box. Even if a computer or server are stolen,(one key),the data is still safe and remains unreadable.

The guidelines set forth in this document are subject to change.
This is version 4.0.Effective date [insert date]

St. Johns Care Connect *Care Connect Information Network (CCIN)* ServicePoint USER AGREEMENT - POLICY, RESPONSIBILITY & CODE OF ETHICS

User name / Title (please print) _____

User Email (please print) _____

Agency (please print) _____

Entering Data for which program(s) _____

_____

_____

User Policy

In 2001, the United States Congress directed the United States Department of Housing and Urban Development to "collect an array of data on homelessness in order to prevent duplicate counting of homeless persons, and to analyze their patterns of use of assistance, including how they enter and exit the homeless assistance system and the effectiveness of the systems[1]."

The Care Connect Information Network (CCIN) is a collaborative effort among helping agencies to document client-level needs and characteristics through a coordinated system which aggregates common information at the agency, community, and state levels.

CCIN ServicePoint is a tool that can assist agencies in focusing services and locating alternative resources to help homeless persons and persons in need. Agency staff may use the Client information in the system to target services to the Client's needs.

ServicePoint is an entirely web-based system -- hosted on a centralized server -- coordinated by St. Johns Care Connect. The system is accessed via the Internet by provider sites offering shelter, housing, and supportive services to individuals and families in need.

Participating Agencies may choose to share information for provision of services to homeless persons through a networked infrastructure that establishes electronic communication among the Participating Agencies.

Participating Agencies shall at all times have rights to the data pertaining to their clients that they directly enter into the CCIN ServicePoint. Participating Agencies shall be bound by all permissions and restrictions imposed by Clients pertaining to the use of personal data for which they have signed a Release of Information (ROI) form for the appropriate Participating Agency.

All CCIN Users are required to attend ServicePoint training sessions prior to using the system (this is administered by St. Johns Care Connect). ALL CCIN users and administrators WILL become familiar with the guidelines as set forth by HIPAA Title II and the HITECH Act of 2009. THIS IS MANDATORY.

All CCIN Users are required to complete a privacy training specific to protecting information contained within CCIN prior to using the System (this will be administered by St. Johns Care Connect).

All CCIN Users are required to sign this agreement **IN FULL** prior to accessing any of the information contained

in the CCIN ServicePoint. All CCIN Users are required to sign this document upon entering into participation for their applicable Agency.

Any breach of this agreement will result in immediate lockout and possible legal actions.

Data-Sharing and Release of Information

1. The Agency understands that informed client consent is required before any basic identifying client information is entered into the CCIN ServicePoint for the purposes of interagency sharing of information. Informed client consent will be documented by completion of a Client Release of Information.

2. The Client Release form authorizes basic identifying client data entered into the CCIN ServicePoint Profile screen to be shared among all CCIN Member Agencies and other Assessment and Service Information to be shared with select CCIN Member Agencies, based on inter-agency sharing agreements.

3. If a client denies authorization to share Profile or other assessment information via the CCIN ServicePoint, the staff entering the information shall CLOSE said client's information in CCIN ServicePoint so no other agency will have access (this allows for information to be captured for statistical purposes). It is every US Citizen's Constitutional Right to deny any information and CCIN will abide by such rules.

4. **AT NO TIME WILL CLIENT DATA BE USED FOR PERSONAL OR PRIVATE USE. Sharing of Client data is confined to CCIN-Participating agencies and is entirely FORBIDDEN outside CCIN (this includes ALL individuals and organizations outside CCIN). Any sharing outside of CCIN will be done so ONLY at the explicit authorization of the client. Any breach of this will result in full system lockout and potential legal consequences.**

Minimum data entry on each Client will include: (Should reflect agency defined workflow.)

- The Client Profile section
- Client program Entry (CCIN Universal Intake programmatic; HUD and DCF data elements)
- Shelter bed reservation and use, as applicable
- Data necessary for the development of aggregate reports of homeless services, including services needed, services provided, referrals and Client goals and outcomes should be entered to the greatest extent possible.
- Case Plan and Notes (if applicable)

Restricted Information

Information, including progress notes and psychotherapy notes, about the diagnosis, treatment, or referrals related to a mental health disorder, drug or alcohol disorder, HIV, or AIDS, and domestic violence concerns **shall not** be shared with other Participating Agencies without the client's written, informed consent as documented on an applicable second specific Release of Information form as per the Administering Agency. Sharing of restricted information is not covered under the general CCIN Client Release of Information.

When recording referrals made for these types of services and to agencies that specifically provide these services, the Client's Service Record shall not be shared with other agencies on the CCIN ServicePoint without the Client's informed consent as signified by the Release of Information (ROI) form inside the client's profile and as per the Administering Agency's internal privacy act. This information should also not be entered in any "open" notes sections in the CCIN ServicePoint.

The sharing of information on children under the age of 18, who are not accompanied by a legal guardian, will be

governed by existing Agency policy regarding the age at which children under the age of 18 may authorize release of information.

User Responsibility

CCIN is HIPAA Title II and HITECH Act Compliant. Your User ID and Password give you access and authority to use the CCIN ServicePoint. Initial each item below to indicate your understanding and acceptance of the proper use of your User ID and password. Failure to uphold the confidentiality standards set forth below is grounds for immediate termination of User privileges and possible legal ramifications.

Please initial each item below to indicate your acceptance and understanding of the user responsibilities below

_____ The Agency has a legal obligation to maintain Client privacy, to protect and safeguard the confidentiality of Client's individually identifiable health information ("Client Information"). Client Information shall include, but not be limited to, the Client's name, address, telephone number, social security number, type of medical care provided, medical condition or diagnosis, and any and all other information relating to the Client's treatment.

_____ **My User ID and Passwords must be kept secure and are not to be shared with anyone, including other staff members.**

_____ I understand that the only individuals who can view information in the CCIN ServicePoint are authorized users and the Client to whom the information pertains. CCIN users must respect the privacy and hold in confidence all information obtained in the course of their use of the software system.

_____ I may only view, obtain, disclose, or use the database information that is necessary to perform my job and which follows the information policies of my agency. At any time an affiliate or representative of any law enforcement agency wishes to gain access I must immediately contact my Admin and the CCIN Administrator.

_____ Client information should be accessed only in order to retrieve data relevant to a client requesting services from my agency. AT NO TIME will I use the information obtained from CCIN for personal use, background checks nor non-service oriented reasons. **(FAILURE OF THIS RESULTS IN IMMEDIATE LOCKOUT AND LEGAL ACTIONS)**

_____ I understand that in the event that I am terminated or leave my employment with this agency, my access to the CCIN ServicePoint will be revoked.

_____ Clients have the right to see their information on CCIN. If a client requests to see their information, the Participating Agency/User who receives the request must review the information with the client.

_____ I understand that failure to log off CCIN appropriately may result in a breach in client confidentiality and system security.

_____ **If I am logged into CCIN and must leave the work area where the computer is located, I must log-off of the CCIN ServicePoint before leaving the work area.**

_____ I understand that my access to CCIN is limited to my designated work site unless I am given expressed written consent of the Agency Administrator to access the system from other specified locations.

_____ A computer that has CCIN "open and running" shall never be left unattended.

_____ A computer that has CCIN "open and running" shall never be arranged so that unauthorized individuals may see the information on the screen.

_____ Hard copies and downloads of information from the CCIN ServicePoint onto a hard drive or disk are FORBIDDEN unless specific consent is given to me by my Agency Administrator. Only appropriate agency staff members may have access.

_____ When hard copies and "downloads" of CCIN Client information are no longer needed, they must be properly destroyed as described in your agency's privacy and confidentiality policies.

_____ If I notice or suspect a security breach, I must immediately notify my Agency Administrator for the CCIN ServicePoint and my Executive Director or the CCIN Administrator.

_____ I understand that I am responsible for reporting any system malfunctions or "bugs" that I notice or suspect to the Agency Administrator and other appropriate system support staff.

_____ I understand that I must secure CCIN information as closed in each of the modules for which the Client has <u>not</u> given consent for data sharing.

_____ I must get a second specific "Release of Information" to share restricted information about the diagnosis, treatment, or referrals related to a mental health disorder, drug or alcohol disorder, HIV, AIDS, and domestic violence. In addition, ServicePoint settings must reflect the Client's expressed wishes as documented through the Informed Consent process.

_____ _____

User Signature Date

_____ _____

Agency Administrator / Executive Director Signature Date

_____ _____

CCIN System Administrator Signature Date

USER CODE OF ETHICS

A. CCIN Users must treat Participating Agencies with respect, fairness and good faith.

B. Each CCIN User shall maintain high standards of professional conduct in his/her capacity as a CCIN User.

C. All CCIN Users shall endorse and maintain the client's rights related to privacy and confidentiality and shall adhere to CCIN Policies and Procedures.

D. The CCIN ServicePoint User has primary responsibility for his/her Client(s).

E. The CCIN ServicePoint User will not misrepresent its client base in the CCIN ServicePoint by entering knowingly inaccurate information (i.e. User will not purposefully enter inaccurate information on a new record or to over-ride information entered by another agency.)

F. Discriminatory comments based on race, color, religion, national origin, ancestry, handicap, age, sex, and sexual orientation are not permitted in the CCIN ServicePoint.

G. The User will not use the CCIN ServicePoint with intent to defraud the federal, state, or local government or an individual entity; or to conduct any illegal activity.

I understand and agree to comply with all the statements listed above.

_____

User Signature Date

_____

Agency Administrator / Executive Director Signature Date

_____

CCIN System Administrator Signature Date

Data Element Collection Summary & Program Specific Data Collection

Data Element	Data Collected About				When the Data Are Collected					
	All Clients	HoH Only	HoH and Other Adults	Adults Clients Only	Record Creation	Project Start	At Occurrence	At Update	At Annual Assessment	At Exit
3.1 Name	X				X					
3.2 Social Security Number	X				X					
3.3 Date of Birth	X				X					
3.4 Race	X				X					
3.5 Ethnicity	X				X					
3.6 Gender	X				X					
3.7 Veteran Status				X	X					
3.8 Disabling Condition	X					X				
3.10 Project Start Date	X					X				
3.11 Project Exit Date	X									X
3.12 Destination	X									X
3.15 Relationship to HOH	X					X				
3.16 Client Location		X				X	X (at time the client's location changes form one CoC to another, if applicable)			
3.20 Housing Move-In Date		X					X (at time of move-in to PH, if applicable)			
3.917 Living Situation			X			X				
4.2 Income and Sources			X			X		X	X	X
4.3 Non-Cash Benefits			X			X		X	X	X
4.4 Health Insurance	X					X		X	X	X
4.5 Physical Disability	X					X		X		X
4.6 Developmental Disability	X					X		X		X
4.7 Chronic Health Condition	X					X		X		X
4.8 HIV/AIDS	X					X		X		X
4.9 Mental Health Problem	X					X		X		X

Data Element Collection Summary & Program Specific Data Collection

Data Element	Data Collected About				When the Data Are Collected					
	All Clients	HoH Only	HoH and Other Adults	Adults Clients Only	Record Creation	Project Start	At Occurrence	At Update	At Annual Assessment	At Exit
4.10 Substance Abuse	X					X		X		X
4.11 Domestic Violence			X			X		X		
4.12 Contact			X			X	X (at time each of contact)			
4.13 Date of Engagement			X				X (at point of engagement)			
4.14 Bed Night	X						X (as provided)			
4.18 Housing Assessment Disposition			X							X

Data Element Collection Summary & Program Specific Data Collection

Data Element	Program Specific									
	Rapid Re-Housing	Homeless Prevention	Street Outreach	Emergency Shelter	NBN Emergency Shelter (Norman)	Transitional Housing	Coordinated Entry	Day Shelter	Permanent Housing	Other Non HMIS Projects
3.1 Name	X	X	X	X	X	X	X	X	X	
3.2 Social Security Number	X	X	X	X	X	X	X	X	X	
3.3 Date of Birth	X	X	X	X	X	X	X	X	X	
3.4 Race	X	X	X	X	X	X	X	X	X	
3.5 Ethnicity	X	X	X	X	X	X	X	X	X	
3.6 Gender	X	X	X	X	X	X	X	X	X	
3.7 Veteran Status	X	X	X	X	X	X	X	X	X	
3.8 Disabling Condition	X	X	X	X	X	X	X	X	X	
3.10 Project Start Date	X	X	X	X	X	X	X	X	X	
3.11 Project Exit Date	X	X	X	X	X	X	X	X	X	
3.12 Destination	X	X	X	X	X	X	X	X	X	
3.15 Relationship to HOH	X	X	X	X	X	X	X	X	X	
3.16 Client Location	X	X	X	X	X	X	X	X	X	
3.20 Housing Move-In Date	X								X	
3.917 Living Situation	X	X	X	X	X	X	X	X	X	
4.2 Income and Sources	X	X	X	X	X	X	X	X	X	
4.3 Non-Cash Benefits	X	X	X	X	X	X	X	X	X	
4.4 Health Insurance	X	X	X	X	X	X	X	X	X	
4.5 Physical Disability	X	X	X	X	X	X	X	X	X	
4.6 Developmental Disability	X	X	X	X	X	X	X	X	X	
4.7 Chronic Health Condition	X	X	X	X	X	X	X	X	X	
4.8 HIV/AIDS	X	X	X	X	X	X	X	X	X	
4.9 Mental Health Problem	X	X	X	X	X	X	X	X	X	
4.10 Substance Abuse	X	X	X	X	X	X	X	X	X	
4.11 Domestic Violence	X	X	X	X	X	X	X	X	X	
4.12 Contact			X		X					
4.13 Date of Engagement			X		X					
4.14 Bed Night					X					
4.18 Housing Assessment Disposition							X			

HMIS Data Standards

MANUAL

April 2018

U.S. Department of Housing and Urban Development

Aligns with Version 1.3 of the HMIS Data Dictionary

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1. INTRODUCTION

HMIS Data Standards Overview

A Homeless Management Information System (HMIS) is the information system designated by a local Continuum of Care (CoC) to comply with the requirements of CoC Program interim rule 24 CFR 578. It is a locally-administered data system used to record and analyze client, service, and housing data for individuals and families who are homeless or at risk of homelessness.

HMIS is administered by the U.S. Department of Housing and Urban Development (HUD) through the Office of Special Needs Assistance Programs (SNAPS) as its comprehensive data response to the congressional mandate to report annually on national homelessness. It is used by all projects that target services to persons experiencing homelessness within SNAPS and the office of HIV-AIDS Housing. It is also used by other federal partners from the U.S. Department of Health and Human Services (HHS) and the U.S. Department of Veterans Affairs and their respective programs to measure project performance and participate in benchmarking of the national effort to end homelessness.

The HMIS Data Standards were first published by HUD in 2004 as the HMIS Data and Technical Standards. The original standards served as the foundation for software developers in constructing HMIS applications. In March 2010, HUD updated the Data Standards (March 2010 HMIS Data Standards), primarily to reflect data collection requirements for the Homelessness Prevention and Rapid Rehousing Program (HPRP). HUD, in collaboration with its federal partners, updated the HMIS Data Standards again in 2014 with the release of the 2014 HMIS Data Standards Manual and Data Dictionary. Both documents superseded the previously released HMIS Data Standards. **Together, the 2017 HMIS Data Standards Dictionary and Manual are the documentation of requirements for the programming and use of all HMIS systems and comparable database systems,[1] effective October 1, 2017.**

This manual is designed for CoCs, HMIS Lead Agencies, HMIS System Administrators, and HMIS Users to help them understand the data elements that are required in an HMIS to meet participation and reporting requirements established by HUD and the federal partners. An HMIS software must be able to collect all the data elements defined within these HMIS Data Standards, support the system logic identified in the HMIS Data Dictionary, and ensure that the visibility of data elements is appropriate to the *Project Type* and *Federal Partner Funding Sources* for any given project.

There are many software products on the market that communities across the county have chosen to use as their HMIS. Each product has unique features and was built to meet the different data collection needs of each community. Each software vendor should provide the guidance, support, and documentation necessary for the CoC to understand the system they are using.

Communities may elect to add data elements or maintain historical data element collection beyond what is specified in the Data Standards as long as it does not impact the ability of the CoC to accurately collect and report on the required data elements. In these cases, HMIS Leads should work directly with their HMIS vendors to meet their individual needs.

Related Documents

There are a variety of documents that comprise the suite of HMIS Data Standard resources. Each of the documents has a specific purpose and intended audience. The HMIS Lead should be familiar with all of the documents and collectively use them as their HMIS reference materials along with specific materials provided by the software vendor.

[1] Comparable databases are required for use by providers of services for victims of domestic violence, as described in the VAWA.

HMIS Data Standard Documents

The 2017 HMIS Data Standards Dictionary and Manual together contain the foundation for the data contained within an HMIS, project set up instructions, and data collection instructions.

Document Name	Intended Audience	Contents
HMIS Data Standards Dictionary	HMIS Vendors & HMIS Lead Agencies	The Dictionary provides the detailed information required for system programming of each HMIS element and the responses required for an HMIS software. It delineates data collection requirements, system logic, and contains the XML and CSV tables and numbers. It also includes critical information about data collection stages, federal partner data collection required elements, and metadata data elements.
HMIS Data Standards Manual	HMIS Lead Agencies & HMIS Users	The manual provides data collection instructions for the Project Descriptor Data Elements, Universal Data Elements, and the common Program Specific Data Elements. It contains information on project setup, client-level data collection requirements, and detailed descriptions of each data element.

HMIS Federal Partner Program Manuals

These manuals contain specific and detailed information on project setup for each of the federal partners participating in HMIS including: HMIS project typing, the specific data elements required for collection by that federal partner, program-specific meanings and definitions, and key information that the federal partner has identified as required for their program. Each Manual was created jointly by HUD and the relevant federal partner, and approved by both entities prior to publishing.

Links to each Manual will be made available on the 2017 HMIS Data Standards resource page as they are updated.

Manual Name	Intended Audience	Federal Partner	Contents
CoC Program HMIS Manual	• HMIS Lead Agencies • HMIS Users • Grantees	U.S. Department of Housing and Urban Development – Office of Special Needs Assistance Programs CoC Program information link	The manual assists in project set up of all Continuum of Care (CoC) Program component projects: Transitional Housing, Permanent Supportive Housing, Rapid Re-Housing, and Services Only. Information aligns with the CoC Program Interim Rule
ESG Program HMIS Manual	• HMIS Lead Agencies • HMIS Users • Recipients • Subrecipients	U.S. Department of Housing and Urban Development – Office of Special Needs Assistance Programs ESG Program information link	The manual assists in project set up of all Emergency Solution Grant (ESG) Program component projects: Emergency Shelter (night by night and entry/exit), Street Outreach, Rapid Re- Housing and Homelessness Prevention. Information aligns with the ESG Program Interim Rule
HOPWA Program HMIS Manual	• HMIS Lead Agencies • HMIS Users • Grantees	U.S. Department of Housing and Urban Development – Office of HIV/AIDS Housing HOPWA Program information link	The manual assists in project set up of all of the Housing Opportunities for Persons with AIDS (HOPWA) program components.
PATH Program HMIS Manual	• HMIS Lead Agencies • HMIS Users • Grantees	U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration PATH Program information link	The manual assists in project set up for all Projects for Assistance in Transition from Homelessness (PATH) program component projects: Street Outreach and Services Only.
RHY Program HMIS Manual	• HMIS Lead Agencies • HMIS Users • Grantees	U.S. Department of Health and Human Services Administration for Children and Families Family and Youth Service Bureau RHY Program information link	The manual assists in project set up for all Runaway and Homeless Youth program component projects: Basic Center Program, Street Outreach Program, Transitional Living Program, and Maternity Group Homes.
VA Program HMIS Manual	• HMIS Lead Agencies • HMIS Users • Grantees	Department of Veterans Affairs VA Program information link	This manual assists in projects set up for the Veteran's homeless programs. Programs on HMIS include: SSVF and GPD programs of the VA.

HMIS Data Standards Terms and Concepts

Continuum of Care (CoC) is used in multiple ways:

1. Continuum of Care and Continuum means the group organized to carry out the responsibilities required under the CoC Program Interim Rule (24 CFR Part 578) and comprises representatives of organizations, including nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, and law enforcement, and organizations that serve homeless and formerly homeless persons to the extent that these groups are represented within the geographic area and are available to participate.
2. CoC Program refers to the federal funding source which provides housing and/or service grant dollars.
3. Continuum project refers to a distinct unit of an organization, which may or may not be funded by HUD or the federal partners, whose primary purpose is to provide services and/or lodging for the homeless and is identified by the Continuum as part of its service system. [Note: a project funded by the HUD's CoC Program may be referred to then as a "CoC Program-funded continuum project".]

HMIS User means the individual who uses or enters data in an HMIS or a comparable database approved by the CoC.

HMIS Lead means the entity designated by the Continuum of Care in accordance with the HMIS Proposed Rule[2] (24 CFR Part 580) to operate the Continuum's HMIS on the Continuum's behalf.

HMIS System Administrator means the individual(s) whose job it is to manage the HMIS implementation at the local level: enrolling programs and managing appropriate use, supporting users through connection to, or direct provision of, user training, and overseeing system setup.

Project versus Program Across the federal agencies the terms project and program are used differently. In this document, and for the purposes of data collection in HMIS, a **program** refers to the federal funding source (e.g., HUD CoC, HHS PATH, VA SSVF, etc.) whereas **project** refers to a distinct unit of an organization as set up in the HMIS.

Data Element Structure

The key data elements required by HUD and most federal partner programs are included in this Manual. This Manual is intended to be read in conjunction with the HMIS Data Dictionary, providing the data collection guidance necessary for System Administrators and HMIS Users to use in local trainings. The following format is used to describe each data element:

Sample HMIS Data Element

Rationale and Reporting Utility provides a basic rationale for data collection for the element and describes how the data are used in national or local reporting.

Data Collection Instruction (client-level data elements only) or Project Setup Instruction (project descriptor data elements only) provides overall instructions for data collection and entry. Project setup and data collection instructions specific to an HMIS federal partner program can be found in the HMIS Federal Partner Program Manuals.

[2] As of June, 2017 the HMIS Rule is not in effect. When HUD publishing the final HMIS Rule communities will be given time to come into compliance with the rule.

Most data elements include a 'Client doesn't know' or 'Client refused' response category. It is not the intention of the federal partners that clients be denied assistance if they refuse or are unable to supply the information. However, some information may be required by projects or public or private funders to determine eligibility for housing or services, or to assess needed services.

The 'Client doesn't know' or 'Client refused' responses should not be used to indicate that the case manager or data entry person does not know the client's response. Nor are these responses to be assumed without first asking the client to provide the information. Some clients may decline to provide responses to some fields but case managers or data entry staff may not make that decision for them. At a national level, in every project type, a majority of clients are willing to provide identifying information. If a project is experiencing a high rate of client refusals as compared to similar projects, CoCs may wish to consider implementing trainings around interviewing or trust-building techniques to support client engagement. A deeper engagement with clients may lead to more rapid movement off the street and placement in housing, consistent with meeting federal goals to end homelessness and improvement on HUD's System Performance Measures.

The HMIS Data Standards assume that fields for which data are not collected will be left blank (i.e., 'missing'). In situations where a system requires a response to all data fields before saving a record, the system must use a specific response category to indicate that data were not collected. In such cases, that response category must be treated as missing data for reporting purposes.

Data Element Fields and Responses

Field	Dependency	Response Category/ Data Type	Descriptions
# Field Name	Dependent Fields and the Field/ Response option to which they are dependent. The dependencies outlined in the Data Dictionary are expected to be visible to users on-screen. The methods vendors use to make dependencies visible will vary by software provider.	# All response options associated with the field, and their data type, if specified.	General definitions and descriptions of fields and responses. More detailed, program-specific descriptions can be found in the HMIS Federal Partner Program Manuals, as applicable.

Reference Tables

Additional information about each client-level data element can be found in the Appendices.

- Appendix A identifies all HMIS Federal Partner programs and components that may use the HMIS, the Program and Component/Activity abbreviations used throughout the Manual, and associates each Component/Activity with an HMIS *Project Type* and *Federal Partner Funding Source*.
- Appendix B summarizes the client universe for each data element contained in this manual and when it is collected.

Metadata and Data Element Relationships

The term *metadata* is often defined as "data about data." Instead of capturing information about a project or a client, Metadata Elements capture information about the data itself; when it was collected, when it was entered into HMIS, who entered it, and which project is responsible for it. The Metadata Elements are intended to facilitate reporting from HMIS, to simplify the writing of programming specifications, and to provide an audit trail.

A complete list of metadata elements and logic for those elements can be found in the HMIS Data Dictionary. These elements do not represent an attempt to standardize the way that HMIS solutions store data. As long as an HMIS solution is able to accomplish the purposes identified in the rationale for the Metadata Elements, the solution is not required to use the exact metadata elements. Programming specifications for reports reference the Metadata Elements.

2. PROJECT DESCRIPTOR DATA ELEMENTS

Project descriptor data elements (PDDE) are intended to identify the organization, specific project, and project details to which an individual client record in an HMIS is associated.

They enable the HMIS to:

1. Associate client-level records with the various projects that the client will enroll in across continuum projects;
2. Clearly define the type of project the client is associated with the entire time they received housing or services;
3. Identify which federal partner programs are providing funding to the project; and
4. Track bed and unit inventory and other information, by project, which is relevant for the Annual Homeless Assessment Report (AHAR), System Performance Measures, Housing Inventory Counts (HIC), Point In Time (PIT) counts, and utilization analysis

This section describes the data to be recorded in HMIS for each project descriptor data element and its relation to each project entering data. Correct use of the 2.4 *Project Type* and 2.6 *Funding Sources* data elements will help assure that projects are identified for correct visibility and are able to generate reports required for each of the federal partners as reporting parameters will be based off of one or both of these elements.

Project descriptor data are generally entered and managed in an HMIS by the HMIS Lead, not a project end user. They are created at initial project setup within the HMIS and should be reviewed at least once annually and as often as needed to ensure that reporting is accurate. The HMIS Lead, in consultation with the CoC, should develop a plan and timeline for routine review and updates to PDDEs. If any project descriptor data is entered or updated by project end users, the HMIS Lead Agency must have oversight and data entry/edit ability along with strong review procedures to assure timely, accurate and complete data.

At a minimum, the HMIS Lead Agency must ensure that the HMIS includes project descriptor information for all continuum projects participating in HMIS and all residential continuum projects, regardless of their participation in HMIS. If the HMIS database includes client and service data entered by non-continuum projects, the continuum must identify them as such using the PDDEs to ensure that data are excluded from required reporting on continuum projects.

HUD requires that the CoC must collect program information in the HMIS on all continuum projects within its jurisdiction participating in HMIS and all residential continuum projects, regardless of their participation in HMIS **(last required in the 2010 data standards). This is to facilitate AHAR participation.**

The following Project Descriptor Data Elements are required for project setup in HMIS:

2.1 Organization Identifiers
2.2 Project Identifiers
2.3 Continuum of Care Code
2.4 Project Type
2.5 Method for Tracking Emergency Shelter Utilization
2.6 Federal Partner Funding Sources
2.7 Bed and Unit Inventory Information
2.8 Additional Project Information

HMIS Project Setup Guidance

One of the most critical steps in accurate data collection and reporting is ensuring that a project is set up properly in an HMIS. If project setup is done incorrectly, this will jeopardize the ability to produce accurate, reliable reports.

Prior to creating a new project in the HMIS, the HMIS Lead should consult with both the organization administering the project and the CoC Lead Agency regarding appropriate responses for the PDDEs. *Project Type* and *Federal Partner Funding Sources* are particularly critical as they are the basis for setting up client-level data collection and for reporting. *Project Types* must be consistent with grant agreements and with HIC and PIT guidance issued by HUD each year. Appendix A lists federal funding sources and programs along with the project type required for each. Some HMIS applications automatically configure data collection based on *Project Type* and *Federal Partner Funding Sources* to ensure that minimum requirements are met. Where this is not the case, data collection for each project must be set up so that all data elements required based on *Project Type* and *Federal Partner Funding Sources* are available for data entry. The HMIS Project Setup Tool provides identifies the required data elements for each funding source, project type, and funding source combinations.

For additional information on federal partner programs and related project setup guidance, refer to the applicable federal partner HMIS Program Manual.

Multiple Funding Sources

CoCs may have projects operating in their communities that receive funding from multiple federal partners for the same project to serve the same clients. There are a few issues the HMIS Lead will need to consider in these cases.

First, it is important that projects are set up in the system so all data elements needed for all required reports are "visible" to the end users. For example, a youth shelter may be funded through HUD's Emergency Solutions Grants Program (ESG) to support essential services and through HHS's Runaway and Homeless Youth (RHY) Program as a Basic Center Program. In this example, the project should be set up with a *Project Type* (data element 2.4) of 'Emergency Shelter' using the 'Entry/Exit Date' *Method for Tracking Shelter Utilization* (data element 2.5); it will show both 'HUD:ESG – Emergency Shelter' (operating and/or essential services) and 'HHS:RHY – Basic Center Program' as the *Federal Partner Funding Source* (data element 2.6). With the appropriate project type and correct identification of both funding sources, all elements required for both federal partner funding sources must be visible, and all data required for reporting to both funders can be collected. If the HMIS does not automatically configure data collection based on *Project Type* and *Federal Partner Funding Sources*, the HMIS Lead should reference the HMIS Data Dictionary to appropriately set the element visibility for the project.

Second, it is important to understand how projects are funded and what reports are required of each funding source because some projects receive funding from multiple funding sources for different eligible activities. For example, a project may receive a grant for residential operations/leasing costs and another grant for services. These two grants may be from the same federal program or two different federal programs. In these cases, HMIS Leads and project providers have two options:

1. Create one project in the HMIS that both the housing provider and the service provider will jointly share and record data in, or
2. Create two separate projects in the HMIS, one for the housing provider and another for the service provider.

Correct setup under either option is critically important to accurately record HIC/PIT information and to support correct system wide performance measures.

If a single project is created, the *Project Type* (data element 2.4) will be the appropriate residential project type (e.g. Transitional Housing, Permanent Supportive Housing, etc.), and the *Federal Partner Funding Sources* (data element 2.6) will identify both funding sources / component types for the project.

If two separate projects are created, each project will be associated only with the specific federal funding source and component type appropriate to the grant.

- The housing project will have a residential *Project Type* appropriate to the grant and must comport with all data collection requirements associated with that project type.
- The services project will have a *Project Type* of 'Services Only.' For services only projects, the *Project Type* data element includes a question asking if the services only project is affiliated with a residential project. In this case, the response would be 'Yes,' and the residential project would be identified so that data can be linked.

Multiple Project Setup

There may be other circumstances within the HMIS implementation where a project that appears to be one project must be set up as two separate projects in an HMIS. Some common examples of this are:

a) If one residential building has both emergency shelter beds and transitional housing beds, this must be set up as two separate projects, with the *Project Types* 'Emergency Shelter' and 'Transitional Housing,' respectively. Clients moving from the shelter bed to the transitional housing bed, even if in the same building or funded by the same source, will require an exit from the shelter project and an entry into the transitional housing project. Similarly, a permanent housing facility may have both a permanent housing for persons with disabilities required for entry and other units without a disability requirement. Those must be set up as separate projects in HMIS.

b) Projects that provide Homelessness Prevention and Rapid Re-Housing, whether funded by HUD or by the VA (i.e., under the Supportive Services for Veteran Families (SSVF) program), must be set up as two separate projects in the HMIS with the two distinct project types, even if they are funded under a single grant. In this case, the grant identifier will be the same in both project setups.

c) Permanent Housing projects are often created with a variety of rental subsidies. Unless the HMIS has the ability to identify the source and specific grant for a rental subsidy on a client-level basis, separate projects will have to be created in the HMIS in order to segregate the client records for reporting purposes. A common example of this is the "pre-HEARTH" McKinney Vento Shelter Plus Care (S+C) program. Although operated as a unified project, different clients are served using rental subsidies from multiple S+C grants, each with a different operating year and grant number. In many systems, in order to accurately report which and how many clients are served under each separate grant, the grants are set up and maintained as separate projects in the HMIS unless or until the S+C grants are consolidated under the CoC Program.

d) PATH projects may provide funding to one organization for both traditional street outreach services and supportive services such case management to persons at-risk of homelessness. In such cases, PATH requires that two projects be set up in the HMIS, one with the *Project Type* 'Street Outreach' and one with the *Project Type* 'Services Only' to distinguish the projects' operations and reporting for PATH and to support system level performance measurement.

Elements

2.1 Organization Identifiers

Rationale To uniquely identify organizations operating one or more projects that enter data into HMIS, as well as any residential continuum projects not participating in HMIS.

Project Setup Instruction *Organization Identifiers* are assigned once for each organization. Record the organization's legal name. The 'Organization Name' must be reviewed annually to ensure accuracy. There must be only one organizational identifier/name for each organization that has projects which operate in the HMIS implementation.

Many organizations operate multiple projects that participate in HMIS. Projects that are operated by the same organization must all be associated with the same 'Organization ID.' Each project in the HMIS must be associated with one and only one organization. If the project moves from one organization to another (e.g. grant transfers to a new organization), an update of the information to associate the project to the new organization must be made by the system administrator in the HMIS.

An organization's legal name is not always the name by which it is commonly known in the community. Some HMIS implementations include an additional field to track more familiar "common names" for organizations, but this is not required.

Data Element Fields and Responses

Field	Dependency	Response Category/ Data Type	Descriptions
1 Organization ID	None	System generated number or code. There is no specified format for this data element.	A unique identifier that must be automatically generated by the HMIS at the time the organization is created in the HMIS.
2 Organization Name	None	[Text]	The organization's legal name.

2.2 Project Identifiers

Rationale To uniquely identify each project entering data into the HMIS, as well as any residential continuum projects not participating in HMIS. The *Project ID* is used to link project descriptor information in other data elements to the specific project, and also to link clients and their enrollment data to the project.

Project Setup Instruction The 'Project ID' must be automatically generated by the HMIS at the time the project is created in the HMIS. Each project must receive a distinct identifier that is consistently associated with that project.

In separate fields, record the project's name and operating start/end date, if applicable. This information must be reviewed annually to ensure accuracy. 'Project Name' must be consistent with HUD and other federal reporting requirements and should match grant agreements or other documentation. Often the project will have a common name that is used by the community for the specific project, but may also have different names on formal grant agreements and perhaps even a different name in the HMIS. HMIS software solutions may elect to create another field for the entry of additional names of the project for ease of access purposes, but it is not required.

Residential projects that operate in multiple CoCs that cross HMIS systems must be documented in each CoC's HMIS, even in cases where all client data are entered into a single CoC's HMIS.

Project identification can be difficult for HMIS Lead Agencies. A project in HMIS is often referred to as a "program" by agency providers. When an organization designs a project to assist persons in their community, they are generally not considering the data collection and reporting requirements associated with it. Until funding is received for that project, they may not even know the reporting requirements. Therefore, HMIS project set-up begins with the determination by the System Administrator or HMIS Lead Agency, in cooperation with the project's leadership, of whether a new project will be set up as a single or multiple projects in the HMIS. For more guidance on project setup, please refer to the Introduction to Section 2.

Data Element Fields and Responses

Field	Dependency	Response Category/ Data Type	Descriptions
1 Project ID	None	System generated number or code. There is no specified format for this data element.	A unique identifier that must be automatically generated by the HMIS at the time the project is created in the HMIS.
2 Project Name	None	[Text]	The project's name. Where applicable, project names must be consistent with HUD and other federal reporting requirements and should match grant agreements or other documentation.
3 Operating Start Date	None	[Date]	The first day on which a project provided (or will provide) services and/or housing. For projects that began operating prior to October 1, 2012, the start date may be estimated if it is not known. Projects that are fully funded but have not yet begun operating may be entered with future project start date that reflects the date the project will begin providing services.
4 Operating End Date	None	[Date]	The last day on which the project provided or is expected to provide services and/or housing. It may be a date in the future; it may also be blank if the project is expected to continue operating indefinitely.

2.3 Continuum of Care Code

Rationale To associate each project entering data into the HMIS, as well as any residential continuum projects not participating in HMIS, with one or more CoC Code (continuum) for reporting and data exchange purposes.

Project Setup Instruction 'Continuum Codes' are published annually by HUD in the CoC Program NOFA and are associated with specific geographic areas. Each project must be associated with the HUD-assigned code for each CoC in which the project operates (i.e., in which the project is funded to provide lodging and/or services) and for which the project will be entering data into the HMIS (if applicable).

Some projects are funded to provide lodging and/or services to clients in only one continuum (e.g., CoC: Transitional Housing); others are funded to provide lodging and/or services across a geographic area that includes more than one continuum (e.g., some VA-funded SSVF projects). For federally-funded projects operating in multiple CoCs but entering data into a single HMIS implementation, the 'Continuum Code' selected for the project must be consistent with the area served by the project according to their grant agreement with the federal funder. For example, a VA SSVF project providing services to clients in both a balance of state and an urban CoC must be associated with the 'Continuum Code' for both the balance of state AND the urban continuum.

Projects participating in an HMIS implementation are subject to the policies and procedures of that HMIS implementation, regardless of whether participation is by entering data directly into the HMIS or by providing data exported from another source. Projects providing data from one HMIS implementation to another HMIS implementation are subject to the policies and procedures of both.

Data Element Fields and Responses

Field	Dependency	Response Category/ Data Type	Descriptions
1 Continuum Code	None	HUD-assigned CoC codes for the project location [Text – 6 characters]	CoC Codes as published by HUD annually. The format of these CoC codes is 2 letters (state abbreviation), a dash, and 3 numbers, e.g., XX-999. The HMIS software may provide a drop-down list of valid CoC Codes or require manual entry.

2.4 Project Type

Rationale To associate each project entering data into the HMIS, as well as any residential continuum projects not participating in HMIS, with the specific type of lodging or services provided. Data related to project type is necessary to identify corresponding data collection requirements and for reporting purposes. The element also identifies whether the project is a continuum project or a non-continuum project. The element also identifies the relationship of a 'Services Only' project to a housing project as necessary.

Project Setup Instruction A project is to be assigned a type based on the lodging or service it is providing. All HMIS federal partner programs have identified the requirements and correct project type for each program and program component in separate HMIS Program Manuals (created for each of the federal partner programs). Select one and only project type per 'Project ID.'

If a potential new project has more than one project type, each type must be set up in HMIS as a separate project. For more guidance on project setup, including determining whether a single or multiple projects should be set up in your HMIS, please refer to the Introduction to Section 2.

The project type selected directly impacts data collection and reporting requirements. In the event that the nature of a project changes such that the recorded project type is no longer appropriate, very careful consideration must be given to whether it is more appropriate to edit the project type for the existing project or to create an entirely new project with a different type.

Data Element Fields and Responses

Field	Dependency	Response Category/ Data Type		Descriptions
1 Continuum Project	None	0	No	
		1	Yes	A project within the geographic boundaries of the Continuum(s) of Care served by the HMIS whose primary purpose is to meet the specific needs of people who are homeless by providing lodging and/or services. A continuum project is not limited to those projects funded by HUD and should include all of the federal partner projects and all other federally or non-federally funded projects functioning within the continuum.
2 Project Type	None	12	Homelessness Prevention	A project that offers services and/or financial assistance necessary to prevent a person from moving into an emergency shelter or place not meant for human habitation.
		4	Street Outreach	A project that offers services necessary to reach out to unsheltered homeless people, connect them with emergency shelter, housing, or critical services, and provide urgent, non-facility-based care to unsheltered homeless people who are unwilling or unable to access emergency shelter, housing, or an appropriate health facility. Only persons who are "street homeless" should be entered into a street outreach project. Projects that also serve persons other than "street homeless" must have two separate projects to be set up in an HMIS – one 'Street Outreach' and the other 'Services Only.'
		1	Emergency Shelter	A project that offers temporary shelter (lodging) for the homeless in general or for specific populations of the homeless. Requirements and limitations may vary by program, and will be specified by the funder.

Field	Dependency	Response Category/ Data Type		Descriptions
2 Project Type (continued)	None	11	Day Shelter	A project that offers daytime facilities and services (no lodging) for persons who are homeless.
		2	Transitional Housing	A project that provides temporary lodging and is designed to facilitate the movement of homeless individuals and families into permanent housing within a specified period of time, but no longer than 24 months. Requirements and limitations may vary by program, and will be specified by the funder.
		8	Safe Haven	A project that offers supportive housing that (1) serves hard to reach homeless persons with severe mental illness who came from the streets and have been unwilling or unable to participate in supportive services; (2) provides 24-hour residence for eligible persons for an unspecified period; (3) has an overnight capacity limited to 25 or fewer persons; and (4) provides low demand services and referrals for the residents.
		13	PH - Rapid Re-Housing	A permanent housing project that provides housing relocation and stabilization services and short- and/or medium-term rental assistance as necessary to help a homeless individual or family move as quickly as possible into permanent housing and achieve stability in that housing.
		3	PH - Permanent Supportive Housing (disability required for entry)	A project that offers permanent housing and supportive services to assist homeless persons with a disability (individuals with disabilities or families in which one adult or child has a disability) to live independently.
		10	PH – Housing with Services (no disability required for entry)	A project that offers permanent housing and supportive services to assist homeless persons to live independently, but does not limit eligibility to individuals with disabilities or families in which one adult or child has a disability.
		9	PH - Housing Only	A project that offers permanent housing for persons who are homeless, but does not make supportive services available as part of the project.
		14	Coordinated Assessment	A project that administers the continuum's centralized or coordinated process to coordinate assessment and referral of individuals and families seeking housing or services, including use of a comprehensive and standardized assessment tool.

Field	Dependency	Response Category/ Data Type		Descriptions
2 Project Type (continued)	None	6	Services Only	A project that offers only stand-alone supportive services (other than outreach) to address the special needs of participants (such as child care, employment assistance, and transportation services) and has associated housing outcomes. • If the Services Only project is affiliated with any one of the following: o One residential project **and** ▪ Does not offer to provide services for all the residential project clients; **Or** ▪ Only serves clients for a portion of their project stay (e.g. provides classes); **Or** ▪ Information sharing is not allowed between residential project and service provider. o **Multiple** residential projects of the **same project type** (e.g. multiple PH:PSH) **and** ▪ Does not serve all the all residential project clients; **Or** ▪ Information sharing is not allowed between residential projects and service provider. o **Multiple** residential projects of **different project types** (e.g. PH: RRH and PH:PSH) o **Emergency Shelter(s)** Then the project type will be 'Services Only' and 'Affiliated with a Residential Project' will be 'Yes.' Each of the residential projects with which the Services Only project is associated must be identified. • If the Services Only project provides only services (other than outreach), has associated housing outcomes, and is not limited to serving clients of one or more specific residential projects, then the project type will be 'Services Only' and 'Affiliated with a Residential Project' will be 'No.' • A residential project that is funded under one or more separate grants to provide supportive services to **100% of the clients of the residential project** will be set up as a single project with the appropriate residential project type. All federal funding sources must be identified in *2.6 Federal Partner Funding Sources*.
		7	Other	A project that offers services, but does not provide lodging, and cannot otherwise be categorized as another project type, per above. Any project that provides only stand-alone supportive services (other than outreach) and has no associated housing outcomes should be typed as 'Other.' For example, a project funded to provide child care for persons in permanent housing or a dental care project funded to serve homeless clients should be typed 'Other.' A project funded to provide ongoing case management with associated housing outcomes should be typed 'Services Only.'

Field	Dependency	Response Category/ Data Type	Descriptions
A Affiliated with a Residential Project	Field 2: Response 6	0 No	For all projects typed 'Services Only' identify if the services that are being provided are in conjunction with a residential project which is a separate project in the HMIS (e.g. a service only project for case management that services one or more PSH projects.)
		1 Yes	
B Project ID(s) of Residential Project(s) Affiliated with SSO	Field A: Response 1	['Project ID']	If the service is being provided to another project within the HMIS, identify the project ID(s) of those residential project(s). For the sake of consistency, HMIS vendors are recommended to create a drop down list from element 2.2 *Project Identifiers* that includes the 'Project Names' and IDs for all non-emergency shelter projects.

2.5 Method for Tracking Emergency Shelter Utilization

Rationale To identify the method used for tracking shelter occupancy for each emergency shelter project entering data into the HMIS. This allows HMIS reporting to accurately calculate project bed utilization and length of stay and to distinguish shelters for other data collection and reporting purposes.

Project Setup Instruction Record the method used to track the nights that a client stays at a project. One method must be identified in an HMIS for each emergency shelter project. Reporting and outcome requirements will differ depending on the method utilized by the shelter.

- The entry/exit (e/e) method requires the client have a full record created for each project stay. All data required for the project at project entry and exit are recorded.
- The night-by-night (nbn) method requires the client have a full record created, followed by a record of each night the client was sheltered. For example, a client's *Project Start Date* is January 1. A full record is created reflecting the client's information on that date. The client stays that night and then is not back until 5 days later. On the night they return, assuming the client has not been exited from the shelter, a simple record of the 'Bed Night Date' may be made for the client, using 4.14 *Bed Night Date*. This collection of scattered nights becomes the client's length of stay in the shelter and the example above would give them a length of stay of 2 nights.

  To the extent possible in a mass shelter environment, clients in a nbn shelter should also have all elements required at exit for the project completed. The community should establish a standard to "automatically exit" a client after a given length of absence (e.g. 90 days from last bed night). The client's *Project Exit Date* would be recorded as the last date the client appeared at the shelter and the *Destination* would be marked as 'No exit interview completed.' The use of an automatic exit system enables streamlined data collection for mass shelters, while at the same time encouraging full exit information wherever possible.

The method used is important for the indication of length of stay in projects. Only projects utilizing a project start/exit date comparison will be able to report on a continuous length of stay.

Utilization of the night-by-night method does not mean that an HMIS must identify a client in a specific bed. If the HMIS supports a custom module that identifies clients in a bed that module may continue to be used. However, use of that module does not necessarily equate with the night-by-night model.

If a shelter/continuum determines the method of tracking needs to be changed, the following approach must be taken in order to minimize impact on the System Performance Measures and other reports:

1) A new shelter project must be established in the HMIS using the new method of tracking
2) All clients in the exiting HMIS shelter project must be exited
3) All clients that spend the first night in the new HMIS shelter must have data collected for a new shelter project entry
4) The old shelter project should be disabled from entry in the system (i.e. closed)

Data Element Fields and Responses

Field	Dependency	Response Category/ Data Type		Descriptions
1 **Emergency Shelter Tracking Method**	None	0	Entry/Exit Date (e/e)	The e/e method should be used for all shelters that are able to collect client data (Universal Data Elements and certain Program-Specific Data Elements) at project entry and project exit, including projects that require or strongly encourage a continuous stay while a client resolves their homelessness. For such shelters, length of stay is calculated based on the number of nights between project entry and project exit and performance measures will include changes from project start and project exit data collection stages.
		3	Night-by-Night (nbn)	The night-by-night method may be used by some high-volume shelters and shelters where a significant proportion of clients spend a night at the shelter as needed on an irregular basis. The night-by-night method relies on creating a separate record of each individual date on which a client is present in the shelter as a means for calculating length of stay and implies that the emergency shelter is generally unable to collect as much client data at project exit as an emergency shelter that uses an entry/exit method for tracking utilization. In this method: (1) entry information is collected the first time that a client stays at the shelter (2) the project records every discrete date (or series of dates) that the client utilizes a bed; (3) the HMIS maintains historical data on the nights a client is sheltered; (4) the client may be exited when shelter staff has information that indicates that the client is unlikely to return to the shelter or the system may be designed to automatically generate an exit after an extended absence; and (5) for reporting purposes, a client's length of stay in the project will be based on the actual number of bed nights and not on the period of time from entry to exit.

2.6 Federal Partner Funding Sources

Rationale To identify federal funding sources for each project entering data into the HMIS, as well as any residential continuum projects not participating in HMIS, and associate projects with corresponding data collection requirements and reporting specifications.

Project Setup Instruction The federal funding sources listed in Field 1 are the federal partner programs and their project components that have agreed either to participate in HMIS or are otherwise considered continuum projects.

All continuum projects that receive funding from any of the funding sources identified in this element must record: the name of the federal program and grant component; a grant identifier; grant start date; and grant end date. Each project must include as many *Funding Source* records as is necessary to identify all the funding sources for the project that appear on the list. Identification of additional funding sources is not required.

When a project is funded by multiple grants and 100% of clients served by the project receive lodging and/or services under each of the grants, a single project may be set up in HMIS as long as it is configured such that data collection and reporting requirements for each funder are satisfied.

When a project is funded by multiple grants and different clients receive lodging and/or services under different grants, it must be possible to identify which clients were served by which grant (or grants) and any grant-level reporting must exclude clients not specifically served under the grant. In general, this is accomplished in one of two ways:

- There are separate projects set up in HMIS for each of the grants and clients are entered into those projects based on the source of funding for particular services received; OR
- The HMIS has implemented additional data collection such that a client's enrollment and/or specific services may be associated with the appropriate grant.

The grant identifier must uniquely identify the grant, although several projects may share the same grant identifier if they are, in fact, funded under the same grant but split into separate projects in HMIS. This may happen, for example, when a grant has multiple sub-grantees and needs to be able to identify which clients were served by each of the subgrantees, or when a single grant funds services that fall under different project types.

Correctly identifying each grant's start and end date allows for inclusion or exclusion of certain projects in grant- or system-level reporting. For example, this information is critical for in the generation of income measures for the system performance measures.

The system administrator must regularly collect and review federal funding source information, grant start, and grant end dates from all projects. The information is required to be reviewed and updated, if necessary, at least annually, but HUD and the federal partners strongly recommend reviewing the grant identifiers before any HUD or federal partner-required reporting or data transfers.

Additional information on federal partner programs and related project setup guidance can be found in the applicable HMIS Program Manual.

Data Element Fields and Responses

Field	Dependency	Response Category/ Data Type	Descriptions
1 Federal Partner Program and Components	None	1	HUD: CoC – Homelessness Prevention (High Performing Comm. Only)
		2	HUD: CoC – Permanent Supportive Housing
		3	HUD: CoC – Rapid Re-Housing
		4	HUD: CoC – Supportive Services Only
		5	HUD: CoC – Transitional Housing
		6	HUD: CoC – Safe Haven
		7	HUD: CoC – Single Room Occupancy (SRO)
		43	HUD: CoC - Youth Homeless Demonstration Program (YHDP)
		8	HUD: ESG – Emergency Shelter (operating and/or essential services)
		9	HUD: ESG – Homelessness Prevention
		10	HUD: ESG – Rapid Re-housing
		11	HUD: ESG – Street Outreach
		12	HUD: Rural Housing Stability Assistance Program
		13	HUD: HOPWA – Hotel/Motel Vouchers
		14	HUD: HOPWA – Housing Information
		15	HUD: HOPWA – Permanent Housing Placement (facility based or TBRA)
		16	HUD: HOPWA – Permanent Housing Placement
		17	HUD: HOPWA – Short-Term Rent, Mortgage, Utility assistance
		18	HUD: HOPWA – Short-Term Supportive Facility
		19	HUD: HOPWA – Transitional Housing (facility based or TBRA)
		20	HUD: HUD/VASH
		35	HUD: Pay for Success
		36	HUD: Public and Indian Housing (PIH) Programs
		21	HHS: PATH – Street Outreach & Supportive Services Only
		22	HHS: RHY – Basic Center Program (prevention and shelter)
		23	HHS:RHY – Maternity Group Home for Pregnant and Parenting Youth
		24	HHS:RHY – Transitional Living Program
		25	HHS:RHY – Street Outreach Project
		26	HHS:RHY – Demonstration Project
		27	VA:CRS Contract Residential Housing
		37	VA: Grant Per Diem – Bridge Housing
		38	VA: Grant Per Diem – Low Demand
		39	VA: Grant Per Diem – Hospital to Housing
		40	VA: Grant Per Diem – Clinical Treatment

Field	Dependency	Response Category/ Data Type	Descriptions
1 **Federal Partner Program and Components (continued)**	None	41 VA: Grant Per Diem – Service Intensive Transitional Housing	
		42 VA: Grant Per Diem – Transition in Place	
		30 VA: Community Contract Safe Haven Program3	
		32 VA: Compensated Work Therapy Transitional Residence3	
		33 VA: Supportive Services for Veteran Families	
		34 N/A	
2 **Grant Identifier**	None	[no specified format]	The 'Grant Identifier' may be the grant number assigned by the federal partner or any other grant identification system used by the federal partner, grantee or the CoC, unless a specific grant identifier is required by the federal partner.
3 **Grant Start Date**	None	[Date]	The start date of the grant.
4 **Grant End Date**	None	[Date]	The grant end date may remain empty until the term of the grant ends. If the exact same grant source and component is renewed (with the exception of projects funded by HHS:RHY), the grant end date is not required to be entered. The grant end date may remain empty until such time as the renewal(s) end.

[3] These VA programs are not required to enter client-level data, although Project Descriptor Data Elements must be recorded.

2.7 Bed and Unit Inventory Information

Rationale To record bed and unit inventory for each project entering data into the HMIS, as well as any residential continuum projects not participating in HMIS, for use in tracking utilization, data quality analysis, and reporting.

Project Setup Instruction At a minimum, an HMIS must have an accurate record of bed and unit inventory as of October 1, 2017 for all continuum residential projects. These data must be finalized and accurately entered by January 2018 (i.e., by the time of the 2018 Housing Inventory Count date). The *Inventory Start Date* for these records should reflect the date on which they first became available under the relevant project; if the precise date is not available, an estimate may be used; the 'Information Date' should be the same as the Inventory Start Date.

A project may have multiple current records of inventory:

- Projects that serve more than one household type must have a separate inventory record for each household type.
- Emergency shelters with more than one bed availability (year-round, seasonal, overflow) or bed type (facility-based, voucher, other) must have separate records for each bed type, availability, and household type.
- For any inventory added since the date of the most recent HIC, a separate *Bed and Unit Inventory* record must be created for the new beds and units with an *Inventory Start Date* that shows the date that the additional inventory became available. The record for the existing inventory should remain as is.
- Projects that operate in more than one CoC must have separate *Bed and Unit Inventory* records for each CoC.

For example, a project serving single adults that has 100 beds, of which 20 are seasonal, would have two bed and unit inventory records. One record is for the 80 facility-based year-round beds for households without children and a second record is for the 20 facility-based seasonal beds for households without children.

Projects that target certain populations are advised that nothing in these standards allows for circumventing fair housing laws. The Fair Housing Act prohibits discrimination because of, among other things, familial status. Except where otherwise permitted by the federal program statute, housing covered under the Fair Housing Act may not deny admission to households with children.

A project may have multiple historical records of inventory. Changes over time should be documented such that a historical record of inventory is retained. Minor day-to-day fluctuations need not be recorded, but differences due to significant changes in project operations should be entered as they occur.

- When a project adds inventory, a new record should be added with an 'Information Date' and *Inventory Start Date* that reflect the date of the increase. Inventory under development (i.e., beds for which funding has been approved but are not yet available) should also be separate using the current date as the 'Information Date' and the date that the beds are expected to be available as the *Inventory Start Date*.
- When a project reduces inventory, but will continue to serve the same household type with a smaller number of beds, a new record should be added with an 'Information Date' of the effective date of the decrease; the same *Inventory Start Date* from the previous record should be used. The earlier record should be closed out by recording an *Inventory End Date* that is the day prior to the effective date of the decrease.
- When a project is eliminating all inventory for a given household type, an *Inventory End Date* reflecting the last date on which beds were available should be entered for the existing record.

- Changes in the number of HMIS participating beds or the number of beds dedicated for chronically homeless, Veteran, or youth clients should be documented by closing out the old record with an *Inventory End Date* that is the date before the effective date of the change. A new record should be created with an 'Information Date' that is the effective date of the change; the same *Inventory Start Date* from the previous record should be used. At annual review, if there are separate records for beds of the same type and all *Inventory Start Dates* are more than one year prior to the most recent HIC, the individual records should be closed out by recording an *Inventory End Date* that is the day prior to the current date. A new record should be created to combine the total inventory of the individual records using the current date as the 'Information Date' and the earliest *Inventory Start Date* from the individual records.

Data Element Fields and Responses

Field	Dependency	Response Category/ Data Type	Descriptions
1 Information Date	None	[Date]	The 'Information Date' depends on the status of the inventory: • **Under Development:** Inventory which is fully funded but not yet available for occupancy, use the date on which the record is created. • **New:** Inventory added since the date of the most recent HIC and available for occupancy (and for which a record does not yet exist as "under development"), use the date on which the beds/units became available. • **Existing Inventory:** When creating a new record to reflect changes in the number of beds/units; number of beds designated for veterans, youth, or chronically homeless; household type; or availability, use the effective date of the change. See data collection instructions for more details about when to create new records or close out existing records for inventory changes.
2 Inventory Start Date	None	[Date]	The date on which the inventory became available, or, for inventory under development, the date on which it is expected to become available.
3 Inventory End Date	None	[Date]	The last date that an inventory record is relevant: • For **current** records, 'Inventory End Date' should be blank. • For records that are being **closed out because a change that requires a new record** has occurred, 'Inventory End Date' will be the day before the effective date of the change. • For inventory that is **no longer available**, 'Inventory End Date' will be the last date that beds were available.
4 CoC Code	None	[as identified in data element 2.3]	Projects that operate in more than one CoC must have separate *Bed and Unit Inventory* records for inventory located in each CoC. From the CoC codes entered in data element 2.3, indicate the CoC code associated with the inventory record.
5 Household Type	None	This specifies the household type (at project entry) served by beds and units in a given inventory record. Projects that serve more than one household type must have separate records of inventory for each household type.	
		1 Households without children	Beds and units typically serving households with adults only. This includes households composed of unaccompanied adults and multiple adults.

Field	Dependency	Response Category/ Data Type		Descriptions
5 Household Type (continued)	None	3	Households with at least one adult and one child	Beds and units typically serving households with at least one adult and one child.
		4	Households with only children	Beds and units typically serving households composed exclusively of persons under age 18, including one-child households, multi-child households or other household configurations composed only of children.
6 Bed Inventory	None	[Integer]		The 'Bed Inventory' is a count of the total number of beds available for occupancy as of the 'Information Date.' The number of beds is generally equivalent to the number of persons a lodging project can house on a given night and, for Emergency Shelters, should be counted distinctly for each combination of 'Bed Type' and 'Availability.' For projects that serve multiple household types, but where a precise number of beds are not designated exclusively for a particular type of household, the total number of beds may be distributed among the household types served by the project using one of the following methodologies: • Divide the beds based on how the bed(s) were used on the night of the HIC. If the facility is not at full capacity on the night of the count, then extrapolate the distribution based on the prorated distribution of those who are served on the night of the count. • Divide the beds based on average utilization. For example, a project has 100 beds that could be used by either households with only children or households with at least one adult and one child. If one-half of the beds are used by persons in households with only children on average and the other half are used by persons in households with at least one adult and one child, then record 50 beds for households with only children, and for the 50 beds for households with at least one adult and one child in the HIC. Projects that only have units and no fixed number of beds can estimate the number of beds based on average household size using a multiplier factor (e.g., a project with 30 family units and an average family size of 3 would record 90 beds). Projects that provide housing rental assistance and have a fixed number of vouchers should determine the number of beds and units based on the number of vouchers currently funded and available for use. Projects that provide emergency shelter or housing rental assistance vouchers and without a fixed number of units or vouchers (e.g., Emergency Shelter-hotel/motel project, Rapid Re-Housing, some scattered site PH-Permanent Supportive Housing) should determine the number of beds (and units) based on the maximum number of persons (and households) who can be housed on a given night.

Field	Dependency	Response Category/ Data Type		Descriptions
7 Unit Inventory	None	[Integer]		The 'Unit Inventory' is a count of the total number of units available for occupancy as of the 'Information Date.' Projects that do not have a fixed number of units (e.g., a congregate shelter project) may record the bed inventory, the number of residential facilities operated by the project, or the number of rooms available as the unit integer. For additional instructions, see 'Bed Inventory,' above.
8 Bed Types	2.7 *Project Type* = 'Emergency Shelter'			Record the number of beds of each *Bed Type* offered by emergency shelter projects: Facility-based beds, voucher beds, and other beds. The total of the three types should equal the total 'Bed Inventory' shown in 2.7 Field 6.
		1	Facility-based Beds	Beds (including cots or mats) located in a residential homeless assistance facility dedicated for use by persons who are homeless.
		2	Voucher Beds	Beds located in a hotel or motel and made available by the homeless assistance project through vouchers or other forms of payment.
		3	Other Beds	Beds located in a church or other facility not dedicated for use by persons who are homeless.
9 Availability	2.7 *Project Type* = 'Emergency Shelter'	Availability is recorded to identify whether the beds and units are available on a planned basis year-round, seasonally, or on an ad hoc or temporary basis, as demand indicates.		
		1	Year-round	Year-round beds and units are available on a year-round basis.
		2	Seasonal	Seasonal beds are not available year-round, but instead are available on a planned basis, with set start and end dates, during an anticipated period of higher demand.
		3	Overflow	Overflow beds are available on an ad hoc or temporary basis during the year in response to demand that exceeds planned (year-round or seasonal) bed capacity.
10-12 Dedicated Bed Inventory	All beds that have been funded by HUD or another federal partner that are dedicated to one or more of the following subpopulations must be recorded in the appropriate category. A bed may be counted more than once across categories (e.g., a project may have beds dedicated for persons who are both chronically homeless and a veteran). The number of beds for each subpopulation is a subset of the total bed inventory for a given project and must be equal to or less than the total bed inventory. A dedicated bed is a bed that must be filled by a person in the subpopulation category (or a member of their household) unless there are no persons from the subpopulation who qualify for the project located within the geographic area.			
10 Veteran Bed Inventory	None	[Integer]		The number of beds that are dedicated to house homeless veterans and their household members.
11 Youth Bed Inventory	None	[Integer]		The number of beds that are dedicated to house homeless youth (persons up to age 24) and their household members.
12 Chronically Homeless Bed Inventory	2.7 *Project Type* = 'PH: Permanent Supportive Housing'	[Integer]		The number of beds that are dedicated to house chronically homeless persons and their household members.

Field	Dependency	Response Category/ Data Type	Descriptions
13 HMIS Participating Beds	None	[Integer]	Total number of beds participating in HMIS as of the 'Information Date.' For projects that serve a mixed population without a fixed number of beds per household type, record participating beds according to instructions provided in 2.7 Field 6 'Bed Inventory.' If a project is only collecting and entering data in HMIS for clients staying in a portion of its beds, then only record the count of beds participating in HMIS. Non-contributing CoC projects must enter "0" in the HMIS participating beds field.

2.8 Additional Project Information

Rationale To record location data required by each project entering data into the HMIS, as well as any residential continuum projects not participating in HMIS. This information is relevant for HIC and AHAR reporting.

Project Setup Instruction Each residential continuum project must have at least one record of *Additional Project Information*. Projects that operate in more than one CoC but enter data into a single HMIS must have separate *Additional Project Information* records for each CoC. Responses in each record should be associated with the correct *Continuum of Care Code* (see data element 2.3).

Information must be reviewed at least annually. If the information has changed, a new record should be created to document the change in information. A new record is only required if a change has occurred; the 'Information Date' of the new record should reflect the date of the change. Data entry errors should be edited to correct the error.

'Geocode,' 'Project ZIP code,' and 'Project Street Address' fields must reflect the location of the project's principal lodging site or, for multiple site projects, the area in which most of the project's clients are housed. Tenant-based scattered site projects and Victim Services Providers are only required to complete the geocode and ZIP code fields and may use mailing or administrative address information if they wish to complete the remainder of the address fields. When there are multiple records associated with different CoCs, the geocodes will differ – the geocode must be located within the CoC.

'Geography Type' is a new field in the 2017 HMIS Data Standards that will allow HUD to collect more nuanced information about urban, rural, and suburban homelessness in the AHAR. These geography types will be automatically determined by the HMIS based on the 'ZIP Code' entered for the project. HUD will issue the official crosswalk of ZIP Codes and geography types; the geography type cannot be locally determined.

Data Element Fields and Responses

Field	Dependency	Response Category/ Data Type		Descriptions
1 **Information Date**	None	[Date]		The 'Information Date' should correspond to *Project Start Date* (data element 2.2 *Project Identifiers*) or, for new records created to document a change in information, to the effective date of the change.
2 **CoC Code**	None	[as identified in data element 2.3]		Projects that operate in more than one CoC must have separate *Additional Project Information* records for inventory located in each CoC. From the CoC codes entered in data element 2.3, indicate the CoC code associated with the inventory record.
3 **Geocode**	None	[6 digits]		Geocode associated with the geographic location of the project's principal site. HUD provides a list of geocodes as part of the annual CoC Program competition.
4 **Target Population**	None	1	DV: Domestic Violence victims	At least 75% of persons served by the project must be victims of domestic violence.
		3	HIV: Persons with HIV/AIDS	At least 75% of persons served by the project must be persons with HIV/AIDS.
		4	NA: Not applicable	Neither of the other response categories applies.
5 **Victim Services Provider**	None	0	No	
		1	Yes	A private nonprofit organization whose primary mission is to provide direct services to victims of domestic violence.
6 **Project ZIP Code**	None	[5 digits]		The ZIP code of the project's principal site or, for scattered site projects, the ZIP code in which most of the project's clients are housed.
7 **Geography Type**	None	1	Urban	HUD will release a crosswalk of ZIP codes and a geography type for each. Geography type must correspond to the HUD crosswalk; geography types may not be locally defined.
		2	Suburban	
		3	Rural	
8 **Housing Type**	None	1	Site-based - single site	All clients are housed in a single project facility.
		2	Site-based - clustered/ multiple sites	Clients are housed in more than one project facility in multiple locations.
		3	Tenant-based - scattered site	Clients have leases or other occupancy agreements and are housed in residences that are not owned or managed by the project.
9 **Project Street Address 1**	None	[Text]		The street address of the project's principal site or, for scattered site projects, the address in which most of the project's clients are housed. For tenant-based – scattered site projects, the field may be left blank or the administrative address may be used.
10 **Project Street Address 2**	None	[Text]		
11 **Project City**	None	[Text]		

3. UNIVERSAL DATA ELEMENTS

HMIS Universal Data Elements are elements required to be collected by all projects participating in HMIS, regardless of funding source. Projects funded by any one or more of the federal partners must collect the Universal Data Elements, as do projects that are not funded by any federal partner (e.g. missions) but are entering data as part of the Continuum of Care's HMIS implementation.

The Universal Data Elements are the basis for producing unduplicated estimates of the number of people experiencing homelessness, accessing services from homeless assistance projects, basic demographic characteristics of people experiencing homeless, and patterns of service use, including information on shelter stays and homelessness over time.

The Universal Data Elements are the foundation on which the Annual Homeless Assessment Report (AHAR) is developed. The AHAR provides Congress the national estimates of the current state of homelessness across the United States and the use of homeless assistance programs. It is used locally to inform communities on how their specific homeless information compares nationally and to understand changes within communities over time. The AHAR is used a critical resource for informing the U.S. Interagency Council on Homelessness and other federal partners on the nature of homelessness in the United States and provides a unique longitudinal lens to inform homelessness policy nationwide. Universal Data Elements also help local communities to better target resources, and position programs to end homelessness.

Universal Identifier Elements (One and Only One per Client *Record*)

3.1 Name
3.2 Social Security Number
3.3 Date of Birth
3.4 Race
3.5 Ethnicity
3.6 Gender
3.7 Veteran Status

Universal Project Stay Elements (One or More Value(s) Per Client or Household Project Stay)

3.8 Disabling Condition
3.10 Project Start Date
3.11 Project Exit Date
3.12 Destination
3.15 Relationship to Head of Household
3.16 Client Location
3.20 Housing Move-In Date
3.917 Living Situation

In the 2017 HMIS Data Standards, Data Element 4.17 *Residential Move-In Date* was significantly modified and became universal data element 3.20 *Housing Move-In Date*.

Appendix B summarizes the client universe for each universal and program-specific data element and when it is collected.

General Data Collection Guidance

Universal data elements are required to be collected by all projects participating in an HMIS, regardless of funding source. Data elements 3.1 through 3.7 are required to be collected once per *client*, regardless of how many project stays that client has in the system. If, upon *Project Start* in a new project, the data

in these elements are observed to be incorrect or outdated, the data must be corrected in the original record. The remaining universal data elements are to be collected at least once per *project stay*. The timing of when the data are to be collected and about whom is noted below in each data element.

The Universal Data Elements in particular can lead to questions about what to enter in the HMIS if a client does not complete a consent form for the HMIS. When considering client consent in the context of HMIS, it is important to make a distinction between HMIS data entry and HMIS data sharing. At this time, there is no requirement that client consent be obtained in order to enter client information into HMIS. There is only a requirement that client consent be obtained in order to *share* information entered into HMIS with one or more other HMIS participating providers.

This means that it may not be necessary at all to obtain written consent from every client to simply enter the data into your HMIS. However, if your HMIS is configured in such a manner that information entered into HMIS is automatically shared with other HMIS participating projects, then client consent is necessary. Consult with your Continuum of Care and HMIS Lead Agency for more information.

Data Collection Guidance by Project Type

Some project types are more complex and require additional data collection instruction. Although the following information is also provided within each individual data element, it is all are collected here for ease of reference for System Administrators and end users managing these project types.

- Street Outreach
    - De-Duplication of Client Records: It is possible in a street outreach setting that a single client may be contacted by multiple street outreach workers over a period of time in different locations. Local protocols should be established for coordination among street outreach projects to effectively manage the identification and data collection of clients. In smaller CoCs, it may be possible to coordinate street outreach efforts and reduce duplication of client records through case conferences or other efforts. In larger CoCs, to manage the identification of clients, client search functionality may be made available in HMIS so that street outreach workers can perform queries or client searches by "made-up" names or aliases, or other informal identifiers shared with street outreach workers. The use of temporary "made-up" names should not be an excuse for excessive de-identified clients or poor data quality. Street Outreach projects and local HMIS leadership should work together to minimize the use of "made-up" names and attain high data quality.
    - Contacts: Most street outreach projects are expected to record every contact made with each client in the HMIS. A contact is defined as an interaction between a worker and a client designed to engage the client. Contacts include activities such as a conversation between the street outreach worker and the client about the client's well-being or needs, an office visit to discuss their housing plan, or a referral to another community service. A *Contact* (4.12) must be recorded anytime a client is met, including when a *Date of Engagement* (4.13) or *Project Start Date* (3.10) is recorded on the same day.
    - Engagements: Most street outreach projects are expected to record the *Date of Engagement* (4.13) with each client in the HMIS. Per the HMIS Data Standards and by agreement across all federal partners, an engagement date is the date on which an interactive client relationship results in a deliberate client assessment or beginning of a case plan. The *Date of Engagement* should be entered into HMIS at the point that the client has been engaged by the outreach worker. This date may be on or after the *Project Start Date* (3.10) and must be prior to the *Project Exit Date* (3.11). If the client exits without becoming engaged, the *Date of Engagement* should be left blank. If the

client was contacted on the date of engagement, a *Contact* (4.12) must also be entered for that date.

- Data Quality: Reporting on data quality for street outreach projects is limited to clients with a *Date of Engagement* (4.13). Therefore, it is important that outreach workers record the *Date of Engagement* and also review all Universal Data Elements and applicable Program Specific Data Elements for completeness and accuracy. The *Date of Engagement* coincides with the requirement for HMIS data quality, therefore all Universal Data Elements should be entered into HMIS on or before the *Date of Engagement.*
- Project Exit: Project exit represents the end of a client's participation with a project. The exit date should coincide with the date that the client is no longer considered to be participating in the project. This standard should be applied consistently across all Street Outreach projects. Reasons to exit a client include:
  - The client has entered another project type (e.g., TH, PSH) or otherwise found housing;
  - The client is engaged with another outreach worker or project;
  - The client is deceased;
  - The outreach worker has been unable to locate the client for an extended period of time (e.g. 90 days from last contact) and there are no recorded contacts.

- 'Night-by-Night' Emergency Shelters
  - Night-by-night (nbn) shelters should be set up to collect all data required for Emergency Shelters. However, HUD understands that often nbn shelters are not able to collect exit data. Persons who leave/disappear without completing an exit interview are to be recorded with *Destination* (3.12) of 'No Exit Interview Completed.'
  - Contacts: Most nbn shelters must record *Contacts* (4.12) they have with each person served. A contact is defined as an interaction between a worker and a client designed to engage the client. Contacts may include activities such as a conversation between the shelter worker and the client about the client's well-being or needs, an office visit to discuss their housing plan, or a referral to another community service. A *Contact* must be recorded anytime a client is met, including when a *Date of Engagement* (4.13) or *Project Start Date* (3.10) is recorded on the same day.
  - Engagements: Most nbn shelters are required to record a client's *Date of Engagement* (4.13). Per the HMIS Data Standards and by agreement across all federal partners, an engagement date is the date when an interactive client relationship results in a deliberate client assessment or beginning of a case plan. The *Date of Engagement* should be entered into HMIS at the point when the client has been engaged by the shelter worker. This date may be on or after the project entry date and must be on or prior to project exit. If the client exits without becoming engaged, the *Date of Engagement* should be left blank. If the client was contacted on the date of engagement, a contact must also be entered for that date.

- Day Shelter
  - Follow the requirements for Entry/Exit Shelters when collecting data for Day Shelters.

- Permanent Housing: PSH and RRH
    - With the changes to the HMIS Data Standards, all types of Permanent Housing projects are now able to collect data on assistance provided to the client prior to the client entering housing.
    - For these project types, the *Project Start Date* (3.10) is the date following application that the client was admitted into the project. To be admitted indicates the following factors have been met:
        - Information provided by the client or from the referral indicates they meet the criteria for admission;
        - The client has indicated they want to be housed in this project; and
        - The client is able to access services and housing through the project. The expectation is the project has a housing opening (on-site, site-based, or scattered-site subsidy) or expects to have one in a reasonably short amount of time.
    - At project start, record the Universal Data Elements and any other information required at the project start.
    - When the client or household moves into any type of permanent housing, regardless of funding source or whether the project is providing the rental assistance, enter the date in *Housing Move-In Date* (3.20).

Universal Identifier Elements (One and Only One per Client Record)

3.1 Name

Rationale To support the unique identification of each person served.

Data Collection Instruction When creating a new client record, enter the client's name and select the appropriate data quality indicator. When enrolling a client who already has a record in the HMIS, verify that the name in the system is accurate and as complete as possible – and correct or complete it if it is not.

HMIS records should use a client's full, legal name whenever possible– doing this as a standard practice makes it easier to find records when searching and avoid creating duplicate records. Generally, projects are not required to verify that the information provided matches legal documents. However, each project should be aware of funders' record keeping requirements, and if maintaining copies of legal documents is a requirement, they should be collected and pertinent information updated in HMIS accordingly.

Street outreach projects may record a project entry with limited information about the client and improve on the accuracy and completeness of client data over time by editing data in an HMIS as they engage the client. The initial entry may be as basic as the project entry date, a "made-up" name (e.g., "Redhat Tenthstreetbridge") that would be identifiable for retrieval by the worker in the system, and gender. Over time, the data must be edited for accuracy (e.g. replacing "Redhat" with "Robert") as the worker learns that detail.

Data Element Fields and Responses

Field	Dependency	Response Category/ Data Type		Descriptions
1 First	None	[Text]		To avoid duplicate record creation, the full first name should be used (e.g., James vs. Jim)
2 Middle	None	[Text]		
3 Last	None	[Text]		To avoid duplicate record creation, the last name should be recorded in full. Use the current last name, use the format the client normally provides as identification (e.g. with hyphen or without hyphen). Use the order of last names as the client indicates is culturally correct.
4 Suffix	None	[Text]		
5 Name Data Quality	None	1	Full name reported	Select 'Full name reported' for Name Data Quality as long as complete, full first and last names have been recorded.
		2	Partial, street name, or code name reported	Select 'Partial, street name, or code name reported' in any of the following circumstances: 1) a partial, short, or nickname was used instead of the full first name; 2) a street name or code name was used for street outreach clients at initial intake and until the client was able to supply their full legal name; 3) a name modification was used for security reasons; or 4) for any other reason the name does not match the clients full name as it would appear on identification.
		8	Client doesn't know	Select 'Client doesn't know' when client does not know their name. Use 'Client doesn't know' rather than 'Partial, street name or code name reported' if a false name/made up name was entered in order to create a record in the system solely because the client did not know or was unable to provide their name.
		9	Client refused	Select 'Client refused' when client refuses to provide their name. Use 'Client refused' rather than 'Partial, street name, or code name reported' if a false name/made up name was entered in order to create a record in the system solely because the client refused to tell staff their name.
		99	Data not collected	

3.2 Social Security Number

Rationale To support the unique identification of each person served.

Where data are shared across projects, the SSN greatly facilitates the process of identifying clients who have been served and allows projects to de-duplicate at project start.

Where data are not shared, CoCs rely on unique identifiers to produce an unduplicated count in the central server once the data are sent to the HMIS Lead. Name and date of birth are useful unique identifiers, but the SSN is significantly more accurate.

Also, an important objective for ending homelessness is to increase access and utilization of mainstream programs by persons who are experiencing homelessness or are at-risk of homelessness. Since SSN is a required data element for many mainstream programs, projects may need the SSN in order to help their clients access mainstream services.

Data Collection Instruction In separate fields, record the nine-digit *SSN* and appropriate *SSN Data Quality Indicator*.

If a partial social security number is obtained, HMIS vendors will provide the ability to indicate missing digits and otherwise devise methodologies to allow entry and effective matching of partial SSNs.

When enrolling a client who already has a record in the HMIS, verify that the SSN in the system is accurate and correct it if it is not.

Some projects may serve clients that do not have an SSN. In these cases, select 'Client doesn't know.'

The federal statute at 5 U.S.C. Section 522a prohibits a government agency from denying shelter or services to clients who refused to provide their SSN or do not know their SSN, unless the requirement was in effect before 1975 or SSN is a statutory requirement for receiving services from the project. For example, in order to receive Homelessness Prevention or Rapid Re-Housing services through Supportive Services for Veteran Families grants, veterans must provide a Social Security number in order to receive services because it's relevant to verifying eligibility. The veteran's household members, however, may decline to provide a Social Security number.

Data Element Fields and Responses

Field	Dependency	Response Category/ Data Type		Descriptions
1 Social Security Number	None	[9 digits]		
2 SSN Data Quality	None	1	Full SSN Reported	A complete and valid SSN is provided.
		2	Approximate or partial SSN reported	Any SSN other than a complete and valid 9 digit SSN, regardless of the reason, is provided.
		8	Client doesn't know	A client does not know or **does not have** a SSN.
		9	Client refused	A client refuses to provide any part of their SSN, regardless of the reason.
		99	Data not collected	

3.3 Date of Birth

Rationale To calculate the age of persons served at time of project start or at any point during project enrollment and to support the unique identification of each person served.

Data Collection Instruction Record the month, day, and year of birth for every person served.

When enrolling a client who already has a record in the HMIS, verify that the date of birth on the record is accurate and correct it if it is not.

If the client cannot remember their birth year, it may be estimated by asking the person's age and calculating the approximate year of birth. If a client cannot remember the month or day of birth, record an approximate date of '01' for month and '01' for day. CoCs that already have a policy of entering another approximate date may continue to use their existing policy. Select 'approximate or partial date of birth.'

If a client is not able to estimate their age within one year of their actual age, select 'Client doesn't know.' Select 'Client refused' when a client refuses to provide any part of their DOB.

Data Element Fields and Responses

Field	Dependency	Response Category/ Data Type		Descriptions
1 Date of Birth	None	[Date]		
2 DOB Data Quality	None	1	Full DOB reported	The complete date of birth is provided by the client.
		2	Approximate or partial DOB reported	The client cannot remember their full or exact date of birth, but is able to recall their age within one year.
		8	Client doesn't know	Use 'Client doesn't know' rather than 'Approximate or partial DOB reported' if an approximate or partial date of birth was used because the client did not know their date of birth within one year.
		9	Client refused	Use 'Client refused' rather than 'Approximate or partial DOB reported' if a partial or approximate date of birth was entered in order to create a record in the system because the client refused to provide their date of birth or their age for staff to approximate.
		99	Data not collected	

3.4 Race

Rationale To indicate clients' self-identification of one or more of five different racial categories. Supports system planning, local, and national understanding of who is experiencing homelessness.

In the October 30, 1997 issue of the Federal Register (62 FR 58782), the Office of Management and Budget (OMB) published "Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity." All existing federal recordkeeping and report requirements must be in compliance with these Standards as of January 1, 2003. These data standards follow the OMB guidelines.

Data Collection Instruction In separate data fields, record the self-identified race(s) of each client served. Help the client select the race or races that they most identify with. Allow clients to identify as many racial categories as apply (up to five).

When enrolling a client who already has a record in the HMIS, verify that race information is complete and accurate – and correct it if it is not.

Staff observations should never be used to collect information on race. Provide all options to every client. Even if staff believes they can guess a client's race, every client must be asked for their self-reported information. No documentation is required to verify a client's response.

'Client doesn't know,' 'Client refused,' and 'Data not collected' are explanations for missing race data. None of these three responses are valid in conjunction with any other response.

This data element can be challenging to separate from ethnicity. As one example, some people of Latin American descent often indicate their race is 'Hispanic,' and would not be referred to in casual conversation or seen in their communities or by themselves as 'White' or 'Black or African American.' Unless the person is from an original people's group—that is, indigenous or American Indian—in which case, they would select that option, the staff will have to ask follow-up questions to ascertain the best response for *Race*. Staff may ask something like "do you know if your ancestors were originally from a country like Spain, somewhere in Africa, or are you part of an indigenous group?" The response is tied to where their ancestors came from, not necessarily where they were born or lived during their lifetime.

By the time clients get to data element 3.5 *Ethnicity*, they may have already responded to *Race* with something like 'Hispanic,' 'Guatemalan,' or 'Latino,' so staff should be able to clearly distinguish between these two data elements and select responses accordingly, even if the answers are provided out of order.

Projects are cautioned against providing a default answer. It is important to ask about all household members' race and identity because it is impossible to tell just based on a person's appearance or name. If the client does not know his or her race or ethnicity, or refuses to disclose it, use 'Client doesn't know' or 'Client refused,' rather than making an appearance or name-based assumption.

Data Element Fields and Responses

Field	Dependency	Response Category/ Data Type		Descriptions
1 Race	None	1	American Indian or Alaska Native	A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.
		2	Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
		3	Black or African American	A person having origins in any of the black racial groups of Africa. Terms such as 'Haitian' can be used in addition to 'Black or African American.'
		4	Native Hawaiian or Other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
		5	White	A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
		8	Client doesn't know	'Client doesn't know' should only be selected when a client does not know their race(s) from among the five listed races. 'Client doesn't know' should not be used in conjunction with any other response.
		9	Client refused	'Client refused' should only be selected when a client refuses to identify their race(s) from among the five listed races. 'Client refused' should not be used in conjunction with any other response.
		99	Data not collected	

3.5 Ethnicity

Rationale To indicate clients who do and do not identify themselves as Hispanic or Latino. Supports system planning, local, and national understanding of who is experiencing homelessness.

Data Collection Instruction Record the self-identified ethnicity of each client served. Help the client select the ethnicity that they most identify with.

When enrolling a client who already has a record in the HMIS, verify that ethnicity information is complete and accurate -- and correct it if it is not.

Staff observations should never be used to collect information on ethnicity. Even if a staff person believes they can guess a client's ethnicity, every client must be asked for their self-reported information. No documentation is required to verify a client's response.

Additional instruction about assisting clients to differentiate between *Race* and *Ethnicity* can be found under data element 3.4 *Race*.

Data Element Fields and Responses

Field	Dependency	Response Category/ Data Type		Descriptions
1 Ethnicity	None	1	Non-Hispanic/Non-Latino	
		2	Hispanic/Latino	A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture of origin, regardless of race.
		8	Client doesn't know	
		9	Client refused	
		99	Data not collected	

3.6 Gender

Rationale To indicate whether clients self-identify as male, female, transgender female, transgender male, or gender non-conforming. Supports system planning, local, and national understanding of who is experiencing homelessness.

Data Collection Instruction Record the self-reported gender of each client served. Users should be sensitive to persons who do not identify as male, female or transgender.

When enrolling a client who already has a record in the HMIS, verify that gender information is complete and accurate -- and correct it if it is not. Update the gender previously recorded in HMIS if it does not match the person's current gender.

Staff observations should never be used to collect information on gender. Provide all options to every client. Even if staff thinks they can guess a client's gender, every client must be asked for their self-reported information. If they refuse to give it or say they don't know, do not select a response for the client. Gender does not have to match legal documents and clients may not be asked about medical history or other information to try to determine the person's gender. Simply asking, "Which of these genders best describes how you identify?" is appropriate and focuses on the person's own internal knowledge of their gender.

If a client does not understand what Transgender Female and Transgender Male mean, the definitions below can be provided.

Clients reporting different gender identities or presenting different gender expressions at multiple projects within the same CoC are not violating standards for accurate collection of information. Clients decide to which projects they will disclose potentially sensitive information. Project staff should enter the self-reported information as directed by the client.

A transgender client may elect to share their transgender status with project staff, or not. In the event that a client discloses being transgender, staff should consult that client about whether the client prefers to have the HMIS data element for "gender" reflect their transgender status or not. For instance, if a client identifies as a transgender man but would prefer not to have this reflected in his HMIS record, then the staff person would select "male" instead of "transgender female to male". Staff can still note in a confidential case management note, if this feature is available in the HMIS, an individual's transgender status if it is appropriate and necessary to the provision of services.

Data Element Fields and Responses

Field	Dependency	Response Category/ Data Type		Descriptions
1 Gender	None	0	Female	
		1	Male	
		2	Trans Female (MTF or Male to Female)	Clients who live or identify as women, even though they were assigned male at birth.
		3	Trans Male (FTM or Female to Male)	Clients who live or identify as men, even though they were assigned female at birth.
		4	Gender Non-Conforming (i.e. not exclusively male or female)	Clients who do not identify exclusively as male or female.
		8	Client doesn't know	
		9	Client refused	
		99	Data not collected	

3.7 Veteran Status

Rationale To indicate whether clients are veterans of the United States armed forces. Allows for an accurate count of how many veterans experience homelessness. Useful for screening for possible housing and service interventions and for gaining understanding of veterans' service needs.

Data Collection Instruction Record whether the client is a veteran. An HMIS should only have one record of Veteran Status for each client, no matter how many enrollments they have.

When enrolling a client who already has a record in the HMIS, verify that the veteran status recorded is accurate and correct it if it is not.

Veteran Status is not dependent on discharge status. A dishonorable discharge limits eligibility for certain VA benefits and programs, but it does not mean that the person is not a veteran for HMIS and PIT purposes. Unless the project's funder has eligibility requirements for veteran status, it is not necessary to obtain documentation for users to record a 'yes' response to this data element.

Asking additional questions may result in more accurate information as some clients may not be aware that they are considered veterans. For example, "Have you ever been on active duty in the military?" or "Were you disabled during a period of active duty training?"

This data element is only required for adult clients. There are several options for addressing instances where clients turn 18 while enrolled:

- Collect the data at the time of enrollment for clients expected to turn 18.
- HMIS may automatically select "no" for clients who turn 18 while enrolled.

Data Element Fields and Responses

Field	Dependency	Response Category/ Data Type		Descriptions
1 Veteran Status	None	0	No	Veteran Status should be 'No' for anyone who has not been on active duty, including: Individuals who attended training but were discharged before reporting to a duty station. Reservists or National Guard who were never activated or deployed.
		1	Yes	Anyone who has ever been on active duty in the armed forces of the United States, regardless of discharge status or length of service. **Army, Navy, Air Force, Marine Corps, and Coast Guard:** active duty begins when a military member reports to a duty station after completion of training. **Reserves and National Guard:** active duty is any time spent activated or deployed, either in the United States or abroad. **Or** Anyone who was disabled in the line of duty during a period of active duty training. **Or** Anyone who was disabled from an injury incurred in the line of duty or from acute myocardial infarction, a cardiac arrest, or a cerebrovascular accident during a period of inactive duty training.
		8	Client doesn't know	
		9	Client refused	
		99	Data not collected	

Universal Project Stay Elements (One or More Value(s) Per Client or Household Project Stay)

3.8 Disabling Condition

Rationale To indicate whether or not clients have a disabling condition. This data element is to be used with other information to identify whether a client meets the criteria for chronic homelessness.

Data Collection Instruction Record whether the client has a disabling condition at the time of each project start. A disabling condition is one or more of the following:

- A physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury that:

  1) Is expected to be long-continuing or of indefinite duration;
  2) Substantially impedes the individual's ability to live independently; and
  3) Could be improved by the provision of more suitable housing conditions.

- A developmental disability, as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002); or
- The disease of acquired immunodeficiency syndrome (AIDS) or any condition arising from the etiologic agency for acquired immunodeficiency syndrome (HIV).

Additionally, if the client is a veteran who is disabled by an injury or illness that was incurred or aggravated during active military service and whose disability meets the disability definition defined in Section 223 of the social security act, they should be identified as having a disabling condition.

It is not necessary to provide documentation to complete this data element. If a screening or assessment indicates that a client has a disabling condition, enter 'Yes.' Only projects that receive funding with eligibility criteria that require documentation of the disabling condition should require documentation.

There should be one and only one value for *Disabling Condition* for each project stay. If the status changes over the course of the project stay, or the information was recorded incorrectly at the time of the project start, correct the record. The value should always reflect the known status of a client's disabling condition. Sharing information about a client's disabling condition between agencies should be handled consistent with the continuum's policies and procedures.

Some projects may collect more detailed information about specific disabilities in other data elements. Some systems are set up to default to 'Yes' in this data element based on responses to data elements 4.5-4.10 (including a 'Yes' response to the dependent field in those elements 'Expected to be of long–continued and indefinite duration and substantially impairs ability to live independently'), but it is not required. Systems that automatically populate *Disabling Condition* based on responses to data elements 4.5-4.10 must still allow a user to enter 'Yes' for *Disabling Condition* without a corresponding specific disability in data elements 4.5-4.10.

In addition, a client indicating the following sources of *Income* (data element 4.2) can be considered to have a disabling condition: Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), VA Service-Connected Disability Compensation or VA Non-Service-Connected Disability Pension.

For residential homeless assistance programs, client intake as part of the program admission process must be separated from the collection of disability information in order to comply with Fair Housing laws and practices, unless this information is required to determine program eligibility or is needed to determine whether applicants need units with special features or if they have special needs related to communication.

Data Element Fields and Responses

Field	Dependency	Response Category/ Data Type		Descriptions
1 Disabling Condition	None	0	No	
		1	Yes	One or more of the following: A physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury that: 1) Is expected to be long-continuing or of indefinite duration; 2) Substantially impedes the individual's ability to live independently; **and** 3) Could be improved by the provision of more suitable housing conditions. A developmental disability, as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002). The disease of acquired immunodeficiency syndrome (AIDS) or any condition arising from the etiologic agency for acquired immunodeficiency syndrome (HIV). A veteran who is disabled by an injury or illness that was incurred or aggravated during active military service and whose disability meets the disability definition defined in Section 223 of the social security act.
		8	Client doesn't know	
		9	Client refused	
		99	Data not collected	

3.10 Project Start Date

Rationale To determine the start of each client's period of participation with a project. All projects need this data element for reporting time spent participating in the project. In 2017, this data element changed from *Project Entry Date* to *Project Start Date* to capture more complete information about persons accepted into and residing in all types of Permanent Housing. Paired with *3.20 Housing Move-In Date*, it becomes possible to determine the length of time from project start to housing placement for all PH clients, not just clients in RRH.

Data Collection Instruction Record the month, day, and year of each client's project start. The project start date indicates a client is now being assisted by the project.

For each client's enrollment in a project, there must only be one *Project Start Date*. Any errors in entering the date should be corrected as soon as they are noticed.

Different project types use *Project Start Date* differently, to address the difference in meaning associated with "starting" residential, service, and permanent housing projects. See descriptions below for more information.

Each individual client in a household will have their own project start date. If a new client is added to a household after the original household members' start dates, the new client's start date should reflect the actual day that client started the project. If this client is a newborn baby, the project start date would reflect the date the newborn actually started the project, consistent with the responses for project types identified below, which may be any date on or after the baby's actual date of birth.

Data Element Fields and Responses

Field	Dependency	Response Category/ Data Type	Descriptions
1 Project Start **Date**	None	[Date]	**Street Outreach:** Date of first contact with the client. **Emergency Shelter:** Night the client first stayed in the shelter. Night by night shelters will have a project start date and will allow clients to re-enter as necessary without "exiting" and "restarting" for each stay for a specified period. **Safe Haven and Transitional Housing:** Date the client moves into the residential project (i.e. first night in residence). **Permanent Housing, including Rapid Re-Housing:** Date following application that the client was admitted into the project. To be admitted indicates the following factors have been met: 1) Information provided by the client or from the referral indicates they meet the criteria for admission; 2) The client has indicated they want to be housed in this project; 3) The client is able to access services and housing through the project. The expectation is the project has a housing opening (on-site, site-based, or scattered-site subsidy) or expects to have one in a reasonably short amount of time. **Other Service Projects:** including but not limited to: services only, day shelter, homelessness prevention, coordinated assessment, health care it is the date the client first began working with the project and generally received the first provision of service.

3.11 Project Exit Date

Rationale To determine the end of a client's period of participation with a project. All projects need this data element for reporting time spent participating in the project.

Data Collection Instruction Record the month, day and year of last day of occupancy or service.

For each client's enrollment in a project, there should only be one *Project Exit Date*. Any errors in entering the date should be corrected as soon as they are noticed.

Different project types use *Project Exit Date* differently, to address the difference in meaning associated with "ending" residential and service projects.

Each individual client in a household will have their own *Project Exit Date*. If one member of a household leaves the project before the rest of the household, the leaver's exit date should reflect the actual day that client left the project.

For **residential projects**, this date represents the last day of a continuous stay in the project before the client transfers to another residential project or otherwise stops residing in the project. For example, if a person checked into an overnight shelter on January 30, 2014, stayed overnight and left in the morning, the exit date for that shelter stay would be January 31, 2014.

To minimize staff and client burden at shelters that require most (or all) clients to reapply for service on a nightly basis, the project can record the *Project Start* and *Project Exit Date* at the same time or an HMIS application can automatically record the *Project Exit Date* as the day after the *Project Start Date* for clients of the overnight project.

Clients in rapid re-housing projects are to be exited after the last RRH service is provided. If eligible RRH case management services are provided past the final date of receiving rental assistance, for example, the client must not be exited until those services cease.

For **non-residential projects**, the exit date must represent the last day a contact was made or a service was provided. The exit date should coincide with the date the client is no longer considered a participant in the project. Projects must have a clear and consistently applied procedure for determining when a client who is receiving supportive services is no longer considered to be participating in the project. For example, if a person has been receiving weekly counseling as part of an ongoing treatment project and either formally terminates their involvement or fails to return for counseling, the last date of service is the date of the last counseling session. In a street outreach services project, similarly, clients may be exited when the outreach worker has been unable to locate the client for an extended period of time and there are no recorded contacts. In addition, the client may be exited upon entering another project type, finding housing, engaging with another outreach project, or passing away.

If a client uses a service for just one day (i.e., starts and stops before midnight of same day), then the *Project Exit Date* may be the same as the *Project Start Date*.

In the 2017 HMIS Data Standards, a new data collection stage was added: "Post Exit." This data collection stage is relevant for project types that provide aftercare/follow-up services, but does not extend the length of the client's enrollment in a project. Services provided "post exit" will fall after the client's *Project Exit Date*.

In residential projects that require use of this data collection stage, the client is still to be exited as of the date of the last day of a continuous stay in the project.

Data Element Fields and Responses

Field	Dependency	Response Category/ Data Type	Descriptions
1 Project Exit Date	None	[Date]	**Residential projects:** The last day of continuous stay in the project before the client transfers to another residential project or otherwise stops residing in the project. **Non-residential projects:** the last day a service was provided or the last date of a period of ongoing service.

3.12 Destination

Rationale To identify where a client will stay just after exiting a project for purposes of tracking and outcome measurement.

Data Collection Instruction Record where the client is expected to stay after they complete or stop participating in project activities. For residential projects that expect a client to move out upon exit, record where the client is expected to move immediately after leaving. For projects where a client is not expected to relocate upon exit, such as homelessness prevention, rapid re-housing, transition in place, or SSO projects, record where the client is expected to stay after they complete or stop participation in project activities. This may be the same place that they were staying prior to starting in the project.

Select the *Destination* response category that *most closely matches* where the client will be staying after exiting the project.

If a client moves into rental housing with a subsidy, select the response that includes the type of housing subsidy. A housing subsidy may be tenant-, project-, or sponsor-based and provides ongoing assistance to reduce rent burden. This includes housing subsidies provided through HUD-funded subsidies (e.g., public housing, Housing Choice Voucher or "Section 8") or other housing subsidy (e.g., state rental assistance voucher).

If a client moves in with family or friends, select the response that includes the expected tenure of the destination (permanent or temporary). There is no specific timeframe used to differentiate between 'permanent' or 'temporary.' Rather, the determination should be made based on whether the situation reflects family reunification or whether the family member or friend has placed any limitation that indicates the stay is intended to be temporary (e.g. a specific time limit).

'Other' should be used only as a last resort if the client's destination truly cannot be even loosely described by any of the available options. Any response of 'Other' will not count in any HMIS-based reporting as a positive outcome.

Note that the client's *Destination* is about where they are staying, not necessarily about why they are staying there. So the choice of the destination in HMIS should reflect the client's living situation, not any particular reason why the client is staying there. For example, clients that are exiting to school or the military may have housing provided for them. If the client is moving into a dorm or Army-supplied housing, 'Rental by Client, with other ongoing housing subsidy' can be selected, consistent with the notion that these units are not owned by client, have conditions of tenancy, and have a value ascribed to them. If the client is moving into housing with a relative during schooling, 'Living with Family, Permanent Tenure' can be selected, consistent with the notion that the client may stay with the family member for as long as needed to complete school.

Mass shelters that track bed nights using the night by night method may have high rates of missing *Destination* data when the client is exited. Often, in this model, a client is exited after a period of time of not coming into the shelter, at which point the opportunity to ask clients where they are going is lost. HUD and other federal partners strongly encourage shelters – even large scale shelters – to consider themselves to be a part of the community's system working to end homelessness. Any steps these projects can take to establish relationships with clients, focus on moving clients into more permanent housing situations, or collaborate with service projects that do so, will improve a system's functioning, data quality, and client outcomes.

Data Element Fields and Responses

Field	Dependency	Response Category/Data Type			Descriptions
1 Destination	None	**TEMPORARY SITUATIONS**			
		Homeless Situations	16	Place not meant for habitation	e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside
			1	Emergency shelter, including hotel or motel paid for with emergency shelter voucher	• ESG Emergency Shelter • HOPWA Hotel/Motel or Short Term Housing • RHY BCP shelter • VA HCHV Community Contract Emergency Housing • Locally-funded shelters
			18	Safe Haven	• CoC Safe Haven • VA Community Contract Safe Haven • Locally-funded Safe Haven type projects
			27	Moved from one HOPWA funded project to HOPWA TH	Limited to use by HOPWA-funded projects
			2	Transitional housing for homeless persons (including homeless youth)	• CoC Transitional Housing • HOPWA Transitional Housing (when moving from non-HOPWA projects) • RHY Maternal Group Homes or TLP • VA GPD Bridge Housing, Service Intensive Transitional Housing, Hospital to Housing, or Clinical Treatment • Any locally-funded transitional housing project (facilitates movement to permanent housing with occupancy agreement for terms from 1-24 months).
		Non-Homeless Temporary Situations	14	Hotel or motel paid for without emergency shelter voucher	
			29	Residential project or halfway house with no homeless criteria	A sober living or other residential project with no lease or rights of tenancy, with or without time limits
			12	Staying or living with family, temporary tenure (room, apartment, or house)	
			13	Staying or living with friends, temporary tenure (room, apartment, or house)	

Field	Depen-dency	Response Category/Data Type			Descriptions
1 Destin-ation (cont.)	None	Institutional Situations	4	Psychiatric hospital or other psychiatric facility	
			5	Substance abuse treatment facility or detox center	
			6	Hospital or other residential non-psychiatric medical facility	
			7	Jail, prison, or juvenile detention facility	
			15	Foster care home or foster care group home	
			25	Long-term care facility or nursing home	
		PERMANENT SITUATIONS			
		Continuum PH Projects	31	Rental by client, with RRH or equivalent subsidy	Use this response category only if the client is moving directly into a unit. • CoC Rapid Re-Housing • ESG Rapid Re-Housing • SSVF Rapid Re-Housing • VA GPD Transition In Place • Locally-funded Rapid Re-Housing
			26	Moved from one HOPWA funded project to HOPWA PH	Limited to use by HOPWA-funded projects
			3	Permanent housing (other than RRH) for formerly homeless persons	• CoC Permanent Supportive Housing • HOPWA facility/TBRA permanent housing (when moving from non-HOPWA projects)
		Rent/Own with Subsidy	28	Rental by client, with GPD TIP housing subsidy	
			19	Rental by client, with VASH housing subsidy	
			20	Rental by client, with other ongoing housing subsidy	Any subsidized rental housing other than CoC PSH, HOPWA PH, RRH, GDP TIP, or VASH. Includes HUD HCV with no paired services, legacy SRO, and Pay for Success
			21	Owned by client, with ongoing housing subsidy	
		Rent/Own no Subsidy	10	Rental by client, no ongoing housing subsidy	
			11	Owned by client, no ongoing housing subsidy	
		Other Permanent	22	Staying or living with family, permanent tenure	
			23	Staying or living with friends, permanent tenure	

Field	Depen-dency	Response Category/Data Type			Descriptions
1 Destin-ation (**cont**.)	None	**OTHER SITUATIONS**			
		Other Situations	24	Deceased	
			17	Other	Any response of 'Other' will not count in any HMIS-based reporting as a positive outcome. Review the above list carefully to determine if any option above is a reasonable match
			30	No exit interview completed	This will be considered missing data for data quality purposes
			8	Client doesn't know	
			9	Client refused	
			99	Data not collected	

3.15 Relationship to Head of Household

Rationale To identify one person to whom all other household members can be linked to at the time they enter a project. This facilitates the identification and enumeration of households. In addition, specifying the relationship of household members to the head of household facilitates reporting on household composition.

Data Collection Instruction Identify one member of a household to whom all other household members can be associated. A household is a single individual or a group of persons who apply together to a continuum project for assistance and who live together in one dwelling unit, or, for persons who are not housed, who would live together in one dwelling unit if they were housed.

There cannot be more than one head of household for any given project start. If the head of household leaves the project while other household members remain, another member of the household currently participating in the project must be designated as the head of household and the other members' relationship to head of household should be corrected to reflect each individual's relationship to the newly designated head of household in the event that it differs from the relationship to whoever was previously identified as the head of household. Records of such changes are not necessary to retain in the HMIS over the course of a project stay.

In a household of a single individual, that person must be identified as the head of household.

In multi-person households, the term "Head of Household" is not intended to mean the "leader" of the house. When a group of persons present together as a household or family unit, no matter the configuration or whether or not a minor is among the members, one of those persons must be designated as the head of household and the rest must have their relationship to the head of household recorded.

If the group of persons is composed of adults and children, an adult must be indicated as the head of household. Other than this restriction, each CoC must develop guidelines for defining and designating a household member as the head of household and seek to ensure that those guidelines are applied consistently across participating continuum projects. A particular funder may provide instructions for determining which household member should be designated as the head of household in projects that they fund; in the event that the funder's instructions are in conflict with CoC guidance, the requirements of the funder should supersede CoC guidance for the relevant projects.

If the group of persons are all children and youth (where none of the youth presenting are the child of another youth being served by a project), each youth should be entered as their own record in their own household. It is important to create separate records for youth who present together to better understand homelessness among youth. Entering them separately is not permitted to be a barrier to or impact the receipt of future interventions.

Data Element Fields and Responses

Field	Dependency	Response Category/ Data Type		Descriptions
1 Relationship to Head of Household	None	1	Self	Heads of household may be alternatively thought of as the "primary client," the "eligible individual" etc., rather than as a fixed designation.
		2	Head of household's child	Sons and daughters, including step-, adopted, and foster children of the head of household, regardless of their age.
		3	Head of household's spouse or partner	
		4	Head of household's other relation member (other relation to head of household	
		5	Other: non-relation member	Groups of people may self-define their households or families, which may include other non-relations. However, If the group of persons are all children and youth (where none of the youth presenting are the child of another youth being served by a project), each youth should be entered as their own record in their own household.

3.16 Client Location

Rationale To link client household data to the relevant CoC. Necessary for projects that operate across multiple CoCs for data export purposes and to ensure accurate counts of persons who are served within a CoC.

Data Collection Instruction Select or enter the CoC code assigned to the geographic area where the head of household is staying at the time of project entry. This data element must be manually entered for all projects with more than one *Continuum of Care Code* identified in Project Descriptor Data Element 2.3. It may be auto-populated for projects that operate in a single CoC.

'Information Date' for *Client Location* information collected at project start must reflect the date of project start.

A new *Client Location* record must be created at any time during a project stay if a client moves into a different CoC while enrolled. 'Information Date' for those records must reflect the date of the data collection.

If *Client Location* information was recorded incorrectly at project start or update, correct the existing record.

Data Element Fields and Responses

Field	Dependency	Response Category/ Data Type		Descriptions
1 Information Date	None	1	[date]	The date the information was collected.
2 CoC Code for Client Location	None	2	[Text – 6 characters]	HUD assigned CoC code for the client's location

3.20 Housing Move-in Date

Rationale To document the date that a household admitted into a Permanent Housing project moves into housing. This data is critical to point-in-time and housing inventory counts as it differentiates households which are enrolled in a Permanent Housing project but are still literally homeless (in emergency shelter, Safe Haven, transitional housing or on the street) as they prepare to move into an available unit from households which have already moved into permanent housing.

Data Collection Instruction For clients with a *Project Start Date* in a permanent housing project of any kind (see criteria for recording a *Project Start Date* under data element 3.10), record the date a client or household moves into a permanent housing unit.

For RRH projects only, a *Housing Move-in Date* must be entered regardless of whether or not the RRH project is providing the rental assistance for the unit. For example, if an RRH project provides supportive services, but is not providing the rental assistance for the unit, a *Housing Move-in Date* must still be entered to differentiate RRH clients in housing from those still experiencing homelessness.

For any other project types that are typed as 'Permanent Housing' in the HMIS, clients who are receiving pre-housing placement services but are ultimately housed by another project or subsidy source should be exited from the PH project to the appropriate permanent *Destination*. If the client exits the permanent housing project for a different housing opportunity without physically moving into a housing unit associated with the project, do not enter a housing move-in date, simply exit the client and record the exit destination.

For purposes of the Housing Inventory Count and other point-in-time reporting, households with a *Project Start Date* which do not have a *Housing Move-In Date* at the point in time of the report must be excluded from counts of persons in permanent housing.

With the addition of this data element to a wider variety of project types in the 2017 Data Standards, systems must populate the data element for all clients previously enrolled in non-RRH permanent housing projects with the existing 3.10 *Project Start Date*. The previous definition of *Project Entry Date* for non-RRH permanent housing projects was the date the household moved into housing.

For clients who entered a non-RRH permanent housing project (or an RRH project not previously required to collect housing move-in data) prior to October 1, 2017, the *Housing Move-in Date* will be automatically populated with the value from the client's *Project Start Date,* but projects can edit these dates to reflect the actual *Project Start Date* (if information on when the client was first assisted by the PH program is available) or actual housing status (if the client is still in the process of being housed).

Data Element Fields and Responses

Field	Dependency	Response Category/ Data Type	Descriptions
1 Housing Move-In Date	None	[Date]	The date the client moved into housing.

3.917 Living Situation

Rationale To identify the type of living situation and length of stay in that situation just prior to project start for all adults and heads of households. This data element is to be used with other information to identify whether a client appears to meet the criteria for chronic homelessness.

The element has been constructed to avoid collecting information which is irrelevant or inappropriate for the client population being served in a particular situation. For example, eligibility for Homelessness Prevention requires that a client be in housing. By definition, a person in housing is not chronically homeless, so some of the fields in this data element used to determine chronic homeless status are not required in that situation.

Data Collection Instruction Intake staff should ask clients about their homeless history, including specific instances the client spent on the street, in an emergency shelter, or in a Safe Haven project. This may require defining or explaining each field to the client.

Although documentation is required by some funders for programs targeting chronic homeless persons, completing the data fields in HMIS does not require documentation -- a client's responses are all that is required. Different project types have different realities they are working in when it comes to interviewing clients. Some high volume shelters may simply ask people to quickly "ballpark" their responses to the required fields. Other project types are able to have more complex intake processes that allow staff to sit with the client and get a clearer picture of the client's housing history and their official "breaks" in homelessness, according to the definition of chronic homelessness. PSH projects with documentation requirements are going to be spending time with clients' HMIS records and files to get information for documentation purposes, which they can use to improve data quality in this field. All of these strategies are acceptable, and HUD anticipates that the data quality will vary from project type to project type. This data element is intended to provide a consistent way to capture information about individuals who are likely experiencing chronic homelessness in the HMIS for HUD and CoCs to use for planning purposes.

Note that this data element does not constitute third-party documentation of chronic homelessness for projects that require such documentation (HMIS reports of actual enrollments in ES, SH, or SO projects may be used to meet third-party documentation requirements).

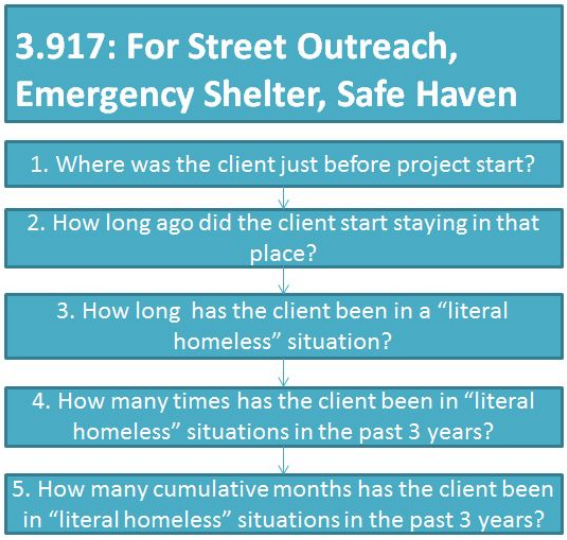
The responses are intended to reflect from the client's last living situation *immediately* prior to the *Project Start Date*. For projects that do not provide lodging, the 'prior' living situation may be the same as the client's current living situation.

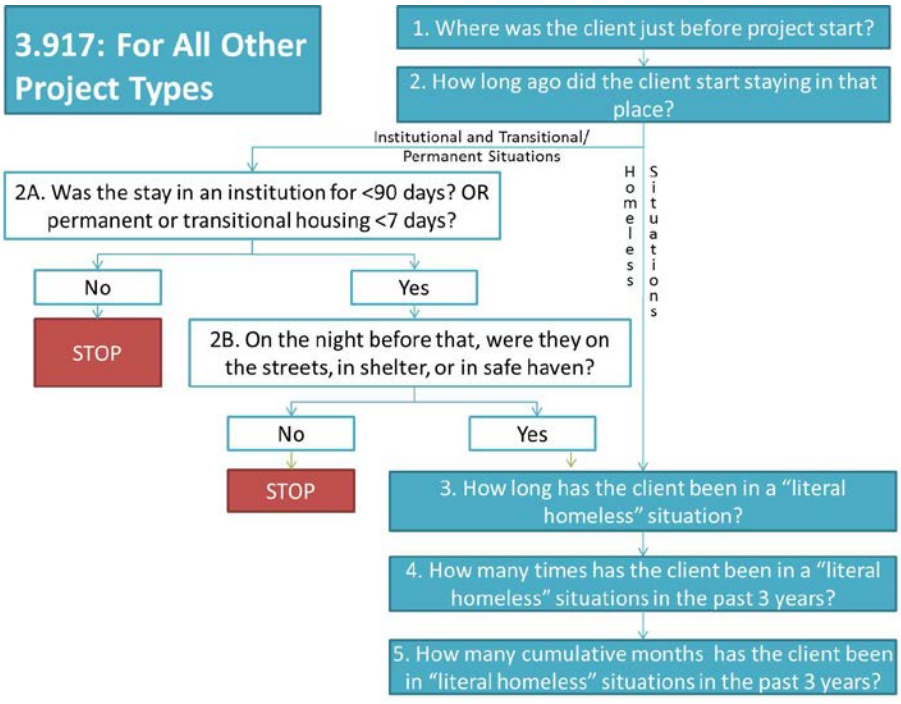
1. Select the 'Type of Residence' that *most closely matches* where the client was living prior to project start. Adult members of the same household may have different prior living situations.
2. Record the length of time the client was residing in their previous place of stay.
    a. (3.917B) If the client is entering Transitional Housing, any form of Permanent Housing including Permanent Supportive Housing and Rapid Re-Housing, Services Only, Other, Day Shelter, Homelessness Prevention, and Coordinated Assessment (Coordinated Entry) from an institutional setting:
        i. Indicate if the client was in the institution for less than 90 days and if so, indicate if the client's living situation immediately prior to entering the institution was on the streets, in an emergency shelter or a safe haven.
        ii. If 'Yes' to both, proceed to step 3. If 'No' to either, stop collecting data for this element.
    b. (3.917B) If the client is entering Transitional Housing, any form of Permanent Housing including Permanent Supportive Housing and Rapid Re-Housing, Services Only, Other, Day Shelter, Homelessness Prevention, and Coordinated Assessment (Coordinated Entry) from any type of transitional or permanent housing:

i. Indicate if the client was in the transitional or permanent housing situation for less than 7 nights and if so, indicate if their living situation immediately prior to entering the transitional or permanent housing was on the streets, in an emergency shelter or a safe haven.
ii. If 'Yes' to both, proceed to step 3. If 'No' to either, stop.

c. If the client is entering Emergency Shelter, Safe Haven, or Street Outreach, proceed to step 3.

3. Record the actual or approximate date this homeless situation began (i.e. the beginning of the continuous period of homelessness on the streets, in emergency shelters, in safe havens, or moving back and forth between those places).
4. Record the number of times the client has been on the streets, in emergency shelters, or in safe havens in the past three years, including today.
5. Record the cumulative total number of months the client has been homeless on the streets, in emergency shelters, or in safe havens in the past three years.





Data Element Fields and Responses

Field	Dependency	Response Category/ Data Type		Descriptions
1 Type of Residence	None	HOMELESS SITUATIONS		
		16	Place not meant for habitation	
		1	Emergency shelter, including hotel or motel paid for with emergency shelter	• ESG Emergency Shelter • HOPWA Hotel/Motel or Short Term Housing • RHY BCP shelter • VA HCHV Community Contract Emergency Housing • Locally-funded shelters
		18	Safe Haven	• CoC Safe Haven • VA Community Contract Safe Haven • Locally-funded Safe Haven type projects
		27	Interim Housing	Limited to use by PSH projects for which chronic homelessness is an eligibility criterion. A housing situation where a chronically homeless person has: 1) applied for permanent housing, 2) been accepted, and 3) a unit/voucher for permanent housing reserved for them, but for which there is some other situation that prevents them from moving immediate move into housing. Where it has been determined to be absolutely necessary to use transitional housing to keep the client engaged prior to moving into PSH, the client must be identified as coming from "interim housing" to preserve chronic identification in reporting. This housing is not a substitute for a waiting list or for any situation other than identified here.
		INSTITUTIONAL SITUATIONS		
		4	Psychiatric hospital or other psychiatric facility	
		5	Substance abuse treatment facility or detox center	
		6	Hospital or other residential non-psychiatric medical facility	
		7	Jail, prison or juvenile detention facility	
		15	Foster care home or foster care group home	
		24	Long-term care facility or nursing home	

Field	Dependency	Response Category/ Data Type		Descriptions
1 Type of Residence (cont.)	None	TRANSITIONAL AND PERMANENT HOUSING SITUATIONS		
		2	Transitional housing for homeless persons (including homeless youth)	• CoC Transitional Housing • HOPWA Transitional Housing (when moving from non-HOPWA projects) • RHY Maternal Group Homes or TLP • VA GPD Bridge Housing, Service Intensive Transitional Housing, Hospital to Housing, or Clinical Treatment • Any locally-funded transitional housing project (facilitates movement to permanent housing with occupancy agreement for terms from 1-24 months).
		26	Residential project or halfway house with no homeless criteria	A sober living or other residential project with no lease or rights of tenancy, with or without time limits
		14	Hotel or motel paid for without emergency shelter voucher	
		13	Staying or living in a friend's room, apartment, or house	
		12	Staying or living in a family member's room, apartment, or house	
		3	Permanent housing (other than RRH) for formerly homeless persons	• CoC Permanent Supportive Housing • HOPWA facility/TBRA permanent housing
		19	Rental by client, with VASH subsidy	
		25	Rental by client, with GPD TIP subsidy	
		20	Rental by client, with other housing subsidy (including RRH)	Any subsidized rental housing other than CoC PSH, GDP TIP, or VASH. Includes any RRH (CoC, ESG, SSVF, GPD TIP, or locally-funded), HUD HCV with no paired services, legacy SRO, and Pay for Success.
		21	Owned by client, with ongoing housing subsidy	
		22	Rental by client, no ongoing housing subsidy	
		23	Owned by client, no ongoing housing subsidy	
		OTHER SITUATIONS		
		8	Client doesn't know	
		9	Client refused	
		99	Data not collected	

Field	Dependency	Response Category/ Data Type		Descriptions
2 Length of stay in prior living situation	None	10	One night or less	The length of time the client was residing in the living situation selected in Field 1. If the client moved around, but in the same *type* of situation, include the total time in that type of situation. If the client moved around from one situation to another, only include the time in the situation selected in Field 1.
		11	Two to six nights	
		2	One week or more, but less than one month	
		3	One month or more, but less than 90 days	
		4	90 days or more, but less than one year	
		5	One year or longer	
		8	Client doesn't know	
		9	Client refused	
		99	Data not collected	
Dependent Fields A, B, and C are not applicable to Emergency Shelter, Safe Haven, or Street Outreach projects. Proceed to Field 3.				
A Did the client stay less than 90 days?	Field 1; Any Institutional Response	0	No	
		1	Yes	90 days or more in an institutional setting is considered a "break" according to the definition of chronic homelessness
B Did the client stay less than 7 nights?	Field 1; Any Transitional and Permanent Housing Response	0	No	
		1	Yes	7 nights or more in transitional or permanent housing situations is considered a "break" according to the definition of chronic homelessness
C On the night before, did the client stay on the streets, ES or SH[4]	Fields A & B; Response 1	0	No	
		1	Yes	
For all Transitional Housing, any form of Permanent Housing including Permanent Supportive Housing and Rapid Re-Housing, Services Only, Other, Day Shelter, Homelessness Prevention, and Coordinated Assessment (Coordinated Entry): If 'Yes' to both Fields A and C or Fields B and C, proceed. Otherwise, stop data collection.				

[4] "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).

Field	Dependency	Response Category/ Data Type		Descriptions
3 **Date homeless-ness started**	None	[Date]		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.[4] Including the situation the client was in right before entering, plus any continuous time moving around between the streets, an emergency shelter, or a safe haven, determine the date this period of the client's "literal" homelessness began. The look back time would not be broken by a stay of less than 7 consecutive nights in any permanent or temporary housing situation nor would it be broken by an institutional stay of less than 90 days (i.e. jail, substance abuse or mental health treatment facility, hospital, or other similar facility). Approximations are permitted.
4 **Number of times the client has been on the streets, in ES, or SH in the past three years4**	None	1	One time	Including today, count all the different times the client was on the streets, in an emergency shelter, or in a safe haven in the last 3 years where there are *full* breaks in between (i.e. breaks that are 90 days or more in an institution or 7 nights or more in permanent or transitional housing)
		2	Two times	
		3	Three times	
		4	Four or more times	
		8	Client doesn't know	
		9	Client refused	
		99	Data not collected	
5 **Total number of months homeless on the street, in ES, or SH in the past three years4**	None	101	One month (this time is the first month)	Count the cumulative number of months in which a person was on the streets, in an ES, or SH in the last 3 years, *including* stays in an institution <90 days or in permanent or transitional housing <7 days. Round the number of months up to the next highest number of full months. The current month, even if a partial month, can be counted as a full month.
		102 - 112	[Integers 2-12]	
		113	More than 12 months	
		8	Client doesn't know	
		9	Client refused	
		99	Data not collected	

4. PROGRAM SPECIFIC DATA ELEMENTS

To meet the statutory and regulatory requirements of federally funded programs using HMIS, additional elements are required for different funding sources. The Program Specific Data Elements are elements that are required by at least one of the HMIS federal partner programs.

Some of the program specific data elements are collected across most federal partner programs. These are called "Common" Program Specific Data Elements.

The HMIS Federal Partners have cooperatively developed these elements. For each Program-Specific Data Element, multiple response categories are provided. Projects may choose to capture more detailed information (or finer response categories), but only if this information can be exactly mapped to the required response categories described in this section. For reporting purposes, an HMIS must be able to produce required reports using the response categories exactly as they are presented in this section.

Local CoCs may elect to require *all* continuum projects participating in HMIS to collect a subset of the data elements contained in this section to obtain consistent information across a range of projects that can be used to plan service delivery, monitor the provision of services, and identify client outcomes. However, CoCs and projects are encouraged to develop their own data collection protocols and assessment tools to fully assess client service needs.

4.2 Income and Sources
4.3 Non-Cash Benefits
4.4 Health Insurance
4.5-4.10 Disability Elements
4.5 Physical Disability
4.6 Developmental Disability
4.7 Chronic Health Condition
4.8 HIV/AIDS
4.9 Mental Health Problem
4.10 Substance Abuse
4.11 Domestic Violence
4.12 Contact
4.13 Date of Engagement
4.14 Bed-Night Date
4.18 Housing Assessment Disposition

In the 2017 HMIS Data Standards, Data Element 4.1 *Housing Status* was retired from use and 4.17 *Residential Move-In Date* was significantly modified and became universal data element 3.20 *Housing Move-In Date*.

Appendix B summarizes the client universe for each universal and program-specific data element and when it is collected.

Many additional elements have been developed by the federal partners, but are limited to one or two federal partner programs or a single component of one of the federal partner programs. Information about the federal partner-specific data elements can be found in the HMIS Data Dictionary and the HMIS Federal Partner Program Manuals.

An HMIS must have the ability to enable and restrict visibility of elements for each project based on the reporting requirements of the federal partner program funding the project. An HMIS may do this in whatever manner the software provider chooses (hard coding, customization via system administrators,

etc.). HMIS vendors should note that no federal partner expects that any project would have all elements visible to the user. The strong preference among the federal partners is that only the elements required for the programs that fund a specific project are visible to the users at that project.

Program specific guidance issued through HUD and the individual federal partner in the HMIS Federal Partner Program Manuals provides program setup and visibility information and definitions relevant for the partner.

4.2 Income and Sources

Rationale To determine whether households are accessing all income sources for which they are eligible at the time of project start and to allow for analyzing changes in the composition of income between project start and exit.

Increase in income is a key performance measure of most federal partner programs. Collecting income information throughout a project stay supports plans to link clients with all income sources and benefits for which they are eligible, and helps CoCs improve system design and partnerships by analyzing cross-systems connections to ensure access to additional income sources.

Data Collection Instruction Indicate whether each head of each household served (including minor heads of their own household) and each adult household member have income and the sources of that income.

Income data should be entered in HMIS consistent with guidelines for calculating household income provided by a project funder, if such guidelines exist. For example, for eligibility purposes, both CoC and ESG-funded projects are instructed to exclude income from the employment of a minor child from calculations of household income. The same is true for SSVF. However, recording income in an HMIS is not the same as performing an income evaluation for purposes of project eligibility determination or a rent calculation for the purpose of determining rental subsidy (24 CFR 5.609 and 24 CFR 5.611(a). Data recorded in HMIS also does not replace required income verification documentation that may be required by a funder.

In the absence of income calculation guidelines provided by a funder, as a general rule, any income associated with a minor used for household expenses and support should be included in the head of households *Income and Sources* record. Where the income is not relevant for household expenses, it could reasonably be excluded from entry. Projects may choose to collect income information for all household members including minor children within households, as long as this does not interfere with accurate reporting per funder requirements.

Income and Sources collected at project start and project exit are to reflect the information as of the date of project start and the date of project exit. 'Information Date' for those records must reflect the date of project start and the date of project exit, respectively.

An *Income and Sources* record must be created at any time during a project stay if income or sources change. This would include the situation when a minor child enters or leaves the household and the income received by the household changes as a result. In that case, a new *Income and Sources* record must be created for the head of household, reflecting the additional (or lost) income. This would also include the situation when a minor child in a household turns 18. In that case, a new *Income and Sources* record must be created for the 18-year-old client reflecting any income associated with that client. If some existing income transfers to the 18-year-old's new record, an additional update record would need to be created for the Head of Household, reflecting the removal of that income from their record. 'Information Date' for those records must reflect the date of the data collection.

An *Income and Sources* record must be created as part of an annual assessment for clients participating in a project one year or more, even if there is no change in either the income or sources. 'Information Date' for those records must reflect the date of the data collection, which must be no more than 30 days before or after the anniversary of the head of household's *Project Start Date*. Annual assessments are based solely on the head of household's anniversary date. The annual assessment must include updating both the head of household's record and any other family member's at the same time.

If a client's income information was recorded incorrectly at project start, update, assessment, or exit, correct the existing record, rather than adding an "update" record.

To collect income information, projects are expected to ask clients whether they receive income from each of the sources listed (either on paper or through client interview) rather than asking them to state the sources of income they receive. Unless the project funder requires documentation for recordkeeping purposes, clients are not required to provide documentation of income or benefits. Requiring documentation of income and benefits when it is not a funder's requirement unnecessarily slows down the process for assisting people to exit homelessness.

Income data should be recorded only for sources of income that are current as of the 'Information Date' (i.e. have not been terminated). Clients may identify multiple sources of income.

- Example: a client's employment has been terminated and the client has not yet secured additional employment. Record the response for Earned income as 'No.'
- Example: a client's most recent paycheck was 2 weeks ago from a job in which the client was working full time for $15.00/hour, but the client is currently working 20 hours per week for $12.00 an hour. Record the income from the job the client has at the time data are collected (i.e. 20 hours at $12.00 an hour).

When a client has income, but does not know the exact amount, a 'Yes' response should be recorded for both the overall income question and the specific source, and the income amount should be estimated.

Income and Sources is intended to identify regular, recurrent earned income and cash benefits. Services and/or gifts such as phone cards and vouchers that are provided by a project to clients during enrollment are fundamentally different and are not considered income.

Student financial aid is not to be considered income unless the financial aid includes a cash stipend. The source for such income would be considered 'Other,' and the source can be described in a text field. Be sure to check your funder's requirements, however. For example, SSVF does not allow grantees to include any student financial aid, including GI Bill Student Financial Aid.

Lump sum amounts received by a family, such as inheritances, insurance settlements, or proceeds from sale of property, or back pay from Social Security are considered assets, not income, and are not recorded in HMIS.

Data Element Fields and Responses

Field		Dependency	Response Category/ Data Type		Descriptions
1	**Information Date**	None	[Date]		The date the information was collected.
2	**Income from Any Source**	None	0	No	
			1	Yes	
			8	Client doesn't know	
			9	Client refused	
			99	Data not collected	
3	**Earned income (i.e. employment income)**	None	0	No	
			1	Yes	
A	**Monthly Amount**	Field 3; Response 1	[Currency/decimal]		
4	**Unemployment Insurance**	None	0	No	
			1	Yes	
B	**Monthly Amount**	Field 3; Response 1	[Currency/decimal]		
5	**Supplemental Security Income (SSI)**	None	0	No	
			1	Yes	
C	**Monthly Amount**	Field 3; Response 1	[Currency/decimal]		
6	**Social Security Disability Insurance (SSDI)**	None	0	No	
			1	Yes	
D	**Monthly Amount**	Field 3; Response 1	[Currency/decimal]		
7	**VA Service -Connected Disability Compensation**	None	0	No	
			1	Yes	VA service-connected disability compensation refers to a benefit paid to veterans with a service-connected disability.
E	**Monthly Amount**	Field 3; Response 1	[Currency/decimal]		
8	**VA Non-Service-Connected Disability Pension**	None	0	No	
			1	Yes	VA non-service-connected disability pension refers to a benefit paid to wartime veterans who have limited or no income and who are ages 65 or older or, if under 65, who are permanently and totally disabled.
F	**Monthly Amount**	Field 3; Response 1	[Currency/decimal]		
9	**Private disability insurance**	None	0	No	
			1	Yes	
G	**Monthly Amount**	Field 3; Response 1	[Currency/decimal]		
10	**Worker's Compensation**	None	0	No	
			1	Yes	
H	**Monthly Amount**	Field 10; Response 1	[Currency/decimal]		
11	**Assistance for Needy Families (TANF) [or use local name]**	None	0	No	
			1	Yes	

Field		Dependency	Response Category/ Data Type		Descriptions
I	**Monthly Amount**	Field 11; Response 1	[Currency/decimal]		
12	**General Assistance (GA) [or use local name]**	None	0	No	
			1	Yes	
J	**Monthly Amount**	Field 12; Response 1	[Currency/decimal]		
13	**Retirement Income from Social Security**	None	0	No	
			1	Yes	Social Security Survivor benefits are Retirement Income from Social Security.
K	**Monthly Amount**	Field 13; Response 1	[Currency/decimal]		
14	**Pension or retirement income from a former job**	None	0	No	
			1	Yes	Military retirement pay should be reported under Pension or retirement income from a former job.
L	**Monthly Amount**	Field 14; Response 1	[Currency/decimal]		
15	**Child support**	None	0	No	
			1	Yes	
M	**Monthly Amount**	Field 15; Response 1	[Currency/decimal]		
16	**Alimony and other spousal support**	None	0	No	
			1	Yes	
N	**Monthly Amount**	Field 16; Response 1	[Currency/decimal]		
17	**Other source**	None	0	No	
			1	Yes	
O	**Monthly Amount**	Field 17; Response 1	[Currency/decimal]		
P	**Specify Source**	Field 17; Response 1	[Text]		
18	**Total Monthly Income**		[Currency/decimal]		

4.3 Non-Cash Benefits

Rationale To determine whether households are accessing all mainstream program benefits for which they are eligible at the time of project start and to allow for analyzing changes in the composition of non-cash benefits between project start and exit.

Data Collection Instruction Indicate whether each head of each household served (including minor heads of their own household) and each adult household member are receiving any of the listed benefits.

Non-cash benefits data should be entered in HMIS consistent with guidelines provided by a project funder, if such guidelines exist. In the absence of guidelines provided by a funder, as a general rule, any benefits received by or on behalf of a minor household member or on behalf of the household as a whole (such as SNAP) should be included in the head of households *Non-Cash Benefits* record. Projects may choose to collect non-cash benefits information for all household members including minor children within households, as long as this does not interfere with accurate reporting per funder requirements.

Non-Cash Benefits collected at project start and project exit are to reflect the information as of the date of project start and the date of project exit. 'Information Date' for those records must reflect the date of project start and the date of project exit, respectively.

A *Non-Cash Benefits* record must be created at any time during a project stay if non-cash benefits change. This would include the situation when a minor child enters or leaves the household and the non-cash benefits received by the household change as a result. In that case, a new *Non-Cash Benefits* record must be created for the head of household, reflecting the additional (or lost) benefit. This would also include the situation when a minor child in a household turns 18. In that case, a new *Non-Cash Benefits* record must be created for the 18-year-old client reflecting any benefits associated with that client. If an existing benefit transfers to the 18-year-old's new record, an additional update record would need to be created for the Head of Household, reflecting the removal of that benefit from their record. 'Information Date' for those records must reflect the date of the data collection.

A *Non-Cash Benefits* record must be created as part of an annual assessment for clients participating in a project one year or more, even if there is no change in benefits. 'Information Date' for those records must reflect the date of the data collection, which must be no more than 30 days before or after the anniversary of the head of household's *Project Start Date*. Annual assessments are based solely on the head of household's anniversary date. The annual assessment must include updating both the head of household's record and any other family members at the same time.

If a client's benefits information was recorded incorrectly at project start, update, assessment, or exit, correct the existing record.

To collect benefits information, projects are expected to ask clients whether they receive benefits from each of the sources listed (either on paper or through client interview) rather than asking them to state the sources of non-cash benefits they receive. Clients are not required to provide documentation of benefits. Requiring documentation of benefits when it is not a funder's requirement unnecessarily slows down the process for assisting people to exit homelessness.

Benefits data should be recorded only for benefits that are current as of the 'Information Date' (i.e. have not been terminated). Clients may identify multiple sources of non-cash benefits.

- Example: a client received food stamps on the first of the month and expects to receive food stamps again on the first of the next month. Record the response for Supplemental Nutritional Assistance Program (SNAP) as 'Yes.'

- Example: a client received food stamps on the first of the month but is not eligible to receive food stamps on the first of next month. Record the response for Supplemental Nutritional Assistance Program (SNAP) as 'No.'

Non-Cash Benefits is intended to identify regular, recurrent benefits. Services and/or gifts such as phone cards and vouchers that are provided by a project to clients during enrollment are fundamentally different and are not considered benefits.

Data Element Fields and Responses

Field	Dependency	Response Category/ Data Type		Descriptions
1 Information Date	None	[Date]		The date the information was collected.
2 Non-Cash Benefits from Any Source	None	0	No	
		1	Yes	
		8	Client doesn't know	
		9	Client refused	
		99	Data not collected	
3 Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps)	None	0	No	
		1	Yes	
4 Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	None	0	No	
		1	Yes	
5 TANF Child Care services (or use local name)	None	0	No	
		1	Yes	
6 TANF transportation services (or use local name)	None	0	No	
		1	Yes	
7 Other TANF-funded services	None	0	No	
		1	Yes	
9 Other source	None	0	No	
		1	Yes	
A Specify source	Field 9; Response 1	[Text]		

4.4 Health Insurance

Rationale To determine whether clients are accessing all mainstream medical assistance benefits for which they may be eligible, and to ascertain a more complete picture of changes to economic circumstances between project start and exit.

Data Collection Instruction In separate fields, indicate whether or not clients are receiving health insurance from any of the listed sources.

Health Insurance data collected at project start and project exit are to reflect the information as of the date of project start and the date of project exit. 'Information Date' for those records must reflect the date of project start and the date of project exit, respectively.

A *Health Insurance* record must be created at any time during a project stay if health insurance coverage information changes. 'Information Date' for those records must reflect the date of the data collection.

A *Health Insurance* record must be created as part of an annual assessment for all clients residing in a project one year or more, even if there is no change in coverage. 'Information Date' for those records must reflect the date of the data collection, which must be no more than 30 days before or after the anniversary of the head of household's *Project Start Date*. The annual assessment must include updating both the head of household's record and any other family members at the same time.

If a client's health insurance information was recorded incorrectly at project start, update, assessment, or exit, correct the existing record.

If the response to Covered by Health Insurance is 'No,' no further data collection is required. If the response is 'Yes,' record whether or not the client is covered by each of the listed insurance types. If required by a funder, enter the reason why such insurance is not being received for each health insurance source.

Applying for coverage through a healthcare exchange could result in a person receiving subsidized private health insurance or it could result in the person receiving Medicaid. If the client's health coverage is through a private provider (even if it is heavily subsidized), record it as Private Pay Health Insurance. If the client's health coverage is through Medicaid (even if it was accessed through a healthcare exchange website), record it as Medicaid.

Health Insurance is intended to identify actual health insurance sources. Indigent care received by a medical provider or hospital to cover a health care costs does not constitute health insurance coverage and should not be recorded in HMIS.

Medical and dental health coverage provided through Ryan White funding is not considered health insurance. If this is the only health coverage a client has, record 'No' in the field 'Covered by Health Insurance.' Housing Opportunities for Persons With AIDS (HOPWA) providers record Ryan White health services in data element W3 Medical Assistance (see HOPWA Program HMIS Manual). It is anticipated that the combination of these two data elements will be used when measuring access to care for the HOPWA APR and CAPER.

Data Element Fields and Responses

Field	Dependency	Response Category/ Data Type		Descriptions
1 Information Date	None	[Date]		The date the information was collected.
2 Covered by Health Insurance	None	0	No	
		1	Yes	
		8	Client doesn't know	
		9	Client refused	
		99	Data not collected	
3 Medicaid	None	0	No	
		1	Yes	Medicaid is a partnership between federal and state funds. It should always be listed as Medicaid not State Health Insurance.
4 Medicare	None	0	No	
		1	Yes	
5 State Children's Health Insurance Program (or use local name)	None	0	No	
		1	Yes	
6 Veteran's Administration (VA) Medical Services	None	0	No	
		1	Yes	
7 Employer-Provided Health Insurance	None	0	No	
		1	Yes	Including TRICARE – available to veterans based on military service
8 Health Insurance obtained through COBRA	None	0	No	
		1	Yes	
9 Private Pay Health Insurance	None	0	No	
		1	Yes	
10 State Health Insurance for Adults (or use local name)	None	0	No	
		1	Yes	
11 Indian Health Services Program	None	0	No	
		1	Yes	
12 Other	None	0	No	A health insurance other than the ones identified in this list.
		1	Yes	
A Specify Source	Field 12; Response 1	[Text]		
13 Reason (HOPWA ONLY)	If "No" for all Insurance Sources	1	Applied; decision pending	
		2	Applied; client not eligible	
		3	Client did not apply	
		4	Insurance type N/A for this client	
		8	Client doesn't know	
		9	Client refused	
		99	Data not collected	

4.5 – 4.10 Disability Elements

Rationale To indicate whether clients have any disabling special needs which contribute to their experience of homelessness or may be a factor in housing.

Data Collection Instruction In separate fields, indicate:

(1) If each client has the indicated disability; and

(2) If there is indication that the disability is expected to be of long-continued and indefinite duration (applicable to most of the individual disability elements) and substantially impair the client's ability to live independently.

Individual *Disability* records created at project start, update, and project exit are to reflect the information as of the date of each phase of data collection. *Disability* update records should be created at any time during a project stay if a client's physical disability status changes. 'Information Date' for those records must reflect the date of project start, update, and the date of project exit, respectively.

If a client's physical disability status was recorded incorrectly at entry, update, or exit, correct the existing record rather than creating a new update record.

Unless the project funder requires documentation for recordkeeping purposes, clients are not require documentation of the disability, not does entering the information in the HMIS constitute a "diagnosis" by the worker who did the data collection or recording.

If the disability is present and is expected to be of long-continued and indefinite duration, the corresponding element 3.8 Disabling Condition should also be "yes" whether by manual data entry, or in some systems, automatic population. It is acceptable for a client to answer 'Yes' to having a physical disability, and also answer 'No,' that the disability is not expected to be of long–continued and indefinite duration and substantially impair ability to live independently, although a disability of such type may not qualify clients for programs meant for severely disabled people and may not indicate a "disabling condition" according to the universal data element 3.8.

For residential homeless assistance programs, client intake as part of the program admission process must be separated from the collection of disability information in order to comply with Fair Housing laws and practices, unless this information is required to determine program eligibility or is needed to determine whether applicants need units with special features or if they have special needs related to communication. Projects should be especially sensitive to the collection of disability information from clients under the age of 18. In households with children accompanied by an adult, children's disabilities should be determined based on an interview with the adult in the household.

4.5 Physical Disability

Field	Dependency	Response Category/ Data Type		Descriptions
1 Information Date	None	[Date]		The date the information was collected.
2 Physical Disability	None	0	No	
		1	Yes	For the purposes of these Data Standards, a physical disability means a physical impairment.
		8	Client doesn't know	
		9	Client refused	
		99	Data not collected	
A Expected to be of long–continued and indefinite duration and substantially impairs ability to live independently	Field 2; Response 1	0	No	
		1	Yes	1) Expected to be of long, continued and indefinite duration, (2) substantially impedes an individual's ability to live independently, and (3) of such a nature that such ability could be improved by more suitable housing conditions.
		8	Client doesn't know	
		9	Client refused	
		99	Data not collected	

4.6 Developmental Disability

Field	Dependency	Response Category/ Data Type		Descriptions
1 Information Date	None	[Date]		The date the information was collected.
2 Developmental Disability	None	0	No	
		1	Yes	For the purposes of these Data Standards, a developmental disability means a severe, chronic disability that is attributed to a mental or physical impairment (or combination of physical and mental impairments) that occurs before 22 years of age and limits the capacity for independent living and economic self-sufficiency.
		8	Client doesn't know	
		9	Client refused	
		99	Data not collected	
A Expected to substantially impair ability to live independently	Field 2; Response 1	0	No	
		1	Yes	(1) Substantially impedes an individual's ability to live independently, and (2) of such a nature that such ability could be improved by more suitable housing conditions.
		8	Client doesn't know	
		9	Client refused	
		99	Data not collected	

4.7 Chronic Health Condition

Field	Dependency	Response Category/ Data Type		Descriptions
1 Information Date	None	[Date]		The date the information was collected.
2 Chronic Health Condition	None	0	No	
		1	Yes	For the purposes of these Data Standards, a chronic health condition means a diagnosed condition that is more than 3 months in duration and is either not curable or has residual effects that limit daily living and require adaptation in function or special assistance. Examples of chronic health conditions include, but are not limited to: heart disease (including coronary heart disease, angina, heart attack and any other kind of heart condition or disease); severe asthma; diabetes; arthritis-related conditions (including arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia); adult onset cognitive impairments (including traumatic brain injury, post-traumatic distress syndrome, dementia, and other cognitive related conditions); severe headache/migraine; cancer; chronic bronchitis; liver condition; stroke; or emphysema.
		8	Client doesn't know	
		9	Client refused	
		99	Data not collected	
A Expected to be of long–continued and indefinite duration and substantially impairs ability to live independently	Field 2; Response 1	0	No	
		1	Yes	(1) Expected to be of long, continued and indefinite duration, (2) substantially impedes an individual's ability to live independently, and (3) of such a nature that such ability could be improved by more suitable housing conditions.
		8	Client doesn't know	
		9	Client refused	
		99	Data not collected	

4.8 HIV/AIDS

HIV-related information is covered by confidentiality requirements. As in other areas involving sensitive or protected client information, information should be recorded only when a project has data confidentiality protections that conform to the standards specified in the HMIS Final Rule, to be published. These protections include agency policies and procedures and staff training to ensure that HIV-related information cannot be accessed by anyone without the proper authorization.

Field	Dependency	Response Category/ Data Type		Descriptions
1 Information Date	None	[Date]		The date the information was collected.
2 HIV/AIDS	None	0	No	
		1	Yes	
		8	Client doesn't know	
		9	Client refused	
		99	Data not collected	
A Expected to substantially impair ability to live independently	Field 2; Response 1	0	No	
		1	Yes	(1) Substantially impedes an individual's ability to live independently, and (2) of such a nature that such ability could be improved by more suitable housing conditions.
		8	Client doesn't know	
		9	Client refused	
		99	Data not collected	

4.9 Mental Health Problem

Field	Dependency	Response Category/ Data Type		Descriptions
1 Information Date	None	[Date]		The date the information was collected.
2 Mental Health Problem	None	0	No	
		1	Yes	A mental health problem may range from situational depression to serious mental illnesses. The dependent field is designed to gauge the severity of the mental health problem.
		8	Client doesn't know	
		9	Client refused	
		99	Data not collected	
A Expected to be of long–continued and indefinite duration and substantially impairs ability to live independently	Field 2; Response 1	0	No	
		1	Yes	(1) Expected to be of long, continued and indefinite duration, (2) substantially impedes an individual's ability to live independently, and (3) of such a nature that such ability could be improved by more suitable housing conditions. Select 'Yes' if the mental health problem was a cause of homelessness, a significant issue for the individual, or is of a serious nature.
		8	Client doesn't know	
		9	Client refused	
		99	Data not collected	

4.10 Substance Abuse

Field	Dependency	Response Category/ Data Type		Descriptions
1 Information Date	None	[Date]		The date the information was collected.
2 Substance Abuse Problem	None	0	No	
		1	Alcohol abuse	Alcohol abuse, without drug abuse
		2	Drug abuse	Drug abuse without alcohol abuse
		3	Both alcohol and drug abuse	
		8	Client doesn't know	
		9	Client refused	
		99	Data not collected	
A Expected to be of long–continued and indefinite duration and substantially impairs ability to live independently		0	No	
		1	Yes	
		8	Client doesn't know	
		9	Client refused	
		99	Data not collected	

4.11 Domestic Violence

Rationale To indicate whether heads of household and other adults served are survivors of domestic violence. Ascertaining whether a person is a survivor of or fleeing from domestic violence is necessary to provide the person with the appropriate services to prevent further abuse and to treat the physical and psychological injuries from prior abuse. Also, ascertaining that a person may be experiencing domestic violence may be important for the safety of project staff and other clients. At the aggregate level, knowing the size of the population of persons experiencing homelessness who have also experienced domestic violence is critical for determining the resources needed to address the problem.

Data Collection Instruction In separate fields, indicate (1) if the client is a survivor of domestic violence, (2) when the experience occurred, and (3) if the client is currently fleeing domestic violence.

Domestic Violence records created at project start are to reflect the information as of the date of project start. 'Information Date' for those records must reflect the date of project start.

A *Domestic Violence* record must be created at any time during a project stay if a client's domestic violence status changes. 'Information Date' for those records must reflect the date of the data collection.

If a client's domestic violence status was recorded incorrectly at project start, correct the existing record.

Verification is not necessary unless it is specifically required for project eligibility, in which case documentation requirements established by the funder should be followed.

Projects should be especially sensitive to the collection of domestic violence information from clients and should implement appropriate interview protocols to protect client privacy and safety such as: asking this question in a private location and not in the presence of a romantic partner; delaying all entry of data about clients identified with a recent history of domestic violence; or choosing not to disclose data about clients with a history of domestic violence to other homeless projects. Projects may wish to consult with specialized staff with training in trauma-informed care, safety needs, or other population-specific considerations.

If clients are providing inconsistent information (e.g. indicating that they are currently fleeing an abusive situation but their response to 'When experience occurred' is 'One year ago or more'), clarification should be facilitated by appropriate staff. Staff can help clients understand that the definition of a DV experience includes "dangerous... conditions that relate to violence against the individual or a family member," which is broader than a specific violent episode. There are situations where the act of fleeing takes place weeks or months after a particular violent episode, but the conditions within the home remain dangerous. With this clarification, the staff and client together can determine the best response for 'When experience occurred.'

Data Element Fields and Responses

Field	Dependency	Response Category/ Data Type		Descriptions
1 Information Date	None	[Date]		The date the information was collected.
2 Domestic Violence Victim/Survivor	None	0	No	
		1	Yes	Domestic Violence Victim/Survivor should be indicated as "Yes" if the person has experienced any domestic violence, dating violence, sexual assault, stalking or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence.
		8	Client doesn't know	
		9	Client refused	
		99	Data not collected	
A When experience occurred	Field 2; Response 1	1	Within the past three months	
		2	Three to six months ago (excluding six months exactly)	
		3	Six months to one year ago (excluding one year exactly)	
		4	One year ago or more	
		8	Client doesn't know	
		9	Client refused	
		99	Data not collected	
B Currently fleeing	Field 2; Response 1	0	No	
		1	Yes	Currently fleeing should be indicated as "Yes" if the Person is fleeing, or is attempting to flee, the domestic violence situation or is afraid to return to their primary nighttime residence.
		8	Client doesn't know	
		9	Client refused	
		99	Data not collected	

4.12 Contact

Rationale To record each contact with people experiencing homelessness by street outreach and other service projects and to provide information on the number of contacts required to engage the client.

Data Collection Instruction Record the date and location of each interaction with a client. The first *Contact* with the client will occur at the same point as *Project Start Date* and therefore requires a record to be opened in the HMIS for the client. Refer to guidance in HMIS Program Manuals (PATH, CoC, ESG, or RHY) for more details.

All street outreach projects are expected to record every contact made with each client, including when the *Project Start Date* or *Date of Engagement* is recorded on the same day. There may or may not be a contact made at project exit.

Contacts include activities such as a conversation between a street outreach worker and client about the client's well-being or needs, an office visit to discuss their housing plan, or a referral to another community service.

Mobile HMIS data entry can be helpful for working in the field. If it is not possible, data will need to be securely recorded and transported for entry at an office or data can be entered remotely by a colleague by phone.

Night-by-Night shelters should only record a *Contact* if the interaction between the shelter personnel and client goes beyond a basic provision of shelter services. A *Contact* for emergency shelter does not include activities of daily sheltering (e.g. bed registration, request for personal care items, dinner sign-up, meals, etc.), nor should it be redundant with data element 4.14 *Bed-Night Date*.

Data Element Fields and Responses

Field	Dependency	Response Category/ Data Type		Descriptions
1 Information Date	None	[Date]		The date the information was collected.
2 Staying on Streets, ES, or SH	None	0	No	
		1	Yes	A contact is defined as an interaction between a worker and a client. Contacts may range from simple a verbal conversation between the street outreach worker and the client about the client's well-being or needs or may be a referral to service.
		2	Worker unable to determine	

4.13 Date of Engagement

Rationale To record the date the client became 'engaged' in project services after one or more contacts with outreach or night-by-night shelter.

Data Collection Instruction Record the date a client became engaged by a street outreach project or night-by-night emergency shelter in the development of a plan to address their situation. Only one date of engagement is allowed between project start and exit.

This date may be on or after the *Project Start Date* and if the client becomes engaged, must be on or prior to the *Project Exit Date*. If the project has not developed this intensive relationship with the client before exit, *Date of Engagement* should be left blank.

If the client returns after a project exit, a new *Project Start Date* and a new *Date of Engagement* is to be established.

Reporting on data quality for street outreach projects is limited to clients with a *Date of Engagement*. All Universal Data Elements and applicable Program Specific Data Elements should be reviewed for completeness and accuracy on the *Date of Engagement*.

Refer to guidance in HMIS Program Manuals (PATH, CoC, ESG, or RHY) for more details.

Data Element Fields and Responses

Field	Dependency	Response Category/ Data Type		Descriptions
1 Date of Engagement	None	1	Date of Engagement	The date on which an interactive client relationship results in a deliberate client assessment or beginning of a case plan.

4.14 Bed-Night Date

Rationale To determine each bed-night utilized by a client in a night-by-night shelter.

Data Collection Instruction A *Bed Night Date* record indicates that the client has utilized a bed in a night-by-night shelter on that date.

Use the methodology built into the HMIS system to record the date of each night a client stays in a bed. This may be a manual date entry, scan card system, check off, etc.

There must be a record of a bed night on the *Project Start Date* into a night-by-night shelter; any additional bed night dates must be after the *Project Start Date* and before the *Project Exit Date*.

Data Element Fields and Responses

Field	Dependency	Response Category/ Data Type		Descriptions
1 Bed-night Date	None	1	Bed-night Date	A date on which the client has utilized a bed in a night-by-night shelter.

4.18 Housing Assessment Disposition

Rationale To track client disposition following a brief assessment of critical housing needs, such as at a prevention project. This data element may be used as part of a coordinated assessment system if appropriate for the CoC's system.

The disposition response categories represent the different types of continuum projects or other community assistance to which a client may be referred upon presenting to a coordinated assessment project or related point of contact with a request for assistance to address a housing a crisis.

Data Collection Instruction Indicate the appropriate disposition of the client following a housing crisis assessment once at or before project exit.

The Housing Assessment Disposition element is only required for projects that are doing coordinated assessments as part of a CoC's coordinated entry system, to capture information and efforts made to house the client for planning purposes. This may include a Coordinated Entry project in addition to other project types (e.g. Homelessness Prevention, Services Only, Day Shelter or others), depending on the particular setup in each CoC.

Data Element Fields and Responses

Field	Dependency	Response Category/ Data Type		Descriptions
1 Assessment Disposition	None	1	Referred to emergency shelter/safe haven	
		2	Referred to transitional housing	
		3	Referred to rapid re-housing	
		4	Referred to permanent supportive housing	
		5	Referred to homelessness prevention	
		6	Referred to street outreach	
		7	Referred to other continuum project type	
		8	Referred to a homelessness diversion program	
		9	Unable to refer/accept within continuum; ineligible for continuum projects	
		10	Unable to refer/accept within continuum; continuum services unavailable	
		11	Referred to other community project (non-continuum)	
		12	Applicant declined referral/acceptance	
		13	Applicant terminated assessment prior to completion	
		14	Other/specify	
A Other Assessment Disposition	Field 1; Response 14	1	Please specify	

APPENDIX A. FEDERAL PARTNER PROGRAM COMPONENTS: ASSOCIATED HMIS PROJECT TYPES AND FUNDING SOURCES

U.S. Department of Housing and Urban Development (HUD)

Grant/Program	Component/Activity	HMIS Project Type (2.4)		Federal Partner Funding Source (2.6)	
Continuum of Care for the Homeless (CoC)	Homelessness Prevention (High Performing Communities Only)	12	Homelessness Prevention	1	HUD: CoC – Homelessness Prevention (High Performing Communities Only)
	Permanent Housing: Permanent Supportive Housing	3	PH - Permanent Supportive Housing (disability required for entry)	2	HUD: CoC – Permanent Supportive Housing
	Permanent Housing: Rapid Re-housing	13	PH - Rapid Re-Housing	3	HUD: CoC – Rapid Re-Housing
	Supportive Services Only	*Refer to CoC Program HMIS Manual*		4	HUD: CoC – Supportive Services Only
	Transitional Housing	2	Transitional Housing	5	HUD: CoC – Transitional Housing
	Youth Homeless Demonstration Program (YHDP)	*Determination based on funding opportunity*		43	HUD: CoC – Youth Homeless Demonstration Program (YHDP)
Legacy	Safe Haven	8	Safe Haven	6	HUD: CoC – Safe Haven
	Single Room Occupancy - 20-year use requirement	9	PH – Housing Only	7	HUD: CoC – Single Room Occupancy
Emergency Solutions Grants (ESG)	Emergency Shelter (operating and/or essential services)	1	Emergency Shelter	8	HUD: ESG – Emergency Shelter (operating and/or essential services)
	Homelessness Prevention	12	Homelessness Prevention	9	HUD: ESG – Homelessness Prevention
	Rapid Re-Housing	13	PH - Rapid Re-Housing	10	HUD: ESG – Rapid Rehousing
	Street Outreach	4	Street Outreach	11	HUD: ESG – Street Outreach
HUD/VASH (H/V) and HUD/VASH-OTH (H/V-OTH)	HUD/VASH	3	PH - Permanent Supportive Housing (disability required for entry)	20	HUD:HUD/VASH
	HUD/VASH-OTH	3	PH - Permanent Supportive Housing (disability required for entry)	20	HUD:HUD/VASH
Rural Housing Stability Assistance Program (RHSP)	Rural Assistance (RA)	*Pending Funding Availability*		12	HUD: Rural Housing Stability Assistance Program

Grant/Program	Component/Activity	HMIS Project Type (2.4)		Federal Partner Funding Source (2.6)	
Housing Opportunities for Persons with AIDS (HOPWA)	Hotel/Motel	1	Emergency Shelter	13	HUD: HOPWA – Hotel/Motel Vouchers
	Housing Information	6	Services Only	14	HUD: HOPWA – Housing Information
	Permanent Housing TBRA	3	PH - Permanent Supportive Housing (disability required for entry)	15	HUD: HOPWA – Permanent Housing (facility based or TBRA)
	Permanent Housing Facility Based	3	PH - Permanent Supportive Housing (disability required for entry)	15	HUD: HOPWA – Permanent Housing (facility based or TBRA)
	Permanent Housing Placement (PHP)	6	Services Only	16	HUD: HOPWA – Permanent Housing Placement
	Short Term Rent, Mortgage, Utility Assistance (STRMU)	12	Homelessness Prevention	17	HUD: HOPWA – Short-Term Rent, Mortgage, Utility assistance
	Short Term Housing	1	Emergency Shelter	18	HUD: HOPWA – Short-Term Supportive Facility
	Transitional Housing (TH)	2	Transitional Housing	19	HUD: HOPWA – Transitional Housing (facility based or TBRA)
	Supportive Services Only not in conjunction with housing (SSO)	6	Services Only	*Select the appropriate funding source from the above list*	

U.S. Department of Housing and Urban Development (HUD) and U.S. Department of Justice (DOJ)

Grant/Program	Component/Activity	HMIS Project Type (2.4)		Federal Partner Funding Source (2.6)	
Pay for Success (PFS)	Permanent Housing	10	PH – Housing with Services (no disability required for entry)	35	HUD: Pay for Success
Public and Indian Housing (PIH)	Public Housing and Voucher Programs	9	PH – Housing Only	36	HUD: Public and Indian Housing (PIH) Programs

Substance Abuse and Mental Health Services Administration (SAMHSA)

Grant/Program	Component/Activity	HMIS Project Type (2.4)		Federal Partner Funding Source (2.6)	
Projects for Assistance in Transition from Homelessness (PATH)	Street Outreach (Persons who generally reside in a place not meant for human habitation (e.g. streets, abandoned buildings, etc.)	4	Street Outreach	21	HHS:PATH – Street Outreach & Supportive Services Only
	Supportive Services (Persons who generally reside in a place meant for human habitation, or who are at risk of homelessness)	6	Services Only	21	HHS:PATH – Street Outreach & Supportive Services Only

U.S. Department of Health and Human Services (HHS) Administration for Children and Families (ACYF) Family and Youth Services Bureau (FYSB)

Grant/Program	Component/Activity	HMIS Project Type (2.4)		Federal Partner Funding Source (2.6)	
Runaway and Homeless Youth (RHY)	Basic Center Project (which provides shelter)	1	Emergency Shelter	22	HHS:RHY – Basic Center Program (prevention and shelter)
	Basic Center Project (which also provides preventive services instead of or prior to shelter)	12	Homelessness Prevention	22	HHS:RHY – Basic Center Program (prevention and shelter)
	Maternal Group Home	2	Transitional Housing	23	HHS:RHY – Maternity Group Home for Pregnant and Parenting Youth
	Transitional Living Program	2	Transitional Housing	24	HHS:RHY – Transitional Living Program
	Street Outreach Program	4	Street Outreach	25	HHS:RHY – Street Outreach Project
	RHY Demonstration	Determination based on funding opportunity		26	HHS:RHY – Demonstration Project

U.S. Department of Veteran Affairs (VA)

Grant/Program	Component/Activity	HMIS Project Type (2.4)		Federal Partner Funding Source (2.6)	
Health Care for Homeless Veterans (HCHV)	HCHV CRS: EH	1	Emergency Shelter	27	VA: CRS Contract Residential Services
	Community Contract Safe Haven Program	8	Safe Haven	30	VA: Community Contract Safe Haven Program
VA Compensated Work Therapy	Transitional Residence	2	Transitional Housing	32	VA: Compensated Work Therapy Transitional Residence
Supportive Services for Veteran Families (SSVF)	SSVF: RRH	13	PH - Rapid Re-Housing	33	VA: Supportive Services for Veteran Families
	SSVF: Homelessness Prevention	12	Homelessness Prevention	33	VA: Supportive Services for Veteran Families
VA Funded Transitional Housing	GPD: Bridge Housing	2	Transitional Housing	37	VA: Grant Per Diem – Bridge Housing
	GPD: Low Demand	8	Safe Haven	38	VA: Grant Per Diem – Low Demand
	GPD: Hospital to Housing	2	Transitional Housing	39	VA: Grant Per Diem – Hospital to Housing
	GPD: Clinical Treatment	2	Transitional Housing	40	VA: Grant Per Diem – Clinical Treatment
	GPD: Service Intensive Transitional Housing	2	Transitional Housing	41	VA: Grant Per Diem – Service Intensive Transitional Housing
	GPD: Transition in Place	9	PH – Housing Only	42	VA: Grant Per Diem – Transition in Place

APPENDIX B. DATA ELEMENT COLLECTION SUMMARY

Data Element		Data Collected About				When the Data Are Collected					
		All Clients	HoH Only	HoH and Other Adults	Adult Clients Only	Record Creation	Project Start	At Occurrence	At Update	Annual Assessment	At Exit
3.1	Name	X				X					
3.2	Social Security Number	X				X					
3.3	Date of Birth	X				X					
3.4	Race	X				X					
3.5	Ethnicity	X				X					
3.6	Gender	X				X					
3.7	Veteran Status				X	X					
3.8	Disabling Condition	X					X				
3.10	Project Start Date	X					X				
3.11	Project Exit Date	X									X
3.12	Destination	X									X
3.15	Relationship to Head of Household	X					X				
3.16	Client Location		X				X	X (at time the client's location changes from one CoC to another, if applicable)			

Data Element		Data Collected About				When the Data Are Collected					
		All Clients	HoH Only	HoH and Other Adults	Adult Clients Only	Record Creation	Project Start	At Occurrence	At Update	Annual Assessment	At Exit
3.20	Housing Move-In Date		X					X (at time of move-in to PH, if applicable)			
3.917	Living Situation			X			X				
4.2	Income and Sources			X			X		X	X	X
4.3	Non-Cash Benefits			X			X		X	X	X
4.4	Health Insurance	X					X		X	X	X
4.5	Physical Disability	X					X		X		X
4.6	Developmental Disability	X					X		X		X
4.7	Chronic Health Condition	X					X		X		X
4.8	HIV/AIDS	X					X		X		X
4.9	Mental Health Problem	X					X		X		X
4.10	Substance Abuse	X					X		X		X
4.11	Domestic Violence			X			X		X		
4.12	Contact			X				X (at time each of contact)			
4.13	Date of Engagement			X				X (at point of engagement)			
4.14	Bed Night Date	X						X (as provided)			
4.18	Housing Assessment Disposition			X							X

Privacy Notice

The Care Connect Information Network ServicePoint System (referred to as the CCIN ServicePoint) was developed to meet a data collection requirement made by the United States Congress to the Department of Housing and Urban Development (HUD). Congress passed this requirement in order to get a more accurate count of individuals who are homeless and to identify the need for and use of different services by those individuals and families. We are working to assist the State of Florida in meeting the goal set by Congress by collecting statistical information on those who use our services and report that information to a central data collection system.

Many agencies in this area also use the CCIN ServicePoint to: keep computerized case records, and with your permission, share information you provide to us with other CCIN participating agencies. The range of information that you may agree to allow us to share includes: basic identifying demographic data (e.g., name address, birth date, phone number), the nature of your situation, the services and referrals you receive from our agency.

Sharing information with CCIN and other agencies helps us to better understand the number of individuals who need services from more than one agency. This may help us to meet your needs and the needs of others in our community by allowing us to develop new and/or more efficient programs. Sharing information through the CCIN SERVICEPOINT can also help us make referrals more easily, often with less paperwork for us and for you.

Maintaining the privacy and safety of those using our services is very important to us. Information gathered about you is personal and private. Your record will only be shared if you give your permission to do so. Depending on your individual situation, there may be benefits and/or risks for you to carefully consider before you decide whether or not to consent to the release of any identifying information to another agency. You also have the right to request that your name be entered in the system as "anonymous". You cannot and will not be denied services that you would otherwise qualify for if you choose not to share information.

Please note that even if you do not want your information shared with other agencies or your actual name entered into the system, we must still report some information to the central data collection system, which contains provisions to protect your name and privacy, because of our federal and state requirements.

There is a list of all the agencies in the CCIN System that can be provided upon request. These agencies must follow strict privacy laws. The agencies in the system may change from time to time.

CONFIDENTIALITY RIGHTS

This agency follows all confidentiality regulations. In addition to this privacy notice, our agency has its own confidentiality policy. This specifically includes the confidentiality regulations regarding the disclosure of alcohol and/or drug abuse records (as contained in the Code of Federal Regulations, 42 CFR Part 2,) and medical information and records (as contained in the Protected Individually Identifiable Health Information, under HIPAA).

Even if you choose to allow us to share information with other agencies, records about substance abuse, physical and mental health, HIV, and domestic violence will not be shared without your specific, additional release of information.

GRIEVANCE PROCEDURE

If you believe that your confidentiality was not protected, you may file a complaint or grievance as outlined in the agency grievance policy.

YOUR INFORMATION RIGHTS

As a client receiving services at this agency, you have the following rights:

- ***Access to your record.*** You have the right to review your CCIN record. At your request, we will assist you in viewing the record within 5 working days.

- ***Correction of your record.*** You have the right to request to have your record corrected so that information is up-to-date and accurate to ensure fairness in its use.

- ***Refusal.*** You have the right to refuse consent to share your information with other agencies. You cannot be denied services that you would otherwise qualify for if you refuse to sign the CCIN SERVICEPOINT Client Release of Information form. Please note that if you refuse, information will still be entered into the system for statistical purposes, but your information will be closed so that no other agency will have access to it.

- ***Anonymous Entry.*** You have a right to have your name entered as "Anonymous" if for some reason your name presents a risk even if not shared with other agencies.

- ***End Date of Consent and Withdrawal of the Release of Information Form***. If you choose to allow information to be shared with other agencies, your release will be in effect for the specific time frame you have designated. After that information will no longer be shared unless you sign another release. The release of information agreement can be withdrawn at any time by making a written request at this agency.

- ***AT NO TIME WILL YOUR DATA BE USED FOR PERSONAL OR PRIVATE USE.*** Sharing of your data is confined to CCIN-Participating agencies and is entirely FORBIDDEN outside CCIN (this includes ALL individuals and organizations outside CCIN). Any sharing outside of CCIN will be done so ONLY at your explicit authorization.

- ***Grievance***. You have the right to be heard if you feel that you have been unjustly served, put at personal risk, or harmed. Our agency has established a formal grievance process for you to use in such a circumstance.

HOW YOUR INFORMATION WILL BE KEPT SECURE

Protecting the safety and privacy of individuals receiving services and the confidentiality of their records is of paramount importance to us. We have done several things to make sure your information is kept safe and secure:
Through training, policies and procedures, and software:

- The computer program we use has the highest degree of security protection available.
- Only trained and authorized individuals will enter or view your personal information.
- Your name and other identifying information will not be contained in CCIN reports that are issued to local, state, or national agencies.
- Employees receive training in privacy protection and agree to follow strict confidentiality standards before using the system.
- The server/database/software only allows authorized individuals access to the information. Only those who should see certain information will be allowed to see that information.
- The server/database will communicate using 128-bit encryption – an Internet technology intended to keep information private while it is transported back and forth across the Internet. Furthermore, identifying data stored on the server is also encrypted or coded so that it cannot be recognized.
- The server/database exists behind a firewall – a device meant to keep hackers/crackers/viruses/etc. away from the server.
- The main database will be kept physically secure, meaning only authorized personnel will have access to the server / database.

WHAT IS INFORMED CONSENT?

Information about you and the services provided to you cannot be given to anyone without your giving informed consent. In order to be able to give informed consent:

- You should be told about the benefits, risks, and available alternatives to sharing your information (KNOWLEDGE).
- You should be able to reasonably understand the information including the risks, benefits, other options, and other consequences (UNDERSTANDING).
- You should not be forced or pressured into a decision. The choice you make should be your decision (VOLUNTARY).

BENEFITS OF CCIN AND AGENCY INFORMATION SHARING

Information you provide us can play an important role in our ability and the ability of other agencies to continue to provide the services that you and others in our community are requesting.

Allowing us to share your real name, even in the absence of other information, results in a more accurate count of individuals and services used. The security system is designed to create a code that will protect your identity on the system. A more accurate count is important because it can help us and other agencies:

- Better demonstrate the need for services and the specific types of assistance needed in our area.
- Obtain more money and other resources to provide services.
- Plan and deliver quality services to you and your family.
- Assist the agency to improve its work with families and individuals who are homeless.
- Keep required statistics for state and federal funders (such as HUD).

You may choose to agree to share additional information with one or more CCIN participating agency in order to:

- ☐ Promote coordination of services so your needs are better met
- ☐ Make referrals easier by reducing paperwork
- ☐ Avoid having to repeat as much information to get assistance from other agencies

RISKS IN SHARING INFORMATION

While the CCIN SERVICEPOINT was designed to promote better services for those who are homeless, there are risks that may lead some individuals to choose to do one or more of the following:

- ☐ Allow only your name, age, and social security number (optional) to be shared with all participating agencies. All other information including where you are being served and your particular situation are kept confidential or shared with only select agencies.
- ☐ Allow some statistical or demographic information to be shared with select other agencies, but do not allow other more personal data such as health, mental health, drug/alcohol use history or domestic violence information to be shared.
- ☐ Close all information including identifying information from all sharing. Only this agency may see the information.
- ☐ Use an anonymous client ID so that no identifying information exists on the record even within this agency.
- ☐ Risks you should consider before deciding whether and what type of information to share include:
- ☐ Physical harm or other negative consequences to you or members of your family if someone knew that they could find you from the information shared with other participating CCIN agencies.
- ☐ Physical harm or other negative consequences to you or members of your family if someone found out you sought help, particularly if you or your children have experienced domestic violence, sexual assault, stalking, or child abuse.
- ☐ There are others who may work or volunteer at other CCIN participating agencies who you may not want to have access to your information or to know you are seeking services.
- ☐ The degree to which you are satisfied by the confidentiality provisions explained about the CCIN SERVICEPOINT.

St. Johns Care Connect *Care Connect Information Network (CCIN)* **AGENCY PARTICIPATION AGREEMENT**

This agreement is entered into on_____(dd/mm/yy) between the **Care Connect Information Network (hosted by St. Johns Care Connect)**, hereafter known as "CCIN," and _____(agency name), hereafter known as "Agency," regarding access and use of the Care Connect Information Network, hereafter known as "CCIN."

I. Introduction

The CCIN, a shared human services database, allows authorized personnel at homeless and human service provider agencies throughout Northeast Florida (and the surrounding areas) to enter, track, and report on information concerning their own clients and to share information, subject to appropriate inter-agency agreements, on common clients.

CCIN's goals are to:

- Improve coordinated care for and services to homeless persons and persons in need within Northeast Florida (and the surrounding areas),
- Provide a user-friendly and high quality automated records system that expedites client intake procedures, improves referral accuracy, and supports the collection of quality information that can be used for program improvement and service-planning, and
- Meet the reporting requirements of the U.S. Department of Housing and Urban Development (HUD) and other funders as needed.

In compliance with all state and federal requirements regarding client/consumer confidentiality and data security, the CCIN is designed to collect and deliver timely, credible, quality data about services and homeless persons or persons at risk for being homeless as well as persons in with specific needs. St. Johns Care Connect administers the CCIN which is accessed through an Internet-based software package named ServicePoint. This is accomplished through a subcontract with Mediware located in Shreveport, LA. CCIN follows the guidelines as set forth by HIPAA Title II.

II. CCIN Responsibilities

1. Mediware will provide the Agency 24-hour access to the CCIN data-gathering system, via Internet connection.
2. CCIN will provide model Privacy Notices, Client Release forms and other templates for agreements that may be adopted or adapted in local implementation of ServicePoint functions.
3. CCIN will provide both initial training and periodic updates to that training for core Agency Staff regarding the use of the CCIN.
4. CCIN will provide basic user support and technical assistance (i.e., general trouble-shooting and assistance with standard report generation). Access to this basic technical assistance will normally be available from 8:00 AM to 5:00 PM on Monday through Friday (with the exclusion of holidays). Pre-arranged support may be scheduled as needed.
5. Neither CCIN nor Mediware will publish reports on client data that identify specific agencies or persons, without prior agency and, where necessary, client permission. Public reports otherwise published will be limited to presentation of aggregated data within the CCIN.
6. CCIN's publication practice will be governed by policies established by relevant committees (further referred to as the "CCIN Steering Committee").

III. Privacy and Confidentiality

A. Protection of Client Privacy

1. The Agency will comply with all applicable federal and state laws regarding protection of client privacy.
2. The Agency will comply specifically with Federal confidentiality regulations as contained in the Code of Federal Regulations, 42 CFR Part 2, regarding disclosure of alcohol and/or drug abuse records.
3. The Agency will comply specifically with the Health Insurance Portability and Accountability Act of 1996, 45 C.F.R., Parts 160 & 164, and corresponding regulations established by the U.S. Department of Health and Human Services.
4. The Agency will comply with the HITECH Act of 2009 (H.R.1: American Recovery and Reinvestment Act of 2009) as it pertains to confidentiality of client records.
5. The Agency will comply with all privacy rules specified in State of Florida.
6. The Agency will comply with all policies and procedures established by CCIN pertaining to protection of client privacy.

B. Client Confidentiality

1. The Agency agrees to provide a copy of CCIN' Privacy Notice or Summary of Privacy Notice (or an acceptable Agency-specific alternative) to each consumer/client. The Agency will provide a verbal explanation of the CCIN and arrange for a qualified interpreter/translator in the event that an individual is not literate in English or has difficulty understanding the Privacy Notice or associated Consent Form(s).
2. The Agency will not solicit or enter information from clients into the CCIN database unless it is essential to provide services or conduct evaluation or research. **AT NO TIME WILL CLIENT DATA BE USED FOR PERSONAL OR PRIVATE USE. Sharing of Client data is confined to CCIN-Participating agencies and is entirely FORBIDDEN outside CCIN (this includes ALL individuals and organizations outside CCIN). Any sharing outside of CCIN will be done so ONLY at the explicit authorization of the client. Any breach of this will result in full system lockout and potential legal consequences.**
3. The Agency will not divulge any confidential information received from the CCIN to any organization or individual without proper written consent by the client, unless otherwise permitted by applicable regulations or laws.
4. The Agency will ensure that all persons who are issued a User Identification and Password to the CCIN abide by this Participation Agreement and the CCIN USER AGREEMENT POLICY, RESPONSIBILITY & CODE OF ETHICS, including all associated confidentiality provisions. The Agency will be responsible for oversight of its own related confidentiality requirements.
5. The Agency agrees that it will ensure that all persons issued a User ID and Password will complete a formal training on privacy and confidentiality and demonstrate mastery of that information, prior to activation of their User License.
6. The Agency agrees that in the unlikely event that any of the aforementioned provisions are not met that any persons granted access to the CCIN will be removed from access. Any failure to comply with this Participation Agreement and the CCIN USER AGREEMENT POLICY, RESPONSIBILITY & CODE OF ETHICS will result in such actions.
7. The Agency agrees that those granted Agency Administrator systems access must first become a certified Agency Administrator through training provided by Bowman Systems qualified trainers or by the CCINCCIN Administrator.
8. The Agency acknowledges that ensuring the confidentiality, security and privacy of any information downloaded from the system by the Agency is strictly the responsibility of the Agency.

C. Inter-Agency Sharing of Information

1. The Agency acknowledges that all forms provided by CCIN regarding client privacy and confidentiality are shared with the Agency as generally applicable models that may require specific modification in accord with Agency-specific rules. The Agency will review and revise (as necessary) all forms provided by CCIN to assure that they are in compliance with the laws, rules and regulations that govern its organization and submit any modifications to CCIN for record retainment.
2. The Agency agrees to develop a plan for all routine sharing practices with partnering Agencies and document that plan.
3. The Agency acknowledges that informed client consent is required before any basic identifying client information is shared with other Agencies in the CCIN . The Agency will document client consent on the CCIN Client Release of Information Form.[1]
4. If the client has given approval through a completed CCIN Client Release of Information Form, the Agency may elect to share information accordingly with other partnering agencies in CCIN.
5. The Agency will incorporate a release clause into its existing Release of Information form if the Agency intends to share restricted client data within the . Restricted information, including progress notes and psychotherapy notes, about the diagnosis, treatment, or referrals related to a mental health disorder, drug or alcohol disorder, HIV/AIDS, and domestic violence concerns shall not be shared with other participating Agencies without the client's written, informed consent as documented on the Agency-modified Authorization for Release Form. Sharing of restricted information is not covered under the general Client Release of Information.
6. Agencies with whom information is shared are each responsible for obtaining appropriate consent(s) before allowing further sharing of client records.
7. The Agency acknowledges that the Agency, itself, bears primary responsibility for oversight for all sharing of data it has collected via the CCIN .
8. The Agency agrees to place all Client Release of Information forms related to the CCIN in a file to be located at the Agency's business address and that such forms will be made available to the CCIN Manager for periodic audits. The Agency will retain these CCIN-related Client Release of Information forms for a period of **7** years, after which time the forms will be discarded in a manner that ensures client confidentiality is not compromised.
9. The Agency acknowledges that clients who choose not to authorize sharing of information cannot be denied services for which they would otherwise be eligible.

D. Custody of Data

1. The Agency acknowledges, and CCIN agrees, that the Agency retains ownership over all information it enters into the CCIN .
2. In the event that the CCIN Project ceases to exist, Member Agencies will be notified and provided reasonable time to access and save client data on those served by the agency, as well as statistical and frequency data from the entire system. Thereafter, the information collected by the centralized server will be purged or appropriately stored.
3. In the event that CCIN ceases to exist, the custodianship of the data within CCIN will be transferred by CCIN to another organization for continuing administration, and all Member Agencies will be informed in a timely manner.

[1] CCIN *Client Release of Information Form* provided by the CCIN.

IV. Data Entry and Regular Use of CCIN

1. The Agency will not permit User ID's and Passwords to be shared among users.
2. If a client has previously given the Agency permission to share information with multiple agencies, beyond basic identifying information and non-restricted service transactions, and then chooses to revoke that permission with regard to one or more of these agencies, the Agency will contact its partner agency/agencies and explain that, at the client's request, portions of that client record will no longer be shared. The Agency will then "lock" those portions of the record, impacted by the revocation, to the other agency or agencies.
3. If the Agency receives information that necessitates a client's information be entirely removed from the CCIN , the Agency will work with the client to complete any applicable forms necessary to complete the Agency-Client relationship. This agreement will comply with all Federal, State and Local laws.
4. There are currently two (2) classifications for data entry into CCIN: HUD funded Programs and Non-HUD funded Programs. Non-HUD funded Programs may or may not work solely with Homeless Citizens and data requirements shall not be identical to that of HUD funded Programs, however the minimum required data elements listed below SHALL be captured for inclusion into CCIN.
5. The Agency will enter all minimum required data elements as defined for all persons who are participating in services funded by the U.S. Department of Housing and Urban Development (HUD) Supportive Housing Program, Shelter + Care Program, Emergency Shelter Grant Program and Housing Opportunities for Persons with AIDS (HOPWA) Programs as per the attached HUD Mandatory Universal Data Elements and Program Specifics for (as per the **HUD Federal Register** Dated July 30th, 2004, Docket No. FR- 4848-N-02 and updated by Docket No. FR-4848-N-03). The Agency agrees to collect this minimum data to further the mission of their administering CoC. This requirement includes Non-HUD funded programs as the data submitted will be reported to HUD for ALL Homeless citizens of the area for further reporting to Congress.
6. Further data collection in support of the HUD Annual Progress Report (APR) and the Annual Homeless Assessment Report (AHAR) as well as other miscellaneous reports shall be outlined to the Agency accordingly.
7. HUD reporting requirements – for HUD sponsored and/or funded agencies, a quarterly HUD-40118 APR shall be used and conducted over the CCIN system and submitted to St. Johns Care Connect as an audit tool. This quarterly report shall not be submitted to HUD unless outlined by the Agency's Contract with applicable Continuum of Care Lead Agency.
8. For Non-HUD sponsored and/or funded programs, the aforementioned data requirements will be audited for completeness and Data Accuracy for annual reporting to applicable Continuum of Care.
9. The Agency will enter data in a consistent manner, and will strive for real-time, or close to real-time, data entry according to data entry guidelines.
10. The Agency will routinely review records it has entered in the CCIN for completeness and data accuracy (further referred to as Data Integrity). The review and data correction process will be made according to CCIN's published Standard Operating Procedures. **Monthly, Quarterly and Annual Audits:** the Agency agrees to allow the CCIN Administrator (also known as the Administrator) the ability to audit records within the CCIN system to ensure data consistency, accuracy and confidentiality on the programmatic level. These findings will be submitted to the Agency upon request and will not be published
11. The Agency will not knowingly enter inaccurate information into the CCIN.
12. The Agency acknowledges that with a current standard CCIN Client Release of Information form on record, it can update, edit, and print out a client's information. Once the CCIN Client Release of Information expires, the Agency can no longer edit or print the record.
13. The Agency acknowledges that once that Client Release of Information expires (7 years from signature date), any new information entered into the database will be closed to sharing. Information entered before the date of the expired release will continue to be available to the sharing partners.

14. The Agency acknowledges that a modified agency Authorization to Release Information form, with a CCIN clause, permits it to share restricted client information with select agencies in compliance with the Agency's approved Confidentiality Policies and Procedures.
15. The Agency acknowledges that assessment screens can only be edited by the individual that originally enters the data or by an Agency-approved representative. The Agency will create a separate assessment, as needed, to indicate a change in a client's status, enter updates, or edit incorrect information if applicable.
16. The Agency will prohibit anyone with an Agency-assigned User ID and Password from entering offensive language, profanity, or discriminatory comments based on race, color, religion, national origin, ancestry, handicap, age, sex, and sexual orientation.
17. The Agency will utilize the CCIN for business purposes only.
18. The Agency will keep updated virus protection software on Agency computers that access the CCIN.
19. Transmission of material in violation of any United States Federal or State regulations is prohibited.
20. The Agency will not use the CCIN with intent to defraud the Federal, State, or local government, or an individual entity, or to conduct any illegal activity.
21. The Agency agrees that CCIN, the CCIN Steering Committee or the local Continuum of Care HMIS Data Committee may convene local or regional User Meetings to discuss procedures, updates, policy and practice guidelines, data analysis, and software/ hardware upgrades. The Agency will designate at least one specific Staff member to regularly attend User Meetings.
22. The Agency agrees to participate in monthly User Group Meetings as scheduled by the Administrator. At minimum, attendees must include the assigned Agency Administrator and those staff with access to the system. The intent of these meetings is to discuss system usage within the Agency, identify and resolve any related problems or concerns, and provide a formal communication process and feedback mechanism with CCIN.
23. The Agency will incorporate procedures for responding to client concerns regarding use of the CCIN into its existing Grievance Policy.
24. Notwithstanding any other provision of this Participation Agreement, the Agency agrees to abide by all policies and procedures relevant to the use of CCIN that St. Johns Care Connect publishes from time to time.

V. Publication of Reports

1. The Agency agrees that it may only release aggregated information generated by the CCIN that is specific to its own services.
2. The Agency acknowledges that the release of aggregated information will be governed through policies established by relevant committees operating at the CCIN level for statewide analysis and at the Continuum of Care level for community-level analysis. Such information will include qualifiers such as coverage levels or other information necessary to fully explain the published findings.

VI. Database Integrity

1. The Agency will not share assigned User ID's and Passwords to access the CCIN with any other organization, governmental entity, business, or individual.
2. The Agency will not intentionally cause corruption of the CCIN in any manner. Any unauthorized access or unauthorized modification to computer system information, or interference with normal system operations, will result in immediate suspension of services, and, where appropriate, legal action against the offending entities.

VII. Hold Harmless

1. CCIN makes no warranties, expressed or implied. The Agency, at all times, will indemnify and hold CCIN harmless from any damages, liabilities, claims, and expenses that may be claimed against the Agency; or for injuries or damages to the Agency or another party arising from participation in the CCIN ; or arising from any acts, omissions, neglect, or fault of the Agency or its agents, employees, licensees, or clients; or arising from the Agency's failure to comply with laws, statutes, ordinances, or regulations applicable to it or the conduct of its business. This Agency will also hold CCIN harmless for loss or damage resulting in the loss of data due to delays, non-deliveries, mis-deliveries, or service interruption caused by Bowman Systems, by the Agency's or other member agency's negligence or errors or omissions, as well as natural disasters, technological difficulties, and/ or acts of God. CCIN shall not be liable to the Agency for damages, losses, or injuries to the Agency or another party other than if such is the result of gross negligence or willful misconduct of CCIN. CCIN agrees to hold the Agency harmless from any damages, liabilities, claims or expenses caused solely by the negligence or misconduct of CCIN.
2. The Agency agrees to keep in force a comprehensive general liability insurance policy with combined single limit coverage of not less than five hundred thousand dollars ($500,000). Said insurance policy shall include coverage for theft or damage of the Agency's CCIN-related hardware and software, as well as coverage of Agency's indemnification obligations under this agreement.
3. Provisions of Section VI shall survive any termination of the Participation Agreement.

VII. Terms and Conditions

1. The parties hereto agree that this agreement is the complete and exclusive statement of the agreement between parties and supersedes all prior proposals and understandings, oral and written, relating to the subject matter of this agreement.
2. The Agency shall not transfer or assign any rights or obligations under the Participation Agreement without the written consent of CCIN.
3. This agreement shall remain in force until revoked in writing by either party, with 30 days advance written notice. The exception to this term is if allegations or actual incidences arise regarding possible or actual breeches of this agreement. Should such situations arise, the CCIN Administrator may immediately suspend access to the CCIN until the allegations are resolved in order to protect the integrity of the system.
4. This agreement may be modified or amended by written agreement executed by both parties with 30 days advance written notice.
5. The terms, conditions and agreements contained in this Participation Agreement may not be changed without the express written consent of CCIN.
6. CCIN may assign this Participation Agreement upon due notice to the Agency.

IN WITNESS WHEREOF, the parties have entered into this Agreement:

AGENCY:	**CCIN Authorized Agent**:
Title:	**Title:**
Signature:	**Signature:**
Date:	**Date:**

ASSURANCE

_____ (Name of Agency) assures that the following fully executed documents will be on file and available for review.

- ❑ The Agency's Board Approved Confidentiality Policy.
- ❑ The Agency's Grievance Policy, including a procedure for external review.
- ❑ The Agency's official Privacy Notice for CCIN clients.
- ❑ The Agency certifies that all CCIN users will have a level 2 background check prior to gaining access.
- ❑ Executed CCIN Client Release of Information forms.
- ❑ Executed Agency Authorizations for Release of Information documenting modifications to the original Client Release of Information as needed.
- ❑ Certificates of Completion for required training for all CCIN System Users.
- ❑ A fully executed User Agreement for all CCIN System Users.
- ❑ A copy of any Qualified Service Organization Business Associate Agreement -- or Coordinated Services Agreements -- that defines sharing agreements between partnering agencies.

By:_____

Title:_____

Signature:_____

Date: _____

Accuracy of Data Entry

Policy: Accuracy, complete, and consistent data collection is required both by HUD Current Data Standards and to ensure the usefulness of the HMIS System. Participating Agencies must achieve the following level of accuracy.

1. All of the Universal Data Elements listed in ***Attachment G*** must be collected, as specified in HUD Current Data Standards.

2. All names must be accurate.

3. *Program Entry Date* and *Program Exit Date* must be entered and must record the first day and last day of program service.

4. No more than 5% of data fields shall have null, blank or unknown entries.

Procedure: The HMIS System Administrator and the Agency Administrator shall both perform regular data integrity checks on information entered into the HMIS System to ensure that the standards of accuracy are being met. When there are patterns of errors, HMIS end-users will be required to correct the data collection and data entry techniques and will be monitored for compliance. All HMIS users must make corrections where possible to improve the accuracy of HMIS data.

All End-Users, including Agency Administrators, receive New User Training, Annual Refresher Training, Refresher Training, and System Update Training.

Agency Administrators receive additional Reports Training and shall run reports every two weeks. Data Quality Reports shall run the 5th of every month, participating agencies will have 10 days following receipt to correct all null, blank, or unknown entries. On day 16, HMIS System Administrator will re-run reports for final monthly data quality report.

The HMIS System Administrator or HMIS Support Staff will provide additional training when requested or when an issue has been identified. When deemed necessary, a corrective action letter will be issued with 30-days to comply with timeline for corrective action. Failure to comply with required corrections and updates to client data may result in one of the following:

1. CoC may lose future HUD, DCF, or other grant funding due to incorrect/bad data
2. End-User locked out of HMIS
3. Agency loses funding

2018 HDX Competition Report

PIT Count Data for FL-512 - St. Johns County CoC

Total Population PIT Count Data

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count	**1064**	**445**	**342**
Emergency Shelter Total	112	89	101
Safe Haven Total	0	0	0
Transitional Housing Total	143	90	77
Total Sheltered Count	**255**	**179**	**178**
Total Unsheltered Count	**809**	**266**	**164**

Chronically Homeless PIT Counts

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	**35**	**42**	**65**
Sheltered Count of Chronically Homeless Persons	6	1	6
Unsheltered Count of Chronically Homeless Persons	29	41	59

2018 HDX Competition Report

PIT Count Data for FL-512 - St. Johns County CoC

Homeless Households with Children PIT Counts

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children	**71**	**42**	**35**
Sheltered Count of Homeless Households with Children	49	38	35
Unsheltered Count of Homeless Households with Children	22	4	0

Homeless Veteran PIT Counts

	2011	2016	2017	2018
Total Sheltered and Unsheltered Count of the Number of Homeless Veterans	**41**	**36**	**40**	**30**
Sheltered Count of Homeless Veterans	6	9	7	6
Unsheltered Count of Homeless Veterans	35	27	33	24

2018 HDX Competition Report

HIC Data for FL-512 - St. Johns County CoC

HMIS Bed Coverage Rate

Project Type	Total Beds in 2018 HIC	Total Beds in 2018 HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) Beds	**87**	**56**	**31**	**100.00%**
Safe Haven (SH) Beds	**0**	**0**	**0**	**NA**
Transitional Housing (TH) Beds	**97**	**14**	**83**	**100.00%**
Rapid Re-Housing (RRH) Beds	**20**	**0**	**20**	**100.00%**
Permanent Supportive Housing (PSH) Beds	**0**	**0**	**0**	**NA**
Other Permanent Housing (OPH) Beds	**28**	**0**	**28**	**100.00%**
Total Beds	232	70	162	100.00%

2018 HDX Competition Report

HIC Data for FL-512 - St. Johns County CoC

PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

Chronically Homeless Bed Counts	2016 HIC	2017 HIC	2018 HIC
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC	0		

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

Households with Children	2016 HIC	2017 HIC	2018 HIC
RRH units available to serve families on the HIC	18	1	5

Rapid Rehousing Beds Dedicated to All Persons

All Household Types	2016 HIC	2017 HIC	2018 HIC
RRH beds available to serve all populations on the HIC	73	16	20

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

Summary Report for FL-512 - St. Johns County CoC

Measure 1: Length of Time Persons Remain Homeless

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

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.
Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

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

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2016	FY 2017	Submitted FY 2016	FY 2017	Difference	Submitted FY 2016	FY 2017	Difference
1.1 Persons in ES and SH	690	533	26	25	-1	10	11	1
1.2 Persons in ES, SH, and TH	863	666	89	89	0	19	25	6

b. This measure is based on data element 3.17.

This measure includes data from each client's Living Situation (Data Standards element 3.917) response as well as time spent in permanent housing projects between Project Start and Housing Move-In. This information is added to the client's entry date, effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

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

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2016	FY 2017	Submitted FY 2016	FY 2017	Difference	Submitted FY 2016	FY 2017	Difference
1.1 Persons in ES, SH, and PH (prior to "housing move in")	686	525	121	272	151	24	56	32
1.2 Persons in ES, SH, TH, and PH (prior to "housing move in")	869	669	179	302	123	44	97	53

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

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

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

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

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)	Returns to Homelessness in Less than 6 Months		Returns to Homelessness from 6 to 12 Months		Returns to Homelessness from 13 to 24 Months		Number of Returns in 2 Years	
		FY 2017	% of Returns	FY 2017	% of Returns	FY 2017	% of Returns	FY 2017	% of Returns
Exit was from SO	0	0		0		0		0	
Exit was from ES	147	22	15%	7	5%	3	2%	32	22%
Exit was from TH	74	4	5%	2	3%	1	1%	7	9%
Exit was from SH	0	0		0		0		0	
Exit was from PH	239	7	3%	3	1%	1	0%	11	5%
TOTAL Returns to Homelessness	460	33	7%	12	3%	5	1%	50	11%

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

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

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

	January 2016 PIT Count	January 2017 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	1064	445	-619
Emergency Shelter Total	112	89	-23
Safe Haven Total	0	0	0
Transitional Housing Total	143	90	-53
Total Sheltered Count	255	179	-76
Unsheltered Count	809	266	-543

Metric 3.2 – Change in Annual Counts

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

	Submitted FY 2016	FY 2017	Difference
Universe: Unduplicated Total sheltered homeless persons	872	671	-201
Emergency Shelter Total	682	531	-151
Safe Haven Total	0	0	0
Transitional Housing Total	228	159	-69

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

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

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

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	6	8	2
Number of adults with increased earned income	2	1	-1
Percentage of adults who increased earned income	33%	13%	-20%

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

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	6	8	2
Number of adults with increased non-employment cash income	0	0	0
Percentage of adults who increased non-employment cash income	0%	0%	0%

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

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	6	8	2
Number of adults with increased total income	2	1	-1
Percentage of adults who increased total income	33%	13%	-20%

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

Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	19	18	-1
Number of adults who exited with increased earned income	6	2	-4
Percentage of adults who increased earned income	32%	11%	-21%

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

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	19	18	-1
Number of adults who exited with increased non-employment cash income	0	0	0
Percentage of adults who increased non-employment cash income	0%	0%	0%

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	19	18	-1
Number of adults who exited with increased total income	6	2	-4
Percentage of adults who increased total income	32%	11%	-21%

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

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

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

	Submitted FY 2016	FY 2017	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	747	556	-191
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.	104	100	-4
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)	643	456	-187

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

	Submitted FY 2016	FY 2017	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	891	603	-288
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.	143	122	-21
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.)	748	481	-267

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

This Measure is not applicable to CoCs in FY2017 (Oct 1, 2016 - Sept 30, 2017) reporting period.

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

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

	Submitted FY 2016	FY 2017	Difference
Universe: Persons who exit Street Outreach	0	61	61
Of persons above, those who exited to temporary & some institutional destinations	0	1	1
Of the persons above, those who exited to permanent housing destinations	0	20	20
% Successful exits		34%	

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

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

	Submitted FY 2016	FY 2017	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	816	592	-224
Of the persons above, those who exited to permanent housing destinations	283	291	8
% Successful exits	35%	49%	14%

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

	Submitted FY 2016	FY 2017	Difference
Universe: Persons in all PH projects except PH-RRH	7	14	7
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	7	14	7
% Successful exits/retention	100%	100%	0%

2018 HDX Competition Report

FY2017 - SysPM Data Quality

FL-512 - St. Johns County CoC

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

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

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

2018 HDX Competition Report

FY2017 - SysPM Data Quality

	All ES, SH				All TH				All PSH, OPH				All RRH				All Street Outreach			
	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017
1. Number of non-DV Beds on HIC	40	40	40	40	155	159	122	80	76	96	26	34	61	110	73	16				
2. Number of HMIS Beds	40	40	40	40	108	112	108	80	0	35	0	10	61	110	6	0				
3. HMIS Participation Rate from HIC (%)	100.00	100.00	100.00	100.00	69.68	70.44	88.52	100.00	0.00	36.46	0.00	29.41	100.00	100.00	8.22	0.00				
4. Unduplicated Persons Served (HMIS)	630	619	490	510	219	196	228	159	0	0	7	15	251	321	197	108				1
5. Total Leavers (HMIS)	594	579	438	461	130	94	148	88	0	0	0	4	99	283	137	74				0
6. Destination of Don't Know, Refused, or Missing (HMIS)	91	39	67	72	3	6	12	2	0	0	0	0	3	11	5	6				0
7. Destination Error Rate (%)	15.32	6.74	15.30	15.62	2.31	6.38	8.11	2.27				0.00	3.03	3.89	3.65	8.11				

2018 HDX Competition Report

Submission and Count Dates for FL-512 - St. Johns County CoC

Date of PIT Count

	Date	Received HUD Waiver
Date CoC Conducted 2018 PIT Count	1/23/2018	

Report Submission Date in HDX

	Submitted On	Met Deadline
2018 PIT Count Submittal Date	4/30/2018	Yes
2018 HIC Count Submittal Date	4/30/2018	Yes
2017 System PM Submittal Date	5/31/2018	Yes