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: GA-500 - Atlanta CoC

1A-2. Collaborative Applicant Name: Partners for HOME

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Georgia Housing and Finance Authority

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	No
Local Jail(s)	Yes	Yes
Hospital(s)	Yes	Yes
EMS/Crisis Response Team(s)	Yes	No
Mental Health Service Organizations	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes
Disability Service Organizations	Yes	Yes
Disability Advocates	Yes	Yes
Public Housing Authorities	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Yes	Yes
Youth Advocates	Yes	Yes
School Administrators/Homeless Liaisons	Yes	Yes
CoC Funded Victim Service Providers	Yes	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)		
Municipal Court	Yes	Yes
Public Library System	Yes	Yes
Downtown Community Development Organization	Yes	Yes

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)

1.All CoC, Governing Council, and Committee meetings are open to the public. There are over 100 agencies represented with a voting member, and an additional 450 people on the CoC email list. Members include, but are not limited to social service agencies, housing providers, government agencies, faith partners, community groups, businesses, and other interested parties. At CoC meetings, which occur at least six times per year, there is always time on the agenda for open discussion to allow input regarding preventing and ending homelessness. In addition to the regular meetings, special meetings are called to solicit specific input. And to accommodate people who may not be able to attend meetings, Partners for HOME, as the Collaborative Applicant, will send out surveys to solicit additional input. These methods allow for input from a wide range of individuals and agencies, which then guides the direction of the CoC. Also, CoC committees work with providers who are experts in the field of that committee to get their input, feedback, and decisions.
2. All meetings and survey notices are sent out to the entire email list, posted and shared on social media, and posted on the Partners for HOME website, when applicable. Additionally, meetings and surveys are shared with the local entitlement jurisdiction to share with their partners and subgrantees.
3. In addition to information that is gathered at CoC meetings and surveys, Partners for HOME and other CoC representatives are often involved in various community meetings that address preventing and ending homelessness and a community wide housing affordability taskforce. This includes local city council meetings, neighborhood meetings and forums, and smaller meetings to address specific concerns. The mayor also recently created a Commission on Homelessness, which the CoC is involved with. These various meetings and forums are additional avenues for the CoC to solicit and consider new ways to address homelessness.

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

1. The Atlanta CoC has an open invitation for new members. The process to

join the CoC is to complete a short survey, which is available for anyone who visits the website, and is also linked on the City of Atlanta Human Services webpage (for entitlement funds, and also for citizens looking for information).
2. The information on becoming a CoC member is always posted on the CoC website, and announced at the CoC meetings, which occur every other month. Additionally, notice for new members is included at least year a month in the monthly newsletter that is directly sent to about 450 people, and encouraged to be forwarded on to other interested parties. This is done to make an additional concerted effort to encourage new members.
Another way that the CoC solicits and gains new members is at the various meetings that members and PFH staff attend. These include CoC-related meetings, but also city council meetings, neighborhood forums, and individual meetings with concerned citizens.
Since January 2018, over 90 new people have joined the CoC.
3. As stated, the membership process is always open, and people can, and do, join year-round. Specific notices are included in the monthly newsletter at least twice a year.

4.The primary way the CoC does outreach to people who may be or have been homeless is through partnership with member agencies sharing the information, and from announcements at meetings, both at the CoC meetings, but more commonly, at neighborhood meetings. One example of this was when a large shelter closed in late 2017. Several PFH staff were very involved in the transition and during this time, several residents of the shelter started attending neighborhood and CoC meetings, out of concern for what would happen when the shelter closed. Those individuals were invited and encouraged to become CoC members, and to invite others to do the same. As a result, several people, who were homeless or still are homeless, have since become CoC members.

**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)**

1. In the April 2018 PFH newsletter, sent to 400+ people, information regarding the HUD CoC process was shared and an open invitation was made to agencies to receive individual technical assistance regarding the process. Once HUD released the NOFA, this was paused, to not give an undue advantage. On 7/15, notice of the local funding opportunity was sent to the email list, which includes funded and non-funded agencies, government officials, advocacy groups, and interested parties. It was encouraged that it be forwarded to others who may not be on the email list. The notice and all materials were posted on the CoC website on 7/15 and posted on Twitter and Facebook on 7/23. In addition, there were two info meetings (in-person 7/19, webinar 7/23). The various notices and meetings explained that applications were to be submitted via an online system and would be reviewed by an independent committee, based on criteria in the HUD application, priorities set by the CoC, and the local strategic plan.
2. Once all applications, new and renewal, were received, the Rank and Review Committee reviewed and scored them. This independent committee was made

up of representatives from the housing authority, employment service agencies, outreach service agencies, homeless prevention agencies, LGBTQ agencies, and others. Agencies with currently funded projects were provided their preliminary performance data scores to review, in the event that there was an error. The committee reviews were combined with input regarding data quality, housing first fidelity, CE involvement, and overall CoC participation. Once all scores were compiled, the committee met to discuss and rank all applications, based on the established and published CoC competition policy, which was developed by the NOFA Policy Committee. The proposed ranking was then presented to the CoC Governing Council for review and discussion, and then for final approval.

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)	
N/A	Not Applicable
N/A	Not Applicable

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

1. The CoC participates in the planning and allocation of the Atlanta ESG funds, which is the only entitlement that overlaps with the CoC. All ESG applications are reviewed by the CoC and funding recommendations are made jointly. Additionally, scoring criteria for ESG includes participation with the CoC. The

CoC also presents at ESG application orientations and discusses participation within the CoC, including attendance at meetings, utilization of Coordinated Entry, and Housing First.

Additionally, when there are supplemental funds available, the CoC staff also assists in the development of the application, application evaluation, and awarding of the funds.

The city offices that oversee the ESG award process recently had leadership changes. Since these changes, there has been even more collaboration between them and Partners for HOME, as the CoC Collaborative Applicant. One example of this includes assistance in the development and update of the ESG application and scoring process.

The CoC and Atlanta jurisdiction work closely together throughout the year, meeting about twice per month. Meetings increase during update period of the Consolidated Plan and ESG allocation. All updates are provided to the CoC staff to provide input and revisions prior to the final submission.

2. All ESG applications are reviewed by the CoC and funding recommendations are made jointly. Additionally, scoring criteria for ESG includes participation with the CoC. This includes, but is not limited to, attendance at meetings, alignment with housing first and low barrier, adherence to the Equal Access Final Rule, participation in CE. As stated, the ESG application and scoring process is currently being evaluated and updated. To ensure that the new process is performance based, the CoC is closely involved in that process.

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

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

1. The CoC has adopted an emergency transfer plan, which is reviewed at least

annually with the CoC agencies, regardless of funding source. This plan is also reviewed with the coordinated entry providers. This plan discusses ways agencies should meet the needs of individuals and families fleeing violence to ensure their safety and to minimize additional trauma. The Coordinated Entry Policy and Procedures also includes information regarding working with survivors of violence and outline processes for safety and confidentiality. The CoC coordinates with the state domestic violence coalition and hotline, which provides information and referrals to anyone experiencing any DV. If a victim presents at the Coordinated Access Point (CAP) or at a service agency, whether funded by CoC, ESG, DOJ, HHS, or non-funded, and it is determined that immediate safety is at risk, referrals are made to the local family violence agency or to the DV coalition.

2. Being a Housing First CoC, the unique circumstances that survivors may present with do not inhibit them from receiving housing or services. Client-choice remains a top priority regardless of situations or backgrounds. Issues related to safety and confidentiality are never a barrier to housing and the CoC works to ensure that individuals and families experiencing domestic violence have access to the same housing opportunities that are being offered to others. CAP staff discuss all possible options with DV survivors and allow client choice to determine next steps. Related, DV survivors have equal access to all housing and services in the CoC, if they opt not to use the DV services. Also, an HMIS-comparable system is used to protect confidentiality. Victim service providers and homeless providers use a unique identifier for each household as added protection.

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)

1. Annually, the CoC has Partnership Against Domestic Violence (PADV), the main victim services provider, provide a training on working with survivors of violence and to review the CoC Emergency Transfer Plan. This most recently occurred on July 10, 2018, with over 40 agencies, including staff from the Central Access Point for coordinated entry and staff from several outreach teams, who also conduct coordinated entry assessments.

The Atlanta CoC also offers other trainings throughout the year that are for all CoC agencies, funded or not, and for coordinated entry staff. Recent trainings included day-long sessions on self-care and motivational interviewing and a two-day trauma informed care training. Partners for HOME also recently engaged the Corporation for Supportive Housing for a year-long training series, covering a variety of topics, including but not limited to housing first, motivational interviewing, fair housing, and tenant leadership. While these are not specific to working with survivors of domestic violence, the various best practices are covered, which are practical to use across populations. Additionally, with PADV in attendance, they are available to offer additional guidance specific to working with survivors of domestic violence.

These trainings, including the annual training, are for both CoC area project staff and CE staff.

2. The trainings discussed above are for both CE staff and CoC area project staff.

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)

To assess the needs of scope of the needs of individuals and families experiencing domestic violence, unidentified data from the 2018 Point in Time count and unidentified data from the housing queue was reviewed. This information was useful in looking at the scope of needs for people who entered the homeless service system, not through the victim services provider, which helps to assess the unmet need. Additionally, the Partnership Against Domestic Violence, the CoC victim services provider, provided data and statistics that they had access to from their HMIS comparable system. This provider met with Partners for HOME staff to discuss the data and the unmet needs.

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	X
Joint TH/RRH	

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

1.From January 1, 2018 through August 31, 2018, there were 124 households who were on the coordinated entry (CE) housing queue who identified that they were homeless because they were fleeing domestic violence. This includes 56 individuals and 68 households with children. These individuals and families, although not yet housed, were currently receiving services from the CoC. Additionally, from July 1, 2017 through June 30, 2018, about 1% of the households in CoC funded PSH projects identified the same (6 of 628). For the same timeframe, about 33% of households who were in CoC funded rapid rehousing projects identified fleeing domestic violence as their cause of homelessness (80 of 241). This includes, however, 65 households who were in a domestic violence rapid rehousing project.

2.The CE housing queue was the data source that was used to identify the 124 households. The data from July 1, 2017 through June 30, 2018 was gathered from APR from SAGE.
3.To collect the information regarding people in need of housing due to domestic violence, responses from the VI-SPDAT, which is the common assessment tool used for CE, were evaluated. Whether or not a household is homeless due to domestic violence is one of the factors that is included on the housing queue. Data from HMIS was pulled from each funded project and uploaded as in SAGE as tests and from there, the numbers regarding domestic violence were calculated.

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

1.As stated above, from January 1, 2018 through August 31, 2018, there were 124 households who were on the coordinated entry (CE) housing queue who identified that they were homeless because they were fleeing domestic violence. This includes 56 individuals and 68 households with children.
2.The CE housing queue was the data source that was used to identify the 124 households.
3.To collect the information regarding people in need of housing due to domestic violence, responses from the VI-SPDAT, which is the common assessment tool used for CE, were evaluated. Whether or not a household is homeless due to domestic violence is one of the factors that is included on the housing queue.

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

1.There is currently one domestic violence partner in the Atlanta CoC, and they operate a CoC-funded rapid rehousing project that serves about 18 households a year, and an emergency shelter with 39 beds. With 124 households homeless because of domestic violence, the need exceeds the inventory. One of the two housing needs that has been identified is the need for additional rapid rehousing options for individuals and families (The other is the need for access to immediate temporary housing, whether hotel vouchers or domestic violence shelter beds).
The Atlanta CoC is also applying for an SSO-CE project. While the current system does provide access to everyone, expanding CE would allow for phone support on the domestic violence crisis hotline and at the county courthouse,

which has a Safe Families project, which provides legal services to people in need because of domestic violence.
2.As noted, there were 124 households on the housing queue, and of those 49 of them were identified for a rapid rehousing intervention, when one became available. Another 19 were high scoring on the assessment tool, but not chronically homeless, so therefore not eligible for permanent supportive housing. Those households would be identified also for RRH, but with intensive service options so as to not set them up for a return to homelessness.
3.The housing queue, which is a comprehensive list of all families and individuals who have presented as being in need of services is what was used to provide the numbers to quantify the above need.
4.Having 124 households on the housing queue, and 49 of them specifically targeted and waiting for rapid rehousing assistance, and only having about 18 RRH interventions available a year, specific for survivors of domestic violence leaves 75 households without a proper housing intervention for them. To help address that unmet need, the Atlanta CoC is applying for two new RRH projects specifically for survivors of domestic violence (one for DV Bonus funds, and one for CoC bonus funds).

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)

While a new RRH project, projected to serve 10 households, will not fully address the unmet need for all survivors of domestic violence, it will help. These ten interventions are projected to assist about 23 adults and children. While in the RRH, PADV, the project applicant, and the victim services provider in the CoC, will work with the families to increase or maintain their incomes so that once they exit, they will be able to remain housed in a safe and secure maner.

The SSO-CE project will complement the existing Coordinated Entry system in the CoC. It will help connect people who are fleeing domestic violence to the services available in the CoC. Providing increased access via the domestic violence hotline and through the Safe Families office in the county court will reach those individuals and families who may not have accessed CE otherwise.

PADV staff is trained in trauma informed care practices and they also have bilingual staff, to assist clients who speak Spanish as their primary language.

Built into the SSO-CE project is funding for training, to help ensure that the staff involved as highly trained in working with survivors of domestic violence.

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)

Partnership for Domestic Violence, the victim services provider in the CoC, is applying for the DV Bonus RRH project.
1. PADV is proposing that within 30 days of enrolling clients into the project, they will move into housing. While they currently operate a CoC-funded RRH project, the data indicating amount of days between project enrollment and project move-in was not captured in the last APR they submitted to HUD. However, PADV is a strong CoC partner and has been a recipient of RRH funds since 2014.
2. About 70% of the clients who exited the current PADV project in their last grant year, exited to PH. However, the other 30% (6 households) were reported on the APR as no information, so the actual percentage who maintained permanent housing may be higher.
3. To improve the safety of clients, safety at PADV, planning guidance is always available to clients, whether they are in crisis mode, in the DV shelter, in separate transitional housing, or moved into permanent housing. PADV can work with clients to discuss safe places, safe people to contact, important telephone numbers and documents to keep handy, and self-protective methods. PADV also works closely with law enforcement in Fulton County through their membership in the Fulton County Domestic Violence Task Force, which meets monthly and has representation of the County Sheriff department as well as local municipal police departments. In addition, they hired a Police Engagement Advocate who will serve as the primary point of contact for all officers needing assistance with a domestic violence case. This advocate will also provide training to new and current police officers on the dynamics of domestic violence, and may accompany police on domestic violence calls. PADV also employs two Legal Advocates at the Fulton County courthouse and can assist clients in obtaining Temporary Protection Orders.
4. To address the multiple barriers faced by DV survivors, PADV employs a research-based, victim-centered Trauma-Informed Care model which has been recognized as a “best practice” in the domestic violence field. Experience has shown that this is the best approach to promoting emotional and financial independence, thus increasing the survivor’s chances of returning to a violence-free environment when she or he and children leave the shelter. PADV’s Empowerment Advocates and Housing Advocates employ Trauma-Informed Care as they provide case management services. Clients also have access to three counselors provided by PADV. A Bilingual counselor can provide therapy in Spanish and English to domestic violence victims.
Partners for HOME (PFH), the CoC Collaborative Applicant, and managing agency that oversees the CE process is applying for the DV Bonus SSO-CE project.
1. While PFH is applying for the grant, if awarded, it will be RFP’d out to an agency to implement. PFH oversees the entire CE process, but relies on the CoC agencies to implement the process. As it is now, PADV has the one dedicated project for DV survivors, and the response in the above question regarding housing placement relates for this project, as well. The Atlanta CoC just recently built out CE in HMIS and once all the features are set up, more robust reporting will allow for reporting on placement for DV survivors, regardless of project type.
2. As stated, the PADV project is the one that we are currently able to track retention. But, it is expected that this will be easier to report on once the HMIS is better equipped.
3. PFH partners with PADV to help educate the entire CoC on improving the safety of DV survivors. At least annually, and most recently in July 2018, PADV provides best practices training to the entire CoC regarding working with DV

survivors.
4. PFH works with all CE providers, and will do the same if the SSO-CE grant is awarded, to address the barriers that special populations may face. This includes the special barriers and challenges that arise when working with DV survivors.

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?
Atlanta Housing	21.00%	Yes-Both	Yes

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

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

N/A. Although the HUD-provided CoC PHA Crosswalk Report lists other PHAs in the Atlanta CoC, Atlanta Housing (listed on the Crosswalk as the "Housing Authority of the City of Atlanta") is the only one in the CoC, and it currently has policies addressing homeless preferences.

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

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

1. Yes, the CoC does have a move on strategy.

2. In a collaborative partnership with Atlanta Housing, the PHA for the City of Atlanta, the CoC is able to access housing choice vouchers to move individuals and families who are housed in permanent supportive housing programs, but are no longer in need of the intense services, to more independent living in affordable housing units. This strategy includes engagement and recruitment of affordable housing landlords and property management companies to identify and secure units that will accept the housing choice vouchers, which creates a system to flow formerly homeless persons out of permanent supportive housing and generate vacancies for chronically homeless individuals and families. Light touch case management is integrated into the move on strategy to ensure success after the transition from permanent supportive housing to independent affordable housing to prevent individuals and families from returning to homelessness.

This partnership began about five years ago, and continues to see improvements and progress. From July 2017 through June 2018, just under 100 households moved from CoC funded permanent supportive housing to a housing choice voucher from Atlanta Housing. Effective July 2018, an additional 125 vouchers a year, for the next three years, are committed for this program.

**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 Atlanta CoC has several LGBTQ specific agencies that work closely to meet the needs of LGBTQ individuals and families - including advocacy groups, LGBTQ specific service providers, and LGBTQ specific housing. Lost-N-Found Youth Inc, Trans Housing Atlanta, Georgia Equality, TRANScending Barriers, and Atlanta Coalition for LGBTQ Youth (ACFLY) work collaboratively with the Atlanta CoC on issues facing LGBTQ people experiencing homelessness.

In addition to the work of these providers, the Atlanta CoC is creating a Youth Host Home model based off the LGBTQ specific intervention and best practice model, Avenues, in Minnesota. The Youth Host Home model will prioritize LGBTQ and system involved youth. The Atlanta CoC also has a very active youth committee, which consistently addresses the needs of LGBTQ youth, and a Youth Action Board that consists of a majority of LGBTQ youth members. The CoC provides annual training on implementing the Equal Access Rule and the Gender Identity Rule, most recently on September 10, 2018. Throughout the year, other trainings which include cultural competency issues, are also offered. As needed, the CoC will consult with the city attorneys and the Atlanta Human Rights Commission to ensure that the policies and procedures of the CoC, and individual agencies are in compliance. The Atlanta CoC has a CoC-wide anti-discrimination policy, which supplemented the City of Atlanta nondiscrimination

laws that are a part of City Code, and applicable to all homeless service providers. Additionally, the CoC partners with the Mayor's LGBTQ Advisory Board specifically to tackle LGBTQ homelessness. The Atlanta CoC also partners with the City's LGBTQ adviser on implementing the Shelter LGBTQI Equality Education Project training throughout shelters in the CoC, which continues to take place annually.

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)	
Engd/Edctd Public Defender, Pre-Arrest Diversion	X
Engaged/educated local business owners	X
Engaged/educated downtown cmty. devlpmt. org.	X

1C-8. Centralized or Coordinated Assessment System. Applicants must:
(1) demonstrate the coordinated entry system covers the entire CoC geographic area;
(2) demonstrate the coordinated entry system reaches people who are least likely to apply homelessness assistance in the absence of special outreach;
(3) demonstrate the assessment process prioritizes people most in need

of assistance and ensures they receive assistance in a timely manner; and (4) attach CoC's standard assessment tool.
(limit 2,000 characters)

1. The CE system is strategically operating in each quadrant of the city geography and covers the entire geography of the CoC. There are 3 street outreach teams, 5 PATH teams, 1 stationary coordinated access point, 2 youth specific stationary access points, and 1 mobile assessment team. The main stationary coordinated access point is centrally located in downtown, at a facility that offers a multitude of services for people who are homeless. The mobile assessment team rotates to seven different parts of the city each week so that all geography is covered.
2. A new seven-person outreach team, including a licensed clinician, was recently funded to ensure sufficient coverage across the CoC. The clinician will conduct an observation tool for individuals with severe MI who may be unable or unwilling to complete an assessment to ensure those people most resistant and least likely to access assistance are connected. This team will also respond to calls from people who have identified a need for outreach, no matter where the location. This is especially helpful in reaching those individuals who are not likely to reach out to an agency for services.
All staff on each team is trained on CE and trained to administer the prioritization tool. Each street outreach team is trained to seek out those who are outside and the least likely to apply for the assistance without the outreach team's engagement.
3. Through the various VI-SPDAT tools, which are the common assessment tools that the CoC uses, additional points are awarded to people who are outside and least likely to access housing. Case-conferencing is also used to address situations where someone's vulnerability is not clearly reflected in the prioritization tool and to make necessary adjustments to individual scores. The tool also allows the CoC to assess someone who is highly vulnerable and allows the CoC to quickly refer that person to housing without needing to be added to a waiting list.

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:	
Mental Health Care:	X
Correctional Facilities:	
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:	
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)

1. The Atlanta CoC NOFA Policy Committee recognizes the importance of considering the severity of needs and vulnerabilities of the individuals that the projects serve when evaluating and ranking performance. Therefore, the following barriers were included when evaluating the projects and the people they served: mental health issues; alcohol abuse; drug abuse; both alcohol and drug abuse; chronic health conditions; HIV/AIDS: developmental disabilities, physical disabilities; immediately fleeing domestic violence; and zero cash income at entry. Projects were awarded points for serving higher percentages of people with the above barriers. While all new referrals into projects come from coordinated entry, thereby reducing the input agencies have on who they serve, these vulnerabilities are still important to measure and are taken into consideration when reviewing other measures, such as housing stability and income increase. Agencies that have clients with these higher vulnerabilities may see a dip in those other measures.

2. The Rank and Review Committee took the above into account also when scoring and ranking. This was in addition to the set scoring tool that assigned

points based on number of participants served with special needs and barriers. Additionally, projects also were evaluated on which, if any, of the following requirements individuals needed to move into projects: employment or other income; state issued identification; sobriety; compliance with medication; and/or order of protection if fleeing violence. These factors are all considered during the ranking process and they are worked into the scoring tool.

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.	Yes
(3) Did the CoC notify applicants that their applications were accepted and ranked on the Priority Listing in writing outside of e-snaps, at least 15 before days of the FY 2018 CoC Program Competition Application deadline?	Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

2A-1. Roles and Responsibilities of the CoC and HMIS Lead. Does your CoC have in place a Governance Charter or other written documentation (e.g., MOU/MOA) that outlines the roles and responsibilities of the CoC and HMIS Lead? Attachment Required.	Yes
2A-1a. Applicants must: (1) provide the page number(s) where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document(s) referenced in 2A-1, and (2) indicate the document type attached for question 2A-1 that includes roles and responsibilities of the CoC and HMIS Lead (e.g., Governance Charter, MOU/MOA).	GA HMIS Bylaws (pp 3-5); GA HMIS MOA (pp 2-5)
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?	Eccovia - ClientTrack
2A-4. HMIS Implementation Coverage Area. Using the drop-down boxes, applicants must select the HMIS implementation Coverage area.	Regional (multiple CoC)

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

(3) total number of beds in HMIS.

Project Type	Total Beds in 2018 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) beds	1,155	39	672	60.22%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	1,666	0	837	50.24%
Rapid Re-Housing (RRH) beds	652	14	593	92.95%
Permanent Supportive Housing (PSH) beds	1,898	0	1,583	83.40%
Other Permanent Housing (OPH) beds	0	0	0	

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)

1-2. Emergency Shelter – While this is an increase from last year, the bed coverage rate for emergency shelter beds is still below 85%. To increase this bed coverage rate, the CoC enters the data for one large mission agency, with several shelter projects (420 beds) that is not currently willing to use HMIS. With the addition of those beds, the current bed coverage rate would exceed 85%.
1-2. Transitional Housing – Similar to the emergency shelter bed coverage, there is one large mission agency, with several projects (509 beds) that is not currently willing to use HMIS, but CoC staff enter their data for them. And, the other mission agency also has a transitional housing project (56 beds). HMIS staff is beginning conversation with that agency to possibly begin using the system. There are an additional two projects with one agency (14 beds) that are not on HMIS, while their other projects are entered. HMIS staff will follow-up with this agency, as well, to see if this was an oversight, or if there was some reason these beds could not be on the system. With those additions (579 beds), the coverage rate would exceed 85%.
1-2. Permanent Supportive Housing – This percent is slightly below the 85% threshold. Since the submission of the HIC, one large PSH project (174 beds) has restarted using HMIS, which increases the coverage rate to well-over the 85% goal.

2A-6. AHAR Shells Submission: How many 2017 Annual Housing Assessment Report (AHAR) tables shells did HUD accept? 10

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

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

Instructions:

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

2B-1. PIT Count Date. Applicants must enter the date the CoC conducted its 2018 PIT count (mm/dd/yyyy).	01/22/2018
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)

N/A

2C-2a- a large shelter (with 557 beds) closed.

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

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

Beds Added:	15
Beds Removed:	613
Total:	-598

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

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

Beds Added:	0
Beds Removed:	0
Total:	0

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

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

1. The only change in the unsheltered implementation from 2017 to 2018 was that in 2017, a mobile app was piloted for a small portion of PIT surveys. Due to time constraints, that was not replicated for the 2018 PIT.
2. There is no indication that this had any impact on the CoC unsheltered PIT count results.

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

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

1. Beginning in 9/17, the CoC Youth Committee, youth providers, and formerly and currently homeless youth who are a part of the Atlanta CoC Youth Action Board, started meeting regarding the 2018 PIT. Separate youth meetings were held, and youth providers and representatives also participated on the larger PIT Planning Committee, which was every other week. Atlanta youth providers are very engaged in the CoC and thus they were eager to once again be involved in PIT planning.
2. This youth-focused group provided specific feedback on areas that surveying groups should focus on, due to the high likelihood that homeless youth either camped or congregated there. The youth providers also helped identify areas based on where their outreach teams go. Having this specific input assisted in ensuring that areas that may have otherwise been overlooked were included, such as a specific coffee shop near an outreach center or school, or a specific

wooded area.
3. This youth-focused group, which again, included currently and formerly homeless youth, also updated the youth-specific addendum that they created the previous year, which was used in addition to the CoC PIT survey. Any person who was homeless and identified as under 25, was asked if they were willing to answer a few additional questions. If so, the addendum was completed. The questions they added focused on issues that youth who were homeless may face and the young adults involved in the PIT planning were pivotal in providing input on this addendum.
Lastly, this youth-focused group also planned and staffed a “Count Me” event. This event was shared widely on social media by providers and young people, and included lunch, PIT surveys and addenda, and a collaboration of agencies providing an array of essential resources to youth experiencing homelessness. This event was held at a community center/youth outreach center, as the youth decided it was a well-known and well-frequented location for homeless youth.

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

The PIT Planning Committee included representation from Veteran Affairs, code enforcement, the police department, agencies serving chronically homeless individuals and families and families with children experiencing homelessness, as well as shelter providers and outreach team. The committee began convening in September 2017. The diversity in expertise on the homeless population in Atlanta and the places in which homeless individuals and families congregate among the committee members equipped the CoC with the information needed to ensure all-inclusive coverage and counting among chronics, families with children, and veterans experiencing homelessness. During the night count 30 teams, led by VA staff, seasoned homeless service and housing providers, and outreach workers, were deployed to cover every city block to survey people who were on the streets, in parks, under bridges, in abandoned buildings, and in other places not meant for human habitation. In addition to the night count, throughout the week teams went to homeless service centers and locations were homeless people sometimes congregate to survey people that slept outside the night of the PIT to ensure to engage all the populations that may not have been surveyed yet. Information was pulled from HMIS on chronically homeless individuals and families, families with children, and veterans who were homeless and sleeping in emergency shelter and transitional housing programs on the night of the PIT. For agencies that do not utilize the HMIS, teams of volunteers were deployed to interview the residents of the programs.

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.	7,115

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

1. The Atlanta CoC reported a decrease of 943 people experiencing homelessness for the first time in all project types. This decrease illustrates the efforts made by the community to prevent individuals and families from entering the homeless service system.
The CoC is working with the Atlanta Volunteer Lawyers Foundation (AVLF), a local legal aid agency, to help identify risk factors that may indicate that homelessness may be forthcoming. This work is done primarily in conjunction with the Atlanta Public School system, targeting schools that have a high number of transient families, due to loss of housing.
2. Two strategies the CoC has implemented to reduce first time homelessness are expanding access to quality affordable housing and implementing a diversion pilot.
To expand access to quality affordable housing, the CoC partners with Open Doors, an agency that focuses solely on generating new relationships with landlords who will lower barriers around credit and criminal background issues, and partner with subsidy and voucher programs. Additionally, CoC leadership serves on the HouseATL taskforce, a community wide effort laser focused on creating affordable housing policy and funding priorities supporting the Mayor's $1 billion commitment to housing affordability during her tenure.
Partners for HOME also recently obtained approval to fund a diversion pilot in the Atlanta CoC. This pilot will work in partnership with AVLF, which has many years of experience in legal eviction prevention. This pilot will target at-risk families on the verge of homelessness and offer legal assistance, diversion problem-solving, and short-term financial assistance.
3. The CoC Manager, on the Partners For Home (PFH) staff, oversees the Atlanta CoC implementation and leadership of these strategies to reduce (and

end) the number of individuals and families experiencing homelessness for the first time.

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

1. The average length of time individuals and persons in families remained homeless in the last SPM report was 145 days.
2. One strategy being used by the CoC to reduce the length of time individuals and families remain homeless is implementing a more robust coordinated entry system. Clients are now prioritized higher on the housing queue based on length of time homeless and on the queue. This will assist those who have a lower vulnerability score but have been on the prioritization list for longer lengths of time. Also, the SPDAT tool, which is the common assessment that the CoC uses, prioritizes those individuals and families who are most vulnerable; who are most likely to remain homeless; and who have long lengths of time homeless. Coordinated entry has also expanded to the large shelter facilities that are across the CoC to ensure that those people who are in shelter are not being missed for permanent housing solutions. All permanent supportive housing is prioritized for chronically homeless individuals and families, which also is part of the CoC strategy for housing those with the longest time homeless.
3. As mentioned, the SPDAT tool accounts for lengths of time homeless, and that helps identify individuals and families who have been homeless the longest amount of time. Outreach in the CoC has also been increased in recent months, which helps identify those people who tend to be least likely to access services, and therefore often homeless for long periods of time.
4. The Deputy Director of Housing and Resource Coordination, a position at PFH, oversees the CoC strategy to reduce the length of time individuals and families remain homeless.

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.	31%

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.	92%

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

1. To increase the rate at which people exit ES, TH, and RRH into PH, the CoC continues to strengthen and expand the PH portfolio. In partnership with the CoC, Atlanta Housing, the local PHA, is now filling vacancies in their supportive housing programs for the homeless with people from CE. This has significantly expanded the CoC PH portfolio.
There is also an increased focus on making certain that all incoming ES referrals are added to the CE housing queue. The CoC is training ES projects to operate as low barrier and to focus on exiting residents to PH. These projects have specific performance measures that track how many residents are leaving the shelter to PH. The shelters have agreed to case conference all resident terminations for guidance and approval from the CoC to ensure that the maximum number of people are able to exit to permanent housing. RRH programs accept all client referrals from the CE system and work directly with the CoC to mitigate terminations that are not to permanent housing.
2. To increase the rate at which people in PH projects retain their PH, the CoC works closely with these programs and case conferences all terminations to either avoid termination or facilitate a program transfer with the goal of reducing returns to homelessness. Also, a year-long training program for PH programs has been established to assist with new ways to handle complex situations using the Housing First model in order to increase client retention and lower terminations and evictions. The CoC has also strengthened their Move On program with the local PHA to ensure that once individuals are stable they continue to have access to affordable permanent housing.
3. The Deputy Director of Housing and Resource Coordination, a position at PFH, oversees the CoC strategy to increase the rate people exit into PH.
4. The same position, along with the Performance Manager, another position at PFH, oversees the strategy to ensure people in PH maintain or exit to PH.

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	9%

3A-4a. Applicants must:
(1) describe how the CoC identifies common factors of individuals and persons in families who return to homelessness;

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

1. The CoC has a relatively low rate of people returning to homelessness after six and twelve months, but is continuing to address how to improve those rates. The CoC monitors program performance minimally on a quarterly basis and tracks how many individuals and families return to homelessness from each program. Part of this monitoring involves looking at common factors that play a role in whether or not someone returns to homelessness,
2. With this monitoring, the CoC can work with agencies to address those common factors resulting in returns to homelessness. Additionally, the CoC supports the Housing First model and provides formal training along with consultation to ensure that all programs are practicing in a manner that adheres with Housing First values. The CoC Written Standards specifies that programs must case conference all potential terminations and have final approval from the CoC to terminate an individual from their program. During the case conferencing process the CoC works very closely with ES, RRH, and PSH programs to provide support for complex situations that would traditionally lead to program terminations. Working with the agencies, strengthening adherence to Housing First, and case conferencing to reduce, or eliminate, project terminations, are all strategies that the CoC is currently to continue to address returns to homelessness.
3. The Deputy Director of Housing and Resource Coordination and the Performance Manager, both positions with PFH, oversee these strategies to reduce 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)

1. To increase access to employment and non-employment cash sources, the CoC has an employment committee, comprised of the local workforce agency, the state TANF agency, key employment/job training entities, and SOAR providers in the CoC, which meets twice a month to solicit input and to create a comprehensive approach to connecting people to employment and non-employment cash sources. The committee has created a system map for youth, families, and individuals to connect to employment and non-employment cash resources through CE. Employment navigators and SOAR specialists will be placed at CE sites to assess and navigate clients to eligible benefits, and to refer clients to mainstream employment options, including access to immediate income through direct hire staffing agencies, supported employment, on the job training or training and placement agencies. Funds have been allocated for short term stipends while clients obtain job training to increase earning potential

and career focused employment. The CoC leverages private funds with grant funds from the local workforce agency to fund both navigators and stipends. Public funds provide training, short term rental assistance and savings match dollars.
2. In addition to partnering with the workforce agency, the CoC works with First Step Staffing, who provides immediate, same-day access to employment and transportation; the Atlanta Center for Self-Sufficiency, which provides soft skills training and job placement; and the Center for Working Families and West Side Works which operate robust jobs programs including connections to culinary, CDA, construction, IT, office/admin, CNA, and security training and placement. The Atlanta CABHI team also includes a dedicated benefit/employment specialist to ensure access to income is prioritized for chronically homeless and unsheltered people.
3. The CoC Manager, a position with PFH, oversees these strategies to increase job and income growth.

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	76
Total number of beds dedicated to individuals and families experiencing chronic homelessness	474
Total	550

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

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

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

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

1. Two strategies that the CoC has implemented to rapidly rehouse families with children within 30 days of becoming homeless are increasing PH interventions and expanding CE. The CoC has committed to creating at least 300 new RRH interventions by 2020, by leveraging public and private funds. In partnership with the local PHA, the CoC has been able to move families who no longer need the intense services associated with PSH onto housing vouchers. This opens up PSH units for other families, shortening their time spent homeless. The CoC is expanding the current Coordinated Entry system beyond the existing stationary entry point. Mobile teams perform CE services on a rotating schedule among several emergency and family shelters. With the ability to cast a wider net, families in need of services are met where they are, thusly reducing the amount of time to connect and access services, resulting in obtaining housing more quickly. Participating families receive comprehensive case management, connection to education and employment opportunities, and connection to permanent housing and rental subsidy.
2. To address the housing and service needs to ensure families remain housed once assistance ends the CoC created an Employment Committee to address the economic and financial needs of the families while in programs. Additionally, through a new partnership with the GA Department of Early Childcare, homeless families are prioritized for access to childcare. The strategy to utilize a multi-generational approach, through early childhood education and employment, to focus on services to increase families' economic mobility will also ensure housing sustainability once the assistance ends.
3. The Deputy Director of Housing Resource Coordination, a position with PFH, oversees these strategies to ensure families with children are rehoused within 30 days of becoming homeless.

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)

1-2. The CoC has strong involvement from the Youth Action Board (YAB), comprised of current and formerly homeless youth, and the Youth Committee, comprised of youth service providers, representation from the YAB, and other entities that are pivotal in addressing youth homelessness, such as local universities and government agencies. These two groups work to ensure that the CoC continues to implement the youth specific strategic plan, which is updated annually. This plan includes several strategies to increase housing and services for youth experiencing homelessness, sheltered and unsheltered. A recent $50 million public-private investment has funding specifically allocated for youth housing and services. This includes funding that is matched with TANF dollars for youth-headed parenting families. This project had a successful first year and was recently refunded for a second year. Another youth initiative that the investment is funding is a host home project, which will

provide housing for, among others, youth who are unsheltered. PFH is currently accepting proposals for this project and expects 20 host homes to be identified by the end of 2018. A third project funded with this investment will result in 120 RRH interventions specifically for youth. These three projects are the result of securing other funding for sheltered and unsheltered youth.
A youth specific coordinated entry track was created, and the TAY-SPDAT is used for all people under age 25. While youth can be, and are, assessed at any location, this youth specific option is one way to more effectively use existing resources to ensure homeless youth, especially those who are unsheltered, have access to housing and resources. Based on feedback from the YAB, youth may not be prone to go to traditional homeless service providers for services. By bringing coordinated entry to areas and programs that youth frequent, the youth are more likely to gain access to services and housing.
Another strategy that the CoC is implementing to increase housing for all homeless youth is to add a point to the CE assessment for youth. While the CoC has some youth-specific housing options, youth are also eligible for placement, if desired, in any housing options in the CoC. The additional point, which would increase their placement on the housing queue, opens up more housing options.
The CoC has implemented to increase access to services for youth is a youth-specific employment track, in partnership with the local worksource agency. This will assist youth in securing employment while working on housing options, so that once assistance ends, they are able to financially maintain housing.
Lastly, in recent funding cycles, there have been a few new CoC and ESG funded RRH projects specifically for youth.
Some of the strategies listed are a result of increased funding, while others are a result of rethinking and reorganizing the set-up of existing resources.

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

1. The CoC, led by the Youth Committee, will continue to measure the effectiveness of the strategies listed above to increase the housing and services available to youth. With the youth specific strategic plan, and the annual action plan, the CoC is held accountable for increasing access to services and housing for youth who are homeless, sheltered and unsheltered.
2. An increase in housing capacity will be measured by assessing the housing interventions available to youth. An increase in housing options should occur, with the additional resources coming onboard. With the expanded housing resources available to youth, the length of time homeless will also be measured. Measuring the rate of returns to homelessness is also used to measure the effectiveness of these strategies.
3. The above measures are applicable for determining the effectiveness of the strategies being implemented to increase the housing and services made available to youth. Measuring the number of housing interventions available to youth will show if the housing capacity is increasing, and will also help identify if

gaps exist. Looking at the length of time that youth, sheltered and unsheltered, are homeless, will also show the effectiveness of the increased housing capacity, as having more youth housing interventions available should decrease the length of time youth remain homeless. Adjustments to the CE process should also reduce the length of time youth remain homeless, as they should have increased access to service and housing connection through CE. Finally, measuring the returns to homelessness is also appropriate to illustrate the effectiveness of the various strategies being implemented. If youth are returning to homelessness after being housed, then the connections to services, such as employment and benefit assistance will need to be reevaluated as that assistance should help promote stable housing once assistance ends.

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)

1. Youth education providers that are involved in the CoC include the director of the local Headstart who helped create a direct referral link for families experiencing homelessness in the CoC and ensured that children were prioritized for services. Headstart and CAPS also provide education classes for caretakers and connection to after school programs for children. In partnership with the Atlanta Volunteer Lawyers Foundation, the CoC diversion program will focus on specific schools which have high rates of transient students, due to homelessness. This pilot will place care navigators in these schools to serve families who are facing eviction and homelessness and connect them with homeless and legal services, as well as financial assistance.
2-3. The main local education agency (LEA), the Atlanta Public Schools (APS), is also the one school system in the Atlanta CoC. APS has representation on the CoC Governing Council, and participates in CoC meetings and on youth matters, including being instrumental in the development of the host home pilot. The homeless liaison for APS is involved in the CoC and collaborates to ensure that homeless students the services they are entitled to, but also will work with PFH to provide additional resources and connections.
4. The CoC has formal partnerships with the public school system, Headstart, Early Headstart, and the Division of Family and Children Services. Additionally, there are several providers in the CoC that serve families, and all have partnerships with the local schools, the homeless liaison, and early childhood programs. This is helpful when the provider has a child to enroll, but also when the local school identifies a family who may be homeless.
Other education related staff and agencies that partner include representatives from foster care agencies, childcare centers specific for children who are living in shelters with their families, a new school specific for homeless children, and the main library system.

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)

As outlined in the CoC Written Standards, which have been adopted by the CoC, intake processes for housing programs that serve families include questions about the educational status of all children in the household. Housing programs should provide families with information about the educational rights and protections for youth upon intake and when they enter the program. Additionally, each housing program that serves families is expected to identify a lead staff person responsible for ensuring children are enrolled in school and connected to the appropriate educational services within the community. Parents and guardians have the right to authorize the school education provider to help coordinate these services. Finally, it is the CoC policy that housing programs establish policies and practices that are consistent with, and do not restrict the exercise of rights provided by the education subtitle of the McKinney-Vento Act, and other laws related to the provision of educations and related services to individuals and families experiencing homelessness.

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	Yes	No
Early Head Start	Yes	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	Yes
Tribal Home Visting Program	No	No
Other: (limit 50 characters)		
Department of Children and Families	Yes	No

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 CoC and Veterans Affairs (VA) partner closely to ensure that homeless Veterans are identified, assessed and referred to appropriate services, including, but not limited to VA resources.

1-2. The CoC manages a by-name list that has identified all Veterans in the

CoC who have accessed services and are experiencing homelessness. This list is compiled from HMIS and outreach reports and is reviewed weekly and updated monthly. The CoC participates in monthly Shared Geography meetings and monthly By-Name List meetings with SSVF providers and agencies that provide services to Veterans to discuss barriers and housing needs.

The CoC convenes a monthly outreach meeting to identify and case conference those people who are not connected to services and also those who are service resistant. While these meetings are not specific for Veterans, they help ensure that Veterans who are homeless are all identified and assessed. The outreach collaborative has developed a targeted, consistent outreach strategy to connect those in need of services and housing.

3. To ensure Veterans are referred to VA services, they are all referred for SSVF screening at the time of engagement. Through the CoC Coordinated Entry, Veterans are assessed using the VI-SPDAT and prioritized for the appropriate housing intervention including but not limited to emergency shelter, permanent supportive housing, transitional and GPD programs. Veterans identified as chronically homeless and/or unsheltered are also referred to the VA for VASH voucher eligibility screenings. The VASH vouchers are prioritized for chronically homeless veterans. The SSVF providers perform veteran targeted outreach daily to identify veterans and ensure no veterans slip through the cracks.

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?	Yes
3B-5. Racial Disparity. Applicants must: (1) indicate whether the CoC assessed whether there are racial disparities in the provision or outcome of homeless assistance; (2) if the CoC conducted an assessment, attach a copy of the summary.	Yes

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

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

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

The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	
The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	
The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	
The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups	
The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	
The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	
The CoC has staff, committees or other resources charged with analyzing and addressing racial disparities related to homelessness.	
The CoC is educating organizations, stakeholders, boards of directors for local and national non-profit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	
The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	
The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	
The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	
Other:	

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

Instructions:

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

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

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

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

1. The CoC works with several agencies that assist people who are homeless apply for, and receive, mainstream benefits. First Step Staffing and Benefits is the lead agency in assisting people with disability benefits. As a part of the Atlanta CABHI project, there is a First Step team dedicated to providing this assistance. Other partners that assist with disability benefits, as well as retirement, workers compensation, and unemployment, are Atlanta Volunteer Lawyers Foundation, Atlanta Legal Aid, and one private law firm. Mercy Care, the Healthcare for the Homeless provider and a FQHC, assists people who are homeless enroll in health insurance, with enrollment specialists and enrollment days at 10 clinics and shelters in the CoC. The Dept. of Human Services, the local administrator of TANF and food stamps, is active in the CoC, and regularly

shares information about their programs and benefits. There are several substance abuse and mental health programs that are also active in the CoC and regularly share information about their programs and how to access them. A partnership with the local worksource agency also provides education and work assistance to people who are homeless.
2. There is regular communication regarding updates and accessibility of the various mainstream benefits and the agencies that help people who are homeless access them. There are CoC meetings every other month, where this information is shared. A follow-up email summarizing the info and providing contact information is often sent out to the CoC email list, which is about 450 people. This is in addition to the monthly newsletter that also is sent out to the same group. If any partner has important but time-sensitive information to share, a special notice will be sent out.
3. The Deputy Director of Grants and Performance Management, a position with PFH, oversees these strategies to ensure people who are homeless are aware of, and connected 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.	29
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.	29
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)

1. Outreach in the CoC consists of a youth specific outreach team; 5 PATH teams; a veteran specific outreach team; a CABHI outreach team made up of 4 case managers; and dedicated outreach teams for the Government District and the airport. The Government District and airport teams were established because there was a visible increase in people who were homeless and a gap in outreach in those areas. The CoC has monthly outreach collaborative meetings and in March of 2018, the group mapped all active outreach locations

and schedules to ensure that any gaps in coverage of the Atlanta geography or time or day gaps were addressed.
2. As a result of that recent mapping session, 100% of the Atlanta geography now has coverage, and the coverage is seven days a week on a rotating schedule.
3. Outreach is performed all hours of the day and extended to include early morning and late night. The teams mentioned above work to ensure that all areas of the city, at different times of different days are covered.
4. In an effort to reach those most vulnerable, service resistant homeless individuals and families, and those who are least likely to request assistance, the outreach collaboration has developed a hot list that identifies chronically homeless individuals that have been resistant to engagement and services yet are known due to sleeping on the streets of Atlanta for years. Through targeted outreach and consistent engagement, the goal to build the rapport necessary to get the most vulnerable clients connected to services and housing is achieved. The list is case conferenced and updated every month at the outreach collaboration meeting. Additionally, the CoC has recently leveraged other funds to create a highly specialized outreach team which will be available to go to any area of the city, at all times of any day, to reach any person who is identified as potentially homeless and in need of assistance, especially those least likely to request assistance.

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

1. To ensure that housing and services are marketed to all eligible persons, the CoC has undertaken a few strategies. Partners for HOME has consulted with the city attorney in the past to ensure a full understanding of fair housing, and is able to continue to consult as needed. There is an annual training for the CoC that addresses nondiscrimination and equal opportunity in all housing projects. And, in the day to day implementation for the projects, Partners for HOME has a Performance Manager who works with the agencies in the CoC on performance and compliance, including confirming that all agencies adhere to fair housing laws.
2. To ensure that information regarding fair housing and housing access is available and communicated to everyone, including those people with disabilities and limited English proficiency (LEP), Partners for HOME has access to “iSpeakATL,” which is a citywide Language Access Plan, and includes free and timely language translation services to people with LEP. This service is also available to translate forms for Partners for HOME, as needed.

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	177	652	475

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	PHA Administrativ...	09/14/2018
1C-5. PHA Administration Plan–Move-on Multifamily Assisted Housing Owners' Preference	No	Move-on Multifami...	09/14/2018
1C-8. Centralized or Coordinated Assessment Tool	Yes	CE Assessment Tools	09/14/2018
1E-1. Objective Critiera–Rate, Rank, Review, and Selection Criteria (e.g., scoring tool, matrix)	Yes	CoC Rating and Ra...	09/15/2018
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	Public Posting Pr...	09/15/2018
1E-4. CoC's Reallocation Process	Yes	CoC Process for R...	09/14/2018
1E-5. Notifications Outside e-snaps–Projects Accepted	Yes	Projects Accepted...	09/15/2018
1E-5. Notifications Outside e-snaps–Projects Rejected or Reduced	Yes	Project Rejection...	09/15/2018
1E-5. Public Posting–Local Competition Deadline	Yes	Local Competition...	09/15/2018
2A-1. CoC and HMIS Lead Governance (e.g., section of Governance Charter, MOU, MOA)	Yes	CoC and HMIS Lead...	09/15/2018
2A-2. HMIS–Policies and Procedures Manual	Yes	HMIS Policy and P...	09/15/2018
3A-6. HDX–2018 Competition Report	Yes	FY 2018 CoC Compe...	09/14/2018
3B-2. Order of Priority–Written Standards	No	Orders of Priority	09/15/2018

3B-5. Racial Disparities Summary	No	GA-500 Racial Di...	09/14/2018
4A-7.a. Project List–Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
Other	No		
Other	No		
Other	No		

Attachment Details

Document Description: PHA Administrative Plan

Attachment Details

Document Description: Move-on Multifamily Assisted

Attachment Details

Document Description: CE Assessment Tools

Attachment Details

Document Description: CoC Rating and Ranking Procedure

Attachment Details

Document Description:

Attachment Details

Document Description: Public Posting Project Selections and Process

Attachment Details

Document Description: CoC Process for Reallocation

Attachment Details

Document Description: Projects Accepted Notification

Attachment Details

Document Description: Project Rejection Notifications

Attachment Details

Document Description: Local Competition Deadline

Attachment Details

Document Description: CoC and HMIS Lead Governance

Attachment Details

Document Description: HMIS Policy and Procedures Manuel

Attachment Details

Document Description: FY 2018 CoC Competition Report

Attachment Details

Document Description: Orders of Priority

Attachment Details

Document Description: GA-500 Racial Disparities Summary

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. Identification	09/11/2018
1B. Engagement	09/11/2018
1C. Coordination	09/14/2018
1D. Discharge Planning	09/11/2018
1E. Project Review	09/11/2018
2A. HMIS Implementation	09/15/2018
2B. PIT Count	09/14/2018
2C. Sheltered Data - Methods	09/14/2018
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

ATLANTA HOUSING

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September 10, 2018

Cathryn Marchman, LCSW, Esq.
Executive Director
Partners for H.O.M.E. | Atlanta Homeless Continuum-of-Care
818 Pollard Avenue, S.W.
Atlanta, Georgia 30312

RE: **2018 Continuum of Care (CoC) Program Competition and Atlanta Housing's Use of Homeless Special Admissions in lieu of Preferences**

Dear Ms. Marchman:

In response to the Notice of Funding Availability (NOFA) for the 2018 Continuum of Care (CoC) Program Competition that the Department of Housing and Urban Development (HUD) released on June 20, 2018, Partners for HOME (PFH), as the Collaborative Applicant for the Atlanta CoC, requested that Atlanta Housing (AH) respond to the following question:

> *1C-4. List each of the Public Housing Agencies (PHAs) within the CoC's geographic area…For each PHA, provide the percentage of new admissions that were homeless at the time of admission between July 1, 2017 and June 30, 2018 and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program.*

As the only public housing authority in the city of Atlanta, AH has implemented programs designed to prevent and reduce homelessness in Atlanta using special admissions criteria rather than preferences, *per se*. AH, as a Moving to Work (MTW) agency, has broad authority under its Amended and Restated Moving to Work Agreement (MTW Agreement) with HUD to establish special admissions criteria and preferences for special initiatives and other related housing arrangements in order to address urgent local needs, such as homelessness.

AH's governing document is the *Amended and Restated Statement of Corporate Policies* (Statement of Corporate Policies) adopted by AH's Board of Commissioners. Chapter 1, Article Thirteen of the Statement of Corporate Policies sets forth a broad policy applicable to all rental assistance programs that authorizes AH to establish special programs, policies and strategic initiatives. In addition, the Statement of Corporate Policies includes policies for special admissions to AH's housing voucher programs. Such special admissions also apply to permanent supportive housing units assisted by AH. Chapter 3, Part II of the Statement of Corporate Policies sets forth, in part, the following:

> *Atlanta Housing Authority, in its discretion, may authorize the special admission of eligible and qualified applicants to the Program, in order to implement special initiatives; offer homeownership opportunities to eligible households; admit households impacted by an owner opt-out of a housing assistance contract on a HUD-insured multi-family development; and/or address an urgent local need as determined and approved by Atlanta Housing Authority including, but not limited to, … assistance to eligible victims of domestic violence pursuant to the Violence Against Women Act, pilot programs for at-risk populations, relocation activities and mitigation of displacement related to real estate development initiatives.*

When AH creates a pilot program with specific special admissions criteria, it could be considered a *de facto* preference. AH and the partner agency would enter into an intergovernmental agreement to establish special admissions criteria and processes for members of the Target Population. Qualified households admitted under this *de facto* preference would have full access to privately owned rental properties

in the City of Atlanta that, per AH's operating policies, meet the qualifications and standards for properties in the Housing Choice tenant-based program. Special admissions and the implementation of a *de facto* preference, are no different than what AH and many other public housing authorities have in place for special purpose voucher programs, such as the Family Unification Program, which allows a PHA to accept qualified referrals directly from the local public child welfare agency, or HUD-VASH, which allows a PHA to accept qualified referrals directly from the Department of Veterans Affairs. AH believes these arrangements with partner entities achieve the same purpose as a homeless admissions preference and constitute a substantial commitment to provide targeted housing opportunities for homeless families and individuals.

Over the last several years, AH has demonstrated commitment to the critical needs around homelessness in the City of Atlanta as noted below:

- In FY 2014, AH became the first housing authority to utilize the Homeless Management Information System (HMIS), initially for the HUD-VASH program. In FY 2017, AH expanded its use of HMIS for other supportive housing programs in alignment with the City of Atlanta's CoC coordinated assessment system.
- Initiated in FY 2015, AH continues implementation, with the City of Atlanta's CoC, the tenant-based supportive housing pilot referred to as "Flow." AH has committed to provide up to 375 additional vouchers, over the next three-year period, for individuals and families that successfully "graduate" from permanent supportive housing and intensive services into stable housing with light-touch supportive services.
- In FY 2018, AH entered into an agreement with Partners for Home to accept referrals for formerly homeless persons displaced from closure of the city's primary low-barrier shelter. For this pioneering tenant-based housing pilot, AH allocated 100 vouchers where program participants are supported with intensive case management services contracted by the United Way of Greater Atlanta. This innovative solution has demonstrated the impact of partnerships between the local PHA and the city's Homeless Continuum of Care network.
- During FY 2018, AH utilized 245 of 270 Veterans Affairs Supportive Housing (VASH) Program tenant-based vouchers and contemplates a request for additional VASH vouchers during the next fiscal year.

AH states specific plans regarding homelessness programs to provide voucher-based housing opportunities for as many as 200 additional households during the 2019 fiscal year, which began July 1, 2018. To further document AH's intent to provide housing opportunities for homeless individuals and families, AH's FY2019 MTW Annual Plan states, in part, the following:

> *Through its various programs and communities, collectively called HAVEN, in FY 2018, AH supported more than 1,900 families by leveraging its housing funds with public and private funding sources for support services. Further, AH will continue to promote and incorporate the initiatives of the Atlanta Continuum of Care within the HAVEN program to integrate best practices, such as the Housing First model and Coordinated Entry, both of which are proven national models for successfully transitioning and housing at-risk families. AH will continue to use its MTW flexibility and funds to explore various rent reforms and additional homelessness initiatives and pilots in FY 2019.*

In sum, Atlanta Housing fully supports the goals of the Atlanta CoC to reduce homelessness and provide housing opportunities for homeless individuals and families. As the largest public housing authority in the state and one that can effectively leverage its MTW flexibility, AH is well-positioned through the use of special admissions (i.e. *de facto* preferences) to have a significant impact in helping the Atlanta CoC achieve its housing goals.

Sincerely,

P. E. Vranicar

Paul Vranicar
Chief Policy Officer

Amended and Restated Statement of Corporate Policies

Adopted by the Board of Commissioners

March 27, 2017

4. Recertification requirements and the obligations and responsibilities of AHA-Assisted Households with respect to such requirements are set forth in various written communications and guidelines in accordance with the Operating Procedures.

ARTICLE THIRTEEN. SPECIAL PROGRAMS, POLICIES AND STRATEGIC INITIATIVES

Atlanta Housing Authority, in its discretion, may establish special programs, special admissions policies, operational protocols and/or strategies designed to address economic, human development or self-sufficiency programs, relocation activities, displacement related to real estate development initiatives, MTW initiatives, pilot programs, safe and secure community enhancements, the use of bona fide law enforcement agencies or personnel, and homeownership opportunities. Written procedures and processes developed for any special program, policy and/or strategy must be approved by AHA and/or authorized by the President and Chief Executive Officer for implementation and/or inclusion in the MTW Annual Plan.

ARTICLE FOURTEEN. ECONOMIC SELF-SUFFICIENCY

1. Atlanta Housing Authority, in its discretion, may explore strategies that recognize the progression of AHA-Assisted Households toward economic self-sufficiency which may lead to their graduation from a Rental Assistance Program.

2. HUD established the Community Service and Self-Sufficiency Requirement (CSSR) which would require unemployed AHA-Assisted Household members (ages 18 – 61 who are not receiving TANF benefits, exempt from work requirements, engaged in work activities or unable to comply because of a disability) to contribute the HUD-specified number of hours each month to community service or an economic self-sufficiency program. AHA's Work Requirement, as set forth above in Article Ten, applies to its Rental Assistance Programs instead of HUD's CSSR.

3. Each AHA-Assisted Household is responsible for ensuring that any school age member who is under 18 years of age attends school on a regular basis in accordance with local school board policies and state law. Upon the request of Atlanta Housing Authority, an Owner Entity or Management Agent, the AHA-Assisted Household must provide such information, releases and authority to verify compliance and the attendance status of any such school age member of the AHA-Assisted Household.

4. If it is determined that any school age member of the AHA-Assisted Household who is under 18 years of age is not attending school on a regular basis or who has not completed her/his secondary education, such school age member will be required to attend school on a regular basis or enroll or reenroll, as applicable in and attend an accredited public or private secondary academic or technical school. The AHA-Assisted Household must provide to Atlanta Housing Authority, the Owner Entity or the Management Agent such information, releases and authority to verify compliance and the attendance status of any such school age member of the AHA-Assisted Household.

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ARTICLE TWO WAITING LIST APPLICATION PROCESS

The form of application and administrative procedures for receiving applications from Applicants, placing Applicants on the Waiting List and selecting Applicants from the Waiting List are set forth in the Operating Procedures.

ARTICLE THREE. ORGANIZATION AND MAINTENANCE OF THE WAITING LIST

1. The equitable methods of processing Applicants on the Waiting List and the processes for organizing, updating and maintaining Applicant records are set forth in the Operating Procedures. AHA, in its discretion, may establish reasonable procedures related to the Waiting List, including but not limited to procedures for reevaluating the reliability of waiting list information provided by Applicants, exploring alternative strategies for the selection of Applicants (including the implementation of residency and other local preferences) and setting the requirement that Applicants on the Waiting List must notify AHA of their interest within a specified period of time in order to remain on the Waiting List.

2. The maintenance of the Waiting List with respect to updating applications, notice letters, and removals will be detailed in the Operating Procedures.

3. Applicant responsibilities and requirements for updating changes to the information reported during the application process and for responding to requests for information are stated in the Operating Procedures.

ARTICLE FOUR. SPECIAL ADMISSIONS

1. Atlanta Housing Authority may accept applications from eligible households who have relocated from a community owned by Atlanta Housing Authority due to demolition, repositioning, disposition or other related Atlanta Housing Authority activities without opening the Waiting List.

2. Atlanta Housing Authority, in its discretion, may authorize the special admission of eligible and qualified applicants to the Program, in order to implement special initiatives; offer homeownership opportunities to eligible households; admit households impacted by an owner opt-out of a housing assistance contract on a HUD-insured multi-family development; and/or address an urgent local need as determined and approved by Atlanta Housing Authority including, but not limited to, foreclosure assistance and natural disasters, assistance to eligible victims of domestic violence pursuant to the *Violence Against Women Act*, pilot programs for at-risk populations, relocation activities and mitigation of displacement related to real estate development initiatives. Special admissions may also be approved, as a reasonable accommodation, for transfer assistance to an eligible and qualified person with a verifiable disability who resides in an AHA-Owned Community or whose name is on a transfer/waiting list to be assisted who requires a UFAS Accessible Unit.

3. Any household eligible for a special admission, as determined by Atlanta Housing Authority, may not be denied a Voucher for admission to the Program provided that no member of the household has committed an offense specifically identified by HUD pursuant to 24 CFR 982.553 as described in Chapter 1, Article Fifteen of this Statement of Corporate Policies.

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ATLANTA HOUSING

LIVE • WORK • THRIVE

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Table of Contents

Message from the Board of Commissioners (Pending)

Message from the President and CEO (Pending)

Section I. Overview of Atlanta Housing Authority **8**

Section II. FY 2019 Priorities **11**

STRATEGY 1: LIVE: Creating Modern, Distinctive, Quality Communities **13**

A. New Development Opportunities: MIXED Communities 20

HERNDON SQUARE 22

ENGLEWOOD MANOR 24

B. CHOICE NEIGHBORHOOD ATLANTA: A Return to Community 39

C. HomeFlex: Delivering Affordable Housing in Partnership with Private Landlords in Atlanta 43

D. Housing Choice Voucher Program: Extending the Power of Choice 45

E. HAVEN: Supportive Housing to Help People Get on Their Feet 47

F. AHA-Owned Communities: Supporting Those with Specific Needs 49

G. Down Payment Assistance: Making the American Dream a Reality 51

STRATEGY 2: WORK: Creating pathways to self-sufficiency **52**

1. Family Independence and Economic Advancement 54
2. Student Achievement 55
3. Digital Literacy and Connectivity 56
4. Health and Wellness 57
5. Volunteerism 58

STRATEGY 3: THRIVE: Keeping Our Finances in Check **59**

A. Tool: Co-Investment Framework 60

B. Tool: The New Paradigm 61

C. Local Blended Subsidy 62

D. Tool: Self-Development Entity 62

E. Tool: Small Business and Section 3 Program 62

F. Tool: Measurements of Success 64

Section III. MTW Policy Innovations **65**

MIXED INCOME COMMUNITIES
Section I.A.

AHA works with private-sector real estate developers to create market-rate quality mixed-use, mixed-income communities on the sites of former public housing projects where AHA determines it is feasible.

APPLICANT ELIGIBILITY

Residents under 60% AMI for HUD assisted and tax credit units. Non-elderly and non-disabled must be work compliant.

HOUSING CHOICE VOUCHER PROGRAM
Section 1.D.

AHA's Housing Choice Voucher Program (HCVP) offers families the greatest opportunity to exercise personal responsibility and preference in selecting where they live.

APPLICANT ELIGIBILITY

Vouchers are issued to households earning under 50% AMI and non-elderly and non-disabled must be work complaint. Additionally, families selected from the waiting list must meet the City of Atlanta's Residency Preference.

AHA-Owned Communities
Section 1.F.

AHA owns 11 public housing assisted residential properties, including 9 senior high-rise communities and two small family communities.

APPLICANT ELIGIBILITY

Residents of the high-rise communities are elderly (age 62 or older), near elderly (age 55-61), and nonelderly disabled adults. Residents under 80% AMI. Residents at multi-family communities who are non-elderly and non-disabled must be work complaint.

CHOICE NEIGHBORHOODS
Section I.B.

A $30 million grant from HUD, these funds will be utilized to redevelop the former University Homes public housing site and to revitalize the three surrounding neighborhoods.

APPLICANT ELIGIBILITY

Varies based on program initiative - Housing; Neighborhood; People

HUMAN DEVELOPMENT SERVICES
Section 2

AHA works with non-profit service providers, corporations, foundations, educational institutions and other community stakeholders to facilitate and employment, educational enrichment/mentoring, workforce development and wellness services for its residents including adults, children, youth, seniors and persons with disabilities leading to increased earnings, self-sufficiency for families, and a progression to mainstream self-reliance by addressing intergenerational poverty, and healthy aging-in-place for elderly anddisabled households.

HomeFlex
(Formerly Project Based Rental Assistance)
Section 1.C.

Using MTW flexibility, in 2005 AHA created and implemented the Project Based Rental Assistance Program (now called HomeFlex) – a financial incentive and financing tool to encourage private sector developers and owners of quality multi-family developments to reserve a percentage of their units as affordable.

APPLICANT ELIGIBILITY

Residents under 60% AMI for HUD assisted and tax credit units. Non-elderly and non-disabled must be work compliant.

HAVEN
(Supportive Housing Programs)
Section I.E.

The purpose of supportive housing is to provide at-risk populations – who are often homeless or soon-to-be homeless – with a stable housing arrangement that includes intensive, often specialized support services that address individual needs.

APPLICANT ELIGIBILITY

At-risk populations include homeless individuals and families, persons with physical, mental or developmental disabilities, military veterans, families separated due to the lack of housing, youth aging out of foster care, and other target groups that need quality, affordable housing.

HOMEOWNERSHIP DOWN PAYMENT ASSISTANCE
Section 1.G.

AHA provides eligible first-time homebuyers that earn up to 80 percent of Area Median Income (AMI) with financial assistance to purchase homes within or near AHA's MIXED communities, as well as neighborhoods throughout the city of Atlanta

APPLICANT ELIGIBILITY

Participants must make 80% of area median income or less and be a first time home buyer.

E. HAVEN: Supportive Housing to Help People Get on Their Feet

Farther along the housing continuum, AHA continues to expand its role in addressing the needs of families that are homeless or at risk of homelessness. For at-risk populations, the need for housing is amplified because of the need for supportive services to stabilize families. As the income gap increases and the cost of housing increases, more families face housing instability. The needs are further complicated by co-occurring factors such as mental or developmental disabilities, health challenges, and long-term, chronic homelessness.

Through its various programs and communities, collectively called HAVEN, in FY 2018, AHA supported more than 1,900 families by leveraging its housing funds with public and private funding sources for support services. Further, AHA will continue to promote and incorporate the initiatives of the Atlanta Continuum of Care within the HAVEN program to integrate best practices, such as the Housing First model and Coordinated Entry, both of which are proven national models for successfully transitioning and housing at-risk families.

AHA will continue to use its MTW flexibility and funds to explore various rent reforms and additional homelessness initiatives and pilots in FY 2019:

- **HomeFlex for Supportive Housing.** AHA will actively promote HomeFlex to property developers and owners interested in supportive housing.
- **Veterans.** During FY 2019, AHA may seek additional VASH vouchers, if available and offered by HUD, which can also be project-based under AHA's HomeFlex program. AHA may also create other voucher-based or HomeFlex veterans programs.
- **Homeless Management Information System (HMIS).** In FY 2014, AHA became the first housing authority to utilize HMIS which is now managed by the State of Georgia's Department of Community Affairs. In FY 2019, AHA will continue to expand its use of the GA-HMIS system, ClientTrack, for AHA's other supportive housing programs and in alignment with the City of Atlanta's Continuum of Care coordinated assessment system.
- **FLOW (Pilot).** AHA will continue implementing, in partnership with Atlanta's CoC, the tenant-based supportive housing pilot referred to as "FLOW." AHA has committed to provide up to 125 additional vouchers per year for individuals and families that successfully "graduate" from a permanent supportive housing or transitional housing community into stable housing with light-touch supportive services.
- **Housing First (Pilot).** AHA's role and commitment to a progressive Atlanta community is significant. In response to a critical need for permanent housing that arose with the closure Atlanta's primary low-barrier shelter, AHA established a pilot to provide vouchers based on a "Housing First" model that has proven successful in reducing homelessness in jurisdictions throughout the country.

HAVEN Programs & Communities

- Family Unification Program
- Veterans Affairs Supportive Housing (VASH)
- Housing First Voucher (Pilot)
- FLOW (Pilot)
- Home Again (Pilot)
- Georgia Housing Voucher Program Conversion
- Special Housing Voucher for Homeless Students (Pilot)

HomeFlex for Supportive Housing units in the following properties:

- Adamsville Green
- Park Commons
- Pavilion Place
- Columbia at Sylvan Hills
- Commons at Imperial Hotel
- Columbia Tower at MLK Village
- Gardens at CollegeTown
- First Step / Donnelly Courts
- Oasis at Scholars Landing
- Odyssey Villas
- O'Hern House
- Phoenix House
- Quest Village III
- Seven Courts
- Summit Trail
- Villas of H.O.P.E.
- Welcome House

Housing referrals come from the CoC's Coordinated Entry System and once housed, essential services are provisioned via the Atlanta Continuum of Care to put individuals on the path to stability.

- **Home Again (pilot).** Working with a local non-profit, AHA will continue to pilot a Short-Term Housing Assistance program to prevent homelessness and to support rapid re-housing of families dealing with temporary setbacks. Funds are provided to United Way Regional Commission on Homelessness (RCOH), Nicholas House, and Salvation Army to assist families in need of rapid re-housing or to reduce imminent threat of homelessness.

- **Special Voucher Program for Homeless Students (pilot).** AHA created a new program in FY 2018 in support of AHA's strategic objective to further its focus on student achievement that allows AHA to allocate 50 vouchers for chronically homeless students referred by Atlanta Public Schools counseling services. The vouchers are designed to stabilize external factors that enable students the freedom to focus on academic success.

- **Youth and Foster Care Homelessness.** AHA will explore continued implementation of the Next Step Youth Self-Sufficiency Program by partnering with state agencies, service providers and the education system to develop term-limited solutions that support youth development and economic self-sufficiency.

- **Mainstream Program.** AHA will continue administration of one-year and five-year special HUD-allocated vouchers designed to assist households with disabled individuals. The vouchers are issued to the target population of both elderly and non-elderly people with disabilities who face difficulty to locate suitable, accessible housing and live independently in the private market.

- **Family Unification Program (FUP).** Special HUD-allocated vouchers awarded to AHA to promote family unification for families with children that have been separated or are at-risk of being separated as a result of their housing situation, as well as former foster care youth. AHA has a current allocation of 300 vouchers and applicants are referred through Fulton County Department of Family & Children Services (DFCS).

In support of citywide and nationwide efforts to reduce and prevent homelessness, AHA will also continue to collaborate with the United Way of Greater Atlanta, Partners for HOME (Atlanta's Continuum of Care (CoC)), the U.S. Department of Veterans Affairs, HUD, Georgia Division of Family and Children Services, and various state and local entities to address the housing needs of various at-risk populations. In order to increase supportive housing units, AHA plans to modify its HAVEN HomeFlex selection procedures to incorporate an alternative competitive process in collaboration with the City of Atlanta, Partners for HOME and the United Way of Greater Atlanta (RCOH). The process would allow interested landlords to submit a single application for multiple funding sources, including acquisition and construction funding, supportive services funding, and subsidy, in order to speed the development of new HAVEN units.

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Table of Contents

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Section I. Overview of Atlanta Housing Authority **8**

Section II. FY 2019 Priorities **11**

STRATEGY 1: LIVE: Creating Modern, Distinctive, Quality Communities **13**

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HERNDON SQUARE 22

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F. AHA-Owned Communities: Supporting Those with Specific Needs 49

G. Down Payment Assistance: Making the American Dream a Reality 51

STRATEGY 2: WORK: Creating pathways to self-sufficiency **52**

1. Family Independence and Economic Advancement 54
2. Student Achievement 55
3. Digital Literacy and Connectivity 56
4. Health and Wellness 57
5. Volunteerism 58

STRATEGY 3: THRIVE: Keeping Our Finances in Check **59**

A. Tool: Co-Investment Framework 60

B. Tool: The New Paradigm 61

C. Local Blended Subsidy 62

D. Tool: Self-Development Entity 62

E. Tool: Small Business and Section 3 Program 62

F. Tool: Measurements of Success 64

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- Odyssey Villas
- O'Hern House
- Phoenix House
- Quest Village III
- Seven Courts
- Summit Trail
- Villas of H.O.P.E.
- Welcome House

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/

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/

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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 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:

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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:**

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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:**

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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:**

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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	RESULTS
PRE-SURVEY	/1	**Score: Recommendation:**
A. HISTORY OF HOUSING & HOMELESSNESS	/2	0-3: no housing intervention
B. RISKS	/4	4-7: an assessment for Rapid Re-Housing
C. SOCIALIZATION & DAILY FUNCTIONS	/4	8+: an assessment for Permanent Supportive Housing/Housing First
D. WELLNESS	/6	
GRAND TOTAL:	/17	

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

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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).

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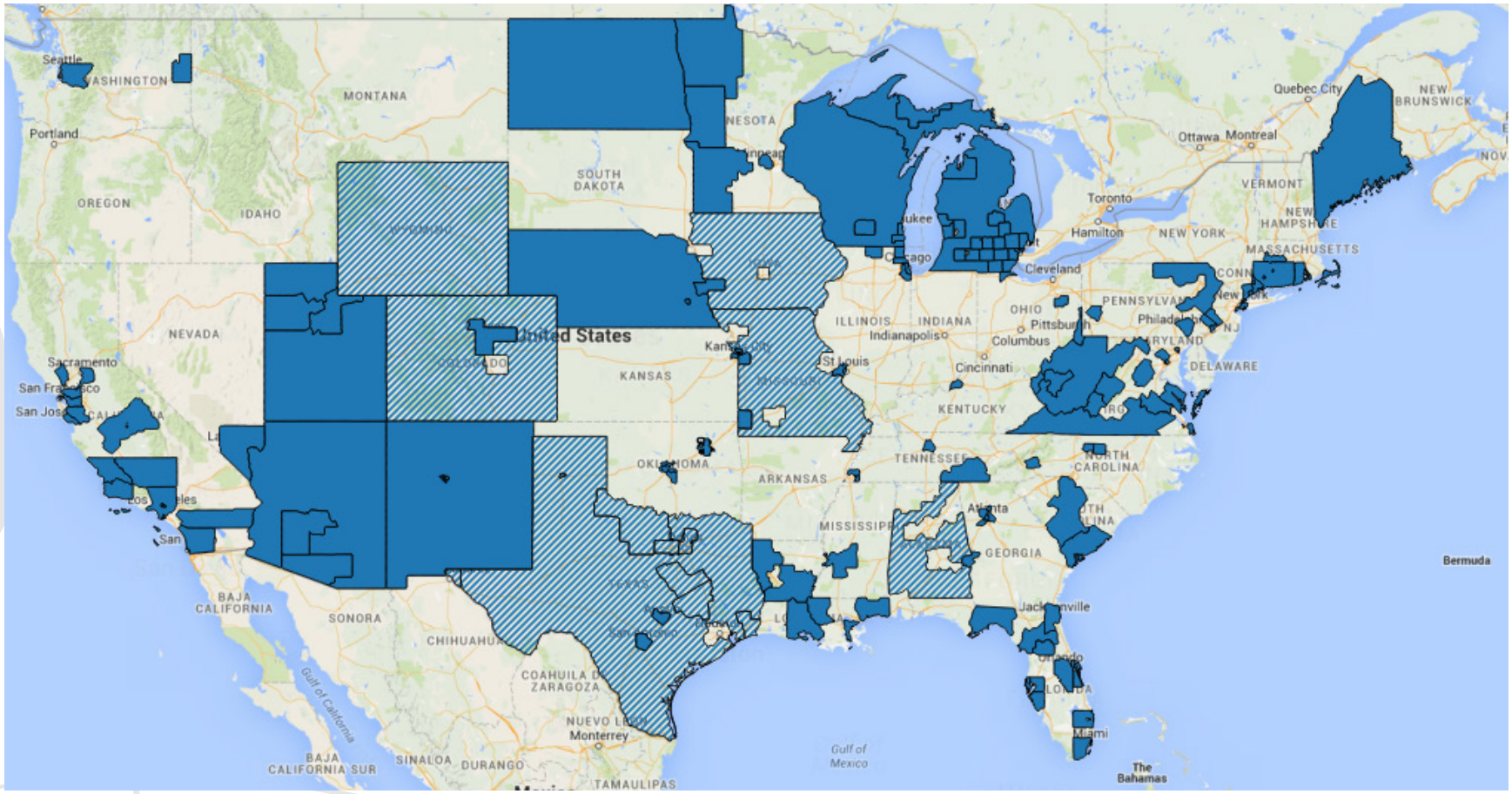
Appendix B: Where the VI-SPDAT is being used in the United States

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.



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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

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Transition Age Youth -

Vulnerability Index -

Service Prioritization Decision Assistance Tool

(TAY-VI-SPDAT)

"Next Step Tool for Homeless Youth"

AMERICAN VERSION 1.0

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Eric Rice, PhD

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

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

Information about all versions is available online at

www.orgcode.com/products/spdat/

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SPDAT Training Series

To use the SPDAT assessment product, 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/

The TAY-VI-SPDAT – The Next Step Tool for Homeless Youth

OrgCode Consulting, Inc. and Community Solutions joined forces with the Corporation for Supportive Housing (CSH) to combine the best parts of products and expertise to create one streamlined triage tool designed specifically for youth aged 24 or younger.

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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

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 17 YEARS OF AGE OR LESS, THEN SCORE 1.

SCORE:

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A. History of Housing and Homelessness

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

☐ Shelters ☐ **Couch surfing** ☐ **Other (specify):**
☐ Transitional Housing ☐ **Outdoors** _____
☐ Safe Haven ☐ **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, prison or juvenile detention, whether it 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:**

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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	
8. Were you ever incarcerated when younger than age 18?	☐ **Y**	☐ N	☐ Refused	
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **LEGAL ISSUES.**				**SCORE:**
9. Does anybody force or trick you to do things that you do not want to do?	☐ **Y**	☐ N	☐ Refused	
10. Do you ever do things that may be considered to be risky like exchange sex for money, food, drugs, or a place to stay, 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

11. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money?	☐ **Y**	☐ N	☐ Refused	
12. Do you get any money from the government, an inheritance, an allowance, working under the table, a regular job, or anything like that?	☐ Y	☐ **N**	☐ Refused	
IF "YES" TO QUESTION 11 OR "NO" TO QUESTION 12, THEN SCORE 1 FOR **MONEY MANAGEMENT.**				**SCORE:**
13. 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:**
14. 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:**

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15. Is your current lack of stable housing...

a) Because you ran away from your family home, a group home or a foster home?	☐ **Y**	☐ N	☐ Refused
b) Because of a difference in religious or cultural beliefs from your parents, guardians or caregivers?	☐ **Y**	☐ N	☐ Refused
c) Because your family or friends caused you to become homeless?	☐ **Y**	☐ N	☐ Refused
d) Because of conflicts around gender identity or sexual orientation?	☐ **Y**	☐ N	☐ Refused

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

e) Because of violence at home between family members?	☐ **Y**	☐ N	☐ Refused
f) Because of an unhealthy or abusive relationship, either at home or elsewhere?	☐ **Y**	☐ N	☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **ABUSE/TRAUMA.** **SCORE:**

D. Wellness

16. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?	☐ **Y**	☐ N	☐ Refused
17. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?	☐ **Y**	☐ N	☐ Refused
18. 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
19. 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
20. When you are sick or not feeling well, do you avoid getting medical help?	☐ **Y**	☐ N	☐ Refused
21. Are you currently pregnant, have you ever been pregnant, or have you ever gotten someone pregnant?	☐ **Y**	☐ N	☐ Refused

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

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22. 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

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

24. If you've ever used marijuana, did you ever try it at age 12 or younger? ☐ **Y** ☐ N ☐ Refused

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

25. 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

26. 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:**

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

28. 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:**

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 moderate or high intensity services be provided at this time
4-7:	assessment for time-limited supports with moderate intensity
8+:	assessment for long-term housing with high service intensity

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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 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 youth at some point in the future
- safety planning

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Appendix A: About the TAY-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.

The Youth – Transition Age Youth Tool from CSH

Released in May 2013, the Corporation for Supportive Housing (CSH) partnered with Dr. Eric Rice, Assistant Professor at the University of Southern California (USC) School of Social Work, to develop a triage tool that targets homeless Transition Age Youth (TAY) for permanent supportive housing. It consists of six items associated with long-term homelessness (five or more years) among transition-aged youth (age 18-24).

Version 2 of the VI-SPDAT

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.

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The TAY-VI-SPDAT – The Next Step Tool for Homeless Youth

One piece of feedback was the growing concern that youth tended to score lower on the VI-SPDAT, since the Vulnerability Index assesses risk of mortality which is less prevalent among younger populations. So, in version 2 of the VI-SPDAT, OrgCode Consulting, Inc. and Community Solutions joined forces with CSH to combine the best parts of the TAY, the VI, and the SPDAT to create one streamlined triage tool designed specifically for youth aged 24 or younger.

If you are familiar with the VI-SPDAT, you will notice some differences in the TAY-VI-SPDAT compared to VI-SPDAT 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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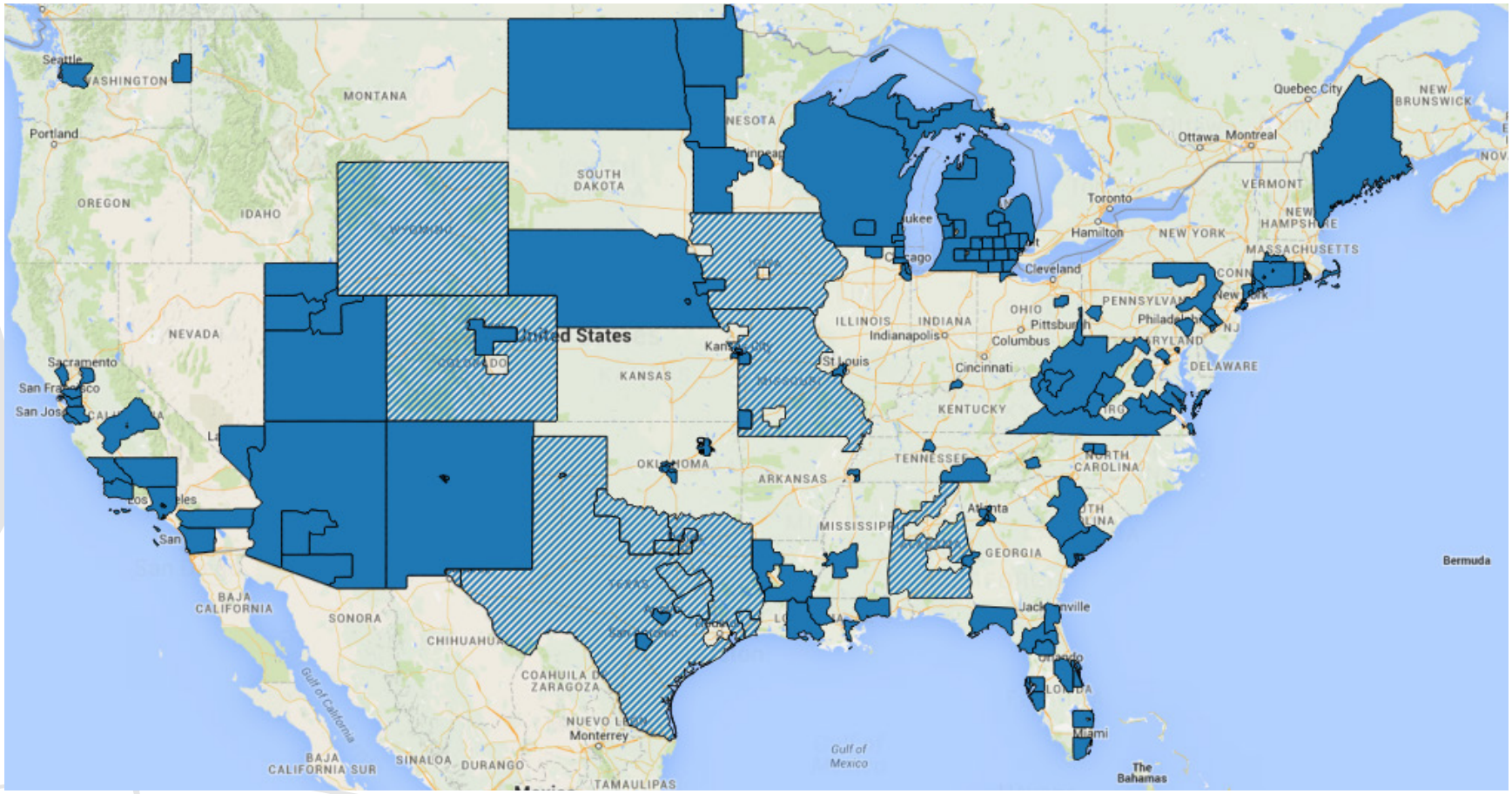
Appendix B: Where the VI-SPDAT is being used in the United States

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.



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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

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Vulnerability Index -

Service Prioritization Decision Assistance Tool

(VI-SPDAT)

Prescreen Triage Tool for Families

AMERICAN VERSION 2.0

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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 2.0 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 4.0 for Families
- SPDAT V 4.0 for Youth

Information about all versions is available online at

www.orgcode.com/products/spdat/

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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 ____/____/_____	__ __ : __ __	_____

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: 0

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: 0

6. How long has it been since you and your family lived in permanent stable housing? ___ Years ☐ 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: 0

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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:** 0

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:** 0

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:** 0

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:** 0

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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:** 0

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:** 0

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:** 0

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:** 0

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:** 0

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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:** 0

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:** 0

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:** 0

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:** 0

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:** 0

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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:** 0

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:** 0

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:** 0

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:** 0

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Scoring Summary

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

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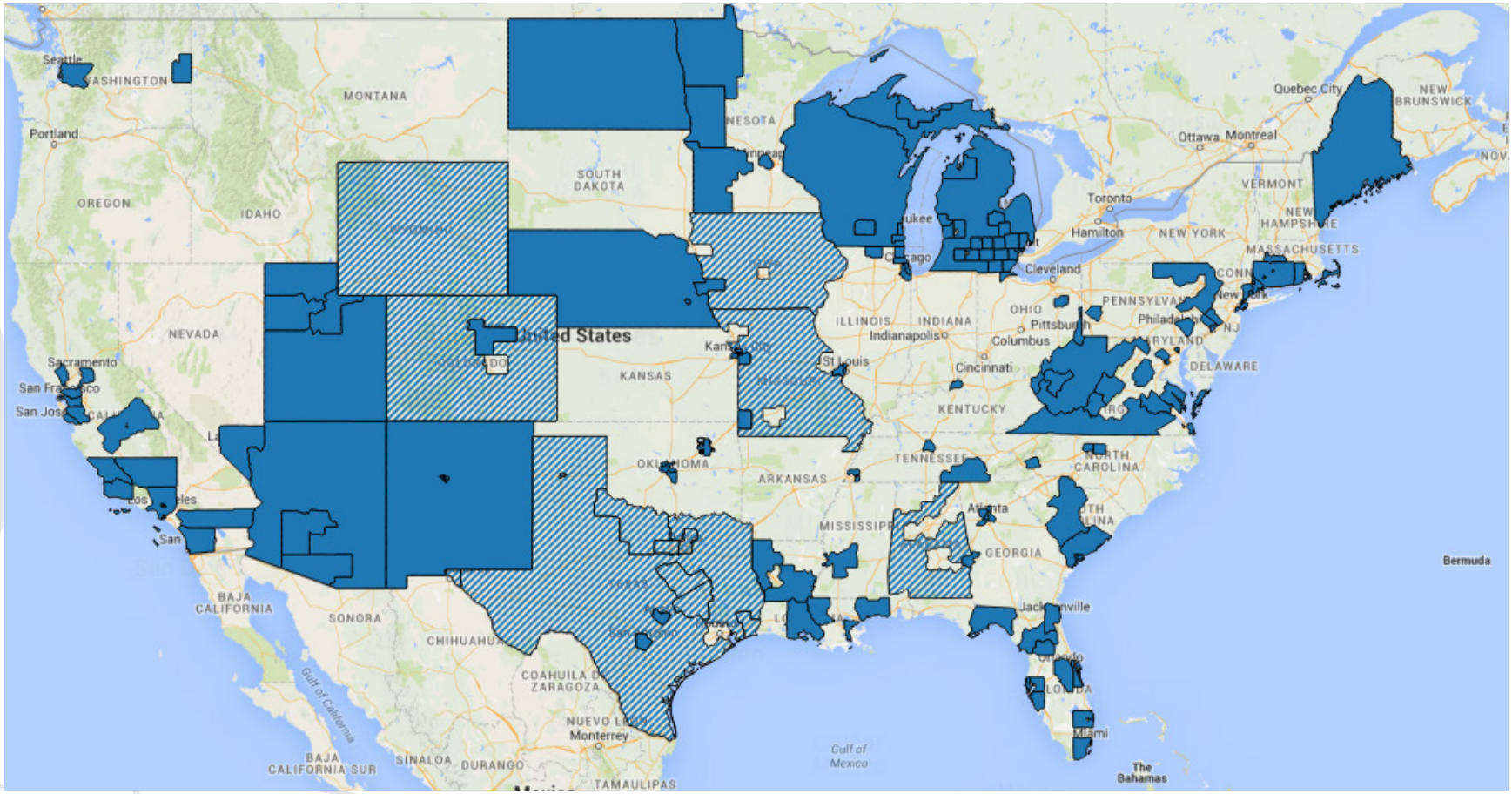
Appendix B: Where the VI-SPDAT is being used in the United States

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.



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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

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Case Conferencing for Case-managers

Atlanta CoC

Date: _____

Client Name: _____

Client Track ID: _____

Date of Initial Assessment: _____

Initial SPDAT Score: _____

Adjusted Score Request: _____

Case-manager: _____

Client Synopsis: _____

_____

_____

_____

_____

_____

_____

Please give details on specific questions on the SPDAT that do not clearly reflect vulnerability: _

_____

_____

_____

_____

_____

Follow up or documents from healthcare provider (including mental health screening or evaluations): _____

_____

_____

_____

_____

Agency and Project Name:

Reviewer Name:

Rating and Ranking Procedure -

relevant pages of scoring tools and applications, highlighting several objective criteria used (inc. for positive housing outcomes).

Category	Possible Points	
Program Policies & Procedures - Program Entry and Continues Program Participation	**Q13 - Q16 - Agencies were to self-report and explain how many clients were accepted and denied from Coordinated Entry (CE).** ****PFH staff will review enrollment data to check actual CE enrollments and will score on that, and provide data for group meeting.****	**Score**
	2 points if they report 100% participants are from CE, and if there were no CE denials, unless justifiable, and if no enrollments did not come from CE. **0 points if any of the above is not indicated.** **(2 possible points)**	
	Q13 - Q16 Comments (no point value; for info only):	
	Q17 - Agencies were asked to indicate which, if any, of situations would prevent someone from being accepted into the program. ****PFH staff will provide input on actual situations and will score on that, and provide info for group meeting.****	**Score**
	2 points if "None of the Above" was selected **0 points if any other options were selected** **(2 possible points)**	
	Q18 Comments (no point value; for info only):	
	Q19 - Agencies were asked to indicate which situations a participant <u>not</u> be evicted for. ****PFH staff will provide input on actual situations and will score on that, and provide info for group meeting.****	**Score**
	2 points if "None of the Above" was selected **0 points if any other options were selected** **(2 possible points)**	

	Q25 - Agencies were asked to indicate how many households were evicted and to explain the response. ****PFH staff will provide input on actual data and will score on that, and provide info for group meeting.****	**Score**
	1 point if no evictions or if any eviction was reasonable and in line with the agency policy. **0 points if there were any evictions that were not reasonable or in line with the policy or if no policy was included (since there would be no way to verify any eviction was in line with it!).** **(1 possible point)**	
	Q26- Agencies were asked to indicate which, if any, situations were required for participants to move in. ****PFH staff will provide input on actual situations and will score on that, and provide info for group meeting.****	**Score**
	2 points if "None" was selected (aside from specific disabling condition, if indicated in comments that the grant dictated as such, or ID, as this was determined to be allowable) **0 points if any other options were selected** **(2 possible points)**	
	Q27 Comments and program materials (no point value; for info only):	
	TOTAL **(13 total possible points)**	

Category	Possible Points	Score
	Q31 (Confirm with Data Doc) - Agencies were required to report the actual percentages of various sub-populations that were served over the course of one year.	
Populations and Sub-Populations	**If 7–10 sub-populations are 40% or more = 3 points** **If 4–6 sub-populations are 40% or more = 2 points** **If 2 or 3 sub-populations are 40% or more = 1 point** **(3 possible points)**	

Category	Possible Points	Score
Housing Stability	Q35b (APR July 1, 2017 – June, 30, 2018) (Confirm with Data Doc) - Of the persons who exited, percent who exited to a positive housing destination	
	100% (or no exits) = 6 points 92% - 99% = 3 points 86 - 91% = 1 point Below 85% = 0 points (6 possible points)	
	Q35 (Confirm with Data Doc) - Increase in percent of exits to permanent housing	Score
	2017-2018 (35b) is higher than 2016-2017 (35a), or both are 100% (or no exits) = 2 points 2016-2017 (35a) is higher or equal than 2017-2018 (35b), unless both are 100% (or no exits) = 0 points (2 possible points)	
	Q38b (APR July 1, 2017 – June, 30, 2018) (Confirm with Data Doc) - Percent who maintained or obtained other permanent housing	Score
	100% = 6 points 92% - 99% = 3 points 86 - 91% = 1 point Below 85% = 0 points (6 possible points)	
	Q38 (Confirm with Data Doc) Increase in housing stability	Score
	2017-2018 (38b) is higher than 2016-2017 (38a), or both are 100% = 2 points 2016-2017 (38a) is higher or equal than 2017-2018 (34b), unless both are 100% = 0 points (2 possible points)	
	Q39 Comments (no point value; for info only):	
	TOTAL (16 total possible points)	

	Bonus Points	Score
Bonus Points	Q31 - 1 point if 70% or more of the clients served are fleeing domestic violence	
	Q31 - 1 point if 70% or more of the clients served as youth households	
	Q31 - 1 point if 70% or more of the clients served have zero cash income at entry	
	Q50 and Q51 - 1 point if both Q50b is higher than Q50a and Q51b is higher than Q51a	
	1 point if the explanations provided for any decrease in performance from 2016-2017 are thorough and warrant acknowledgement	
	TOTAL (5 total possible points)	

Other Factors		
Other Factors (Partners for Home staff will provide these scores, based on HUD financial information, HMIS reports, and attendance)	Spend Down and Cost Efficiency (data)	Score
	Factors: 1. Spenddown 2. Quarterly Drawdowns 3. Cost Effectiveness (2 possible points)	
	HMIS Accuracy and Responsiveness (data and attendance)	Score
	Factors: 1. Data completeness and accuracy (pulled from ClientTrack) 2. Submission of accurate and timely data for HIC and other requests(including but not limited to System Performance Measure requests and NOFA-prep requests) 3. User group participation (2 possible points)	
	Timely APR Submission (data)	Score
	Factors: 1. APR submitted to SAGE within 90 days of grant ending (1 possible point)	
	CoC Participation (attendance)	Score
	Factors: 1. Attendance at CoC meetings 2. Attendance at mandatory trainings 3. Participation in PIT Week (3 possible points)	
	Adherence to Housing First (input from PFH staff, in practice)	Score
	Factors: 1. Input regarding barriers to entry 2. Input regarding actual terminations and attempted terminations 3. Input regarding feedback on program restrictions and rules (in practice) (10 possible points)	

PARTNERS FOR HOME

2018 Atlanta CoC Renewal Project Review Application

Important information before you begin...

The local process for the 2018 CoC competition will again be online, and much of the information collected is similar to the previous year.

As we anticipate this year being a competitive one, please make sure to fully answer each question, as the Ranking and Review Committee can only score based on the information provided.

For each Renewal Project, an agency must:

1. Submit this application via surveymonkey, using the APRs that will be provided to you for each project;

2. Email to Amy at amzaremba@atlantaga.gov and azaremba@partnersforhome.org

a. A quick note when the application has been submitted (and she will send a pdf version for your files);

b. A complete copy of all project documentation. This will vary from project to project and will not necessarily be limited to, but should include:

- **A complete intake package (required);**
- **House rules and policies (required);**
- **Client handbook (required);**
- **Client termination and appeals process (required);**
- **Client Comment/Suggestion form; and**
- **Any other project documents.**

c. A pdf from SAGE of the most recent APR that was submitted for this project;

d. A copy of any monitoring letters (with or without concerns or findings) that cover visits that have occurred since July 1, 2017;

e. The 2018 Atlanta CoC Supplemental Questionnaire; and

f. The Atlanta CoC Certification form.

3. Complete the project application, with all updated forms, in e-snaps, no later than August 17,

* 30. What is the total number of clients served from each of the sub-populations below? (Clients may fall into multiple categories) [APR July 1, 2017 – June 30, 2018]

Mental Health Problem (APR Q13a1)	
Alcohol Abuse (APR Q13a1)	
Drug Abuse (APR Q13a1)	
Both Alcohol and Drug Abuse (APRQ13a1)	
Chronic Health Condition (APR Q13a1)	
HIV/AIDS (APR Q13a1)	
Developmental Disability (APR Q13a1)	
Physical Disability (APR Q13a1)	
Fleeing Domestic Violence (APR Q14b)	
Veterans (APR Q5a)	
Chronically Homeless (APR Q5a)	
Youth Households (APR Q5a, "Number of Youth Under Age 25")	
Zero Cash Income at Entry (APR Q16, "No Income" at Start)	

* 31. What is the percentage of clients served from each of the sub-populations below? [APR July 1, 2017 – June 30, 2018] (To calculate, divide the number listed in Q30 for the applicable sub-population by the total number from Q29 and multiply by 100.)

Mental Health Problem	
Alcohol Abuse	
Drug Abuse	
Both Alcohol and Drug Abuse	
Chronic Health Condition	
HIV/AIDS	
Developmental Disability	
Physical Disability	
Fleeing Domestic Violence	
Veterans	
Chronically Homeless	
Youth Households	
Zero Cash Income at Entry	

Housing Stability

* 32. Number of persons exiting in one year (APR Q23a, fourth from bottom row, "Total" + APR Q23b, fourth from bottom row, "Total")

a. APR July 1, 2016 – June 30, 2017

b. APR July 1, 2017 – June 30, 2018

* 33. Number of persons (who exited after more than 90 days) exiting to a positive housing destination (APR Q23a, third from bottom row, "Total persons exiting to positive housing destinations")

a. APR July 1, 2016 – June 30, 2017

b. APR July 1, 2017 – June 30, 2018

* 34. Number of persons (who exited after staying 90 days or less) exiting to a positive housing destination (APR Q23b, third from bottom row, "Total persons exiting to positive housing destinations")

a. APR July 1, 2016 – June 30, 2017

b. APR July 1, 2017 – June 30, 2018

* 35. Percent of exiting persons who exited to permanent housing ([Q33 + Q34]/Q32 x 100)

a. July 1, 2016 – June 30, 2017

b. July 1, 2017 – June 30, 2018

* 36. Please explain any decreases from last year, **and** how your agency plans to continue to **improve, or maintain,** the permanent housing placements for exiting project participants (1000 characters maximum).

* 37. Number of stayers (APR Q5a)

a. July 1, 2016 – June 30, 2017

b. July 1, 2017 – June 30, 2018

* 38. Percent of persons who maintained or obtained permanent housing ([Q33 + Q34 + Q37]/APR Q5a x 100)

a. July 1, 2016 – June 30, 2017

b. July 1, 2017 – June 30, 2018

* 39. Please explain any decreases from last year, **and** how your agency plans to continue to **improve, or maintain,** housing stability for project participants (1000 characters maximum).

PARTNERS FOR HOME

2018 Atlanta CoC New Project Review Application

Important information before you begin...

Although online this year, much of the information collected is similar to recent years.

As we anticipate this year being a competitive one, please make sure to fully answer each question, as the Ranking and Review Committee can only score based on the information provided.

For each New Project, applicant package must include:

1. **This review application**
2. **Atlanta CoC Agency Certification form**
3. **Atlanta CoC Supplemental Questionnaire**
4. **Evidence of nonprofit status (if applicable)**
5. **Most Recent Independent Audit (if applicable)**
6. **Any other documentation as requested in the review process**

The submission deadline for all completed new review applications, and all required documents, is August 3, 2018, at 4:00pm. An application may be considered incomplete if it does not include all required documents.

The deadline for your e-snaps application, and all required updated attachments is August 17, 2018, at 4:00pm. An e-snaps application may be considered incomplete if all required attachments, with the correct updated information, are not uploaded. Failure to submit an e-snaps application, with the required attachments, may result in your application being not scored.

No late applications or attachments will be accepted.

QUALITY OF PROPOSED PROJECT

* 23. Project Description: Provide a description that addresses the entire scope of the proposed project. (3000 character limit)

* 24. Estimated Schedule: Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work (1000 character limit).

* 25. Clients to be Served/Needs: Please describe a description of the characteristics and needs of the homeless population to be served by this project. (1000 character limit)

HOUSING FIRST

The Atlanta CoC works to align itself with the HUD priorities, as well as with the USICH Plan, Opening Doors. Additionally, the Atlanta CoC recently adopted ClearPath, a five-year strategic plan which outlines the priorities of the CoC. Please respond to the following questions, addressing the various objectives of the CoC. Please provide a brief explanation for each of the subparts, if requested.

* 26. Describe how the project will implement a Housing First model. (1000 character limit)

* 27. Will the project prioritize client selection based on duration of homelessness and vulnerability?

- ◯ Yes
- ◯ No

* 28. Please briefly explain your response from Q27. (500 characters maximum)

* 29. Will the project drug test prior to move in and/or while the client lives in the project?

- ◯ Yes
- ◯ No

* 30. Please briefly explain your response from Q29. (500 characters maximum)

* 31. Will the project enforce compliance with or enrollment in mental health treatment in order to be accepted?

- ◯ Yes
- ◯ No

SERVICES FOR PARTICIPANTS (continued)

* 59. Employment/Income: Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently. (2000 character limit)

* 60. Obtain/Remain Permanent Housing: Describe how participants will be assisted to obtain and remain in permanent housing. (2000 character limit)

* 61. Improving Service Access: Will the project include the following activities? Check all that apply.

- [ ] Transportation assistance to clients to enable them to attend mainstream benefit appointments, employment training, or jobs
- [ ] A single application form for four or more mainstream programs
- [ ] Follow-up at least annually with participants to ensure mainstream benefits are received and renewed.
- [ ] Access to SSI/SSDI technical assistance provided by the applicant or a partner agency.

Organization Name:

Proposed Project Name:

DV Bonus Project Type: _____ **RRH** _____ **TH-RRH** _____ **CE**

1. Describe the experience the agency has working with survivors of domestic violence dating violence, sexual assault, and stalking.

2. Describe how the agency addresses the multiple barriers faced by survivors of domestic violence dating violence, sexual assault, and stalking.

3. Describe the agency protocols addressing the safety needs of survivors of domestic violence dating violence, sexual assault, and stalking.

4. Describe how the agency provides trauma-informed and victim-centered services.

5. Describe how the agency determined the need for this project (including any use of data).

6. Describe how this project will meet the unmet need.

Relevant sections of presentation, showing the process for ranking and selection of projects

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Atlanta CoC NOFA Interested Parties Meeting

July 19, 2018 (webinar)

July 23, 2018 (in-person)

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2018 HUD Priorities for Funding

- Ending homelessness for all persons
- Creating a systemic response to homelessness
- Strategically allocating and using resources
- Using a Housing First approach
  - Not Housing Ready
  - Low barriers

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Atlanta Priorities

- End Veteran Homelessness by 2017
- End Chronic Homelessness by 2019
- End Youth Homelessness by 2020
- End Family Homelessness by 2020

Leading to setting a path to end all homelessness

PARTNERS FOR HOME

Renewal Project Scoring

- Program Policies and Procedures
  - Program Entry and Ongoing Participation
  - Coordinated Entry Participation and Responsiveness
- Populations and Subpopulations
- Housing Stability
- Increase in Income
- Increase in Benefits
- Utilization Rate/Move-In Timeframe
- Spend Down and Cost Efficiency
- Data Quality and Responsiveness
- CoC Participation and Responsiveness

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New Project Scoring

- Threshold Review
- Applicant Experience
- Management Structure
- Project Summary and Overall Quality of Application
- Ending Chronic Homelessness
- High Barriers to Housing and/or Special Needs
- Services Offered
- Populations and Sub-Populations
- Housing Stability
- Project Participant Income
- Budget
- Match
- Other Factors

Relevant slide from 7/13/18 NOFA Policy Committee meeting showing policy decision to make allowance for DV projects.

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Atlanta CoC NOFA Policy Committee Meeting

July 13, 2018

PARTNERS FOR HOME

Other Decisions

- Ranking of HMIS and CE renewals
- Allowance for DV renewal in ranking
- Allowance for projects without two full operating years
- Admin for new projects at 7%
- Allow PFH, as the Collaborative Applicant, to develop the process, application, and scoring criteria, in line with HUD priorities, the 2018 NOFA, ClearPath, and the policies developed by this committee

Email to victim service provider making allowance for the use of data to be used, based on their grant year, as opposed to the established date range.

Zaremba, Amy M.

From: Zaremba, Amy M.
Sent: Wednesday, July 18, 2018 8:00 PM
To: [redacted]
Subject: FW: 2018 Atlanta CoC Renewal Infomation
Attachments: [redacted]_Esnaps_1516.pdf; [redacted]_SAGE_1617.pdf

Hello, [redacted]-

You guys still cannot pull accurate APRs from you HMIS-equivalent system, correct?

Thinking that is still the case, I've attached the two most recent APRs for you (one from esnaps and one from SAGE). Although they do not match the date ranges that the application asks, please use those to respond to the survey. For the 16-17 year, use the esnaps_1516 one. For the 17-18 questions, use the SAGE_1617 one.

Please just note it somewhere in the application (not every question, just once is fine!).

And, if I am wrong and you can pull APRs from your system, please pull them and use those instead (and send them to me asap).

Thanks, and if this is confusing, let me know!

Amy Zaremba
Deputy Director
Programs and Grants Management
Partners for HOME
Atlanta Homeless CoC
amzaremba@atlantaga.gov
(404) 865-8859

PARTNERS FOR HOME

From: Zaremba, Amy M.
Sent: Wednesday, July 18, 2018 2:13 PM
To: Zaremba, Amy M.
Cc: Marchman, Cathryn F. (CFMarchman@AtlantaGa.Gov)
Subject: 2018 Atlanta CoC Renewal Infomation

Good afternoon, CoC grantees and subgrantees-

First, my apologies… when I said that the application would be out "no later than" today, I really did plan on having it released Monday or Tuesday of this week.

Second, however, it's now ready! Yay?

So, it is very similar to last year, with some new questions added. It is again a Survey Monkey tool and here is the link:

https://www.surveymonkey.com/r/2018CoCRenewal

This link should allow you to do multiple surveys and to edit, but it will not allow you to start and save and go back to it later. This isn't a problem if you do your application in Word first (I've attached a PDF version of the tool so you can see all the questions) and then paste it in, all in one sitting.

But, if you want to be able to start one day and finish another… not a problem! You just need to email me and let me know. I will then send you an email link for the survey.

The only catch with that, however, is I need a different email for each link. So, if your agency has more than one CoC grant in Atlanta, you will need to have a different email for each link. The same person can work on them, but you just need to give me an email of a coworker to send the link to, otherwise Survey Monkey will not send it.

I will be posting materials later today on the website, including some of the supplemental info forms we need.

I will also send out an email to the entire CoC list with the link for the new applications. So, if your agency is interested in applying for a new grant, do not use this link! Use the one that will be sent out and posted on the website.

A few more things:

- **Consolidated Grants** – if any agency is interested in this, as stated in the NOFA and in our policy document, the first step is to contact the local field office to make sure what you are thinking is allowable. Please also let me know if you are going to apply to consolidate. You will still need to complete a separate Survey Monkey and e-snaps for the individual grants, however, as well as a short consolidation form, which I will post on the website (later this week).
- **Domestic Violence Bonus** – although more applicable for new grants, if any agency is thinking of applying for a new grant, and specifically for DV, you would need to complete a new grant application, as well as a short DV form, which I will post on the website (later this week!).
- **Expansion Grants** – also related to new grants, if any agency wants to apply for a new grant to expand an existing grant, you would need to complete the expansion grant application, which (no surprise) I will post on the website.

A few more:

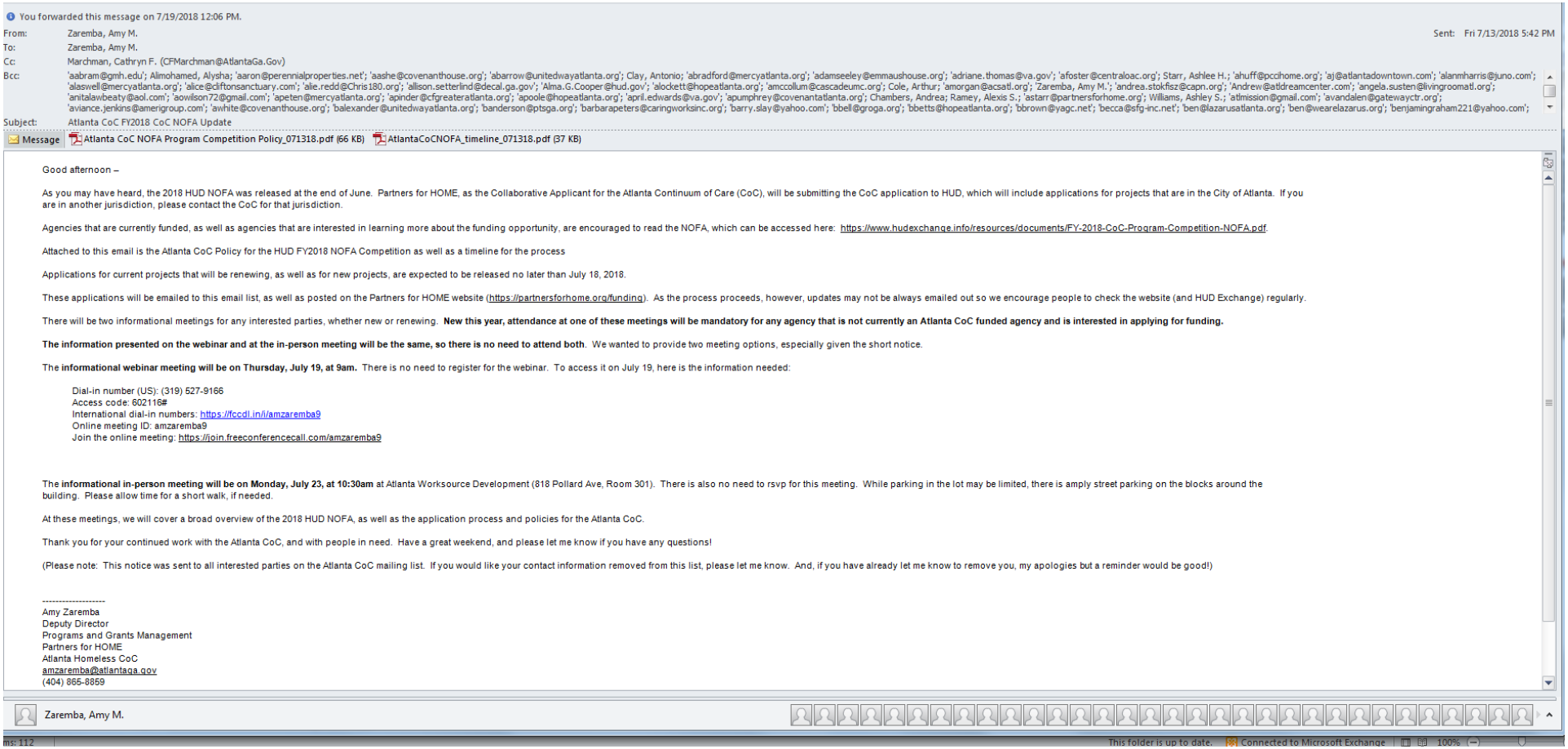
- We are continually trying to make this process easier for you all, so I hope we've succeeded, at least a little. As we are moving away from subjective narratives, there is a lot of data and numbers. This almost seems more like a math test! I proofed it over and over and I think it all corresponds correctly. **If you find an error or think you found an error, please let me know!**
- To make this easier for you all, **I will email each agency with the pdfs of the SAGE APRs for their projects** (yes, I did run a bazillion reports in CT and zip them and SAGE them… whew!). Please use these to respond to the questions, as these will be the same ones we will use as a check and balance.

That's all, for now, but as always… thanks for all your hard work during this process, and in addressing homelessness!

(You are receiving this email bc you or someone in your agency completed the survey indicating who should get CoC NOFA-related emails.)

Amy Zaremba
Deputy Director
Programs and Grants Management
Partners for HOME
Atlanta Homeless CoC
amzaremba@atlantaga.gov
(404) 865-8859

Email to CoC list (400+ members) regarding local CoC process, including timeline, scoring, ranking and other and policy attachments, notice of information meetings, and reference to PFH website, where all materials will be posted – sent 7/13/18



You forwarded this message on 7/19/2018 12:06 PM.

From: Zaremba, Amy M. Sent: Fri 7/13/2018 5:42 PM

To: Zaremba, Amy M.

Cc: Marchman, Cathryn F. (CFMarchman@AtlantaGa.Gov)

Bcc: 'aabram@gmh.edu'; Alimohamed, Alysha; 'aaron@perennialproperties.net'; 'aashe@covenanthouse.org'; 'abarrow@unitedwayatlanta.org'; Clay, Antonio; 'abradford@mercyatlanta.org'; 'adamseeley@emmaushouse.org'; 'adriane.thomas@va.gov'; 'afoster@centraloac.org'; Starr, Ashlee H.; 'ahuff@pccihome.org'; 'aj@atlantadowntown.com'; 'alanmharris@juno.com'; 'alaswell@mercyatlanta.org'; 'alice@cliftonsanctuary.com'; 'alie.redd@Chris180.org'; 'allison.setterlind@decal.ga.gov'; 'Alma.G.Cooper@hud.gov'; 'alockett@hopeatlanta.org'; 'amccollum@cascadeumc.org'; Cole, Arthur; 'amorgan@acsatl.org'; 'Zaremba, Amy M.'; 'andrea.stokfisz@capn.org'; 'Andrew@atldreamcenter.com'; 'angela.susten@livingroomatl.org'; 'anitalawbeaty@aol.com'; 'aowilson72@gmail.com'; 'apeten@mercyatlanta.org'; 'apinder@cfgreateratlanta.org'; 'apoole@hopeatlanta.org'; 'april.edwards@va.gov'; 'apumphrey@covenantatlanta.org'; Chambers, Andrea; Ramey, Alexis S.; 'astarr@partnersforhome.org'; Williams, Ashley S.; 'atlmission@gmail.com'; 'avandalen@gatewayctr.org'; 'aviance.jenkins@amerigroup.com'; 'awhite@covenanthouse.org'; 'balexander@unitedwayatlanta.org'; 'banderson@ptsga.org'; 'barbarapeters@caringworksinc.org'; 'barry.slay@yahoo.com'; 'bbell@groga.org'; 'bbetts@hopeatlanta.org'; 'bbrown@yagc.net'; 'becca@sfg-inc.net'; 'ben@lazarusatlanta.org'; 'ben@wearelazarus.org'; benjamingraham221@yahoo.com';

Subject: Atlanta CoC FY2018 CoC NOFA Update

Message | Atlanta CoC NOFA Program Competition Policy_071318.pdf (66 KB) | AtlantaCoCNOFA_timeline_071318.pdf (37 KB)

Good afternoon –

As you may have heard, the 2018 HUD NOFA was released at the end of June. Partners for HOME, as the Collaborative Applicant for the Atlanta Continuum of Care (CoC), will be submitting the CoC application to HUD, which will include applications for projects that are in the City of Atlanta. If you are in another jurisdiction, please contact the CoC for that jurisdiction.

Agencies that are currently funded, as well as agencies that are interested in learning more about the funding opportunity, are encouraged to read the NOFA, which can be accessed here: https://www.hudexchange.info/resources/documents/FY-2018-CoC-Program-Competition-NOFA.pdf.

Attached to this email is the Atlanta CoC Policy for the HUD FY2018 NOFA Competition as well as a timeline for the process

Applications for current projects that will be renewing, as well as for new projects, are expected to be released no later than July 18, 2018.

These applications will be emailed to this email list, as well as posted on the Partners for HOME website (https://partnersforhome.org/funding). As the process proceeds, however, updates may not be always emailed out so we encourage people to check the website (and HUD Exchange) regularly.

There will be two informational meetings for any interested parties, whether new or renewing. **New this year, attendance at one of these meetings will be mandatory for any agency that is not currently an Atlanta CoC funded agency and is interested in applying for funding.**

The information presented on the webinar and at the in-person meeting will be the same, so there is no need to attend both. We wanted to provide two meeting options, especially given the short notice.

The **informational webinar meeting will be on Thursday, July 19, at 9am.** There is no need to register for the webinar. To access it on July 19, here is the information needed:

Dial-in number (US): (319) 527-9166
Access code: 602116#
International dial-in numbers: https://fccdl.in/i/amzaremba9
Online meeting ID: amzaremba9
Join the online meeting: https://join.freeconferencecall.com/amzaremba9

The **informational in-person meeting will be on Monday, July 23, at 10:30am** at Atlanta Worksource Development (818 Pollard Ave, Room 301). There is also no need to rsvp for this meeting. While parking in the lot may be limited, there is amply street parking on the blocks around the building. Please allow time for a short walk, if needed.

At these meetings, we will cover a broad overview of the 2018 HUD NOFA, as well as the application process and policies for the Atlanta CoC.

Thank you for your continued work with the Atlanta CoC, and with people in need. Have a great weekend, and please let me know if you have any questions!

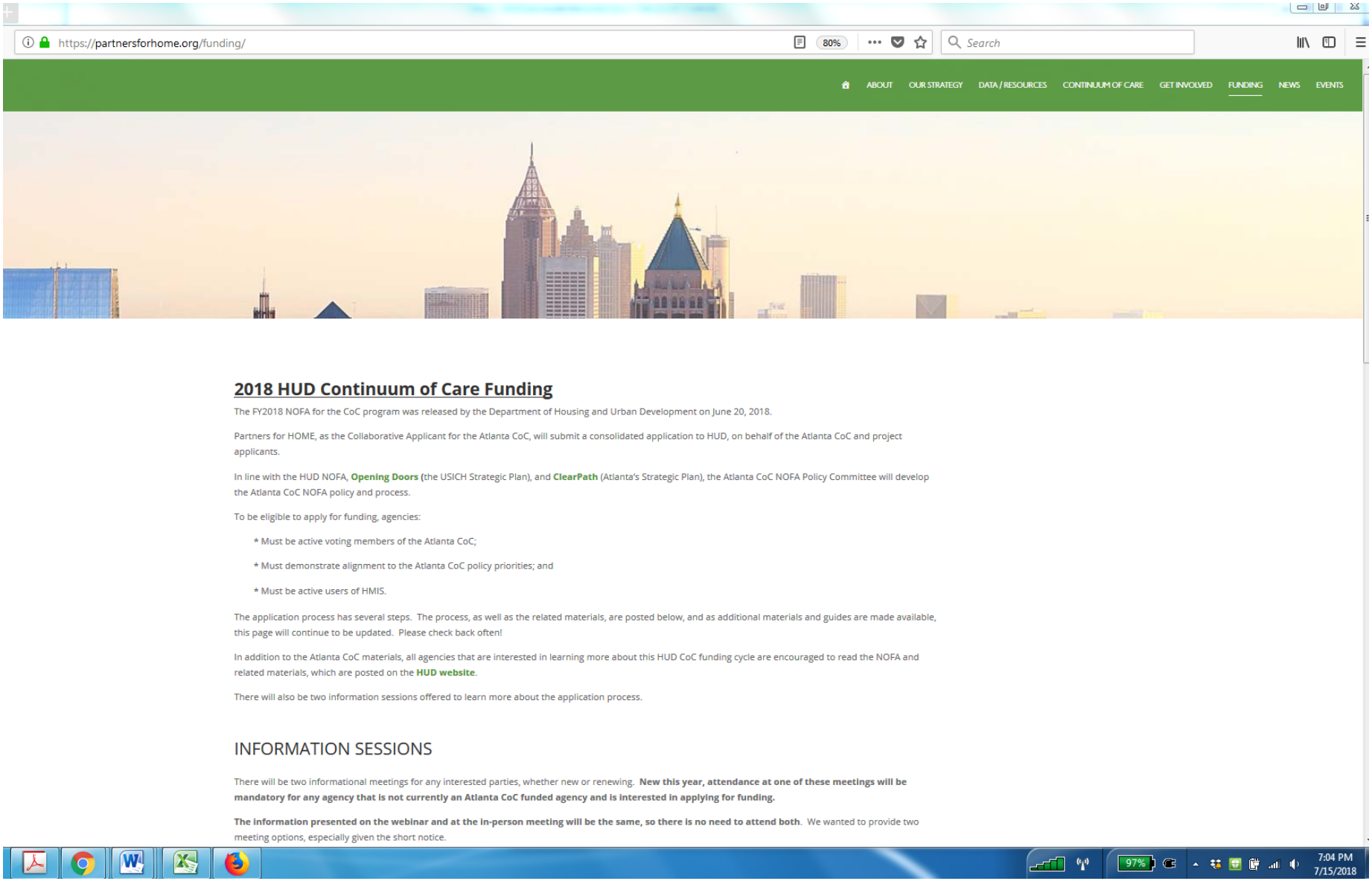
(Please note: This notice was sent to all interested parties on the Atlanta CoC mailing list. If you would like your contact information removed from this list, please let me know. And, if you have already let me know to remove you, my apologies but a reminder would be good!)

Amy Zaremba
Deputy Director
Programs and Grants Management
Partners for HOME
Atlanta Homeless CoC
amzaremba@atlantaga.gov
(404) 865-8859

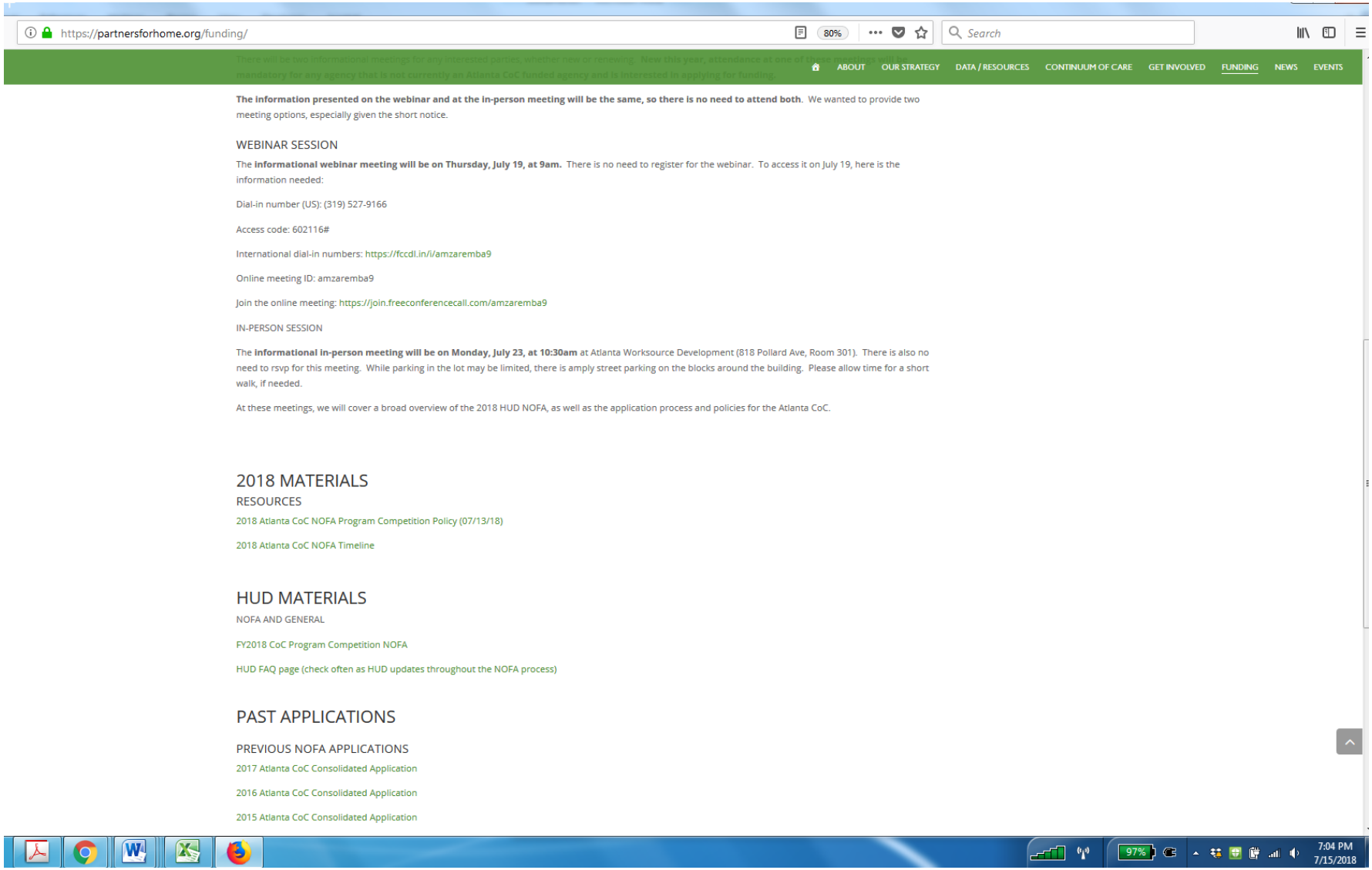
Zaremba, Amy M.

ms: 112 This folder is up to date. Connected to Microsoft Exchange 100%

Top half of website screenshot showing initial info posted about CoC process and materials – posted 7/15/18



Bottom half of website screenshot showing info posted about CoC process and materials – posted 7/15/18



Two social media postings informing of local CoC process and directing to website, which all materials, including scoring process will be posted – posted July 23, 2018

Partners for HOME
@partnersforhome

- Home
- About
- Events
- Photos
- Videos
- Community
- Groups
- Reviews
- Jobs
- Posts
- Info and ads

Promote
Manage promotions 1

Like | Follow | Share | ...

Donate

Posts

Partners for HOME
Published by Amy Zaremba [?] · 23 July at 06:13 ·

The 2018 HUD CoC NOFA is well underway. For more information on the Atlanta CoC process, check out the PFH website:
https://partnersforhome.org/funding

PARTNERSFORHOME.ORG
NOFA AND FUNDING | Partners For HOME
2018 HUD Continuum of Care Funding The FY2018 NOFA for the Co...

22 people reached — Boost Post

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Partners for HOME shared a post.
Published by Brittany Michelle [?] · 19 July at 16:03 ·

Community

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Bec Cranford and 7 other friends like this

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88 people like this

99 people follow this

About

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Typically replies within a day
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Charity

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Pages liked by this Page

- Crossroads Community Ministries
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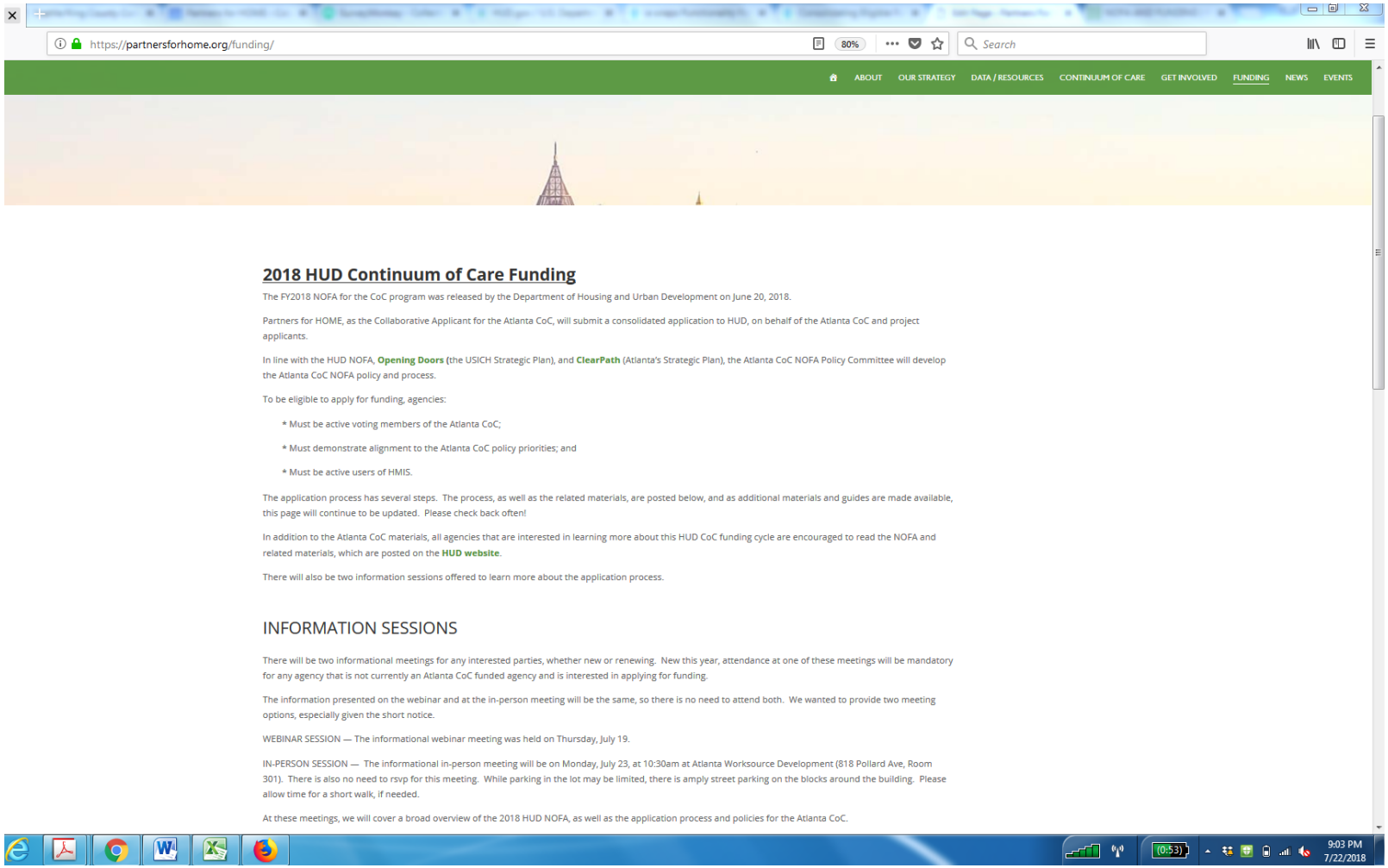
- Hyatt Regency Atlanta

Top half of website screenshot showing application info – posted 7/22/18



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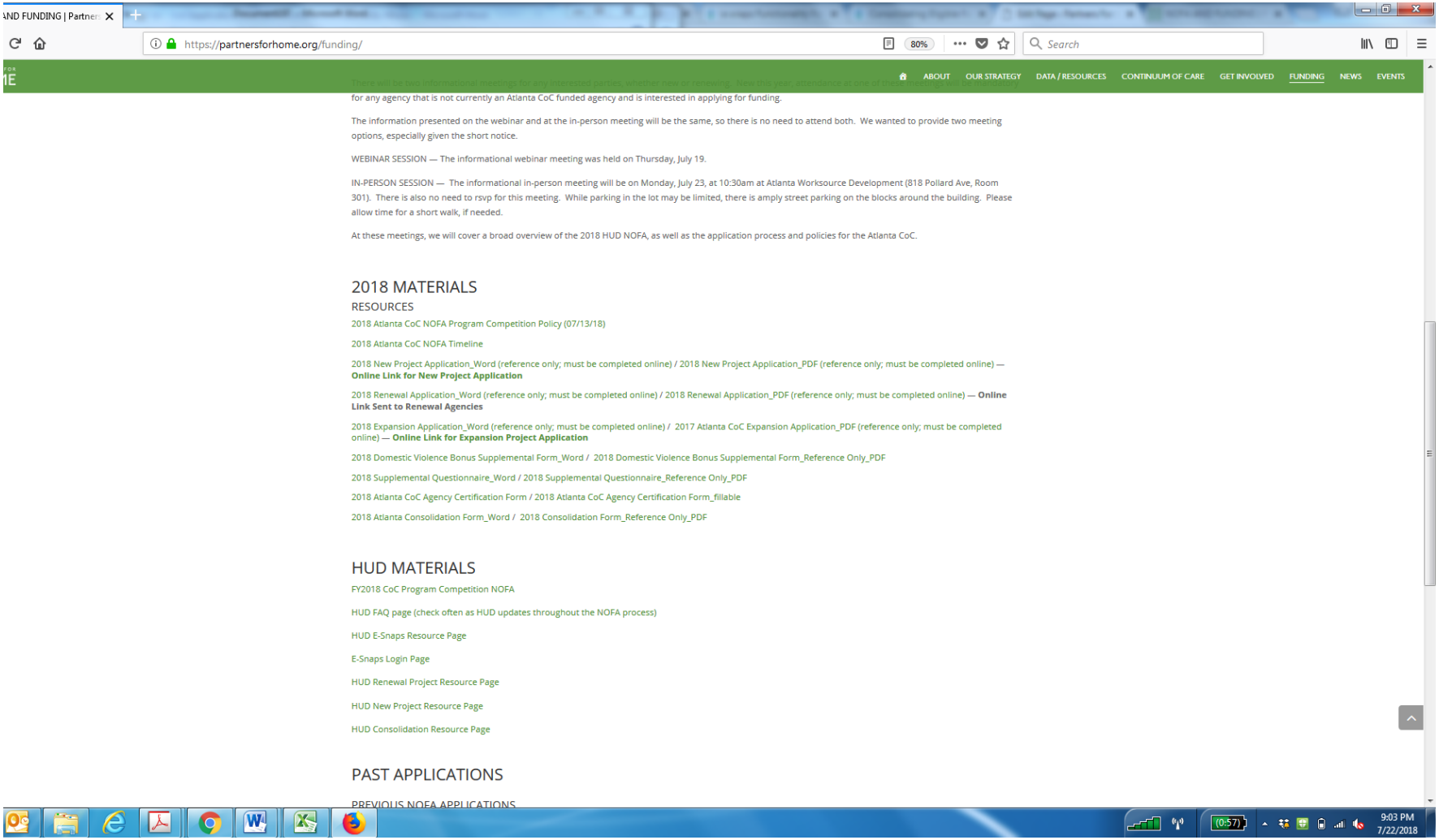

Relevant sections of presentation, showing the process for ranking and selection of projects

PARTNERS FOR HOME

Atlanta CoC NOFA Interested Parties Meeting

July 19, 2018 (webinar)

July 23, 2018 (in-person)

PARTNERS FOR HOME

2018 HUD Priorities for Funding

- Ending homelessness for all persons
- Creating a systemic response to homelessness
- Strategically allocating and using resources
- Using a Housing First approach
  - Not Housing Ready
  - Low barriers

PARTNERS FOR HOME

Atlanta Priorities

- End Veteran Homelessness by 2017
- End Chronic Homelessness by 2019
- End Youth Homelessness by 2020
- End Family Homelessness by 2020

Leading to setting a path to end all homelessness

PARTNERS FOR HOME

Other Important Highlights

- Reallocation
  - Unspent dollars
  - Lower performing projects
  - Partial or entire awards
- System Performance
- Performance Based Criteria
  - Special populations
  - Project effectiveness
- Alignment with HUD, Opening Doors, and ClearPath

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Process

- Atlanta CoC Review and Tiering
  - New and renewal applications
    - Review application and required documents – August 3, 4:00pm
    - *E-snaps* application and required uploads – August 17, 4:00pm
  - Ranking and Review Committee
- HUD Submission
  - CoC Application
  - Priority Listing
  - Agency Applications

Atlanta CoC Ranking and Review Process

- Committee duties
  - Review projects and scores
  - Accept or reject projects
  - Rank into Tiers 1 or 2 all accepted projects
    - NOFA Policy Committee
      - HMIS and Coordinated Entry – Tier 1
      - Rank based on scores, NOFA and HUD guidance and priorities, and ClearPath
      - Reallocate based on underspending and underperforming
  - Present recommendation to Governing Council for approval
- Notify each applicant in writing of the decision, and if rejected the reasons for the decision

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Renewal Project Scoring

- Program Policies and Procedures
  - Program Entry and Ongoing Participation
  - Coordinated Entry Participation and Responsiveness
- Populations and Subpopulations
- Housing Stability
- Increase in Income
- Increase in Benefits
- Utilization Rate/Move-In Timeframe
- Spend Down and Cost Efficiency
- Data Quality and Responsiveness
- CoC Participation and Responsiveness

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New Project Scoring

- Threshold Review
- Applicant Experience
- Management Structure
- Project Summary and Overall Quality of Application
- Ending Chronic Homelessness
- High Barriers to Housing and/or Special Needs
- Services Offered
- Populations and Sub-Populations
- Housing Stability
- Project Participant Income
- Budget
- Match
- Other Factors

Other Information

- While PFH, as the Collaborative Applicant, may email additional details of the competition, information will also be posted on the Partners for HOME webpage (https://partnersforhome.org/funding). It is the responsibility of the applicants to ensure that they check the website, as well as the HUD Exchange website (https://www.hudexchange.info/programs/e-snaps)

- In addition to submitting the project application and all related materials to PFH to be scored and ranked, all new and renewal applications must also complete the HUD application process in *e-snaps*. Failure to do so will result in disqualification for funding.

Other Information (cont.)

PARTNERS FOR HOME

- This is a competitive process, within the CoC as well as within all other CoCs nationwide. Submitting an application to be scored, completing the *e-snaps* process, and/or being included in the CoC application to HUD does not guarantee funding.

- Project applicants who believe they were denied the opportunity to participate in the local CoC planning process in a reasonable manner and were rejected/reallocated by the CoC may appeal directly to HUD by submitting a Solo Applicant application in *e-snaps,* as outlined in the NOFA.

Policy that was sent out in initial email and posted online, stating the scoring and reallocation process

Atlanta CoC Policy for the HUD FY2018 NOFA Competition.

Introduction

In response to the Notice of Funding Availability (NOFA) for the 2018 Continuum of Care (CoC) Program Competition that the Department of Housing and Urban Development (HUD) released on June 22, 2018, Partners for HOME (PFH), as the Collaborative Applicant for the Atlanta CoC, is providing the following guidance for the competition process.

Contact Info

If you have any questions about this process, please email:
Amy Zaremba
Deputy Director, Grants and Performance Management
Partners for Home – Atlanta CoC
amzaremba@atlantaga.gov

Summary

As the Collaborative Applicant for the Atlanta Continuum of Care (CoC), Partners for HOME is responsible for organizing, collecting, and submitting the CoC Consolidated Application for the FY2018 CoC funding. This includes the CoC Application as well as the CoC Priority Listing. Included in this process is the oversight of the local competition to determine the CoC Priority Listing composition.

This announcement is being provided in accordance with the HUD NOFA, which can be found here: https://www.hudexchange.info/resources/documents/FY-2018-CoC-Program-Competition-NOFA.pdf. Some key points from the NOFA that will apply to project applications, as well as to the CoC application, are listed below. Additionally, updated information and materials will be posted on the Partners for HOME website, which can be found here: https://partnersforhome.org/funding. While this document will provide an overview of the NOFA and local Atlanta process, all interested parties and applicants should read the NOFA and all related materials in their entirety, as well the materials that will be posted, throughout this process, on the Partners for HOME website.

HUD NOFA Policy Priorities[1]

1) Ending homelessness for all persons.
2) Creating a systemic response to homelessness.
3) Strategically allocating and using resources.
4) Use a Housing First approach.

Atlanta CoC Guiding Principles[2]

1) Disrupt the system.
2) Create right-size solutions by population.
3) Realign and leverage resources.
4) Create a performance driven system.

Important Dates

Please refer to the Partners for HOME website for the complete timeline, but some important dates include:

---

[1] HUD FY2018 NOFA: https://www.hudexchange.info/resources/documents/FY-2018-CoC-Program-Competition-NOFA.pdf

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Ranking and Review

HUD is once again having CoCs rank project applications in two tiers. Tier One will consist of 94% of the CoC Annual Renewal Demand(ARD), which for the Atlanta CoC is approximately $6.62 million. Tier Two is the remaining 6% of the ARD plus the amount available to the CoC for bonus funding. For the Atlanta CoC, Tier Two totals approximately $845,000 ($422,498 remaining in the ARD plus $422,498 available for bonus funding).

Projects ranked in Tier One are relatively secure to be funded, while projects ranked in Tier Two are more vulnerable. HUD will fund projects in Tier Two based on a specific scoring criteria, including how the overall CoC application scores.

The Ranking and Review Committee, an independent group comprised of community members and representatives of the CoC, and approved by the Atlanta CoC Governing Council, will score and rank the individual projects based on HUD and CoC priorities and principles, which are consistent with those outlined in the NOFA. The recommendations from this committee will be presented to the Governing Council for approval and they will then be announced to the CoC membership.

Recognizing the crucial roles coordinated entry and HMIS play in aligning with the HUD priorities and ending homelessness in the community, the HMIS and Coordinated Entry projects will be ranked in the middle of the Tier One projects.

With the above exception noted, in an effort to submit as strong an application as possible, the Ranking and Review Committee will also score and rank projects, primarily based on scores and criteria derived from the HUD priorities, as well as guidance provided in the NOFA. Due to the importance of coordinated entry and the housing first philosophy in addressing homelessness, the Ranking and Review Committee will also weigh those aspects with the project scores in determining their final ranking recommendation.

As the scoring criteria for renewal projects will be based primarily on performance data, newly awarded renewal projects which have not been operating long enough to have sufficient performance data and therefore cannot be ranked accordingly, will receive the median score for all data driven questions that cannot be derived.

New projects may be ranked above renewal projects that are underperforming and did not meet scoring goals. This includes new projects created from bonus funds. The Ranking and Review Committee will take project scores, project spending, NOFA guidance and strategy, and CoC principles into account when determining rank order.

Consolidated Projects

New this year, HUD is allowing agencies that have two or more projects of the same project type to apply to have the grants consolidated into one award. If an agency chooses to apply for a

consolidated project, they should first contact the local field office to get confirmation that consolidation is appropriate. If so, then the agency needs to submit separate project applications and one consolidated application. The separate project applications will be ranked individually, with the consolidated project sharing the rank number of one of the projects. If HUD approves the consolidated project, there would be one award contact issued.

Expansion Funding

HUD is allowing renewal projects to submit a new project application, in addition to the renewal application, if an agency wishes to expand on an existing funded project. If both the renewal and new (expansion) grants are awarded, HUD will issue one contract (as opposed to the agency having two projects).

While the Atlanta CoC will accept applications for expansion of existing renewal projects, *please note that as stated above, the top priority for new projects is PSH that provides tenant-based rental assistance*.

New Projects

New projects will only be available through reallocation or bonus funding.

For this NOFA, HUD has outlined that the following projects types be available through reallocation, which can be from projected unspent funds from renewal projects or from funds recaptured from projects that will be reduced or not be put forth for renewal due to low scores:

- Permanent Supportive Housing (PSH)
- Rapid-Rehousing (RRH)
- Joint Transitional Housing to Rapid Rehousing (Joint TH-RRH)
- Support Services Only for Coordinated Entry or HMIS

While the Atlanta CoC will accept any of the above new project type applications, *please note that the top priority for new projects is PSH that provides tenant-based rental assistance and the second priority is RRH*.

Domestic Violence (DV) Bonus

This year, there is a separate pool of funding available for CoCs to apply for projects specifically for survivors of domestic violence. A CoC can apply for one of each of the following project types: RRH, Joint TH-RRH, and CE specifically to enhance the process for domestic violence situations. The Atlanta CoC can apply for up to approximately $540,000. The Ranking and Review Committee will review any projects that applied for the DV bonus funds and, if applicable, choose which will be identified as such. Any other projects that applied for the DV bonus funds may or may not be included in the ranking as new projects. HUD will review the projects listed as DV bonus projects, and if selected, the projects will be removed from the CoC list and will be awarded funds from the separate pool. If HUD does not select a project that the CoC lists as a DV bonus project for the DV bonus funds, the project will remain on the CoC priority list and may be funded as a new project.

Dedicated*PLUS*

HUD is again allowing projects to be Dedicated*PLUS* projects. All current CoC funded PSH converted to Dedicated*PLUS* in the FY2017 NOFA. Any new PSH projects must also be Dedicated*PLUS*. This will expand who can be served to include, among others and in addition to chronically homeless, people who were CH, were placed in PSH, but returned to the streets or shelter within a year and people who would meet the disability portion of the CH definition, and have one year on the street or emergency shelter within the past three years, but not in four separate episodes.

General Information

In addition to submitting the project application and all related materials to Partners for HOME to be scored and ranked, all new and renewal applications must also complete the HUD application process in *e-snaps*. Failure to do so will result in disqualification for funding.

This is a competitive process, within the CoC as well as within all other CoCs nationwide. Submitting an application to be scored, completing the *e-snaps* process, and/or being included in the CoC application to HUD does not guarantee funding.

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Appeals

In accordance with *24 CFR part 578* and the NOFA, applicants have the right to appeal if they believe that they were improperly denied the right to participate in the CoC planning process in a reasonable manner; were improperly denied or decreased funding; or were improperly denied a Certification of Consistency from the local government with the Consolidated Plan. The appeal must be carried out as outlined in the NOFA.

Disclaimer

Partners for Home reserves the right to update or correct any of the information provided in this document, in the event of additional guidance from HUD or inadvertent error or omission.

Atlanta CoC Policy for the HUD FY2018 NOFA Competition.

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Expansion Funding

HUD is allowing renewal projects to submit a new project application, in addition to the renewal application, if an agency wishes to expand on an existing funded project. If both the renewal and new (expansion) grants are awarded, HUD will issue one contract (as opposed to the agency having two projects).

While the Atlanta CoC will accept applications for expansion of existing renewal projects, *please note that as stated above, the top priority for new projects is PSH that provides tenant-based rental assistance*.

New Projects

New projects will only be available through reallocation or bonus funding.

For this NOFA, HUD has outlined that the following projects types be available through reallocation, which can be from projected unspent funds from renewal projects or from funds recaptured from projects that will be reduced or not be put forth for renewal due to low scores:

- Permanent Supportive Housing (PSH)
- Rapid-Rehousing (RRH)
- Joint Transitional Housing to Rapid Rehousing (Joint TH-RRH)
- Support Services Only for Coordinated Entry or HMIS

While the Atlanta CoC will accept any of the above new project type applications, *please note that the top priority for new projects is PSH that provides tenant-based rental assistance and the second priority is RRH*.

Domestic Violence (DV) Bonus

This year, there is a separate pool of funding available for CoCs to apply for projects specifically for survivors of domestic violence. A CoC can apply for one of each of the following project types: RRH, Joint TH-RRH, and CE specifically to enhance the process for domestic violence situations. The Atlanta CoC can apply for up to approximately $540,000. The Ranking and Review Committee will review any projects that applied for the DV bonus funds and, if applicable, choose which will be identified as such. Any other projects that applied for the DV bonus funds may or may not be included in the ranking as new projects. HUD will review the projects listed as DV bonus projects, and if selected, the projects will be removed from the CoC list and will be awarded funds from the separate pool. If HUD does not select a project that the CoC lists as a DV bonus project for the DV bonus funds, the project will remain on the CoC priority list and may be funded as a new project.

Dedicated*PLUS*

HUD is again allowing projects to be Dedicated*PLUS* projects. All current CoC funded PSH converted to Dedicated*PLUS* in the FY2017 NOFA. Any new PSH projects must also be Dedicated*PLUS*. This will expand who can be served to include, among others and in addition to chronically homeless, people who were CH, were placed in PSH, but returned to the streets or shelter within a year and people who would meet the disability portion of the CH definition, and have one year on the street or emergency shelter within the past three years, but not in four separate episodes.

General Information

In addition to submitting the project application and all related materials to Partners for HOME to be scored and ranked, all new and renewal applications must also complete the HUD application process in *e-snaps*. Failure to do so will result in disqualification for funding.

This is a competitive process, within the CoC as well as within all other CoCs nationwide. Submitting an application to be scored, completing the *e-snaps* process, and/or being included in the CoC application to HUD does not guarantee funding.

While Partners for HOME, as the Collaborative Applicant, will email additional details of the competition, information will also be posted on the CoC webpage (https://partnersforhome.org/funding). It is the responsibility of the applicants to ensure that they check the website, as well as the HUD Exchange website (https://www.hudexchange.info/programs/e-snaps/fy-2018-coc-program-nofa-coc-program-competition/#nofa-and-notices).

Appeals

In accordance with *24 CFR part 578* and the NOFA, applicants have the right to appeal if they believe that they were improperly denied the right to participate in the CoC planning process in a reasonable manner; were improperly denied or decreased funding; or were improperly denied a Certification of Consistency from the local government with the Consolidated Plan. The appeal must be carried out as outlined in the NOFA.

Disclaimer

Partners for Home reserves the right to update or correct any of the information provided in this document, in the event of additional guidance from HUD or inadvertent error or omission.

PARTNERS FOR HOME

Atlanta CoC NOFA Interested Parties Meeting

July 19, 2018 (webinar)

July 23, 2018 (in-person)

PARTNERS FOR HOME

2018 HUD Priorities for Funding

- Ending homelessness for all persons
- Creating a systemic response to homelessness
- Strategically allocating and using resources
- Using a Housing First approach
  - Not Housing Ready
  - Low barriers

PARTNERS FOR HOME

Atlanta Priorities

- End Veteran Homelessness by 2017
- End Chronic Homelessness by 2019
- End Youth Homelessness by 2020
- End Family Homelessness by 2020

Leading to setting a path to end all homelessness

PARTNERS FOR HOME

Other Important Highlights

- Reallocation
  - Unspent dollars
  - Lower performing projects
  - Partial or entire awards
- System Performance
- Performance Based Criteria
  - Special populations
  - Project effectiveness
- Alignment with HUD, Opening Doors, and ClearPath

PARTNERS FOR HOME

Process

- Atlanta CoC Review and Tiering
  - New and renewal applications
    - Review application and required documents – August 3, 4:00pm
    - *E-snaps* application and required uploads – August 17, 4:00pm
  - Ranking and Review Committee
- HUD Submission
  - CoC Application
  - Priority Listing
  - Agency Applications

Atlanta CoC Ranking and Review Process

- Committee duties
  - Review projects and scores
  - Accept or reject projects
  - Rank into Tiers 1 or 2 all accepted projects
    - NOFA Policy Committee
      - HMIS and Coordinated Entry – Tier 1
      - Rank based on scores, NOFA and HUD guidance and priorities, and ClearPath
      - Reallocate based on underspending and underperforming
  - Present recommendation to Governing Council for approval
- Notify each applicant in writing of the decision, and if rejected the reasons for the decision

PARTNERS FOR HOME

Renewal Project Scoring

- Program Policies and Procedures
  - Program Entry and Ongoing Participation
  - Coordinated Entry Participation and Responsiveness
- Populations and Subpopulations
- Housing Stability
- Increase in Income
- Increase in Benefits
- Utilization Rate/Move-In Timeframe
- Spend Down and Cost Efficiency
- Data Quality and Responsiveness
- CoC Participation and Responsiveness

PARTNERS FOR HOME

New Project Scoring

- Threshold Review
- Applicant Experience
- Management Structure
- Project Summary and Overall Quality of Application
- Ending Chronic Homelessness
- High Barriers to Housing and/or Special Needs
- Services Offered
- Populations and Sub-Populations
- Housing Stability
- Project Participant Income
- Budget
- Match
- Other Factors

Other Information (cont.)

PARTNERS FOR HOME

- This is a competitive process, within the CoC as well as within all other CoCs nationwide. Submitting an application to be scored, completing the *e-snaps* process, and/or being included in the CoC application to HUD does not guarantee funding.

- Project applicants who believe they were denied the opportunity to participate in the local CoC planning process in a reasonable manner and were rejected/reallocated by the CoC may appeal directly to HUD by submitting a Solo Applicant application in *e-snaps,* as outlined in the NOFA.

Individual email notification to agencies informing them that their projects were ranked, in what tier, and for what amount (full) – all sent 8/31/18

Quest - 2018 HUD CoC NOFA - Atlanta CoC Project Ranking

Zaremba, Amy M.

Sent: Fri 8/31/2018 3:06 PM

To: 'dterry@questcommunities.org'; 'kprince@questcommunities.org'; 'LAdams@QuestCommunities.org'; 'MBenton@QuestCommunities.org'; 'shigh@questcommunities.org'; 'bmitchell@questcommunities.org'

Good afternoon-

On Wednesday, August 30, 2018, the Governing Council met and voted on the 2018 Priority Listing for the Atlanta CoC. This was proposed by the Ranking and Review Committee who reviewed, scored, and ranked all the submitted applications based on HUD and CoC priorities and guidelines.

Below are the results for your project(s):

Tier	Sub/Grantee	Project	New/Renewal	Amount
Tier 1	Quest	Quest 35 S+CR	renewal	$309,316.00
Tier 1	Quest	Quest Communities PH15	renewal	$230,973.00
Tier 1	Quest	Quest Village II	renewal	$278,566.00
Tier 1	Quest	Quest Communities PH25	renewal	$339,714.00

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While we are in the homestretch of this application process, there are still several things that need to be completed. The next steps include:

- We continue to work on the CoC application and related materials. As I've mentioned, the supplemental questionnaires will hopefully provide us with the information we need, but there may be information that we request from you, but I will let you know.
- Partners for Home, as the Atlanta CoC Collaborative Applicant, will post and submit the full HUD application (CoC Application and CoC Priority Listing, which will include the esnaps project applications to HUD) no later than September 28, 2017 (hopefully by September 16)!

Thanks, again, for working with us on this. If you have any questions, please let me know!

Have a great holiday weekend!

Amy Zaremba
Deputy Director
Programs and Grants Management
Partners for HOME
Atlanta Homeless CoC

Zaremba, Amy M.

PCCI - 2018 HUD CoC NOFA - Atlanta CoC Project Ranking

Zaremba, Amy M.

Sent: Fri 8/31/2018 3:06 PM

To: 'ahuff@pccihome.org'; 'hollybills@pccihome.org'; 'jevans@pccihome.org'; 'mschuelke@pccihome.org'; 'nzimmermann@pccihome.org'

Good afternoon-

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Tier	Sub/Grantee	Project	New/Renewal	Amount
Tier 1	PCCI	PCCI Rapid Re-Housing City of Atlanta	renewal	$415,373.00

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Thanks, again, for working with us on this. If you have any questions, please let me know!

Have a great holiday weekend!

Amy Zaremba
Deputy Director
Programs and Grants Management
Partners for HOME
Atlanta Homeless CoC
amzaremba@atlantaga.gov
(404) 865-8859

PARTNERS FOR

Zaremba, Amy M.

Partners for HOME - 2018 HUD CoC NOFA - Atlanta CoC Project Ranking

Zaremba, Amy M.

Sent: Fri 8/31/2018 3:06 PM

To: Marchman, Cathryn F. (CFMarchman@AtlantaGa.Gov); Williams, Ashley S.

Good afternoon-

On Wednesday, August 30, 2018, the Governing Council met and voted on the 2018 Priority Listing for the Atlanta CoC. This was proposed by the Ranking and Review Committee who reviewed, scored, and ranked all the submitted applications based on HUD and CoC priorities and guidelines.

Below are the results for your project(s):

Tier	Sub/Grantee	Project	New/Renewal	Amount	
Tier 1	Partners for HOME	IC PSH	new renewal	$328,305.00	
Tier 1	Partners for HOME	Atlanta HMIS	median n/a	$289,884.00	
Tier 1	Partners for HOME	Coordinated Entry	median n/a	$140,000.00	
Tier 1	Partners for HOME	TBRA PSH	new	$7,922.00	split tiers
Tier 2	Partners for HOME	TBRA PSH	new	$477,640.00	split tiers

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Have a great holiday weekend!

Amy Zaremba
Deputy Director

Zaremba, Amy M.

PADV - 2018 HUD CoC NOFA - Atlanta CoC Project Ranking

Zaremba, Amy M.

Sent: Fri 8/31/2018 3:06 PM

To: 'katha.blackwell@padv.org'; 'nancy.friauf@padv.org'; 'pat.sheppard@padv.org'

Good afternoon-

On Wednesday, August 30, 2018, the Governing Council met and voted on the 2018 Priority Listing for the Atlanta CoC. This was proposed by the Ranking and Review Committee who reviewed, scored, and ranked all the submitted applications based on HUD and CoC priorities and guidelines.

Below are the results for your project(s):

Tier	Sub/Grantee	Project	New/Renewal	Amount
Tier 1	PADV	PADV PH Project - City of Atlanta	renewal	$171,986.00
Tier 2	PADV	PADV RRH 2	new	$155,912.00

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Atlanta Homeless CoC
amzaremba@atlantaga.gov
(404) 865-8859

Zaremba, Amy M.

Action - 2018 HUD CoC NOFA - Atlanta CoC Project Ranking

Zaremba, Amy M.

Sent: Fri 8/31/2018 3:06 PM

To: 'kellis@actionministries.net'; 'mnesbitt@actionministries.net'; 'sbolling@actionministries.net'

Good afternoon-

On Wednesday, August 30, 2018, the Governing Council met and voted on the 2018 Priority Listing for the Atlanta CoC. This was proposed by the Ranking and Review Committee who reviewed, scored, and ranked all the submitted applications based on HUD and CoC priorities and guidelines.

Below are the results for your project(s):

Tier	Sub/Grantee	Project	New/Renewal	Amount
Tier 1	Action	Atlanta RRH	first yr renewal	$77,964.00

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Programs and Grants Management
Partners for HOME
Atlanta Homeless CoC
amzaremba@atlantaga.gov
(404) 865-8859

PARTNERS FOR

Zaremba, Amy M.

Chris 180 - - 2018 HUD CoC NOFA - Atlanta CoC Project Ranking

Zaremba, Amy M.

Sent: Fri 8/31/2018 3:06 PM

To: 'cindy.simpson@chris180.org'; 'selima.morrow@chris180.org'; 'veronica.kulon@chris180.org'

Good afternoon-

On Wednesday, August 30, 2018, the Governing Council met and voted on the 2018 Priority Listing for the Atlanta CoC. This was proposed by the Ranking and Review Committee who reviewed, scored, and ranked all the submitted applications based on HUD and CoC priorities and guidelines.

Below are the results for your project(s):

Tier	Sub/Grantee	Project	New/Renewal	Amount
Tier 1	Chris 180	Changing Directions Through Collaboration	first yr renewal	$345,000.00

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Programs and Grants Management
Partners for HOME
Atlanta Homeless CoC
amzaremba@atlantaga.gov
(404) 865-8859

Caring Works - 2018 HUD CoC NOFA - Atlanta CoC Project Ranking

Zaremba, Amy M.

Sent: Fri 8/31/2018 3:06 PM

To: 'shawnwilliams@caringworksinc.org'; 'barbarapeters@caringworksinc.org'; 'carolcollard@caringworksinc.org'; 'dominicjohnson@caringworksinc.org'; 'scottwalker@caringworksinc.org'

Good afternoon-

On Wednesday, August 30, 2018, the Governing Council met and voted on the 2018 Priority Listing for the Atlanta CoC. This was proposed by the Ranking and Review Committee who reviewed, scored, and ranked all the submitted applications based on HUD and CoC priorities and guidelines.

Below are the results for your project(s):

Tier	Sub/Grantee	Project	New/Renewal	Amount
Tier 1	*Caring Works*	*Caring Works ATL S+CR*	*renewal*	*$98,507.00*
Tier 1	*Caring Works*	*Caring Works ATL S+CR2*	*renewal*	*$98,507.00*
Tier 1	Caring Works	Caring Works ATL S+CR2 (consolidation)	renewal/consolidation	$197,014.00
Tier 1	Caring Works	CaringWorks RISE Atlanta	renewal	$696,822.00
Tier 1	Caring Works	Caring Works Rise II	new renewal	$224,141.00
Tier 1	Caring Works	Shamrock SHP	renewal	$193,367.00

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Have a great holiday weekend!

Amy Zaremba

Travelers Aid - 2018 HUD CoC NOFA - Atlanta CoC Project Ranking

Zaremba, Amy M.

Sent: Fri 8/31/2018 3:06 PM

To: 'bbetts@hopeatlanta.org'; TRAVELERSAID; 'fstewart@hopeatlanta.org'

Good afternoon-

On Wednesday, August 30, 2018, the Governing Council met and voted on the 2018 Priority Listing for the Atlanta CoC. This was proposed by the Ranking and Review Committee who reviewed, scored, and ranked all the submitted applications based on HUD and CoC priorities and guidelines.

Below are the results for your project(s):

Tier	Sub/Grantee	Project	New/Renewal	Amount
Tier 1	Travelers Aid (Hope Atlanta)	Atlanta PSH 2017	renewal	$296,694.00

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Partners for HOME
Atlanta Homeless CoC
amzaremba@atlantaga.gov
(404) 865-8859

GHFA - - 2018 HUD CoC NOFA - Atlanta CoC Project Ranking

Zaremba, Amy M.

Sent: Fri 8/31/2018 3:07 PM

To: Kate Tettamant (Kate.Tettamant@dca.ga.gov); 'Libby Tyre'; 'Jeanette Pollock'; Danielle Jordan

Good afternoon-

On Wednesday, August 30, 2018, the Governing Council met and voted on the 2018 Priority Listing for the Atlanta CoC. This was proposed by the Ranking and Review Committee who reviewed, scored, and ranked all the submitted applications based on HUD and CoC priorities and guidelines.

Below are the results for your project(s):

Tier	Applicant Agency	Sub/Grantee	Project	New/Renewal	Amount
Tier 1	Georgia Housing and Finance Authority	3Keys	Presley Woods S+CR - 3Keys	renewal	$167,166.00
Tier 1	Georgia Housing and Finance Authority	3Keys	Phoenix House S+CR - 3Keys	renewal	$231,651.00
Tier 1	Georgia Housing and Finance Authority	3Keys	Welcome House S+CR- 3Keys	renewal	$351,631.00
Tier 1	*Georgia Housing and Finance Authority*	*Caring Works*	*Caring Works ATL S+CR*	*renewal*	*$98,507.00*
Tier 1	*Georgia Housing and Finance Authority*	*Caring Works*	*Caring Works ATL S+CR2*	*renewal*	*$98,507.00*
Tier 1	Georgia Housing and Finance Authority	Caring Works	Caring Works ATL S+CR2 (consolidation)	renewal/consolidation	$197,014.00
Tier 1	Georgia Housing and Finance Authority	Families First	Families First S+CR	renewal	$206,010.00
Tier 1	Georgia Housing and Finance Authority	Families First	Families First S+CR2	renewal	$243,252.00
Tier 1	Georgia Housing and Finance Authority	GRO	Georgia Rehabilitation Outreach S+CR	renewal	$227,278.00
Tier 2	Georgia Housing and Finance Authority	GRO	Georgia Rehabilitation Outreach S+CR2	renewal	$211,444.00
Tier 1	Georgia Housing and Finance Authority	Partners for HOME	Atlanta HMIS	median n/a	$289,884.00
Tier 1	Georgia Housing and Finance Authority	Quest	Quest 35 S+CR	renewal	$309,316.00
Tier 1	Georgia Housing and Finance Authority	URDC	URDC S+C	renewal	$132,496.00

(I emailed the S+C subgrantees separately. I hope that is okay.)

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Covenant House - - 2018 HUD CoC NOFA - Atlanta CoC Project Ranking

Zaremba, Amy M.

Sent: Fri 8/31/2018 3:06 PM

To: 'lcuria@covenanthouse.org'

Good afternoon-

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Below are the results for your project(s):

Tier	Sub/Grantee	Project	New/Renewal	Amount
Tier 1	Covenant House	Pathways to Independence	new	$143,217.00

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Atlanta Homeless CoC
amzaremba@atlantaga.gov
(404) 865-8850

3 Keys - 2018 HUD CoC NOFA - Atlanta CoC Project Ranking

Zaremba, Amy M.

Sent: Fri 8/31/2018 3:07 PM

To: 'dschultz@the3keys.org'; 'kdutton@the3keys.org'; 'ssmith@the3keys.org'; 'pdurrett@the3keys.org'

Good afternoon-

On Wednesday, August 30, 2018, the Governing Council met and voted on the 2018 Priority Listing for the Atlanta CoC. This was proposed by the Ranking and Review Committee who reviewed, scored, and ranked all the submitted applications based on HUD and CoC priorities and guidelines.

Below are the results for your project(s):

Tier	Sub/Grantee	Project	New/Renewal	Amount
Tier 1	3Keys	Presley Woods S+CR - 3Keys	renewal	$167,166.00
Tier 1	3Keys	Phoenix House S+CR - 3Keys	renewal	$231,651.00
Tier 1	3Keys	B2H Renewal Application	renewal	$200,074.00
Tier 1	3Keys	Welcome House S+CR- 3Keys	renewal	$351,631.00
Tier 1	3Keys	A Way Home 2015 Renewal	renewal	$173,320.00

The full final listing that was approved and will be included in the Atlanta CoC application to HUD will be posted on the Partners for HOME website.

As noted in earlier materials, this was a competitive process within the CoC. And, it is still competitive among all other CoCs nationwide. While we are hopeful that the Atlanta CoC application will score high enough for all Tier 1 and Tier 2 projects to be funded, HUD makes all final funding determinations and inclusion in the CoC application to HUD does not guarantee funding.

While we are in the homestretch of this application process, there are still several things that need to be completed. The next steps include:

- We continue to work on the CoC application and related materials. As I've mentioned, the supplemental questionnaires will hopefully provide us with the information we need, but there may be information that we request from you, but I will let you know.

- Partners for Home, as the Atlanta CoC Collaborative Applicant, will post and submit the full HUD application (CoC Application and CoC Priority Listing, which will include the esnaps project applications to HUD) no later than September 28, 2017 (hopefully by September 16)!

Thanks, again, for working with us on this. If you have any questions, please let me know!

Have a great holiday weekend!

Amy Zaremba
Deputy Director

Zaremba, Amy M.

From: Zaremba, Amy M.
Sent: Friday, August 31, 2018 3:06 PM
To: 'cbaker@stepuponsecond.org'
Cc: Zaremba, Amy M.
Subject: Step Up - 2018 HUD CoC NOFA - Atlanta CoC Project Update

Good afternoon-

On Wednesday, August 29, 2018, the Governing Council met and voted on the 2018 Priority Listing for the Atlanta CoC. This was proposed by the Ranking and Review Committee who reviewed, scored, and ranked all the submitted applications based on HUD and CoC priorities and guidelines.

Due to the number of applications and the Atlanta CoC Annual Renewal Demand, which is the amount of funding available that the CoC can apply for, not all projects were able to be included on the list.

The following project(s) submitted by your agency were not included in the listing:

Agency	Project Name	Reason for Not Being Included
Step UP	Step Up Atlanta	This project was not as strong as other new projects and therefore did not score as well. The ranking of the project fell below the amount of funding that was available to the Atlanta CoC.

Although this project did not score high enough to be ranked on the 2018 Atlanta CoC Priority Listing, the Rank and Review Committee and Governing Council were encouraged by the potential of the agency and felt that with a bit more research on the make-up of the Atlanta homeless and housing community, the agency would have a solid proposal. The Committee recommends that the agency establishes a presence in the community and continue to apply for upcoming funding opportunities.

The full final listing that was approved and will be included in the Atlanta CoC application to HUD will be posted on the Partners for HOME website.
Thanks, and if you have any questions, please let me know.

Have a great day!

Amy Zaremba
Deputy Director
Programs and Grants Management
Partners for HOME
Atlanta Homeless CoC
amzaremba@atlantaga.gov
(404) 865-8859

PARTNERS FOR HOME

Zaremba, Amy M.

From: Zaremba, Amy M.
Sent: Friday, August 31, 2018 3:05 PM
To: 'derekd@tcmatlanta.org'
Cc: Zaremba, Amy M.
Subject: Trinity Community Ministries - 2018 HUD CoC NOFA - Atlanta CoC Project Update

Good afternoon-

As discussed on the phone on Wednesday, August 29, 2018, the Trinity Community Ministries PSH project, Trinity Living, was not included in the rank and review process for the 2018 HUD CoC NOFA because the application deadline was not met and several application attachments were not provided.

As mentioned, this does not affect the grant that was awarded in the 2017 HUD CoC NOFA process, which would begin in 2018 and end in 2019. As long as you execute that contract with HUD, your project should continue to have that funding through your 2019 end date.

Since the project is still funded through 2019, it is expected that Trinity be compliant with all CoC requirements. This includes, but is not limited to:

- Attending CoC meetings and mandatory trainings; and
- Submitting all project vacancies and filling all vacancies with referrals from Coordinated Entry within ClientTrack.

As the Atlanta CoC NOFA policy states:

> In accordance with 24 CFR part 578 and the NOFA, applicants have the right to appeal if they believe that they were improperly denied the right to participate in the CoC planning process in a reasonable manner; were improperly denied or decreased funding; or were improperly denied a Certification of Consistency from the local government with the Consolidated Plan. The appeal must be carried out as outlined in the NOFA.

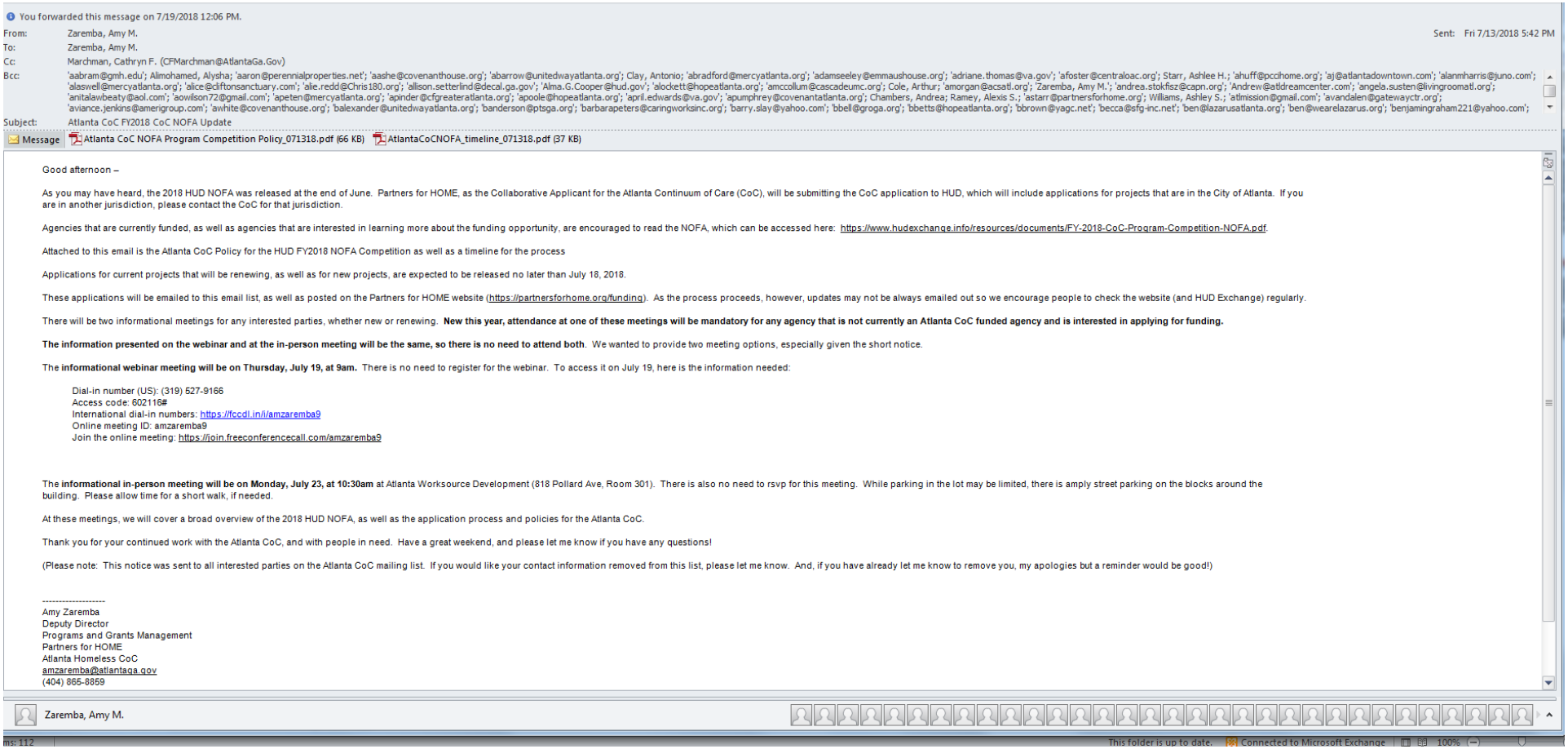
The full final listing that was approved and will be included in the Atlanta CoC application to HUD will be posted on the Partners for HOME website.
Thanks, and if you have any questions, please let me know.

Have a good day!

Amy Zaremba
Deputy Director
Programs and Grants Management
Partners for HOME
Atlanta Homeless CoC
amzaremba@atlantaga.gov
(404) 865-8859

PARTNERS FOR HOME

Email to CoC list (400+ members) regarding local CoC process, including timeline, scoring, ranking and other and policy attachments, notice of information meetings, and reference to PFH website, where all materials will be posted – sent 7/13/18



You forwarded this message on 7/19/2018 12:06 PM.

From: Zaremba, Amy M. Sent: Fri 7/13/2018 5:42 PM

To: Zaremba, Amy M.

Cc: Marchman, Cathryn F. (CFMarchman@AtlantaGa.Gov)

Bcc: 'aabram@gmh.edu'; Alimohamed, Alysha; 'aaron@perennialproperties.net'; 'aashe@covenanthouse.org'; 'abarrow@unitedwayatlanta.org'; Clay, Antonio; 'abradford@mercyatlanta.org'; 'adamseeley@emmaushouse.org'; 'adriane.thomas@va.gov'; 'afoster@centraloac.org'; Starr, Ashlee H.; 'ahuff@pccihome.org'; 'aj@atlantadowntown.com'; 'alanmharris@juno.com'; 'alaswell@mercyatlanta.org'; 'alice@cliftonsanctuary.com'; 'alie.redd@Chris180.org'; 'allison.setterlind@decal.ga.gov'; 'Alma.G.Cooper@hud.gov'; 'alockett@hopeatlanta.org'; 'amccollum@cascadeumc.org'; Cole, Arthur; 'amorgan@acsatl.org'; 'Zaremba, Amy M.'; 'andrea.stokfisz@capn.org'; 'Andrew@atldreamcenter.com'; 'angela.susten@livingroomatl.org'; 'anitalawbeaty@aol.com'; 'aowilson72@gmail.com'; 'apeten@mercyatlanta.org'; 'apinder@cfgreateratlanta.org'; 'apoole@hopeatlanta.org'; 'april.edwards@va.gov'; 'apumphrey@covenantatlanta.org'; Chambers, Andrea; Ramey, Alexis S.; 'astarr@partnersforhome.org'; Williams, Ashley S.; 'atlmission@gmail.com'; 'avandalen@gatewayctr.org'; 'aviance.jenkins@amerigroup.com'; 'awhite@covenanthouse.org'; 'balexander@unitedwayatlanta.org'; 'banderson@ptsga.org'; 'barbarapeters@caringworksinc.org'; 'barry.slay@yahoo.com'; 'bbell@groga.org'; 'bbetts@hopeatlanta.org'; 'bbrown@yagc.net'; 'becca@sfg-inc.net'; 'ben@lazarusatlanta.org'; 'ben@wearelazarus.org'; benjamingraham221@yahoo.com';

Subject: Atlanta CoC FY2018 CoC NOFA Update

Message | Atlanta CoC NOFA Program Competition Policy_071318.pdf (66 KB) | AtlantaCoCNOFA_timeline_071318.pdf (37 KB)

Good afternoon –

As you may have heard, the 2018 HUD NOFA was released at the end of June. Partners for HOME, as the Collaborative Applicant for the Atlanta Continuum of Care (CoC), will be submitting the CoC application to HUD, which will include applications for projects that are in the City of Atlanta. If you are in another jurisdiction, please contact the CoC for that jurisdiction.

Agencies that are currently funded, as well as agencies that are interested in learning more about the funding opportunity, are encouraged to read the NOFA, which can be accessed here: https://www.hudexchange.info/resources/documents/FY-2018-CoC-Program-Competition-NOFA.pdf.

Attached to this email is the Atlanta CoC Policy for the HUD FY2018 NOFA Competition as well as a timeline for the process

Applications for current projects that will be renewing, as well as for new projects, are expected to be released no later than July 18, 2018.

These applications will be emailed to this email list, as well as posted on the Partners for HOME website (https://partnersforhome.org/funding). As the process proceeds, however, updates may not be always emailed out so we encourage people to check the website (and HUD Exchange) regularly.

There will be two informational meetings for any interested parties, whether new or renewing. **New this year, attendance at one of these meetings will be mandatory for any agency that is not currently an Atlanta CoC funded agency and is interested in applying for funding.**

The information presented on the webinar and at the in-person meeting will be the same, so there is no need to attend both. We wanted to provide two meeting options, especially given the short notice.

The **informational webinar meeting will be on Thursday, July 19, at 9am.** There is no need to register for the webinar. To access it on July 19, here is the information needed:

Dial-in number (US): (319) 527-9166
Access code: 602116#
International dial-in numbers: https://fccdl.in/i/amzaremba9
Online meeting ID: amzaremba9
Join the online meeting: https://join.freeconferencecall.com/amzaremba9

The **informational in-person meeting will be on Monday, July 23, at 10:30am** at Atlanta Worksource Development (818 Pollard Ave, Room 301). There is also no need to rsvp for this meeting. While parking in the lot may be limited, there is amply street parking on the blocks around the building. Please allow time for a short walk, if needed.

At these meetings, we will cover a broad overview of the 2018 HUD NOFA, as well as the application process and policies for the Atlanta CoC.

Thank you for your continued work with the Atlanta CoC, and with people in need. Have a great weekend, and please let me know if you have any questions!

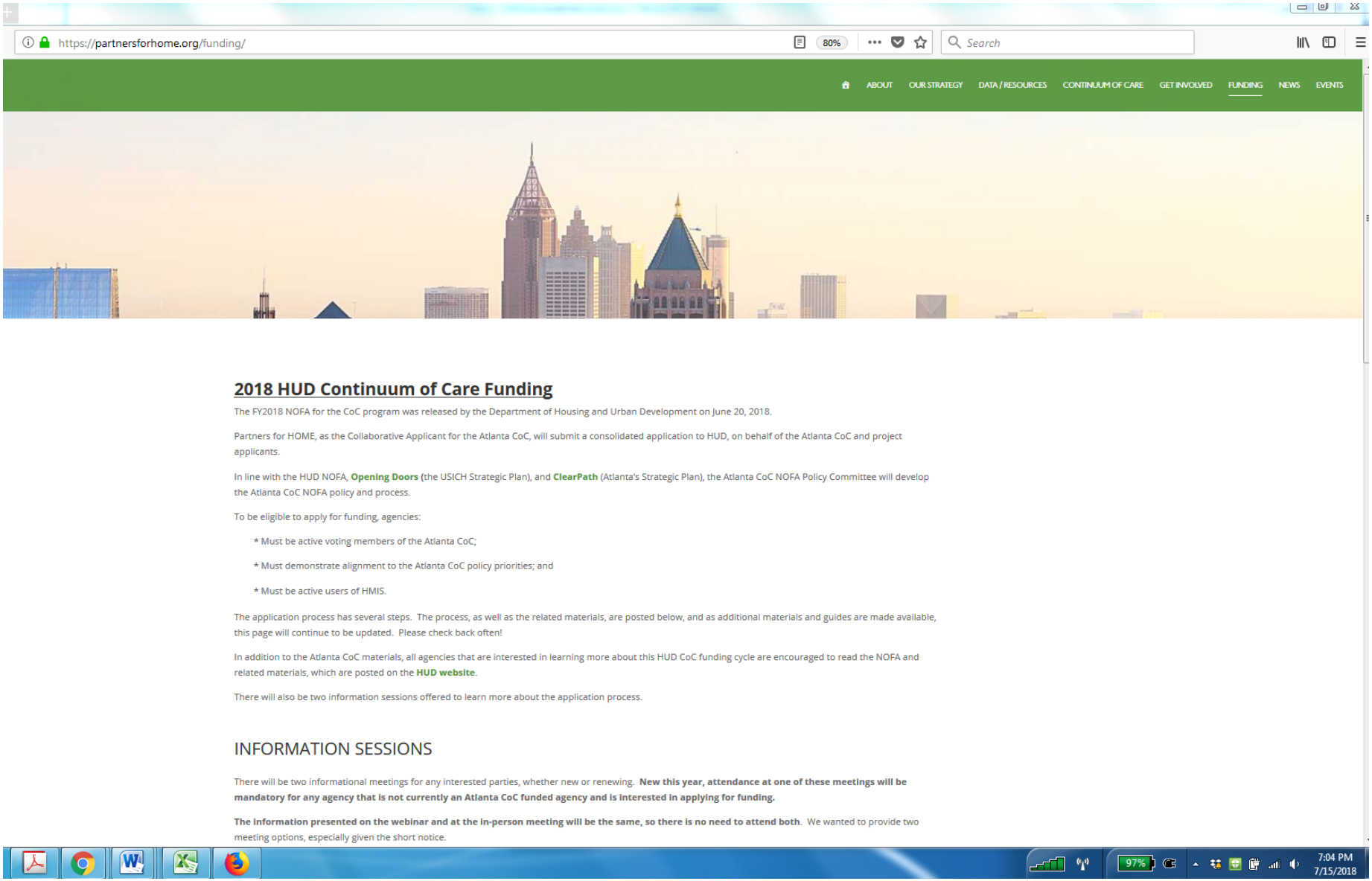
(Please note: This notice was sent to all interested parties on the Atlanta CoC mailing list. If you would like your contact information removed from this list, please let me know. And, if you have already let me know to remove you, my apologies but a reminder would be good!)

Amy Zaremba
Deputy Director
Programs and Grants Management
Partners for HOME
Atlanta Homeless CoC
amzaremba@atlantaga.gov
(404) 865-8859

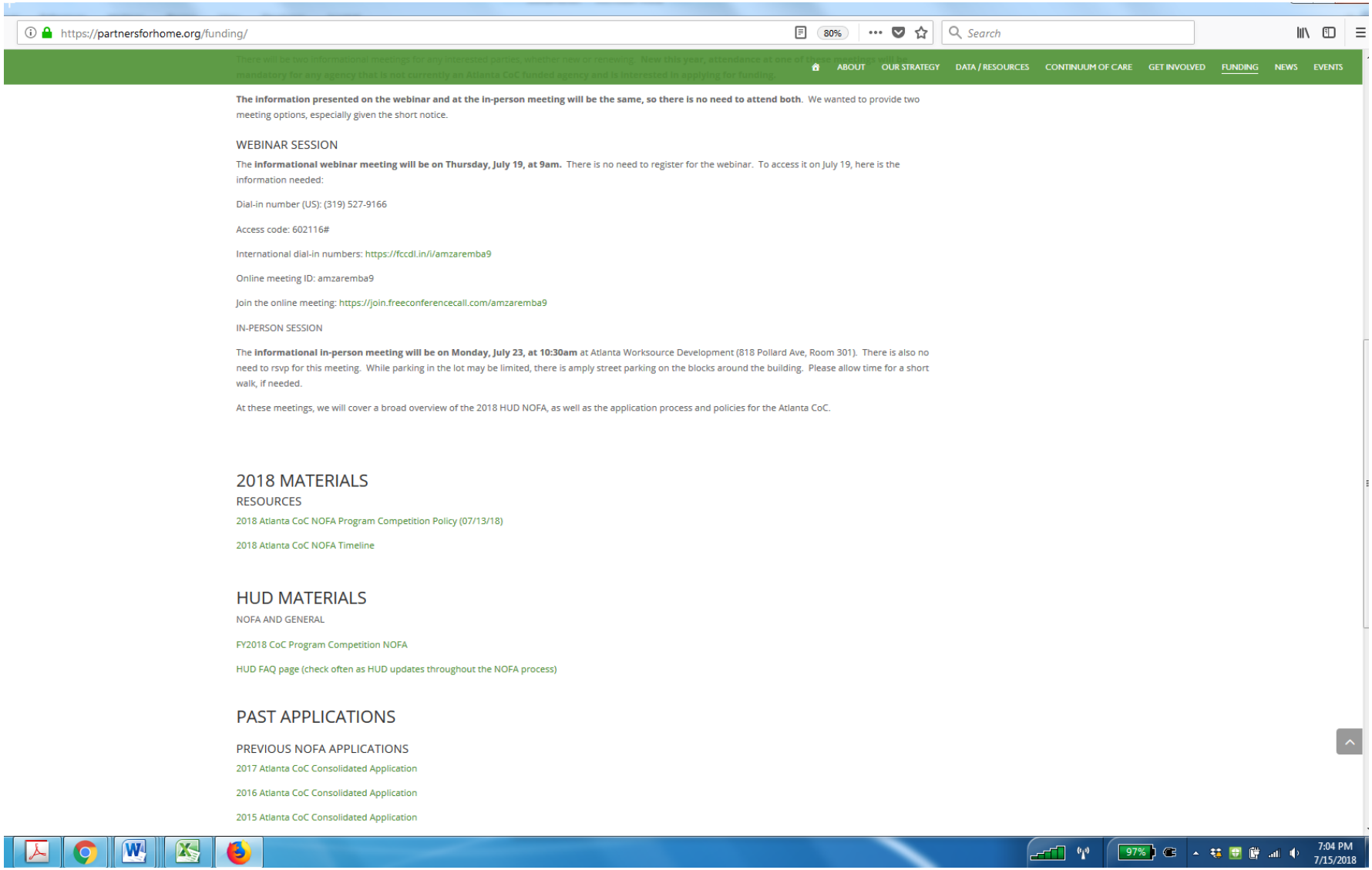
Zaremba, Amy M.

ms: 112 This folder is up to date. Connected to Microsoft Exchange 100%

Top half of website screenshot showing initial info posted about CoC process and materials – posted 7/15/18



Bottom half of website screenshot showing info posted about CoC process and materials – posted 7/15/18 - including timeline



2018 HUD NOFA
City of Atlanta CoC Timeline

Action	Date
NOFA Released	June 22, 2018
2016-2017 and 2017-2018 HMIS Data Pull	No earlier than July 5, 2018
Governing Council Approve Policy and Rank & Review Members	July 13, 2018
NOFA Policy Committee Meeting to Approve Policy and Application Process	July 13, 2018
Policy and Applications Released	No later than July 18, 2018
Interested Parties Meeting/Webinar (Mandatory for new applicants)	July 19 (webinar) and July 23 (in person)
Review Applications Due	August 3, 2018, 4pm
E-snaps Drafts Due	August 17, 2018, 4pm
Ranking and Review Process Meeting	Week of July 30, 2018
Applications Available for Ranking and Review	August 6, 2018
Ranking and Review Scores Due	August 20, 2018
Ranking and Review Score Review and Ranking Meeting	August 22, 10am – 1pm
E-snaps Feedback Provided to Applicants	No later than August 22, 2018
Preliminary Data Scores Released to Applicants to Review/Appeal	No later than August 24, 2018
Deadline for Applicants to Appeal Preliminary Data Score	August 27, 2018, 12noon
Ranking and Review Appeal Call (if necessary)	August 27, 2018
Governing Council Meeting to Approve Final Ranking	August 29, 2018, 10am
Final *E-snaps* Applications Due	August 31, 2018
Applicants Notified of inclusion in CoC Application	No later than September 3, 2018
Publish CoC Application, Priority Listing, and All Attachments	No later than September 16, 2018 (or two days before submitted)
Notify Stakeholders/Community/Applicants that Everything is Published	No later than September 16, 2018 (or two days before submitted)
NOFA Submission	No later than September 18, 2018
Reply to any Solo Applicant	30 days after CoC gets notice from solo applicant

GOVERNANCE CHARTER OF THE ATLANTA HOMELESS CONTINUUM-OF-CARE

Excerpt from Atlanta CoC Charter indicating role to designate HMIS Lead

Purpose

The Atlanta Homeless Continuum-of-Care (AHCoC) serves the needs of vulnerable homeless and potentially homeless populations in the City of Atlanta. The AHCoC sets system-wide policies, develops and implements standards and provides planning oversight to support the goal of ending homelessness. The AHCoC functions as the recognized authority for the US Department of Housing and Urban Development (HUD) Homeless Assistance Continuum-of-Care (CoC) funding for the City of Atlanta.

The AHCoC's purposes include:

- Promoting community-wide planning and implementation to end homelessness
- Coordinating providers, State and Local Government to re-house homeless individuals and families
- Accessing resources, including the application for funding in the annual HUD Homeless Assistance Continuum-of-Care Grants competition and leveraging mainstream resources
- Driving performance across system
- Ensuring compliance with HUD regulations and assigned Continuum-of-Care responsibilities, including alignment with Federal and local priorities

Governance: The AHCoC is governed by the Atlanta Homeless Continuum-of-Care Governing Council (the Governing Council), a voluntary policymaking body chartered by the City of Atlanta and approved by the AHCoC membership, to sanction the decisions of the AHCoC, in accordance with all applicable laws.

Membership: The AHCoC membership is a voluntary association of representatives of leadership, service and advocacy organizations related to Atlanta's homeless population, or individuals who live or work in the City of Atlanta that are homeless, formerly homeless and/or who demonstrate a personal commitment to ending homelessness in the City of Atlanta. These members commit to the goals of the AHCoC, as set by the Governing Council.

- *o* Designating the collaborative applicant and overseeing /approving HUD annual Notice of Funds Available (NOFA) process;
- *o* Contracting with 501(c)3 for AHCoC operational implementation via a performance-based contract with an annual assessment of performance; and
- *o* Designating and operating a Homeless Management Information System (HMIS) in compliance with HUD requirements, including designating an HMIS lead, ensuring consistent participation in HMIS, and establishing HMIS policies and procedures, privacy plan, security plan and data quality plan

The Continuum-of-Care membership conducts its work via committees structured by the Governing Council, to recommend decisions to the Governing Council for approval. The committees will:

- Propose policies, standards and system-wide procedural decisions that improve NOFA outcomes for application;
- Recommend and support implementation as needed of funding priorities, policy standards, HMIS standards, performance standards;
- Participate in the development and support the implementation of the Strategic Plan; and
- Ratify Governing Council elected positions

Governing Council

Authority: The Governing Council has the authority to act on behalf of the Continuum-of-Care., including the designation of the AHCoC collaborative applicant, administrative and fiscal agent(s) and HMIS lead. It is not a legal entity. Its authority is granted by HUD mandate, City of Atlanta ordinance and ratification of elected positions by the AHCoC membership.

Responsibilities: Governing Council members shall act in the best interest of the goal of ending homelessness in Atlanta.

Excerpt from HMIS Bylaws listing out roles and responsibilites

GA HMIS BY-LAWS 2018

Section III: Responsibilities

Responsibilities of the Continua of Care

Each CoC listed in Section I has agreed to participate in the statewide HMIS implementation through a Memoranda of Agreement (MOA) with DCA on behalf of the GHFA, and has agreed to collaboratively govern HMIS through these by-laws. The responsibilities listed below will be carried out in accordance with each CoC's governing processes. At a minimum, each CoC agrees to carry out the following responsibilities:

- Adopt and/or re-affirm adoption of these by-laws and participate in an annual review and request updates to these by-laws;
- Appoint two voting members, in writing, as specified in Section IV, to serve on the GA HMIS Steering Committee to provide oversight of the implementation and represent the Continuum in GA HMIS decision-making;
- Accept the HMIS software chosen by the GA HMIS Collaborative as the designated software for its Continuum;
- Designate the HMIS Lead chosen by the GA HMIS Collaborative to manage the Continuum's HMIS and apply for/receive HUD HMIS funding on behalf of their CoC;
- Require that all agencies and users in their respective CoC jurisdiction comply with the GA HMIS policies and procedures of the GA HMIS Collaborative;
- Ensure that service providers in their respective CoC jurisdiction adequately meet the minimum HMIS participation requirements as established by the GA HMIS Steering Committee;
- Designate at least one user in the CoC to be a CoC HMIS Administrator, who would be authorized to have administrative-level access to the data for the specific CoC for purposes of providing oversight and user support, as well as to monitor agency compliance with Federal Data Standards;
- Direct all requests and concerns to the HMIS Lead, including, but not limited to, software vendor management, HMIS enhancements, system errors, and project status to allow the HMIS Lead to more efficiently manage communications and centralize feedback and input across all participating CoCs;
- Require that participating agency users meet the minimum training requirements established by the GA HMIS Steering Committee;
- Participate in the commitment of funding the implementation of the GA HMIS project;
- Ensure HMIS privacy and security protocols are integrated into agency policies and practices;
- Conduct ongoing data analysis and evaluation to help drive planning and funding decisions; and
- Prepare, review, and submit all HUD required Continuum-level reports (i.e., Housing Inventory Chart, Point in Time Count, Annual Homeless Assessment Report, and System Performance Measures) with support from the HMIS Lead.

CoCs may individually identify additional priorities, policies, procedures, and requirements for their respective CoC, so long as no conflict is created with the priorities, policies, procedures, and requirements created by the GA HMIS Steering Committee under authority of these by-laws, and provided they assume the burden of enforcing any additional requirements.

Responsibilities of the HMIS Lead

The HMIS Lead agrees, at a minimum, to carry out the following responsibilities to the best of its ability:

Project Management

- Oversee the day-to-day operations and management of the GA HMIS;
- Enter into an Memorandum of Agreement with each CoC for the provision of HMIS services;
- Obtain and maintain GA HMIS Participation Agreements with all participating agencies and users;
- Administer HUD HMIS awards for all Continua participating in the GA HMIS Collaborative, in accordance with the MOAs between GHFA and these jurisdictions and in concert with these by-laws;
- Provide staff support for GA HMIS Steering Committee meetings;
- Develop and maintain a process for the Committee to submit, track, review, and approve requests for system enhancements and development projects; and
- Develop and maintain a tracking and communication process that will allow the Committee to stay informed about vendor activities related to compliance, enhancements, bug fixes, and new development projects.
- Develop a process for software development request.

System Functionality

- Enter into a formal contractual relationship with the GA HMIS vendor that outlines the requirements and responsibilities of the vendor, including those required by HUD and its Federal partners through its data and technical standards, rules, notices, etc.;
- Monitor the vendor's software system for compliance with all current data and technical standards, statute, regulation, and notices;
- Monitor the vendor's software system for compliance with any other required standards set by other federal partner and state programs that require HMIS use;
- Provide assistance to the GA HMIS Collaborative that the GA HMIS Steering Committee deems necessary to ensure that the comparable database used statewide by Victim Service Providers meets the minimum standards set forth by HMIS regulations and notices;
- Monitor that the software vendor provides reasonable development timeframes, provides CoCs with the ability to produce all HUD required reports, including related reports needed to assess data quality, timeliness, and completeness; and,
- Provide CoC Administrators, the CoC-identified user who is authorized to have administrative-level access to the data in a specific CoC for purposes of providing oversight and user support with tools necessary to monitor agency compliance with Federal Data Standards, including reports and access to raw agency data; and
- Ensure that the software continues to meet the needs of the GA HMIS Collaborative.

Policies and Procedures

- Develop and maintain GA HMIS Policies and Procedures in accordance with HUD requirements and notices and CoC needs for approval by the GA HMIS Steering Committee;
- Develop and maintain a privacy plan, security plan, and data quality plan for the HMIS in accordance with HUD requirements for approval by the GA HMIS Steering Committee; As specified by MOA with each CoC, assist CoCs in monitoring participating agency compliance with security, privacy, and confidentiality policies; and
- Develop minimum general participation and timeliness standards for agencies for approval by the GA HMIS Steering Committee.

Training and Technical Assistance

- Develop minimum training requirements for participating agency users for approval by the GA HMIS Steering Committee;
- Ensure required basic training is available to participating agency staff and accessible on a regular basis;
- Identify and provide additional training that may be needed to ensure good data quality for HUD and the federal partners;
- Ensure technical assistance and help desk support is available and accessible to participating agencies on a regular basis; and
  Ensure CoCs have access to reports, technical assistance, and training required to develop a data quality improvement plan when necessary.

Responsibilities of the GA HMIS Steering Committee

Except where stated otherwise in these by-laws, the GA HMIS Steering Committee has authority on all matters regarding HMIS and is responsible for providing oversight of the HMIS implementation, and for providing counsel, guidance, and assistance to the staff members, governing bodies, and contributing providers within each of the eight (8) participating CoCs. The Steering Committee agrees, at a minimum, to carry out the following responsibilities to the best of its ability:

- Participate in decision making and approve system-wide priorities, policies, protocols, procedures, and other requirements needed to implement the GA HMIS, including but not limited to Standard Operating Procedures, privacy policies, security policies, data quality standards, timeliness standards, and provide input and direction to the HMIS Lead;
- Collaborate on goals and objectives that support shared HMIS activities;
- Disseminate information to the respective CoCs about GA HMIS, the Steering Committee, and HMIS Lead activities, policies, procedures, and training;
- Provide counsel, guidance, and assistance to HMIS staff within their respective CoC;
- Identify, develop, and implement strategies for improving HMIS coverage and data quality throughout the geographic region of the participating Georgia CoCs;
- Provide support to individual CoCs in their efforts to identify and eliminate potential barriers to the use and improvement of the GA HMIS;

Acknowledgement and Acceptance of GA HMIS Bylaws

The Atlanta Continuum of Care, a member of the Georgia HMIS Collaborative,
(CoC Name)

- Accepts and adopts these Bylaws for the GA HMIS Steering Committee.
- Appoints the following two people to be the CoC representatives on the GA HMIS Steering Committee

CoC Representative

Amy Zavemba, Deputy Director, Partners for HOME
Name/Title | Agency/Company

Collaborative Applisant Staff | amzavemba@atlantaga.gov / azavemba@partnersforhome.org 4186588859
Relationship to CoC | Contact email/phone number

CoC Representative

Ed Powers, Executive Director, Hope Atlanta
Name/Title | Agency/Company

Agency Representative | epowers@hopeatlanta.org/404-817-7070
Relationship to CoC | Contact email/phone number

Cathryn Marchman | [signature]
Printed Name | Signature

C.A. Executive Director | 9/24/17
Authorizing Role for the CoC | Date

MOA and Exhibit A (for updated signatures) - excerpts to show the roles and responsibilities of HMIS Lead and CoC

GA HMIS MOA 2018

This document signifies the Memorandum Of Agreement between the Georgia HMIS Lead and the GA HMIS Collaborative

Term of Agreement and Termination

a. This MOA shall commence from date of execution, as designated by the last date of signature of the parties, and shall require renewal in concurrence with the current grant award term that each CoC utilizes to meet their HMIS grant contribution requirement. This MOA may be terminated sooner by written agreement of both parties or as otherwise permitted under this MOA.

b. A CoC may terminate for convenience its participation in this MOA for any reason at the beginning of the next contract year by giving GHFA six (6) months prior written notice. Written notice of a CoC's intent to withdraw from the GA HMIS Implementation should be sent DCA, c/o HMIS Lead, 60 Executive Park South NE, Atlanta, GA 30329

c. GHFA may terminate for convenience its participation in this MOA for any reason at the beginning of the next contract year by giving the other party eighteen (18) months prior written notice.

d. Parties will work in good faith to resolve material breaches through mediation efforts addressing the cause of the perceived breach. In the event that amenable resolution cannot be reached in the event of material breach, either party may terminate this MOA upon written notice to the other party if the other Party materially breaches any term or condition of this MOA and fails to cure such breach within ninety (90) days from the terminating party's provision of written notice.

e. All amendments, additions, deletions, or modifications to this MOA must be mutually agreed upon in writing by the parties. Additionally, such amendments, additions, deletions or modifications are subject to review and approval of the GA HMIS Steering Committee.

Specific Responsibilities of the Parties

Responsibilities of the Continua of Care

Each CoC entering into this MOA agrees to participate in the GA HMIS Implementation with DCA, on behalf of the GHFA, as the designated HMIS Lead Agency. Further, each CoC agrees to collaboratively govern the GA HMIS Collaborative through the By-laws and participation requirements of the GA HMIS Steering Committee.

Governance Commitments

- Collaborative Applicant, agrees to fully participate in the GA HMIS Implementation and follow the By-Laws of the GA HMIS Steering Committee. This shall include, at a minimum, incorporating reference to the GA HMIS Implementation, including GA HMIS Steering Committee participation and adoption of its By-Laws, into local CoC governance documentation. Full compliance with this action requires the following additional commitments from the CoC:
    - Adopt and/or re-affirm adoption of the GA HMIS Steering Committee By-Laws and participate in an annual review and request updates to the By-Laws;
    - Appoint two voting members, in writing, as specified in Section IV of the By-Laws, to serve on the GA HMIS Steering Committee to provide oversight of the Implementation and represent the CoC in GA HMIS Collaborative decision-making;

  - Formalize and document the local process by which representatives to the GA HMIS Steering Committee are appointed and vested with the authority to act on behalf of the CoC on all matters related to the GA HMIS Implementation;
  - Incorporate and follow the standards and processes adopted by the GA HMIS Steering Committee with regards to monitoring HMIS participating agencies as defined in the GA HMIS Implementation's Standard Operating Procedures (SOPs); and
  - Enter into a separate agreement with the HMIS Lead that outlines the CoC Administrator's duties and responsibilities including the scope of access rights and role in addressing request for assistance from users, and provides consequences for non-compliance, as defined in the CoC Agreement.

- GA HMIS Standard Operating Procedures

  Each CoC agrees to comply with:
  - The GA HMIS Standard Operating Procedures;
  - The privacy plan, security plan, and data quality plan for the GA HMIS Collaborative;
  - Compliance monitoring of participating agencies; and

Operational Responsibilities

Each CoC agrees to:

- Enter into a Memorandum of Agreement with DCA, as the HMIS Lead, for the provision of HMIS services;
- Accept the HMIS software, chosen by the GA HMIS Collaborative as the designated software for its CoC;
- Designate DCA as the HMIS Lead to manage the CoC's HMIS and apply for/receive HUD HMIS funding on behalf of its CoC;
- Designate at least one user in the CoC to be a CoC Administrator, who would be authorized to have administrative-level access to the data for the specific CoC for the purposes of providing CoC level oversight and user support, as well as to monitor agency compliance with Federal Data Standards;
- Ensure HMIS participation by participating agencies as established by the GA HMIS Implementation's Standard Operating Procedures of the GA HMIS Collaborative and any additional policies and procedures established by its respective CoC;
- Direct all requests and concerns to the HMIS Lead, including, but not limited to software vendor management, HMIS enhancements, system errors, and project status to allow the HMIS Lead to more efficiently manage communications and centralize feedback and input across all participating CoCs;
- Require that participating agency users meet the minimum training requirements established by the GA HMIS Steering Committee;
- Ensure the commitment of funding for the GA HMIS Implementation;
- Ensure HMIS privacy and security protocols are integrated into participating agency policies and practices;
- Require that all participating agencies and users in the CoC comply with GA HMIS Standard Operating Procedures;
- Conduct ongoing data analysis and evaluation to help drive planning and funding decisions;

- Provide support, as needed to the HMIS Lead, in the preparation of all HUD required applications or reports related to HUD HMIS funding; and
- Prepare, review, and submit all HUD required Continuum-level reports (Annual Homeless Assessment Report, and System Performance Measures) with support from the HMIS Lead.

Responsibilities of the HMIS Lead

The parties designate DCA as the HMIS Lead. DCA agrees, at a minimum, to carry out the following responsibilities to the best of its ability:

Project Management

- Oversee the day-to-day operations and management of the GA HMIS Implementation;
- Enter into a MOA with each CoC for the purpose of enacting the GA HMIS Implementation.
- Obtain and maintain GA HMIS Participation Agreements with all participating agencies and users;
- Administer each CoCs required funding contributions to the GA HMIS Implementation which may include HUD HMIS awards or outside funding as determined by the CoC, in accordance with the MOAs between GHFA and each Collaborative Applicant;
    - The Services in Exhibit A are subject to change based on unforeseen circumstances and/or other factors beyond the control of GHFA and the CoCs. Each CoC hall be reasonably consulted on all budget changes, however, GHFA shall have final authority over final costs and the final scope of the work outlined in this Agreement.
- Provide staff support for GA HMIS Steering Committee;
- Develop and maintain a process for the GA HMIS Steering Committee to submit, track, review, and recommend requests for system enhancements and development projects; and
- Develop and maintain a tracking and communication process that will allow the GA HMIS Steering Committee to stay informed about the activities of the software related to compliance, enhancements, bug fixes, and new development projects.

System Functionality

- Enter into a formal contractual relationship with the software vendor which outlines the requirements and responsibilities of the software vendor, including those required by HUD and its Federal partners through its data and technical standards, statutes, regulations, notices, etc.;
- Ensure that the vendor's software system maintains timely compliance with all relevant current and future data and technical standards, statutes, regulations, and notices;
- Ensure that the vendor's software system maintains timely compliance with any other required standards set by other federal partner and state programs that require HMIS use;
- Ensure that the vendor's software system, within reasonable development timeframes, provides CoCs with the ability to produce all HUD required reports, including related reports needed to assess data quality, timeliness, and completeness; and,
- Provide CoC Administrators with tools necessary to monitor participating agency compliance with Federal Data Standards, including reports and access to raw agency data; and
- Ensure that the vendor's software continues to meet the needs of the GA HMIS Collaborative.

GA HMIS Standard Operating Procedures

- Develop and maintain GA HMIS Standard Operating Procedures in accordance with HUD requirements and notices and CoC needs for approval by the GA HMIS Steering Committee;
- Develop and maintain a privacy plan, security plan, and data quality plan for the participating agencies of the GA HMIS Collaborative in accordance with HUD requirements for approval by the GA HMIS Steering Committee;
- As specified by MOA with each CoC, assist CoCs in monitoring participating agency compliance with security, privacy, and confidentiality policies.

Training and Technical Assistance

- Establish a CoC Admin User Group to engage and encourage support amongst CoC Admins.
- Develop minimum training requirements for participating agency users for approval by the GA HMIS Steering Committee;
- Ensure required basic training is available to participating agency staff and accessible on a regular basis;
- Identify and provide additional training that may be needed to ensure good data quality for HUD and the Federal partners;
- Ensure technical assistance and help desk support is available and accessible to participating agencies on a regular basis; and
- Ensure CoCs have access to reports, technical assistance, and training required to develop a data quality improvement plan when necessary.

General Understandings, provisions

All parties to this MOA, as members of the GA HMIS Collaborative, agree to the general governance provisions set forth by the GA HMIS Steering Committee, as defined by said Committee's By-Laws (Exhibit B).

a. Governance
The GA HMIS Collaborative is governed by the GA HMIS Steering Committee, which will provide oversight and accountability for all GA HMIS Implementation responsibilities in support of the HMIS Lead. The CoC's responsibilities for GA HMIS Implementation oversight and governance are carried out by the GA HMIS Steering Committee, which serves as the implementation and planning body of the GA HMIS Collaborative.

b. HMIS Lead Agency Designation
DCA, on behalf of GHFA, is designated as the HMIS Lead for the GA HMIS Collaborative. The HMIS Lead is responsible for ensuring that the HMIS software is administered according to the regulations and notices promulgated pursuant to the HEARTH Act and other similar, subsequent and applicable federal, state, and local laws and ordinances. The HMIS Lead manages the HMIS operations on behalf of GA HMIS Collaborative' s CoCs and provides HMIS project administration functions including staffing, budget and grant requirements management, as well as providing additional mutually agreed services.

Exhibit A (re MOA) with updated signatures

Exhibit A

(Financial Agreement)

This Agreement is between DCA on behalf of GHFA and Partners for Home/Collaborative Applicant. This agreement addresses the funding obligations required to render Services as identified in this Agreement. The term of this Agreement begins at the beginning of the grant is coterminous with the term designated in the MOA Agreement. Any changes to this Agreement must be approved in writing by both parties.

The Payment Terms for an HMIS or other Funding Source:

Project Name: Atlanta HMIS Renewal Grant No. (If applicable): GA001L4B001608

Grant or funding source Term: 12/1/2017-11/30/2018 Grant/Funding Source Amount: $289,884.00

Amount of Grant Retained by CoC (if applicable): $ 240,957.50

Amount of Grant/Funding source retained by DCA: $48,926.50 HUD HMIS grant (added to a payment of $40,000 other source, to total $88,926.50)

Services:

These funds may be applied to Equipment, Software, Services and Personnel needs that support the GA HMIS Implementation for the GA HMIS Collaborative. This may include but is not limited to programming to enhance the Coordinated Entry process, HMIS Fees, technical assistance, system administration, and training.

Terms and Conditions for HMIS Grant recipients:

Partners for Home agrees to allocate $88,926.50 to GHFA for the GA HMIS Implementation, as specified in the Cost Distribution Agreement that was approved May 25, 2017. This amount includes the one-time payment of $17,000 to cover a previous outstanding balance. Furthermore, the CoC/Collaborative agrees to:

a) Submit quarterly reimbursements by the last day of the quarter as required by HUD. Note: A quarterly review will be conducted by DCA to ensure reimbursement requests indicate a sufficient spend down rate. If by the end of the 3rd quarter the Partners for Home balance of the grant is in excess of 25% of the grant, GHFA reserves the right to reallocate the balance to another applicable activity to address the needs of the overall implementation.

b) Provide documentation of the matching amounts shown in Exhibit A on formats prescribed by GHFA at http://www.dca.ga.gov/housing/specialneeds/programs/documents/HMISReimbursementSummaryforEligibleCostsandDocumentationofMatch.xlsx.

c) Provide annually updated documents required for the Grants Management.

Terms and Conditions for CoC's with other funding sources: N/A

Atlanta CoC/Collaborative Applicant agrees to allocate $88,926.50 total ($48,926.50 HUD HMIS grant and $40,000 other source) to GHFA for the GA HMIS Implementation, as specified in the Cost Distribution Agreement that was approved May 25, 2017. Furthermore, the CoC/Collaborative agrees to:

a) Select a payment term:
    a. **July 1, 2017 - June 30, 2018**
    b. **October 1, 2017 - September 30, 2018**
    c. **December 1, 2017 - November 30, 2018 – Selected Term**
b) At minimum, submit quarterly payments to GHFA by the last day of the quarter as determined by the funding source term noted above.

Non-compliance:

If payment is not received within 90 days of the due date, the CoC/Collaborative Applicant will be considered non-compliant with this Agreement and must submit a letter to DCA outlining why payment has not been submitted and the expected date for payment. Non-compliance may lead to termination of the CoC/Collaborative Applicants participation in the GA HMIS Collaboration.

Designated Representative:

Each CoC/ Collaborative Applicant will provide a "Designated Representative and an alternate" that agrees to participate in periodic meetings established by DCA, and to act on behalf of the CoC/Collaborative Applicant on matters related to the grants management pertaining to this Agreement. DCA should be notified promptly if any change in representation occurs.

All correspondence related to this Agreement (the original or a copy) shall be directed to the CoC/ Collaborative Applicant "Designated Representative" and "Alternate" for this Agreement, as follows:

Name:	Cathryn Marchman
Address:	Partners for HOME, 55 Trinity Ave, 2nd Floor
	Atlanta, GA 30303
Phone:	
Email:	cfmarchman@atlantaga.gov

Alternate:

Name:	Amy Zaremba
Address:	Partners for HOME, 55 Trinity Ave, 2nd Floor
	Atlanta, GA 30303
Phone:	404-865-8859
Email:	amzaremba@atlantaga.gov

DCA agrees that the following "Designated Representative" has the authority to act on behalf of GHFA on all matters related to this Agreement:

Name:	Jeanette Pollock, Special Projects Manager
Address:	GHFA, c/o GA Department of Community Affairs
	60 Executive Park South NE
	Atlanta, GA 30329
Phone:	404 679 3177
Email:	Jeanette.Pollock@dca.ga.gov

Except as stated herein, all remaining terms and provisions of the MOA Agreement remain in full force and effect. Notwithstanding the foregoing, to the extent there is any inconsistency between the provisions of the MOA Agreement and the provisions of this Exhibit, the provisions of this Exhibit shall control.

IN WITNESS WHEREOF, the parties have entered into this Agreement:

DCA on behalf of the Georgia Housing and Finance Authority:

By: Shawn Williams

Date: 6-1-18

Name: Shawn Williams

Title: Housing Assistance Division Director

Partners for Home/Collaborative Applicant:

By: _____

Date: March 21, 2018

Name: Cathryn Marchman

Title: Executive Director

GA HMIS Policies and Standard Operating Procedures

This document details the policies, procedures, guidelines, and standards that govern the operations of the GA Homeless Management Information System (GA HMIS).

GA HMIS Policies and Standard Operating Procedures

Introduction **1**

GA HMIS Goals **2**

Incorporation and Modification of Other Documents **3**

Definitions **3**

Organization and Management of GA HMIS **5**

Program Management *5*

System Administration *5*

Agency Administration *6*

User Access Levels *6*

GA Communication with Authorized Agencies *7*

System Availability *7*

Inter-Agency Data Sharing *8*

Ethical Data Use *8*

Access to Core Database *9*

Client Rights and Confidentiality of Records *9*

Authorized Agency Grievances *10*

Client Grievances *10*

Authorized Agency Hardware/Software Requirements *11*

Authorized Agency Technical Support Assistance *12*

Videos, Guides, Etc. *12*

Monitoring and Evaluation *13*

Security and Access **14**

User Access *14*

User Changes *14*

Passwords *15*

Password Recovery *15*

GA HMIS Policies and Standard Operating Procedures

Extracted Data *15*

Data Access Computer Requirements *16*

Agency Participation Requirements **18**

GA HMIS Agency Participation Agreements *18*

User Accounts *18*

GA HMIS System User Agreements *18*

Training *19*

Contract Termination Initiated by Authorized Agency *19*

Contract Termination Initiated by GA *20*

Data Collection, Quality Assurance and Reporting **22**

Required Data Collection *22*

Client Consent *22*

Client Consent Forms for Data Sharing *23*

Appropriate Data Collection *23*

Ownership *23*

Data Entry - Client Profile Sharing Level *24*

Additional Customization *24*

Data Integrity *25*

Quality Control: Data Integrity Expectations *25*

On-Site Review *25*

Client Data Retrieval *26*

Public Data Retrieval *26*

Data Retrieval Support/Reporting *26*

DATA SHARING & SECURITY *27*

DISASTER RECOVERY *27*

GA HMIS Policies and Standard Operating Procedures

Appendix A: GA HMIS End User Participation Agreement 28

Appendix B: GA HMIS Agency Participation Agreement 31

Appendix C: GA HMIS Privacy Policy 59

Appendix D: GA HMIS Client Consent Form 69

Appendix E: GA HMIS GA HMIS Custom Development Policy 74

GA HMIS Policies and Standard Operating Procedures

Introduction

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

The US Department of Housing and Urban Development (HUD), other federal and state Partners, and the GA Collaborative, also known as Continuums of Care (CoCs), require GA HMIS 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, the Department of Community Affairs has implemented an electronic management information system that will provide the necessary demographic information and reports. This system is called the GA Homeless Management Information System (GA HMIS) and is administered by the GA Department of Community Affairs (DCA). All Providers funded by HUD, the federal partners, as well as some providers funded locally are required to participate in the GA HMIS, and some privately funded providers participate on a voluntary basis.

Providers participating in the GA HMIS are required to collect and record HUD required data elements for all new and continuing clients in the HMIS. Data entry should be completed with 48 hours for all projects including Emergency Shelters. All Providers using the GA HMIS are also required to comply with HUD's *HMIS Data and Technical Standards* available at www.hudhre.info and on the DCA website at http://www.dca.state.ga.us/housing/specialneeds/programs/hmis.asp.

Georgia 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 GA HMIS. Georgia has developed a privacy policy regarding the use and disclosure of data in the GA HMIS and by programs operated directly by GA HMIS (see Appendix C for a copy of this policy).

The GA HMIS is an "open" system which allows for the sharing of client-level data electronically between collaborating agencies, which must adhere to the GA HMIS privacy policy as well as the policies and operating procedures in this document. Agencies may also be able to share information through other methods unrelated to the GA HMIS, as outlined in their specific program policies. Data shared outside of GA HMIS is not able to be controlled or monitored by GA; therefore this data is not covered by the GA

HMIS privacy policy. DCA as the HMIS Lead and the GA HMIS System Administrators for the GA HMIS are the only entities with access to all client-level information, including personal identifiers, contained in the GA HMIS. Acceptable uses and disclosures of the data are outlined in the GA HMIS privacy policy. For example, DCA 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. Except in rare cases, DCA does not provide access to client-level data containing personal identifiers to any non-Participating agency. Additionally, HUD does not require any client-level information from the GA HMIS for the programs it funds. Thus, only de-identified and/or aggregate-level data is shared with non-participating agencies and HUD.

GA HMIS Goals

The goals of the GA HMIS are to support and improve the delivery of homeless services in the jurisdictions it serves. 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 GA 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 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 or other stakeholders and funders, including participation in the national Longitudinal System Analysis (LAS) formerly known as the Annual Homelessness Assessment Report (AHAR).
- *Generation of system-level data* and analysis of resources, service delivery needs and program outcomes for Georgia's homeless population.
- A *data collection and management* tool for authorized agencies to administer and supervise their programs.

GA recognizes the need to maintain each client's confidentiality, and will treat the personal data contained within the GA HMIS with respect and care. As the guardians entrusted with this personal data, GA has both an ethical and a legal obligation to ensure that data is collected, accessed and used appropriately. Of primary concern to GA are issues of security (i.e. encryption of data traveling over the Internet, the physical security of the GA HMIS servers), and the policies governing the release of this information to the public, government and funders. Meeting the needs of homeless persons served by GA HMIS and its Providers is the underlying and most basic reason for having the GA HMIS, and employing it for continued improvements in program quality.

GA HMIS Policies and Standard Operating Procedures

Incorporation and Modification of Other Documents

The GA HMIS End User Agreement, the GA HMIS Agency Participation Agreement, the GA HMIS Privacy Policy, the GA HMIS Client Consent and the GA HMIS Custom Development Policy are incorporated into this Agreement, restated in full, and are attached to this Agreement as Appendices A, B, C, D and E respectively. All five of these documents may be amended from time to time at the discretion of DCA and the GA HMIS Steering Committee, and all parties are bound by such amendments. Notice of any amendments will be done through DCA's current website at: http://www.dca.ga.gov/housing/specialneeds/programs/hmis.asp

Definitions

Agency Administrator: The person responsible for system administration at the agency level. This person is appointed by an Agency's Executive Director.

Authorized/Participating Agency: Any agency, organization or group who has a GA HMIS Participation Agreement and/or contract with DCA and that is allowed access to the GA HMIS ClientTrack application. These Agencies connect independently to the application via the Internet.

Client: shall mean any recipient requesting services by a Provider or any recipient of services offered by a Provider or Authorized/Participating 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 for reporting.

CoC HMIS Administrator: The designated individual(s) that provides local support to the respective CoC.

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

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.

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.

GA HMIS: The specific HMIS system utilized by the GA HMIS CoCs and other participating jurisdictions.

GA HMIS Lead Staff: The entity that provides oversight of GA HMIS.

GA HMIS System Administrators: This person has the highest level of user access in GA HMIS and has full access to all user and administrative functions.

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 initial HUD Data & Technical Standards were published July 30, 2004 Federal Register, Vol. 69, No. 146, pp. 45888 through 45934. The Department of Housing and Urban Development (HUD), the Department of Health and Human Services (HHS), and the Department of Veterans Affairs (VA) released the 2017 HMIS Data Standards on May 2, 2017. The HMIS Data Standards provide communities with baseline data collection requirements developed by HUD, HHS, and VA.

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.

Provider: Shall mean any organization within a CoC that provides outreach, shelter, housing, employment and/or social services to homeless people. For the purposes of this document, the term "provider" is synonymous with "Authorized Agency."

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.

User: An individual who has approved login credentials to access the GA HMIS *ClientTrack* software.

GA HMIS Policies and Standard Operating Procedures

Organization and Management of GA HMIS

Program Management

Policy: The Georgia Department of Community Affairs (DCA) is responsible for project management and coordination of the GA HMIS. DCA contracts with Eccovia who provides System Administration for the GA HMIS and is responsible for baseline training, system changes, reporting, custom reporting, addressing end user tickets and system change coordination. The GA HMIS Lead Staff is the primary contact for necessary or desired system-wide changes. In this role, the GA HMIS Lead Staff endeavors to provide a uniform GA 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 the GA HMIS Lead Staff.

System Administration

Policy: DCA contracts with Eccovia who provides System Administration for the GA HMIS and is responsible for baseline training, system changes, reporting, custom reporting, addressing end user tickets and system coordination and administration. In the absence of the System Administrator, the backup staff member/proxy for responding to Authorized Agencies is a member of the DCA HMIS Lead team.

Procedure: The GA HMIS System Administrators administers the day-to-day operations of the GA HMIS and is governed by Georgia Bylaws Code of Conduct. Among other things, this Code of Conduct governs access to the Georgia data (client level or otherwise). All system-wide questions and issues should be directed to the GA HMIS System Administrators or the HMIS Lead, if the System Administrator is absent. DCA, the HMIS Lead and the GA HMIS Collaborative are ultimately responsible for all final decisions regarding planning and implementation of the GA HMIS.

CoC HMIS Administration: The CoC HMIS Administrator is selected by the respective CoC management. The CoC HMIS Administrator is responsible for providing support to the agencies within their respective CoC. This support may consist of troubleshooting, additional training, communicating policies and procedures, monitoring data quality, assisting with federal reporting requirements and working with the System Administrators and the HMIS Lead.

GA HMIS Policies and Standard Operating Procedures

Agency Administration

Policy: Each Authorized Agency must designate a staff member to be the GA 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. While one person per Authorized Agency may be designated as the Agency Administrator; a backup Administrator should be considered.

Procedure: The Executive Director of the Authorized Agency must identify an appropriate Agency Administrator and provide that person's name and contact information to the GA HMIS System Administrators and respective CoC HMIS Administrator. Changes to that information over time should be reported immediately to the GA HMIS System Administrators and the respective CoC HMIS Administrator. The GA HMIS Lead Staff is responsible for maintaining a current list of Agency Administrators.

Agency Administrators are responsible for the following:

- Serves as the primary contact between the Authorized Agency, GA HMIS System Administrator, the HMIS Lead and the CoC HMIS Administrator.
- Must have a valid email address and be an active, trained user.
- Communicates the need to remove end users from the GA HMIS immediately upon termination from agency, placement on disciplinary probation, or upon any change in duties not necessitating access to GA HMIS information. All changes must be relayed to the GA HMIS System Administrators or proxy.
- Must be technically proficient with web-based software since he/she will be responsible for maintaining the Authorized Agency's GA HMIS User list and contact information.
- Has access to all client data, user data, and agency administration information for the Authorized Agency; thus, is responsible for the quality and accuracy of this data.
- Ensures the stability of the agency connection to the Internet and *GA HMIS system ClientTrack* system, either directly or in communication with other technical professionals.
- Ensures Privacy Posting is posted and visible to all clients.
- Monitors and enforces compliance with standards of client confidentiality and ethical data collection, entry, and retrieval at the agency level.

User Access Levels

Policy: All GA HMIS Users will have a level of access to 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 GA HMIS or the integrity of client information.

Procedure: Each CoC Representative (and/or its CoC HMIS Administrator) will identify the level of access each end user will have to the GA HMIS system ClientTrack database. Privilege levels are detailed below:

- Manage Clients - The ability to create and edit client records and enroll clients in programs
- Manage Programs - The same privileges as "Manage clients" with the addition of the ability to edit relevant program profile information
- Manage Users - The same privileges as "Manage Programs" with the addition of the ability to manage user access and permission to programs
- Manage Agency - The same privileges as "Manage Users" with the addition of the ability to edit Agency information and create/ manage sites
- HMIS Lead – A "super user" privilege level used by the DCA HMIS Lead staff to allow "Manage Agency" access to multiple agencies (a service area).
- System Administrator - Full privileges to GA HMIS - GA HMIS System Administrators, Help Desk, and programmers only

GA Communication with Authorized Agencies

Policy: The GA HMIS Lead Staff is responsible for relevant and timely communication with CoC Representative, who is then in turn responsible to communicate to each agency regarding the GA HMIS. The GA HMIS Lead Staff will communicate system-wide changes and other relevant information to agencies as needed.

Procedure: General communications from the GA HMIS Lead Staff will be directed towards all users. Specific communications will be addressed to the person or people involved. The GA HMIS Lead Staff will be available via email, phone, and mail. The GA HMIS email list will also be used to distribute HMIS information. While specific problem resolution may take longer, the GA HMIS System Administrators will strive to respond to Authorized Agency questions and issues within 24 hours of receipt. CoC HMIS Administrators and Agency Administrators are responsible for distributing 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.

System Availability

Policy: GA and GA HMIS 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 Authorized 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 systems failures beyond the control of GA HMIS System Administrators or the GA HMIS Lead Staff. In the event of disaster or routine planned server downtime, the GA HMIS Lead Staff will use Constant Contact to send correspondence that informs users of the cause and duration of the interruption in service. The HMIS ClientTrack system is backed up every four hours and the entire system is backed up daily so it can be restored as quickly as possible if necessary.

Inter-Agency Data Sharing

Policy: GA HMIS is an "open" system, meaning that data can be shared between all GA HMIS participating agencies. Whether data is actually shared or not is determined on a per client basis, based on user input and client data sharing preferences.

Explanation: The need for client confidentiality and the benefit of integrated case management needs to be balanced. In light of new regulations for Coordinated Entry and community needs, the privacy and security policies were designed to permit Inter-Agency data sharing while still safeguarding client confidentiality.

Procedure: When new clients are entered into GA HMIS, the initiating user must set the Client's data sharing permission based on the Client's response on the Consent to Share form, before data sharing is permitted. These permissions control the information that is shared about the client globally.

Users must record the actual responses received by the client when setting up the client's electronic data sharing policy. Users may be monitored to ensure compliance with this policy at any time by Agency Administrators, the CoC HMIS Administrators, or the GA HMIS System Administrators, in which case users will need to provide a copy of the Consent to Share forms that are requested. Any user found to not adhere to the data sharing permissions allowed by the client will be required to go through the Privacy, Security and Confidentiality training. If violations continue, the user may be subject to being permanently banned from GA HMIS, and may face possible legal action. If a user feels it is in the best interest of the client, they may further restrict the client's electronic sharing policy by setting sharing to Restrict to Org, but users may never choose to implement a less restrictive data sharing policy without collecting a new Release of Information form that has been signed by the client and permits less restrictive data sharing.

Ethical Data Use

Policy: Data contained in the GA HMIS will only be used to support or report on the delivery of homeless and housing services in Georgia. Each GA HMIS End User will affirm the principles of ethical data use and client confidentiality contained in the GA HMIS Policies and Standard Operating Procedures Manual, the GA HMIS Agency Participation Agreement, and the GA HMIS End User Agreement. Each Authorized

Agency must have a written privacy policy, including specific policies related to employee misconduct or violation of client confidentiality. All GA HMIS End Users are expected to understand their Agency's privacy policy.

Procedure: All GA HMIS users will sign a GA HMIS System End User Agreement before being given access to the GA HMIS. Any individual or Authorized Agency misusing, or attempting to misuse GA HMIS data will be denied access to the database, and his/her relationship with the GA HMIS may be terminated. Any Authorized Agency for which the relationship with the GA HMIS is terminated may likely be de-funded by the Continuum of Care in which they are located because of the statutory requirement to participate in the Continuum's HMIS.

Access to Core Database

Policy: Only the GA HMIS System Administrators/GA HMIS Lead Staff will have direct access to the GA HMIS database through any means other than the GA HMIS user interface, unless explicitly given permission by GA HMIS System Administrators/GA HMIS Lead Staff.

Procedure: /GA HMIS Lead Staff will employ updated security methods to prevent unauthorized database access.

Client Rights and Confidentiality of Records

Policy: The GA HMIS System operates under a protocol of *inferred consent* to include client data in the GA HMIS. Each Authorized Agency is required to post a sign about their privacy policy in a place where clients may easily view it (i.e. - at the point of intake, on a clipboard for outreach providers, in a case management office). The privacy posting should include a statement about the uses and disclosures of client data as outlined in this document. Written authorization for inclusion of a client's data in GA HMIS is not required, but is inferred when a client accepts the services offered by the program.

Clients may opt out of GA HMIS or be unable to provide basic personal information. Clients have the right of refusal to provide personal identifying information to the GA HMIS. In these cases, it will be the responsibility of the CoC to provide alternative methods to capture the information outside of the HMIS system. Such refusal or inability by the client 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, de-identified demographic (anonymous) information may be entered into the GA HMIS for federal reporting purposes.

Each Authorized 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 this document and their own Privacy Policy. Duly authorized representatives of GA may inspect client records (including electronic records) at any time, although non-GA HMIS staff will not, as a matter of routine, be permitted to access

protected private information. GA System Administrators, CoC HMIS Administrators, the HMIS Lead and Authorized Agencies will ensure the confidentiality of all client data as described in this document.

Explanation: The data in the GA HMIS is personal data, collected from people in a vulnerable situation. GA HMIS System Administrators, CoC HMIS Representatives, CoC Administrators, the HMIS Lead and Authorized Agencies are ethically and legally responsible to protect the confidentiality of this information. The GA 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 restrictive access policies. Each Authorized Agency must develop and make available a privacy policy related to client data captured in GA 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 Authorized 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.

Authorized Agency Grievances

Policy: Authorized Agencies will contact the GA HMIS System Administrators to resolve GA HMIS problems including but not limited to operation or policy issues. If an issue needs to be escalated, the GA HMIS System Administrators may contact GA HMIS Lead Staff for further guidance. The GA HMIS Lead Staff and the CoC HMIS Steering Committee will have final decision-making authority over all grievances that arise pertaining to the use, administration, and operation of the GA HMIS.

Procedure: Users at Authorized Agencies will bring GA HMIS problems or concerns to the attention of their Agency Administrator. If problems, concerns, or grievances cannot be addressed by the Agency Administrator, the Agency Administrator will contact their respective CoC HMIS Representative, who may ask for these issues to be stated in writing. If the grievance requires further attention, the GA HMIS Lead Staff may consult with Georgia's legal counsel. The Georgia HMIS Lead along with the GA HMIS Steering Committee shall have final decision-making authority in all matters regarding the GA HMIS.

Client Grievances

Policy: Clients must contact the Authorized Agency with which they have a grievance for resolving of GA HMIS problems. Authorized Agencies will report all GA HMIS related client grievances to the respective CoC Representatives, who in turn, will report these grievances to the GA HMIS Lead Staff. If the Authorized Agency's grievance process has been followed without resolution, the Authorized Agency may escalate the grievance to the respective GA CoC Representative as outlined in the "Authorized Agency Grievances" section.

Procedure: Each Authorized Agency is responsible for answering questions, complaints, and issues from their own clients regarding the GA HMIS. Authorized Agencies will provide a copy of their privacy policy and/or copies of the GA HMIS Privacy Policy or GA HMIS Policies and Standard Operating Procedures upon client request. Client complaints should be handled in accordance with the Authorized Agency's internal grievance procedure, and then escalated to the appropriate CoC Representative in writing if no resolution is reached. The GA HMIS Lead Staff is responsible for the overall use of the GA HMIS, and will respond if users or Authorized Agencies fail to follow the terms of the GA HMIS agency agreements, breach client confidentiality, or misuse client data. Authorized Agencies are obligated to report all GA HMIS related client problems and complaints to their CoC Representative, who will determine the need for further action. 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 GA HMIS Agency Agreements or the Policies and Standard Operating Procedures Manual. If a client request that their data is no longer shared, the user will have the client sign an updated Client Consent to Share - Revocation form that will be retained in the clients file and change their sharing restrictions to Restrict to Org in the HMIS system.

Authorized Agency Hardware/Software Requirements

Policy: Authorized Agencies will provide their own computers and method of connecting to the Internet, and thus to the GA HMIS ClientTrack system. If possible and as funds permit, GA HMIS Lead Staff or the respective CoC may choose to assist Authorized Agencies in obtaining computers and Internet access for the GA HMIS.

Procedure: Contact your local CoC Representative for the current status or assistance.

Hardware/Software Requirements: GA HMIS 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 (Chrome, Internet Explorer, Firefox, etc.). There is no unusual hardware or additional GA HMIS-related software or software installation required. The following workstation specifications are recommended.

Minimum Workstation Requirements

- Computer: PC 500 MHz or better
- Web Browser: Google Chrome 4.0.249 or higher, Microsoft Internet Explorer 5 or higher, Mozilla Firefox 3.0 or higher, or Netscape Navigator 6.0 or higher
- Hard Drive: 2 GB
- 64 MB RAM
- Internet Connectivity (broadband or high-speed)
- SVGA monitor with 800 x 600+ resolutions
- Keyboard and Mouse

GA HMIS Policies and Standard Operating Procedures

Recommended Workstation Requirements

- Computer: 1 Gigahertz Pentium Processor PC
- Browser: Google Chrome 17.0.963 or higher, Microsoft Internet Explorer 8.0 or higher (preferred)
- 20 GB Hard Drive
- 512 MB RAM
- Broadband Internet Connection - 128 Kbps (hosted version) or LAN connection
- SVGA monitor with 800x600 + resolution
- Keyboard and mouse

Although there is no unusual hardware or additional GA HMIS related software required to connect to the database, the speed and quality of the Internet connection and the speed of the hardware could have a profound effect 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. Google Chrome 17.0.963 or higher is the recommended platform to eliminate certain technical problems.

Authorized Agency Technical Support Assistance

Policy: GA HMIS System Administrators and the GA HMIS Lead Staff will provide technical assistance including a help desk, training, and ongoing software support for users of the GA HMIS. Technical issues with the GA HMIS software should be addressed by submitting a ticket while logged into the ClientTrack system or submit an email at GAHMISSupport@dca.ga.gov. Internal hardware and internet connectivity issues should be addressed by the Authorized Agency's internal IT staff to the extent possible**.**

Procedure: Hardware and connectivity issues not related to the GA HMIS software are not under the control of the GA HMIS Lead Staff or GA HMIS System Administrators and should be addressed by the Authorized Agency's internal IT staff. Authorized Agencies may send an email to GAHMISSupport@dca.ga.gov for technical support to learn what is necessary to connect to the GA HMIS ClientTrack system as well as to request assistance with the application itself.

Videos, Guides, Etc.

Policy: The GA System Administrators and the GA HMIS Lead Staff will provide an array of materials to assist all GA HMIS End Users on use and functionality of the system. Each GA HMIS End User will be required to view several videos and complete an assessment prior to obtaining system access. These videos, documentation, forms, etc. will be posted in the GA HMIS webpage http://www.dca.ga.gov/housing/specialneeds/programs/hmis.asp.

Explanation: A variety of training methods and materials target various learning styles to provide software users with information about how the software product is used. Videos and reference guides will provide specific technical instruction to GA HMIS End Users about how to use GA HMIS ClientTrack.

Procedure: The GA HMIS System Administrators and GA HMIS Lead Staff will create, distribute and update the necessary videos, reference guides, etc. These will include procedures that are held in common for all Authorized Agencies.

Monitoring and Evaluation

Policy: The GA HMIS Lead Staff and participating CoCs will regularly monitor and evaluate the effectiveness of the GA HMIS Implementation and, based on the information received, will continue to make enhancements to the GA HMIS system and the Policies and Standard Operating Procedures as necessary.

Explanation: Monitoring and evaluation helps ensure security and proper usage of the GA HMIS system.

Procedure: The GA HMIS System Administrators will conduct internal system monitoring. This information will be shared with the CoCs and may be used by the CoC to monitor programs funded through the CoC as required by HUD. The HMIS Lead is authorized to conduct monitoring on behalf of the GA HMIS System Administrators and/or their CoC.

GA HMIS Policies and Standard Operating Procedures

Security and Access

User Access

Policy: Only the GA HMIS System Administrators or the GA HMIS Lead Staff will be authorized to grant user access to GA HMIS. User accounts will be unique for each user and may not be exchanged or shared with other users.

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 trail") it is necessary to log a user name with every change. Exchanging or sharing user names seriously compromises the security of the GA HMIS system, and *will be considered a breach of the system user agreement* and will trigger appropriate repercussions and/or sanctions for the user and agency.

Procedure: Users are not able to access any data until they are trained, all agreements are collected, and the account is activated by GA HMIS staff. The GA System Administrator and GA HMIS Lead Staff will have access to the list of active end user names. Additionally, Agency Administrators will monitor the users in their agency to ensure that accounts are current.

User Changes

Policy: The Authorized Agency Administrator will notify the System Administrator and GA HMIS Lead Staff of needed changes to the Authorized Agency user accounts. This includes revoking authorization for staff who are no longer with the agency and any needed changes to the users' agency access and privilege levels, etc.

Procedure: The Agency Administrator is required to inform the System Administrator through the ticketing system within the ClientTrack application of the need to revoke the user account of a terminated employee immediately upon termination of employment. For employees with user access otherwise leaving the agency, the user account should be revoked at the close of business on the person's last day of employment.

GA HMIS Policies and Standard Operating Procedures

Passwords

Policy: GA End Users will have access to the GA HMIS ClientTrack system via a user name and password. Passwords must be changed a minimum of once every 90 days. Users will keep passwords confidential. Under no circumstances shall a user share a password nor shall they post their password in an unsecured location; to do so *will be considered a breach of the system user agreement* and will trigger appropriate repercussions and/or sanctions for both the user and agency.

Procedure: 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. Every 90 days, end users will be prompted to change their password. See Section entitled "User Access" for additional detail on Password security.

Password Recovery

Policy: The GA HMIS System Administrators and GA HMIS Lead Staff DO NOT have access to User account passwords.

Procedure: In the event of a lost or forgotten password, the end user will use the password recovery option to reset their password. The system will ask the user for their email address, and then ask for the answer to their security question. As an extra layer of security, End Users may not choose where the password reset email is sent. Once the security question is answered correctly, an email will be sent only to the email address listed in the End User's account profile. If this account is no longer active, the End User must request assistance from the System Administrator or HMIS Lead to reactivate their account. This request must be sent to the GAHMISSupport@dca.ga.gov address. Once users receive the Password reset email which contains a temporary Password, Users must login and change their password immediately before gaining access to Agency and Client data. Each request for a new password is logged in an audit trail.

Extracted Data

Policy: GA HMIS end users will maintain the security of any client data extracted from the database and stored locally, including all data used in custom reporting. GA HMIS users will not electronically transmit any unencrypted client data across a public network. Any custom reports (electronic or printed) which are shared with non-Participating agency, must remove Client and Household names.

Procedure: Data extracted from the database and stored locally will be stored in a secure location (not on floppy disks/CDs or other temporary storage mechanisms like 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 GA HMIS System Administrators will provide help in determining the appropriate handling of electronic files. All security questions will be addressed to the GA HMIS System Administrators via the internal ticketing system. Breach of this security policy will be considered a violation of the user agreement, which may result in personnel action and/or agency sanctions.

Data Access Computer Requirements

Policy: Users will ensure the confidentiality of client data, following all security policies in the GA 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. The participating CoC may restrict access to the GA HMIS system to specific computers in the future.

Explanation: Because GA HMIS is web-enabled, software end users could conceivably connect to the database from locations other than the Authorized 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-GA HMIS 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 GA HMIS via a computer that has virus protection software installed and updated.

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

a) Physical space: Authorized Agencies must take reasonable steps to ensure client confidentiality when authorized users are accessing the GA HMIS system. Authorized end 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 café, public library) to connect to HMIS is discouraged.
c) Time-Out Routines: Time-out (login/logout) routines on every computer to shut down access to the GA HMIS ClientTrack system when a computer is unattended. Time-out routines will be engaged at a minimum after 10 minutes of inactivity or at other intervals as GA HMIS Steering Committee determines.
d) Each computer that accesses GA HMIS ClientTrack system must have current virus software that updates automatically installed.
e) If the GA HMIS ClientTrack system 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 the GA HMIS client data 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 GA HMIS should be referred to the GA HMIS System Administrators via the internal ticketing system.

GA HMIS Policies and Standard Operating Procedures

Agency Participation Requirements

GA HMIS Agency Participation Agreements

Policy: Only Authorized Agencies will be granted access to the GA HMIS ClientTrack system. The GA CoCs shall make the sole determination to identify Authorized Agencies that will participate in their Continuum of Care. The Executive Director of each Authorized Agency will be required to sign a "GA HMIS Agency Participation Agreement" (Appendix B) binding their organization to the GA HMIS Policies and Standard Operating Procedures and all applicable Federal, State, and local laws and regulations regarding the handling of client data before access is granted.

Procedure: Authorized Agencies will be given a copy of the GA HMIS Agency Participation Agreement, the Policies and Standard Operating Procedures Manual, and any other relevant GA HMIS paperwork prior to any end user for the agency accessing the ClientTrack system. The Executive Director should review and then sign the paperwork and return to the GA HMIS Lead Staff. The Agency account must be setup first prior to activating an end user account under that agency.

User Accounts

Policy: In order to activate an account, an end user review and sign the GA HMIS End User Agreement and send to the GA HMIS Lead Staff. Additionally, Agency end users will be trained to use GA HMIS ClientTrack system by completing the initial end user video playlist or by the System Administrator at a training sessions scheduled by the GA HMIS System Administrators or GA HMIS Lead Staff. Once training has been completed, the end user will complete the associated training assessment and then will activate each user's account.

Sharing of accounts, User IDs, or Passwords is strictly prohibited. Users may not even share accounts, User IDs, or Passwords with management within their agency.

Procedure: Each Agency Administrator (or Executive Director) will identify the authorized users for the agency. These authorized user names should be submitted to the GA HMIS System Administrators via the internal ticket system of the need to set up new authorized end user accounts.

GA HMIS System User Agreements

Policy: Each Authorized Agency User will sign a GA HMIS Collaborative System User Agreement before being granted access to the GA HMIS.

Explanation: Before being granted access to the GA HMIS, each user must sign a GA HMIS End User Agreement, stating that he/she will abide by the GA 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 GA HMIS relevant to the delivery of services to people in housing crisis.

Procedure: The GA HMIS Lead Staff will distribute GA HMIS System End User Agreements to new GA HMIS Users for signature. The user will sign the GA HMIS System End User Agreement and the agreement will be faxed, mailed or emailed/scanned to the GA HMIS Lead Staff. The GA HMIS Lead Staff will also file the signed GA HMIS System End User Agreements for all users. The existence of a signed GA HMIS End User Agreement for each active user will be verified in any on-site reviews or may be checked during regular monitoring of contracts. Allowing a user access to the GA HMIS system without a signed user agreement is a violation of the GA HMIS Policies and Standard Operating Procedures and may result in sanctions.

Training

Policy: The GA HMIS System Administrators and GA HMIS Lead Staff are responsible for defining training needs and organizing training sessions for Authorized Agencies. Various training options will be provided, to the extent possible, based on the needs of GA HMIS end users. GA HMIS ClientTrack training materials will be provided on http://www.dca.ga.gov/housing/specialneeds/programs/hmis.asp that may be used by Agency Administrators, CoC Representatives and CoC Admins to provide extra training opportunities.

Explanation: In order for the GA HMIS to be a benefit to clients, a tool for Authorized Agencies and a guide for planners, all users must be adequately trained to collect, enter, and extract data.

Procedure: The GA HMIS System Administrators and GA HMIS Lead Staff will provide access to training for all GA HMIS users. The GA HMIS System Administrators and GA HMIS Lead Staff will provide support to Agency Administrators, CoC Representatives and CoC Admins, who will in turn provide for end user training above and beyond the initial training.

Contract Termination Initiated by Authorized Agency

Policy: Authorized Agencies that are not required to use the GA HMIS may terminate the GA HMIS Agency Participation Agreement with or without cause upon 30 days written notice to GA HMIS and according to the terms specified in the GA HMIS Agency Participation Agreement. In the event of termination of the GA HMIS Agency Participation Agreement, all data entered into the GA HMIS will remain an active part of the GA HMIS system.

Explanation: While Authorized Agencies who are not required to use the GA HMIS may terminate the GA HMIS Agency Participation Agreement, the data entered prior to that termination 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 GA. The termination of the GA HMIS Agency Participation Agreement may affect other contractual relationships with DCA, HUD, or other funders.

Procedure: For Authorized Agencies that are not required to use the GA HMIS and that are terminating the GA HMIS Agency Participation Agreement, the person responsible for signing the GA HMIS Agency Participation Agreement (or a person in the same position within the agency) will notify the GA HMIS System Administrators 30 days or more prior to the date of termination. In all cases of termination of GA HMIS Agency Participation Agreement, the GA HMIS System Administrators will disable all user accounts from that Authorized Agency on the date of termination of agreement.

Contract Termination Initiated by GA

Policy: DCA may terminate the GA HMIS Agency Participation Agreement for non-compliance with the terms of the agreement or with the GA HMIS Policies and Standard Operating Procedures with written notice to the Authorized Agency. DCA may also terminate the GA HMIS Agency Participation Agreement with or without cause with 30 days written notice to the Authorized Agency and according to the terms specified in the GA HMIS Agency Participation Agreement. If a GA HMIS contract is terminated under the terms of that contract, the GA HMIS Agency Participation Agreement(s) for GA HMIS access for that/those Agency (ies) will also be terminated. In that case, access may be renegotiated by DCA and the agency if appropriate and in accordance with these standard operating procedures. The termination of the GA HMIS Agency Participation Agreement or contract with DCA may affect other contractual relationships with GA, HUD, or other funders. In the event of termination of the GA HMIS Agency Participation Agreement or GA HMIS contract, all data entered into the GA HMIS will remain a part of the GA HMIS. If termination of the GA HMIS Agency Participation Agreement occurs, all Authorized Agency end user accounts will be disabled on the date the GA HMIS Agency Participation Agreement is terminated.

Explanation: While DCA may terminate the GA HMIS Agency Participation Agreement with the Authorized Agency, the data entered by that Authorized Agency prior to termination of the agreement 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 GA. The termination of the GA HMIS Agency Participation Agreement may affect other contractual relationships with GA, HUD, or other funders.

Procedure: **Any** GA HMIS Authorized Agency regardless of their funding can be terminated if they demonstrate willful neglect or disregard of the Standard Operating Procedures. If the agreement with an authorized agency or collaborative of authorized agencies is terminated, that/those Agency (ies) will be terminated from GA HMIS. For Authorized Agencies that are not required to use the HMIS system and

which the GA HMIS Agency Participation Agreement is terminated, the GA HMIS System Administrators will notify the CoC Representative 30 days or more from the date of termination. The CoC will notify the Provider Agency. In all cases of termination of the GA HMIS Agency Participation Agreement, the GA HMIS System Administrators will disable all user accounts from that Provider Agency on the date of termination of agreement.

GA HMIS Policies and Standard Operating Procedures

Data Collection, Quality Assurance and Reporting

Required Data Collection

Policy: Authorized Agencies funded by HUD (as either a recipient or subrecipient) are required to participate in HMIS by HUD. Other providers contracted by other State or Federal departments may also be required to participate in the GA HMIS. All Authorized Agencies that participate in HMIS are considered "Covered Homeless Organizations" (CHO) and are required to comply with HUD's *HMIS Data and Technical Standards* unless those standards are in conflict with local laws. This includes the collection of required data elements.

Authorized Agencies shall collect and enter all HUD required data elements on every client served by the Provider upon intake into the Provider's facility or program. Authorized Agencies may choose to collect more client information for their own case management and planning purposes or to comply with requirements from their CoC or funders.

Timeliness of Data Entry: Providers are required to enter basic client intake data into the GA HMIS within 48 hours of a client being served which includes their entry or exit from their Program.

Procedure: Each agency should review and enter all HUD required data into GA HMIS as specified by HUD per Program Type.

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. Consent for entering of data into GA HMIS may be inferred when the proper privacy notice is posted and if the client accepts the services offered. If a client chooses to not share their data through GA HMIS, all of the client's data may still be collected and stored in GA HMIS, but data sharing must be disabled for that client's record (i.e. "locked").

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: Authorized Agencies will develop a privacy posting, which will be posted in appropriate areas for client review.

Client Consent Forms for Data Sharing

Policy: GA HMIS participating/authorized agencies must use the GA HMIS Client Consent to Share form to collect all clients' sharing consent (Appendix F). Each agency should include in its privacy policy that data collected by the agency is disclosed to the DCA HMIS Lead as part of its administrative responsibility for the GA HMIS and that the data may be used for analysis and reporting purposes. DCA HMIS Lead 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.

Procedure: Each client must have a signed GA HMIS Client Consent to Share form on file which records their permission (or lack thereof) before users can share their data via GA HMIS.

Appropriate Data Collection

Policy: GA HMIS end users will only collect client data relevant to the delivery of services to people in housing crises as required by HUD and/or required by funders or by law**.**

Explanation: The purpose of the GA HMIS is to support the delivery of homeless and housing services in Georgia. 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, planning, or intake purposes.

Procedure: Agency Administrators will ask the GA HMIS System Administrators for any necessary clarification of appropriate data collection. The GA HMIS System Administrators, in consultation with GA HMIS Steering Committee, will make decisions about the appropriateness of data being entered into the database. The GA HMIS Lead Staff may periodically audit an agency's data collection practices to ensure the database is being used appropriately.

Ownership

Policy: The GA HMIS, including any and all data stored in the GA HMIS, is the property of the DCA. DCA has authority over the creation, maintenance, and security of the GA HMIS. Violations of the GA HMIS Agency Participation Agreement, the Standard Operating Procedures, and Privacy Policies may be subject to discipline and/or termination of access to the GA HMIS.

Procedure: The GA HMIS Agency Participation Agreement includes terms regarding the maintenance of the confidentiality of client information, 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 GA HMIS including all security provisions contained therein. Because programs participating in the GA HMIS are funded through different streams with different requirements, DCA shall maintain ownership of the database in its entirety in order that these funders cannot access data to which they are not legally entitled.

Data Entry - Client Profile Sharing Level

Policy: Users will accurately record the real time data sharing level(s) indicated by the client. Repeated violation of this policy may lead to personnel action and or action against the Authorized Agency, including but not limited to immediate termination of user and/or agency access.

Procedure: Client information will not ever be shared unless the user expressly sets up a data sharing policy in the client's profile. It is imperative that, once a data sharing policy is set up for a client, users at an Authorized Agency keep this information current, modifying a current policy record or creating a new policy record as necessary, in accordance with changes to the client's GA HMIS Client Consent to Share form.

Additional Customization

Policy: Authorized Agencies may request additional desired customization (such as special reports) directly from the respective CoC Representative. Agency or CoC level customizations will be considered by the GA HMIS Steering Committee on a case-by-case basis. Appendix E covers the GA HMIS Custom Development Policy if the customization requires development.

Explanation: It is the responsibility of individual Agencies to determine the best way to use GA HMIS for internal data collection, tracking, and reporting. This may include purchasing additional customization.

Procedure: Authorized Agencies will contact their CoC Representative in order to discuss additional customization needs.

GA HMIS Policies and Standard Operating Procedures

Data Integrity

Policy: GA HMIS users will be responsible for the accuracy of their data entry. Authorized 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. 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 or annual ESG applications.

Procedure: It is the responsibility of each Authorized Agency and the respective CoC to monitor the quality and accuracy of its GA HMIS data. However, the GA HMIS Lead Staff may periodically audit data integrity. In order to test the integrity of the data contained in the GA HMIS, the GA HMIS System Administrators will perform periodic data integrity checks on the GA HMIS. The data integrity checks will include reporting of "overlaps," possible 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 GA HMIS Lead Staff and the GA HMIS Steering Committee. When patterns of error have been discovered, users will be required to make corrections where possible, correct data entry techniques, and improve the accuracy of their data entry.

Quality Control: Data Integrity Expectations

Policy: Accurate and consistent data entry is essential to ensuring the usefulness of the GA HMIS. Authorized Agencies will provide acceptable levels of timeliness and accuracy. Authorized Agencies without acceptable levels of data quality may incur sanctions as instituted by the respective CoC until the problems are addressed.

Procedure: The Continuum of Care will perform data integrity checks on its respective GA HMIS authorized agencies.

On-Site Review

Policy: The DCA Lead may perform reviews of an Authorized Agency's procedures related to the GA HMIS as part of monitoring. Additional monitoring may take place by funding bodies or CoCs.

Procedure: Reviews enable the GA HMISs Lead and the CoCs to monitor compliance with the Policies and Standard Operating Procedures Manual and GA HMIS Agency Participation Agreements. The exact procedures for on-site reviews will be determined in advance of the actual on-site review.

GA HMIS Policies and Standard Operating Procedures

Client Data Retrieval

Policy: Any client may request to view, or obtain a printed copy of, his or her own records contained in the GA HMIS. This information should be made available to clients within a reasonable time frame of the request. No client shall have access to another client's records in the GA HMIS.

Procedure: A client may ask to see his or her own record. The Agency Administrator, will verify the client's identity and print all requested information. The client may request changes to the record. The agency can follow applicable laws regarding whether to change information based on the client's request. A log of all such requests and their outcomes should be kept on file in the client's record.

Public Data Retrieval

Policy: The GA HMIS Lead Staff will address all requests for data from entities other than Authorized Agencies or clients. No individual client data will be provided to any group or individual that is neither the Authorized Agency that entered the data or the client him or herself without proper authorization or consent.

Procedure: All requests for data from anyone other than an Authorized Agency or a client must be directed solely to GA HMIS Lead Staff. GA may also issue periodic public reports about homelessness and housing issues in the areas covered by GA HMIS. No individually identifiable client data will be reported in any of these documents.

Data Retrieval Support/Reporting

Policy: Authorized CoC HMIS Administrators will create and run CoC- level and agency-level reports.

Explanation: Authorized CoC HMIS Administrators and the System Administrators have the ability to create and execute reports on CoC –wide and agency-wide data, depending on their privilege level. This allows Authorized CoC HMIS Administrators to support CoC-level and agency-level goals.

Procedure: The CoC HMIS Administrators will be trained in the use of reporting tools by the System Administrator. The System Administrator will provide query functionality and templates for reports specifically for GA HMIS. The System Administrator may assist with the development of or running of reports/queries.

GA HMIS Policies and Standard Operating Procedures

DATA SHARING & SECURITY

- Clients are uniquely identified by a database-managed identity field.
- GA HMIS maintains the following:
    a. User permissions are assigned by role and by Agency/Site
    b. Users are logged out of the system after a configurable period of inactivity (20 minutes)
    c. Passwords must be changed periodically (90 days)
    d. Inactive end users must contact the System Administrator to re-activate the end user account.
- GA HMIS uses HTTPS/SSL Standards for data transmission.
- Passwords must be updated every 90 days, and cannot be reused.

DISASTER RECOVERY

- Disaster recovery for the GA HMIS application is managed by Eccovia.
- A full back up of the Database is performed nightly. Incremental and Transactional backups are done periodically during the day. All back up files are moved off site.

GA HMIS Policies and Standard Operating Procedures

Appendix A: GA HMIS End User Participation Agreement

GA HMIS Policies and Standard Operating Procedures

Appendix A: GA HMIS End User Participation Agreement

Agency Name (Please Print): _____

User Name (Please Print): _____

In this End User Participation Agreement, "Agency" refers to the agency named above. Agency recognizes the privacy of client needs in the design and management of the Georgia HMIS ("GA HMIS"). These include both the need to continually improve the quality of homeless and housing services with the goal of eliminating homelessness in our community, and the need to vigilantly maintain client confidentiality, treating the personal data of our most vulnerable populations with respect and care.

GA HMIS End Users ("Users") have a moral and a legal obligation to ensure that the data is being collected, stored, accessed and used appropriately. It is also the responsibility of each User to ensure that client data is only used for the purposes for which it was collected. Proper user training; compliance with the terms and conditions as stated in the User Agreement, and the GA HMIS Privacy Policy.

Relevant points regarding client confidentiality include:

- A client consent form must be signed by each client whose data is shared with a GA HMIS participating agency via the GA HMIS system. Users may not share client data with other GA HMIS participating agencies via the GA HMIS system without obtaining this written permission from the client.
- Client consent may be revoked by that client at any time by completing the GA HMIS Client Consent to Share Revocation Form at any GA HMIS participating agency.
- No client may be denied services for failure to provide consent for GA HMIS data sharing or collection.
- With the exception of case notes, Clients have a right to inspect, receive a copy of, and request changes to their GA HMIS records.
- Users will maintain GA HMIS data in such a way as to protect the identity of clients from further participating agencies, individuals or entities.
- Any User failing to protect client confidentiality as set forth in this User Agreement and the GA HMIS Privacy Policy, may be denied access to the GA HMIS.

I have received and read a copy of the GA HMIS End User Participation Agreement, the GA HMIS Privacy Policy, and the GA HMIS Policies and Procedures Manual and affirm the following:

1. I have received GA HMIS Privacy Policy.
2. I have read and will abide by the terms of the GA HMIS User Agreement, the GA HMIS Privacy Policy and the GA HMIS Policies and Procedures Manual.
3. I will maintain the confidentiality of client data in the GA HMIS as outlined above and as outlined in the User Agreement, the GA HMIS Privacy Policy, and the GA HMIS Policies and Procedures Manual.
4. I will only collect, enter, and extract data in the GA HMIS relevant to the delivery of services to homeless, at risk of becoming homeless, and formerly homeless people experiencing a crisis in our community.

_____ _____

User Signature Date

GA HMIS Policies and Standard Operating Procedures

Appendix B: GA HMIS Agency Participation Agreement

GA HMIS Policies and Standard Operating Procedures

Appendix B: GA HMIS Agency Participation Agreement

_____ ("Agency") has elected to participate in the Homeless Management Information System ("HMIS"). The HMIS software is licensed by the Georgia Housing Finance Authority, who has designated it to be solely administered by the Georgia Department of Community Affairs ("DCA"). Agency is entering into this HMIS Participation Agreement for Agencies ("Agreement"). The HMIS is a database that collects and maintains information on the characteristics and service needs of clients. The system collects and stores client–level data, which can be used to generate unduplicated and aggregate reports to determine the use and effectiveness of the services being provided to the homeless population.

In consideration of their mutual undertakings and covenants, the Agency and DCA agree as follows:

1. General Understandings:

A. Definitions. In this Agreement, the following terms will have the following meanings:

i. "Agency" (sometimes called "Participating Agency") refers to any service provider or organization signing this document that is participating or planning to participate in the HMIS.

ii. "Agency staff" refers to employees, volunteers, contractors, or any other agents of the Agency.

iii. "Client" refers to a person receiving services from the Agency.

iv. "DCA" refers to the Georgia Department of Community Affairs.

v. "De-Identifying Information" (also referred to as "non-identifying" information) refers to data that has specific Client demographic information removed, to allow use of the data without identifying a specific Client.

vi. "End User" refers to Agency employees, volunteers, contractors, or any other agents of the Agency authorized to have, and having, access to the HMIS.

vii. "Enter(ing)" or "entry" refers to the entry of any Client information into the HMIS.

viii. "GA HMIS Privacy Policy" is a document related to the processing of protected personal client information by end users of the GA HMIS.

ix. "GA HMIS End User Agreement/Code of Ethics is a document outlining the agreement between the End User and DCA.

x. "GHFA" refers to the Georgia Housing Finance Authority.

xi. "HMIS" refers to the Homeless Management Information System.

xii. HMIS staff" refers to the employees, contractors, or agents of DCA assigned to administer the HMIS, as well as to analyze, review and report on the data contained in HMIS.

xiii. "GA HMIS Policies and Procedures" is a document referring to the day to day policies and procedures to be followed.

xiv. "Identifying Information" (also referred to as confidential data or confidential information) refers to information about a Client that can be used to distinguish or trace the Client's identity, either alone or when combined with other personal or identifying information using methods reasonably likely to be used.

xv. "Information" refers to both De-Identifying Information and Identifying Information.

xvi. "Share(ing)," or "information share(ing)" refers to entering information into HMIS, or providing Identifying Information to other agencies, organizations, individuals, or providers that participate in the HMIS.

B. Use and Disclosure. Whenever Agency enters information into HMIS, such Identifying Information will be available to the HMIS staff who may use it to: administer HMIS, conduct analysis, coordinate services, and prepare reports to be submitted to others in a de-identifying form. Identifying Information entered into the GA HMIS may also be viewed by other agencies that participate in the HMIS who are serving that client with appropriate authorization, have executed a GA HMIS End User Agreement and have agreed to be bound by the GA HMIS Privacy Policy ("Privacy Policy") and GA HMIS Policies and Procedures ("HMIS Policies"). Agency may use and disclose HMIS Identifying Information only in accordance with the above documents.

C. Incorporation and Modification of Other Documents. The GA HMIS End User Agreement, the GA HMIS Agency Agreement , GA HMIS Privacy Policy, the GA HMIS Client Consent and the GA HMIS Custom Development Policy are incorporated into this Agreement, restated in full, and are attached to this

Agreement as Appendices A, B, C, D and E respectively. All five of these documents may be amended from time to time at the discretion of DCA, and all parties are bound by such amendments. Notice of any amendments will be done through DCA's website at: http://www.dca.ga.gov/housing/specialneeds/programs/hmis.asp

D. Access. Agency agrees to allow DCA and its subcontractors access to information provided by the Agency in accordance with this Agreement and to carry out its duties with respect to the HMIS, which includes without limitation, HMIS administration, testing, problem identification and resolution, management of the HMIS database, and data aggregation and analysis activities, as permitted by applicable state and federal laws and regulations.

2. Confidentiality:

A. Agency shall not:

i. enter information into the HMIS which it is not authorized to enter, or
ii. share information that Agency is not authorized to share.

By entering information into the HMIS, Agency represents that it has the authority to enter such information into the HMIS. To the best of Agency's knowledge, any information entered into the HMIS does not violate any of the Client's rights, under any relevant federal, state, or local confidentiality laws, regulations or other restrictions applicable to Client information.

If Agency is subject to any laws or requirements which restrict Agency's ability either to disclose or enter certain data elements into HMIS, Agency will ensure that any entry it makes in the HMIS or disclosure of any data elements complies with all applicable laws or other restrictions. Agency is solely responsible for determining if any disclosures of Client information are restricted under any state or federal laws and regulations including but not limited to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the Federal Drug and Alcohol Confidentiality Regulations, 42 CFR Part 2 ("Confidentiality Regulations").

B. To the extent that information entered by Agency into the HMIS is or becomes subject to disclosure restrictions, Agency will immediately inform DCA in writing of such restrictions and submit by mail to the address given herein for written notices.

3. Display of Notice:

Pursuant to the notice published by the Department of Housing and Urban Development ("HUD") on July 30, 2004, Agency will prominently display at each intake desk (or comparable location) the Privacy Policy provided by DCA, that explains generally the reasons for collecting Identifying Information in the HMIS and the Client rights associated with providing Agency staff with Identifying Information. It is Agency's responsibility to ensure that each Client understands his or her rights. Additionally, if Agency maintains a public webpage, the current version of the Privacy Policy must be posted on the webpage. The current form of Privacy Policy, which may be modified from time to time at DCA's discretion, is attached to and incorporated into this Agreement by reference, and is available from DCA or on its website, http://www.dca.ga.gov/housing/specialneeds/programs/hmis.asp

4. Information Collection, Release and Sharing Consent:

A. Collection of Identifying Information. Agency must collect information by lawful and fair means, and with the knowledge or consent of the Client.

Any Identifying Information collected by the Agency must be relevant to the purpose for which it is to be used. To the extent necessary for those purposes, Identifying Information should be accurate, complete and timely.

B. Sharing. Prior to sharing any of a Client's information with an agency or organization, except as provided in the Privacy Policy, Agency will provide the Client with a copy of its GA HMIS Consent to Share Form ("Consent"). Following an explanation regarding the entity or individual that the information will be shared with and how it will be used, the Agency will obtain the informed consent of the Client by having the Client sign the Consent Form.

If a Client does not sign the Consent form, information may not be shared with other agencies except as may be allowed in the Privacy Policy. Agency shall keep all copies of the signed Consent form for a period of seven (7) years after the Client last received services at or from the Agency. Such forms shall be available for inspection and copying by DCA and/or the U.S. Department of Housing and Urban Development, at any time.

C. Refusal of Services. Agency may not refuse or decline services to a Client or potential Client if that person:

i. objects to the entry of its information in the HMIS; or

ii. refuses to share his or her personal information with the Agency or cannot remember certain information; however, some information may be required by the program to determine eligibility for housing or services, to assess needed services, or to fulfill reporting requirements.

5. HMIS Policies and Procedures:

Notwithstanding any other provision of this Agreement, Agency's use of and participation in the HMIS, and the use, disclosure, and submission of data to and from the HMIS shall, at all times, be governed by the Privacy Policy and the HMIS Policies, as may be revised from time to time. The Privacy Policy shall control any disagreements between the referenced documents.

6. Disclosure to Third Parties:

Agency shall not release any Identifying Information received from the HMIS to any other person or organization without the written informed Consent of the Client, unless such disclosure is required by law or in accordance with the Privacy Policy.

7. Client Inspection/Correction:

Upon receipt of a written request from a Client, Agency shall allow the Client to inspect and obtain a copy of his or her own information during regular business hours. Agency is not required to provide a Client access to information (a) compiled in reasonable anticipation of, or for use in, a civil, criminal or administrative action or proceeding; (b) about another individual; (c) obtained under a promise of confidentiality if disclosure would reveal the source of the information; and (d) which, if disclosed, would be reasonably likely to endanger the life or physical safety of any individual. Agency must allow a Client to correct information that is inaccurate or incomplete; provided, however, that prior to correcting such information, Agency shall consult with DCA. Such consultation is necessary to ensure proper coordination between the Agency's response and the capabilities of the HMIS system, unless the requested correction is a routine correction of a common data element for which a field exists in HMIS (e.g., date of birth, prior residence, social security number, etc.). Agency is not required to remove any information as a result of a correction, but may, in the alternative, mark information as inaccurate or incomplete and may supplement it with additional information.

8. Security:

Agency shall maintain the security and confidentiality of information in the HMIS and is responsible for the actions of its employees, contractors, volunteers, or agents and their proper training and supervision. Agency agrees to follow the HMIS Policies. At its discretion, DCA may conduct periodic

assessments of Agency to monitor its compliance. The steps Agency must take to maintain security and confidentiality include, but are not limited to:

A. Access. Agency will permit password-protected access to the HMIS only to authorized Agency staff who need information from the HMIS for legitimate business purposes (such as to provide services to the Client, to conduct evaluation or research, to administer the program, or to comply with regulatory requirements). Agency will limit the access of such staff to only those records that are immediately relevant to their work assignments.

B. End User Code of Ethics. Prior to permitting any End User to access HMIS, Agency will require the End User to sign an End User Code of Ethics. Agency will comply with and enforce the End User Code of Ethics and will inform DCA immediately in writing of any breaches of the End User Code of Ethics.

i. any staff, volunteer or other person who has been granted an End User ID and password and is found to have committed a breach of system security and/or Client confidentiality will have his/her access to the database revoked immediately.

ii. in the event of a breach of system security or Client confidentiality, the Director of the Agency or designee shall notify DCA in writing immediately, but in no event later than twenty-four (24) hours. This correspondence should be sent to address given herein for notice. Any Agency that is found to have had breaches of system security and/or Client confidentiality shall enter a period of probation, during which technical assistance shall be provided to help the Agency prevent further breaches.

Probation shall remain in effect until DCA has evaluated the Agency's security and confidentiality measures and found them compliant with the policies stated in this Agreement and the End User Code of Ethics. Subsequent violations of system security may result in suspension from the HMIS.

C. Computers: Security for data maintained in the HMIS depends on a secure computing environment. Computer security is adapted from relevant provisions of the Department of Housing and Urban Development's ("HUD") "Homeless Management Information Systems (HMIS); Data and Technical Standards Proposed Rule" (Docket No. FR 5475-P-01- Fed. Reg. Vol. 76, No. 237 (December 9, 2011/Proposed Rules). Agencies are encouraged to directly consult that document for complete documentation of HUD's standards relating to HMIS, and hereby agree to incorporate any changes to HUD policy into their computing environment on the timeline specified by HUD. Agency will allow access to the HMIS only from computers which are:

i. protected from viruses by commercially available virus protection software (a) that includes, at a minimum, automated scanning of files as they are accessed by End Users

on the system on which the HMIS application is accessed and (b) with virus definitions that are regularly updated from the software vendor;

ii. protected with a secure software or hardware firewall between, at least, the workstation and any systems (including the internet and other computer networks) located outside of the Agency;

iii. maintained to ensure that the computer operating system running the computer used for the HMIS is kept up to date in terms of security and other operating system patches, updates, and fixes;

iv. accessed through web browsers with 128-bit encryption (e.g., Internet Explorer, and Google Chrome). Some browsers have the capacity to remember passwords, so that the End User does not need to type in the password when returning to password-protected sites. This default shall not be used with respect to the HMIS; the End User is expected to physically enter the password each time he or she logs on to the system; and

v. staffed at all times when in public areas. When computers are not in use and staff is not present, steps should be taken to ensure that the computers and data are secure and not usable by unauthorized individuals. These steps should minimally include (a) logging off the HMIS system, (b) physically locking the computer in a secure area, (c) shutting down the computer entirely, or (d) using a password protected screen saver.

D. End User Authentication: Agency will permit access to HMIS only with use of an End User authentication system consisting of an End User name and a password which the End User may not share with others. Written information pertaining to End User access (e.g., End User name and password) shall not be stored or displayed in any publicly accessible location. Passwords shall be between eight and twelve characters long and include both letters and numbers. Passwords shall not be, (or include) the End User name, the HMIS vendor's name, the HMIS name, the Agency's name, or consist entirely of any word found in the common dictionary or any of the forenamed words spelled backwards. The use of default passwords on initial entry into the HMIS application is allowed so long as the End User changes the default password on first use. Individual End Users must not be able to log on to more than one workstation at a time, or be able to log on to the network at more than one location at a time. Passwords and End User names shall be consistent with guidelines issued from time to time by HUD and DCA. Passwords and End User names shall not be exchanged electronically without DCA's approval.

E. Hard Copies: The Agency must secure any paper or other hard copy containing Identifying Information that is generated either by or for the HMIS, including, but not limited to reports, data entry forms and signed consent forms. Any paper or other hard copy generated by or for the HMIS that

contains such information must be supervised at all times when it is in a public area. If Agency staff is not present, the information must be secured in areas that are not publicly accessible. Agencies wishing to dispose of hard copies containing Identifying Information must do so by shredding the documents or by other equivalent means with written approval by DCA. Written information specifically pertaining to End User access (e.g., End User name and password) must not be stored or displayed in any publicly accessible location.

F. Training/Assistance: Agency will ensure End Users have received the required GA HMIS Privacy, Security and Confidentiality Training and the End User Onboarding Training prior to accessing the HMIS system. Agency will participate in such training as is provided from time to time by DCA. Representatives of DCA will be reasonably available during DCA's defined weekday business hours for technical assistance (e.g., troubleshooting and report generation).

9. Information Entry Standards:

A. Information entered into HMIS by Agency will be truthful, accurate, complete and timely to the best of the Agency's knowledge.

B. Agency will not solicit from Clients or enter information about Clients into the HMIS database unless the information is required for a legitimate business purpose such as to provide services to the Client, to conduct evaluation or research, to administer the program, or to comply with regulatory requirements.

C. Agency will only enter information into the HMIS database with respect to individuals which it serves or intends to serve, including through referral.

D. Agency will enter information into the HMIS database within seven (7) days of data collection.

E. Agency will not alter or over-write information entered by another Agency.

DCA reserves the right to, in its sole discretion, delete or segregate information entered into the HMIS by an Agency, or take any other appropriate measures, to maintain the accuracy and integrity of the HMIS or to avoid compromising the HMIS' goal of maintaining unduplicated counts of Clients.

10. Use of the HMIS:

A. Agency will not access Identifying Information for any individual for whom services are neither being sought nor provided by the Agency.

B. Agency may report non-identifying information to other entities for funding or planning purposes. Such non-identifying information shall not directly identify individual Clients.

C. Agency and DCA will report only non-identifying information in response to requests for information from the HMIS, including but not limited to requests for information related to research

D. Agency will not use the HMIS in violation of any federal or state law, including, but not limited to, copyright, trademark and trade secret laws, and laws prohibiting the transmission of material which is threatening, harassing, or obscene. Software licensing was purchased from ClientTrack, Inc. ("Supplier") to implement the HMIS. Without limiting the foregoing covenant, Agency agrees that the data and information related to the software licensed by Supplier, and related documentation and support services, may be confidential and proprietary information ("Confidential Information") of the Supplier and agrees to use such Confidential Information only in connection with Agency's authorized use of the HMIS and support services and further agrees not to disclose such Confidential Information to any third party, other than as required by law. Furthermore, Agency acknowledges and agrees that the Supplier will retain all right, title, interest and ownership in and to the HMIS software, including any customization or modification thereof, and Agency will not copy any documentation related to the HMIS software other than for internal business purposes, nor shall Agency disassemble, decompose or reverse engineer the HMIS software, except as otherwise provided herein, use the HMIS software on behalf or for the benefit of any other person or entity or otherwise infringe upon any of the Supplier's trademarks, trade secrets, copyrights, patents or other intellectual property rights. Agency shall include all Supplier copyright and other proprietary notices on any copy of the documentation related to HMIS software reproduced, used, or made available by Agency.

E. Agency will not use the HMIS to defraud federal, state or local governments, individuals or entities, or conduct any illegal activity.

F. Agency shall not use the HMIS to aggregate data to compare the performance of other participating Agencies, without the express written consent of DCA and each of the Participating Agencies being compared.

G. Notwithstanding any other Section of this Agreement, the parties may use or disclose for any lawful purpose information that: (a) is in the possession of the party prior to the time of the disclosure to the party through the HMIS and was not acquired, directly or indirectly, from the HMIS; or (b) is made available to the party by a third party who has the legal right to do so.

11. Proprietary Rights of the HMIS:

A. Agency or HMIS Staff shall assign passwords and access codes for all Agency Staff that meet other privacy, training and conditions contained within this Agreement.

B. Agency or HMIS Staff shall not assign passwords or access codes to any other person not directly connected to or working for the Agency.

C. Agency shall be solely responsible for all acts and omissions of its End Users, and all other individuals who access the HMIS either through the Agency or by use of any password, identifier or log-on received or obtained, directly or indirectly, lawfully or unlawfully, from the Agency or any of the Agency's Authorized End Users, with respect to the HMIS and/or any confidential and/or other information accessed in connection therewith, and all such acts and omissions shall be deemed to be the acts and omissions of the Agency. Each Agency shall certify:

i. that its End Users have received training regarding the confidentiality of HMIS information under all applicable federal, state, and local laws and agree to protect the Information in compliance with such laws and this Agreement;

ii. that its End Users shall only access the HMIS for purposes approved by the Agency and that are consistent with this Agreement;

iii. that its End Users have agreed to hold any passwords, or other means for accessing the HMIS, in a confidential manner and to release them to no other individual or entity. Agency shall ensure that all End Users understand that sharing passwords and other means for accessing the HMIS is expressly prohibited;

iv. that its End Users agree and understand that their failure to comply with the terms of this Agreement may result in their exclusion from the HMIS and may constitute cause for disciplinary action by the Agency; and

v. that it has restricted access to the HMIS only to the End Users that the Agency has identified pursuant to this Section.

D. Agency shall inform the CoC Administrator or System Administrator at DCA via email to terminate the rights of an End User immediately upon the End User's termination or resignation from his or her position. The Agency is responsible for following up to verify that the End User is removed from the system. It shall be the responsibility of the Agency to routinely ensure that End Usernames and passwords are current and to immediately notify HMIS staff in the event that End Usernames and passwords are not current.

E. Agency shall be diligent not to cause in any manner or way, corruption of the HMIS, and Agency agrees to be responsible for any damage it may cause.

12. Data Collection & Evaluation Committee:

DCA will consult with the Data Collection & Evaluation Committee under the Georgia HMIS By-Laws from time to time regarding issues such as revision to the form of this Agreement. Written Agency complaints that are not resolved may be forwarded to the Data Collection & Evaluation Committee under the GA HMIS By-Laws, which will try to reach a voluntary resolution of the complaint. Unresolved issues would then go to the Steering Committee for resolution.

13. Limitation of Liability and Indemnification:

Note: Under sections 13 and 14, the term DCA includes both GHFA and DCA. It is the intention of the parties that all limitations of liability and indemnification agreed to apply to DCA also apply to GHFA. Parties acknowledge that this is an essential provision of this Agreement.

A. Except as provided in Section 13, no party to this Agreement shall assume any additional liability of any kind due to its execution of this Agreement or its participation in the HMIS system. It is the intent of the parties that each party shall remain liable, to the extent provided by law, regarding its own acts and omissions; but that no party shall assume additional liability on its own behalf or liability for the acts of any other person or entity through participation in HMIS except for the acts and omissions of its own employees, volunteers, agents or contractors unless any such liability is expressly created herein. The parties specifically agree that this Agreement is for the benefit of the parties only and creates no rights in any third party.

B. IT IS EXPRESSLY AGREED THAT IN NO EVENT SHALL DCA BE LIABLE TO AGENCY FOR ANY SPECIAL, DIRECT, INDIRECT, CONSQUENTIAL, EXEMPLARY, OR OTHER DAMAGES, INCLUDING BUT NOT LIMITED TO LOSS OR PROFITS OR REVENUES, LOSS OF USE, LOSS OF INFORMATION/DATA, OR OTHER DAMAGES NOT SPECIFIED HEREIN. This is agreed whether a claim for any such liability or damages is premised upon breach of contract, breach of warranty, negligence, strict liability, equitable theory, tort, or any other theories of liability, even if DCA has been apprised of the possibility or likelihood of such damages occurring. Parties acknowledge that this is an essential provision of this Agreement, with adequate consideration made.

C. Agency agrees to indemnify, defend and hold harmless DCA including its directors, officers, employees, representatives, and agents from and against any and all claims and liabilities (including, without limitation, all damages, costs, and expenses, including legal fees and disbursements paid or incurred) arising from the intentional acts or omissions, negligence, or strict liability of Agency, its directors, officers, employees, representatives, or agents, or Agency's breach of this Agreement. This Section shall survive the termination of this Agreement.

D. Without limiting any other provision of this Agreement, Agency and its End Users shall be solely responsible for all decisions and actions taken or not taken involving services, treatment, patient care, utilization management, and quality management for their respective Clients resulting from or in any way related to the use of the HMIS or the Information made available thereby. Agency and End Users shall have no recourse against, and hereby waive, any claims against DCA for any loss, damage, claim or costs relating to or resulting from its own use or misuse of the HMIS.

E. HMIS uses available technology to match Client identities with their records in the HMIS to provide Agencies with information regarding Clients. Because Client information is maintained in multiple places and because not all information is kept in a standard fashion, it is possible that false matches may occur or that there may be errors or omissions in the information provided to Agency. To that end, it is incumbent upon the Agency and its End Users to verify the Client's information before the information is relied upon in providing services to a Client. Neither DCA nor the HMIS in general independently verifies or reviews the information transmitted through the HMIS for accuracy or completeness. Further, neither DCA nor the HMIS make any representations or promises regarding the continued participation of any particular Agency in the HMIS. Agencies may be added to or deleted from the HMIS at any time and such changes may be beyond the control of DCA or the HMIS and may occur without prior notice to Agency.

F. Agency acknowledges and agrees that the HMIS is an information management tool only and that it contemplates and requires the involvement of Agencies and End Users that are qualified to maintain, collect and enter information into the HMIS. Agency further acknowledges and agrees that DCA has not represented its services as having the ability to perform any tasks that constitute the practice of medicine or of other professional or academic disciplines. DCA shall not be responsible for any errors, misstatements, inaccuracies, or omissions regarding the content of the HMIS, although every effort has been made to ensure its quality and accuracy. Agency assumes all risk for selection and use of the content in the HMIS.

G. All data to which access is made through the HMIS originates from Agencies, and not from DCA. All such data is subject to change arising from numerous factors, including without limitation, changes to Client information made at the request of the Client, changes in the Client's condition, the passage of time and other factors. DCA neither initiates the transmission of any data nor monitors the specific content of data being transmitted. Without limiting any other provision of this Agreement, DCA shall have no responsibility for or liability related to the accuracy, content, currency, completeness, content or delivery of any data either provided by Agency, or used by Agency, pursuant to this Agreement.

H. Access to the HMIS and the information obtained by Agency pursuant to the use of those services are provided "as is" and "as available." Agency is solely responsible for any and all acts or omissions taken or made in reliance on the HMIS or the information in the HMIS, including inaccurate or incomplete information.

I. DCA shall not be liable for any cessation, delay or interruption of services, nor for any malfunction of hardware, software or equipment for whatever reason.

14. Disclaimer of Warranties:

DCA makes no warranties, express or implied, including warranties of merchantability or fitness for a particular purpose, to any Agency or any other person or entity as to the services of the HMIS or as to any other matter.

15. Notice

All notices under this Agreement to DCA will be made as follows. This Notice address may be modified in writing.

Georgia Department of Community Affairs
60 Executive Park South, NE
Atlanta, GA 30329
ATTN: Jeanette Pollock

Notices to the Agency under this Agreement will be made according to the Authorized Officer at the mailing address specified in the signature block of this Agreement. This Notice address may be modified in writing.

16. Prohibition of Unauthorized Customization

For customization of any features of HMIS that may be desired by an Agency, Agency will first contact their local Continuum of Care, who will forward any such request directly to DCA for approval. DCA has the absolute right to approve or disapprove of any requested modification at its' sole discretion. Such requests will not be unreasonably withheld. Agency understands that it may be liable for the complete cost of any such approved customization.

17. Survival

The following provisions shall survive any termination of this Agreement: Sections 1, 2, 4B, 5, 6, 7, 8E, 9, 10. 11c, 11e, 13, 14, 15, 17. It is the intention of the parties that termination does not relieve any party of any obligations detailed in the Agreement generally up until the point the Agreement is terminated.

18. Term

This agreement will continue until terminated by either party pursuant to the provisions contained herein.

19. Additional Terms and Conditions

A. Agency will abide by such guidelines as are promulgated by HUD and DCA from time to time regarding administration of the HMIS.

B. Agency and DCA intend to abide by applicable State and Federal laws. Should any term of this Agreement be inconsistent with applicable law, or should additional terms be required by applicable law, Agency and DCA agree to modify the terms of this Agreement so as to comply with applicable law.

C. Neither DCA nor Agency will transfer or assign any rights or obligations regarding the HMIS without the written consent of the other party.

D. This Agreement will be in force until terminated by either party. Either party may terminate this Agreement with thirty (30) days written notice, for any reason. Either party may also terminate this Agreement immediately upon a material breach of this Agreement by the other party, including but not limited to a breach of the HMIS Policies or Privacy Policy by Agency. Upon termination of this Agreement, Agency shall remain liable for (and nothing in this Agreement shall prevent DCA from recovering) any fees, costs, or expenses that have been incurred prior to the termination of this Agreement.

DCA and the remaining Participating Agencies will maintain their rights to use all of the information previously entered by Agency except to the extent a restriction is imposed by the Client or applicable law.

E. Copies of Agency data will be provided to the Agency upon termination of this Agreement at the Agency's written request to DCA made within sixty (60) days after the termination of this Agreement. Information will be provided on hard drive or other mutually agreed upon media. Unless otherwise specified in writing, copies of data will be delivered to Agency within sixty (60) calendar days of receipt

of written requests for data copies. DCA reserves the right to charge Agency DCA's actual costs for providing such data to Agency.

F. Except as otherwise provided, no action taken by either party, or its officers, employees or agents, pursuant to this Agreement, shall be deemed to constitute an action of the other party, or shall be construed to place the parties in a relationship of partners, joint ventures, principal and agent, or employer and employee, or shall be deemed to confer upon either party any express or implied power, right or authority to enter into any agreement or commitment, express or implied, or to incur any obligation or liability on behalf of the other party except as expressly provided herein. DCA and Agency intend and agree that they and their respective agents or employees shall serve as independent contractors and not as employees of the other party, and this Agreement shall not be considered a hiring by either party or a contract of employment.

G. During the term of this Agreement, Agency shall not (without the written consent of DCA) directly or indirectly, hire, employ or attempt to hire or employ any person who is an employee of DCA, or who was within the preceding twelve (12) month period an employee of DCA, or in any way solicit, induce, bring about, influence, promote, facilitate, encourage, cause or assist or attempt to cause or assist any current employee of DCA to leave his or her employment with DCA.

H. This Agreement may be amended or modified, and any of the terms, covenants, representations, warranties or conditions of this Agreement may be waived, only by a written instrument executed by the Parties, or in the case of a waiver, by the party waiving compliance.

I. Any waiver by any party of any condition, or of the breach of any provision, term, covenant, representation or warranty contained in this Agreement, in any one or more instances, shall not be deemed to be or construed as a further or continuing waiver of any such condition or breach of any other condition or the breach of any other provision, term, covenant, representation, or warranty of this Agreement.

J. Neither party shall assign its rights or delegate its duties hereunder without the prior written consent of the other, which consent will not be unreasonably withheld. All of the terms, provisions, covenants, conditions and obligations of this Agreement shall be binding on and inure to the benefit of the successors and assigns of the parties hereto.

K. Any notice required or permitted to be given under this Agreement shall be conclusively deemed to have been received by a party Three days after mailing, or upon actual signature date for registered/certified mail.

L. This Agreement sets forth the entire understanding between the parties with respect to the matters contemplated by this Agreement and supersedes and replaces all prior and contemporaneous agreements and understandings, oral or written, with regard to these matters.

M. If any provision of this Agreement is determined to be invalid or unenforceable, such invalidity or unenforceability shall not affect the validity or enforceability of any other provisions of this Agreement that can be given effect without the invalid or unenforceable provisions, and all unaffected provisions of this Agreement shall remain in full force and effect as if this Agreement had been executed without such invalid or unenforceable provisions.

N. The Parties affirm that this Agreement has been entered into in the State of Georgia and will be governed by and construed in accordance with the laws of the State of Georgia, notwithstanding any state's choice of law rules to the contrary. Any action to enforce, challenge or construe the terms or making of this Agreement or to recover for its breach shall be litigated exclusively in a state court located in the State of Georgia, DeKalb County, or in Federal Court in the Northern District of Georgia.

O. Headings used in this Agreement are for the convenience of the parties, and shall not be used to assist in the interpretation of the Agreement.

P. This Agreement may be executed in two or more counterparts, each of which will be deemed an original, but all of which together shall constitute one and the same instrument.

GA HMIS Policies and Standard Operating Procedures

In Witness Whereof, Agency and DCA have, through their duly authorized representatives, entered into this Agreement. The parties, having read and understood the foregoing terms of this Agreement, do by their respective signatures dated below hereby agree to the terms thereof.

Agency Name: _____

Name of Authorized Officer: _____

Signature of Authorized Officer: _____

Date: _____

Title of Authorized Officer: _____

Agency Street Address: _____

Mailing Address for notice (if different): _____

Telephone: _____Facsimile: _____

Email: _____

DCA

Name of Authorized Officer: _____

Signature of Authorized Officer: _____

Date: _____

Title of Authorized Officer: _____

Department of Community Affairs
60 Executive Park South, NE
Atlanta, Georgia 30329

GA HMIS Policies and Standard Operating Procedures

Appendix C: GA HMIS Privacy Policy

GA HMIS Policies and Standard Operating Procedures

Appendix C: GA HMIS Privacy Policy

This notice describes the privacy policy of the Georgia Homeless Management Information System ("GA HMIS"). GA HMIS is administered by the HMIS Lead Agency, the Georgia Department of Community Affairs ("DCA"), operating on behalf of the Georgia Housing and Finance Authority (GHFA). DCA administers GA HMIS on behalf of the regional homeless services planning bodies (individually referred to as "Continuum of Care" or "CoC" and collectively referred to as "The Collaborative" or "CoCs") in Georgia that participate in the statewide GA HMIS implementation. DCA may amend this GA HMIS Privacy Policy at any time, and will maintain a record of any changes made, as well as post new versions on the GA HMIS website located at http://www.dca.ga.gov/housing/specialneeds/programs/hmis.asp.

This notice applies to the personal information of individuals whose personal data is collected or maintained in hard copy or in electronic formats in the GA HMIS.

In relation to this personal information, users entering data in the GA HMIS:

- Collect personal client information only when appropriate or required by entities providing funding for homeless services ("the Funder or Funders");
- May use or disclose information in order to facilitate service delivery;
- May also use or disclose information to comply with legal requirements or other obligations as described in the notice;
- Will not disclose personal information without written consent unless specifically stated within the notice; and
- Assume that, unless stated otherwise, persons applying for or receiving services from one of the GA HMIS Participating Agencies agree to allow users of the GA HMIS to collect, use, or disclose information as described in this notice.

Each person providing personal information may:

- Inspect his/her personal information that is maintained in the GA HMIS, with the exception of case notes;
- Ask the agency entering data for the GA HMIS to correct inaccurate or incomplete information within the record;
- Ask about the GA HMIS' privacy policy or practices;
- File a grievance regarding GA HMIS' privacy policies and practices. DCA will respond to questions and complaints;
- Request a copy of this full notice for more details.

A. What this notice covers

1. This notice describes the privacy policy and practices of the GA HMIS, administered by DCA, which is the lead agency for the GA HMIS. DCA's main office is located at 60 Executive Park South,

Atlanta, GA 30329. DCA's phone number for purposes of GA HMIS is (404) 679-4840. Information about GA HMIS is on DCA's web site which is located at: http://www.dca.ga.gov/housing/specialneeds/programs/hmis.asp**.**

2. The policy and practices in this notice cover the processing of protected personal client information by users of the GA HMIS within The Collaborative. This notice covers all personal information policies set forth by DCA in its role as a program administrator for CoC programs and in its role as the administrator of the GA HMIS. GA HMIS Participating Agencies may have additional privacy policies on information entered and accessed by users.

3. Protected Personal information (PPI) is any information GA HMIS maintains about a client that:

   - Allows identification of an individual directly or indirectly; **and**
   - Can be manipulated by a reasonably foreseeable method to identify a specific individual; **Or**
   - Can be linked with other available information to identify a specific client.

   When this notice refers to personal information, it means PPI.

4. DCA and each CoC in The Collaborative have adopted this policy in accordance with the Homeless Management Information Systems Data and Technical Standards and subsequent HMIS notices issued by the U.S. Department of Housing and Urban Development (HUD) and their federal partners through the U.S. Interagency Council on Homelessness (USICH). DCA's policies and practices are consistent with those standards and with industry standard best practices. DCA's policies are also consistent with requirements outlined in other applicable state and local laws.

5. This notice informs clients, staff, contractors, GA HMIS Participating Agency users, Funders and others how personal information is processed by the GA HMIS Collaborative.

6. DCA may amend this notice and change the policy or practices at any time. Amendments may affect personal information that DCA or the GA HMIS Participating Agencies obtained before the effective date of the amendment. Any changes to this privacy policy will be posted as a notice at http://www.dca.ga.gov/housing/specialneeds/programs/hmis.asp.

7. DCA and/or GA HMIS Participating Agencies will provide a written copy of this notice to any individual or organization that requests one. DCA also maintains a copy of this notice on its website located at http://www.dca.ga.gov/housing/specialneeds/programs/hmis.asp.

B. How and Why We Collect Personal Information

1. DCA (including DCA's contractors), CoC Administrator Agencies (an agency other than DCA, duly authorized in writing by a respective CoC, to have an employee(s) with access to the client-level data of that specific CoC for purposes of system administration activities), and the GA HMIS Participating Agencies may collect and/or maintain personal information for some or all the following purposes:

    - To provide or coordinate services to clients;
    - To locate other programs that may be able to assist clients;
    - For functions related to payment or reimbursement from others for services provided by DCA or DCA's contractors;
    - To carry out administrative functions, including legal, audit, personnel, oversight, contract monitoring, program evaluation, and other management functions;
    - To comply with government and Funder reporting obligations;
    - For research, data analysis, and community reporting purposes, including reporting to the GA HMIS Steering Committee to inform policy decisions; and
    - When required by law.

2. DCA (including DCA's contractors), CoC Administrator Agencies, and the GA HMIS Participating Agencies use only lawful and fair means to collect and/or maintain personal information.

3. By seeking assistance at one of the GA HMIS Participating Agencies and providing personal information, it is assumed that a person consents to the collection of information as described in this notice and that the collected information may be entered into the GA HMIS.

4. DCA (including DCA's contractors), CoC Administrator Agencies, and the GA HMIS Participating Agencies may also obtain information about those seeking services from:

    - Other individuals who are accompanying the person seeking services, such as a guardian, caretaker, or advocate;
    - Referring organizations and/or service providers (with proper written consent);
    - DCA's contractors and/or GA HMIS Participating Agency users that are providing services.

5. GA HMIS Participating Agencies are required to post a sign at their intake desks or offices explaining the reasons personal information is requested. GA HMIS Participating Agencies may have additional policies not required by DCA that they must follow, but at a minimum, they must adhere to this Notice. While GA HMIS Participating Agencies are required to adopt their own privacy policies and postings for data collection unrelated to GA HMIS, DCA provides a posting template to GA HMIS Participating Agencies which reads:

Privacy Posting
Georgia Homeless Management Information System

The U.S. Department of Housing and Urban Development (HUD) and other federal and state partners require that each jurisdiction that receives homeless funding have a Homeless Management Information System (HMIS) in place. Therefore, this Agency is required to participate in the GA Homeless Management Information System (GA HMIS), a computerized system that collects and stores basic information about the persons who receive services from this Agency. The goal of the GA HMIS is to assist us in determining your needs and to provide a record for evaluating the services we are providing to you.

We only collect information that is needed to provide you services, or that we consider relevant to helping us understand the scope and dimensions of homelessness in order to design effective service delivery. We do not use or disclose your information without written consent, except when required by our funders or by law, or for specific administrative or research purposes outlined in our privacy policy. By requesting and accepting services from this project, you are giving consent for us to enter your personal information into the GA HMIS.

The collection and use of all personal information is guided by strict standards of confidentiality as outlined in our privacy policy. A copy of our agency's Privacy Policy and a copy of the Georgia HMIS Privacy Policy is available upon request for your review.

C. Usage and Disclosure of Personal Information

1. ***DCA, CoC Administrator Agencies, and the GA HMIS Participating Agencies*** may use or disclose personal information for the following purposes:
   a) To provide or coordinate services for individuals to help them end their homelessness. GA HMIS may be used to share portions of client records (with written consent) with GA HMIS Participating Agencies that, at a minimum, must adhere to this notice and may have additional privacy policies and that may allow different uses and disclosures of the information;
   b) For functions related to payment or reimbursement for services;
   c) To carry out administrative functions, such as legal, audit, personnel, oversight, contract monitoring, program evaluation, and other management functions;
   d) When required by law to the extent that use or disclosure complies with and is limited to the requirements of the law.
   e) To avert a serious threat to health or safety if:
      - It is believed in good faith that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of an individual or the public, and

- The use or disclosure is made to a person reasonably able to prevent or lessen the threat, including the target of the threat.

f) To report about an individual that DCA, a CoC Administrator Agency, or a GA HMIS Participating Agency reasonably believes to be a victim of abuse, neglect or domestic violence to a governmental authority (including a social service or protective services agency) authorized by law to receive reports of abuse, neglect or domestic violence under any of the following circumstances:
   - where the disclosure is required by law and the disclosure complies with and is limited to the requirements of the law;
   - if the individual agrees to the disclosure; or
   - to the extent that the disclosure is expressly authorized by statute or regulation; and
   - DCA, a CoC Administrator Agency, or a GA HMIS Participating Agency believes the disclosure is necessary to prevent serious harm to the individual or other potential victims; or
   - if the individual is unable to agree because of incapacity, then a law enforcement or other public official authorized to receive the report must represent that the PPI for which disclosure is sought is not intended to be used against the individual, and must represent that an immediate enforcement activity that depends upon the disclosure would be materially and adversely affected by waiting until the individual is able to agree to the disclosure; and
   - when DCA, a CoC Administrator Agency, or a GA HMIS Participating Agency makes a permitted disclosure about a victim of abuse, neglect or domestic violence, DCA, the CoC Administrator Agency, or the GA HMIS Participating Agency will promptly inform the individual who is the victim that a disclosure has been or will be made, except if:
      i. in the exercise of professional judgment DCA, the CoC Administrator Agency, or the GA HMIS Participating Agency believes informing the individual would place the individual at risk of serious harm, or
      ii. DCA, the CoC Administrator Agency, or the GA HMIS Participating Agency would be informing a personal representative (such as a family member or friend) and reasonably believe the personal representative is responsible for the abuse, neglect or other injury; such that informing the personal representative would not be in the best interests of the individual as DCA determines in the exercise of professional judgment.

g) To a law enforcement official for a law enforcement purpose (if consistent with applicable law and standards of ethical conduct) under the following circumstances:
   - In response to a lawful court order, court-ordered warrant, subpoena or summons issued by a judicial officer, or a grand jury subpoena;
   - If the law enforcement official makes a written request for PPI that:
     i. is signed by a supervisory official of the law enforcement agency seeking the PPI;
     ii. states that the information is relevant and material to a legitimate law enforcement investigation;
     iii. identifies the PPI sought;
     iv. is specific and limited in scope to the extent reasonably practicable in light of the purpose for which the information is sought; and
     v. states that de-identified information could not be used to accomplish the purpose of the disclosure.

   - If it is believed in good faith that the PPI constitutes evidence of criminal conduct that occurred on the premises of DCA or the premises of a GA HMIS Participating Agency;
   - In response to a written request as described above for the purpose of identifying or locating a suspect, fugitive, material witness or missing person and the PPI disclosed consists only of name, address, date of birth, place of birth, Social Security Number, and distinguishing physical characteristics; or
   - If the official is an authorized federal official seeking PPI for the provision of protective services to the President or other persons authorized by 18 U.S.C. 3056, or to foreign heads of state or other persons authorized by 22 U.S.C. 2709(a)(3), or for the conduct of investigations authorized by 18 U.S.C. 871 and 879 (threats against the President and others); and if the information requested is specific and limited in scope to the extent reasonably practicable in light of the purpose for which it is sought.

h) To comply with government reporting obligations for homeless management information systems and for oversight of compliance with homeless management information system requirements.

2. ***DCA and CoC Administrator Agencies*** may use or disclose personal information for activities set forth below and for activities DCA determines to be compatible with such activities. DCA assumes that you consent to the use or disclosure of your personal information for such purposes.

   a) To carry out maintenance and operation of GA HMIS.

b) To create de-identified (anonymous) information that can be used for research and statistical purposes without identifying clients.
c) For academic research purposes, release of PPI will be allowed if research is:
    - Conducted by an individual or institution that has or enters into a formal relationship with DCA and/ or with a CoC Administrator Agency, if the research is conducted by either:
        i. an individual employed by or affiliated with the organization for use in a research project conducted under a written research agreement approved in writing by DCA and/ or the CoC Administrator Agency, (other than the individual conducting the research); or
        ii. an institution for use in a research project conducted under a written research agreement approved in writing by DCA and/ or the CoC Administrator Agency; and
    - The formal relationship is contained in a written research agreement that must:
        i. establish rules and limitations for the processing and security of PPI in the course of the research;
        ii. provide for the return or proper disposal of all PPI at the conclusion of the research;
        iii. restrict additional use or disclosure of PPI, except where required by law;
        iv. require that the recipient of data formally agree to comply with all terms and conditions of the agreement;
    - The written research agreement is not a substitute for approval (if appropriate) of a research project by an Institutional Review Board, Privacy Board, or other applicable human subjects protection institution

3. Before DCA, a CoC Administrator Agency, or the GA HMIS Participating Agencies make any use or disclosure of your personal information that is not described herein and above, we will seek your consent.

D. How to Inspect and Correct Personal Information

1. Clients may inspect and have a copy of their PPI that is maintained in GA HMIS, with the exception of case notes. DCA, a CoC Administrator Agency, and/or the GA HMIS Participating Agency, will respond to any such request made by a client within a reasonable time frame, usually 2-3 business days. GA HMIS Participating Agency staff will offer to explain any information in the file. For data that is maintained by DCA as the administrator of GA HMIS but was not entered by the DCA staff, DCA may require that the request for inspection be managed through the GA HMIS Participating Agency that entered the information.

2. DCA, a CoC Administrator Agency, and/or the GA HMIS Participating Agency will consider requests for correction of inaccurate or incomplete personal information from clients. If DCA, a CoC Administrator Agency, and/or the GA HMIS Participating Agency agrees that the information is inaccurate or incomplete, the personal information may be deleted or supplemented with additional information.

3. To inspect, get a copy of, or ask for correction of personal information, a client can contact any GA HMIS Participating Agency staff member at the GA HMIS Participating Agency at which he or she received services. The appropriate GA HMIS Participating Agency staff member will be located to assist with the review and/or correction of the file within a reasonable time period, usually 2-3 business days.

4. DCA, a CoC Administrator Agency, and/or a GA HMIS Participating Agency may deny a direct request for inspection or copying of personal information if:

- the information was compiled in reasonable anticipation of litigation or comparable proceedings;
- the information is about another individual;
- the information was obtained under a promise of confidentiality and if the disclosure would reveal the source of the information; or
- disclosure of the information would be reasonably likely to endanger the life or physical safety of any individual.

5. If a request for access or correction is denied, the organization that denies the request (DCA, the CoC Administrator Agency, and/or the GA HMIS Participating Agency) will explain the reason for the denial. DCA, the CoC Administrator Agency, and/or the GA HMIS Participating Agency will also include, as part of the personal information that is maintained, documentation of the request and the reason for the denial.

6. DCA, a CoC Administrator Agency, and/or a GA HMIS Participating Agency may reject repeated or harassing requests for access or correction

E. Data Quality

1. The Collaborative collects only personal information that is relevant to the purposes for which it plans to use it or as required for reporting to our Funders. To the extent necessary for those purposes, The Collaborative seeks to maintain only personal information that is accurate, complete, and timely.

2. DCA may implement a plan to dispose of personal information not in current use seven years after the information was created or last changed. As an alternative to disposal, DCA may choose to remove identifiers from the information so that the data can be maintained for analysis purposes.

3. DCA may keep information for a longer period if it chooses or if it is required to do so by statute, regulation, contract, or other requirement.

F. Complaints and Accountability

1. DCA, on behalf of The Collaborative, accepts and considers questions or complaints about GA HMIS' privacy and security policies and practices. To file a complaint or question, a person should do the following:
    - If the complaint is about one of the GA HMIS Participating Agencies using GA HMIS, the client should first follow the questions and/or grievance procedure of that organization. If the grievance cannot be resolved at the GA HMIS Participating Agency level, the question/complaint should be addressed to DCA in writing or in person for resolution. DCA's main office is located at 60 Executive Park South, Atlanta, GA 30329. DCA's phone number for purposes of GA HMIS is (404) 679-4840;
    - If the complaint is received by DCA, in writing or in person, about a GA HMIS Participating Agency or about an internal program, it will be reviewed by the staff responsible for administering GA HMIS first. If the question or complaint cannot be resolved at that level it will be brought to the attention of the GA HMIS Steering Committee and/or DCA's Office of General Counsel, whichever is most appropriate for the particular situation.

2. All members of DCA (including employees, volunteers, affiliates, contractors and associates), CoC Administrator Agencies and GA HMIS Participating Agencies are required to comply with this notice. Each individual with access to GA HMIS must receive and acknowledge receipt of a copy of this notice and pledge to comply with this notice in writing.

G. Privacy Policy Change History

Each copy of this notice will have a history of changes made to the document. This document's change history is as follows:

- Version 1 – 2005 - Initial Policy
- Version 2 – New policy Draft (Insert approval date here and remove drafts below)
    - October 19th, 2015 (Initial revised Draft)
    - Appendix D: GA HMIS Client Consent Form December 14th, 2015 (2nd revised Draft)
- Version 3 – GA HMIS Interim Policies and Standard Operating Procedures
    - December 2017
- Version 4 – GA HMIS Policies and Standard Operating Procedures – January 2018

GA HMIS Policies and Standard Operating Procedures

Appendix D: GA HMIS Client Consent Form

GA HMIS Policies and Standard Operating Procedures

Appendix D: GA HMIS Client Consent Form

Georgia Homeless Management Information System (GA HMIS) Collaborative Client Consent to Share Information

The Georgia Homeless Management Information System ("GA HMIS") is an online database that is used to collect information (data) about clients accessing housing and homeless services throughout the State of Georgia. Organizations that receive homeless funding from the US Department of Housing and Urban Development (HUD) and other federal and state partners are required to collect and store basic information about the persons who receive their services. This organization participates in the GA HMIS and by requesting and accepting services from this agency you are providing consent to enter your personal information into the GA HMIS. This information is utilized to determine your needs and provide supportive services to you and your household, and information is shared with other organizations that use this database, based on your signed consent.

What type of information may be shared in the HMIS?

We collect general and Protected Personal Information about you and record it in GA HMIS. Depending on your situation, this may include, but is not limited to:

- Your basic identifying information (including name, Social Security Number, date of birth, gender, race/ethnicity, marital and family status, household relationships, contact information, veteran status, disability status, etc.)
- Your history of homelessness and housing (including your current housing status and where and when you have accessed services)
- Your income information (sources and amounts of household income, employment information, work skills) and other resources, such as non-cash benefits
- Your legal history/information
- Your general, self-reported medical history including any mental health and substance abuse issues (however, detailed medical or treatment information will never be shared), and type of health insurance
- Your service needs and the outcomes of services provided
- Your emergency contact information

How do you benefit from sharing your information?

The information you provide to GA HMIS helps us coordinate the most effective services for you and/or your family. By sharing your information, you may be able to avoid being screened more than once, get faster and more personalized services, and minimize how many times you have to tell your 'story.' Collecting this information also gives us a better understanding of homelessness in your local area and the effectiveness of the services provided in your area.

GA HMIS Policies and Standard Operating Procedures

Who can have access to your information?

The GA HMIS participating organizations can have access to your data. These organizations may include homeless service providers, other social services organizations, housing providers, and healthcare providers. System users at participating organizations who have access to your information have signed an agreement to maintain the security and confidentiality of your information.

How is your personal information protected?

Your information in the HMIS is secured by passwords and encrypted transmission technology. In addition, each participating organization and system user must sign an agreement to maintain the security and confidentiality of the information. Your information is protected by the federal HMIS Privacy Standards. In some instances, depending on the services provided by a participating organization, your information may also be protected by additional Federal and/or State regulations, which may require additional written consent prior to any disclosure.

By signing below, you understand that:

- You have the right to receive services even if you do not sign this consent form.
- Signing this consent form does not guarantee you services.
- You have the right to receive a copy of this consent form.
- Your consent allows your record to be updated by any participating organization with which you interact without you being required to sign another consent form.
- This consent is valid for seven (7) years from the date after the Protected Personal Information was created or updated.
- You may cancel your consent at any time, but your cancellation must be done either in writing or by completing the Client Revocation of Consent to Share Information form. You further understand that any cancellation of this consent will not retroactively change information that has already been disclosed or actions already taken under your previous authorization.
- The GA HMIS Privacy Policy contains more detailed information about how your information may be used and disclosed.
- Upon your request, we will provide you with:
  - A copy of the Client Revocation of Consent to Release Information;
  - A copy of the GA HMIS Privacy Policy;
  - A copy of your full HMIS records (apart from case notes) within five (5) business days of your request;
  - A current list of participating organizations that have access to your data.
- If you find inaccurate or incomplete Protected Personal Information in your records, you have the right to request a correction.
- Aggregate or statistical data that is released from HMIS will not disclose any of your Protected Personal Information.

- You have the right to file a grievance against any organization you feel has violated your confidentiality.
- If you need to be referred to another agency for services, certain information may need to be forwarded through HMIS to facilitate a referral. If you do not provide consent to share your information, it may negatively affect participating providers from addressing your service needs in a coordinated fashion.
- You are not waiving any rights protected under Federal and/or Georgia law.

GA HMIS Policies and Standard Operating Procedures

SIGNATURE AND ACKNOWLEDGEMENT

Your signature below indicates that you have read (or been read) this client consent form and have received answers to your questions. Please indicate your sharing preference by choosing one of the options below:

- ☐ I consent to allow my information, and that of my minor children (if applicable, as listed below), to be shared via the GA HMIS as described in this consent form.
- ☐ I consent to allow my information, and that of my minor children (if applicable, as listed below), to be shared via the GA HMIS; however, I wish to limit that sharing as specified in the Client Consent to Share Information – Supplement form.
- ☐ I do not consent to allow my information to be shared via the GA HMIS. I understand that this choice may negatively affect the quality of services the GA HMIS participating providers are able to provide.

Client/ Legal Guardian Name (Please print):_____DOB:_____

Last 4 digits of SS_____

Signature_____Date _____

Minor Children (if any):

Client Name:_____DOB:_____Last 4 digits of SS_____

Client Name:_____DOB:_____Last 4 digits of SS_____

Client Name:_____DOB:_____Last 4 digits of SS_____

For Agency Personnel Use Only:

_____ _____

Print Name of Organization **Print Name of Organization Staff**

_____ _____

Signature of Organization Staff **Date**

GA HMIS Policies and Standard Operating Procedures

Appendix E: GA HMIS GA HMIS Custom Development Policy

GA HMIS Policies and Standard Operating Procedures

Appendix E: GA HMIS Custom Development Policy

The GA HMIS Collaborative has approved the following policy for a CoC or federal partner (SSVF, VA, PATH and HOPWA) who desires to enhance or customize Georgia's HMIS system. GA HMIS Bylaws and Policies require that any CoC or federal partner (collectively, "HMIS Partners") abide by HMIS Standard Operating Procedures.

Georgia Housing Finance Agency (GHFA) is under a contract with Eccovia to provide HMIS services ("GA HMIS Agreement"). The Georgia Department of Community Affairs (DCA) administers the HMIS system and is charged with ____ as the HMIS Lead. Any HMIS Partner's customization or enhancement of the HMIS system must adhere to the GA HMIS Agreement and this policy.

A. Initiation of HMIS Customization or Enhancement. Any HMIS Partner may initiate a discussion with Eccovia to draft a concept or specification documents. This specification process must be wholly at Eccovia or the HMIS Partner's expense. DCA nor GHFA will be subject to time or costs for specification discussions without DCA's written consent. If a HMIS Partner requests DCA's participation in the specification process, DCA's time will not exceed 15 hours unless otherwise directed by the GA HMIS Collaborative.

B. Approval by DCA. After a HMIS Partner has completed the specification process and documented a scope of work, the HMIS Partner will submit the proposed work for DCA's approval.
    a. DCA shall not unreasonably withhold approval.
    b. Approval will not exceed ten (10) business days absent extraordinary circumstances. If there are extraordinary circumstances, DCA will notify the HMIS Partner at least five (5) business days in advance.
    c. DCA will review the proposed scope of work to:
        i. Evaluate the scope's consistency with HUD regulations or contractual requirements;
        ii. Whether the proposed scope of work will interfere with the HMIS system's normal operations; and
        iii. The scope's consistency with this policy and the GA HMIS Agreement.

    DCA will note any concerns and notify the HMIS Partner. DCA's concerns must be resolved prior to DCA granting approval.

C. Funding. Any customization or enhancement projects that use funds allocated to the HMIS Partner via the GA Cost Sharing Plan must adhere to GHFA and HUD requirements. DCA must agree to any funding commitments regarding funds allocated to DCA. No other agency or entity may obligate DCA time or resources. Payments to Eccovia must be distributed across the term of any agreement and associated with concrete measurable deliverables. The CoC and DCA will

document a payment schedule to ensure that no payment is duplicated and that sufficient funds are retained until the final deliverable to ensure Eccovia's compliance with the agreement.

D. Ongoing Support. Customizing or expanding the HMIS system will require additional DCA time and resources after implementation. Therefore, DCA will calculate an additional charge to the HMIS Partner for ongoing support of the changes calculated on the level of effort and complexity. DCA will provide this cost to the HMIS Partner during the approval process.

E. Contract Provisions. The agreement between Eccovia and the HMIS Partner shall adhere to the format attached to this policy. The attached agreement contains terms that define the parties' relationships and must be signed by GHFA.

GA HMIS Policies and Standard Operating Procedures

GA HMIS Custom Development Agreement

THIS AGREEMENT (hereinafter "Agreement"), dated as of the (numeric) day of (month), 2017, is entered into by and between the Georgia Housing and Finance Authority ("GHFA") and (name of Continuum of Care), ("CoC") and Eccovia, Inc. ("Eccovia").

WHEREAS, GHFA entered into an agreement with Eccovia on October 12, 2016 for HMIS software services ("GA HMIS Agreement"); and

WHEREAS, the CoC desires to develop or customize the HMIS system to provide additional functionality and services; and

WHEREAS, the GA HMIS Agreement prohibits Eccovia from developing or customizing the HMIS system without GHFA's consent; and

[if GHFA responsible to pay]: WHEREAS, CoC was awarded a HMIS grant through HUD's NOFA application process; and

[if GHFA responsible to pay]: WHEREAS, GHFA, as directed by HUD, is responsible to administer CoC's HMIS grant; and

WHEREAS, GHFA consents to the CoC contracting for development or customization of the HMIS [if GHFA responsible to pay]: and agrees to issue payment from the CoC's HMIS grant for such services pursuant to the terms of this Agreement.

NOW, THEREFORE, the parties hereby agree as follows:

1. Scope of Work. Eccovia shall perform fully and faithfully the services described in Exhibit A ("Scope of Work"), attached hereto and incorporated by reference.

2. Pricing. Eccovia agrees to provide the services described in the Scope of Work _____ [add] _____.

[If CoC is responsible to pay]: CoC must adhere to Eccovia's standard terms, which generally provide for a portion due upon execution then additional invoices due as the project deliverables are completed. Invoices are due net 30 days.

[If GHFA responsible to pay]: GHFA must adhere to Eccovia's standard terms, which generally provide for a portion due upon execution then additional invoices due as the project deliverables are completed. Invoices are due net 30 days.

3. Termination. GHFA, Eccovia or CoC may terminate this Agreement pursuant to the termination provisions in the GA HMIS Agreement. Termination of this Agreement will not affect the GA HMIS Agreement. Eccovia shall receive payment for all services performed up to the effective date of cancellation.

4. This Agreement is subject to GA HMIS Agreement. This Agreement, including any development or customization of the HMIS system pursuant to this Agreement, must adhere to requirements and restrictions in the GA HMIS Agreement, which is attached hereto and incorporated by reference, including but not limited to the following provisions:

Section 2, "Approval of Material Changes": GHFA must approve any changes to the HMIS prior to implementation.

Section 5(E), "Satisfaction": All work performed on the HMIS shall be done to the reasonable satisfaction of DCA.

Section 5(F), "Standards": The HMIS shall comply with all data and technical standards set forth by HUD.

5. Responsible Parties. Subject to the terms and provisions of this Agreement, the CoC is solely responsible to monitor and ensure that Eccovia completes the deliverables as defined in the Scope of Work. GHFA shall not be responsible to monitor Eccovia's compliance with the Scope of Work. However, GHFA has the discretionary right to determine that Eccovia has failed to complete a deliverable or has violated the terms of this Agreement or the GA HMIS Agreement. In the event GHFA makes this determination, GHFA may require that Eccovia and/or the CoC remedy the failure or violation.

The CoC shall designate a project manager to oversee this Agreement and Eccovia's performance.

6. GHFA's Limited Liability. Any dispute by CoC regarding Eccovia's performance under this Agreement shall only be between Eccovia and CoC [if GHFA responsible to pay]: and shall not affect GHFA's duty to pay. CoC shall not hold GHFA liable for claims or damages relating to Eccovia's performance or nonperformance under this Agreement [if GHFA responsible to pay]: or GHFA's release of funds to Eccovia.

[if GHFA responsible to pay]: The parties recognize that CoC has an interest in funds paid by GHFA from its HMIS grant and shall have the right to recover same from Eccovia if warranted and in addition to any

other allowed damages in the event of Eccovia's breach of this Agreement. Payment in full by GHFA shall release GHFA from any liability under this Agreement but shall not constitute acceptance of the deliverables or operate to bar or waive claims regarding Eccovia's performance.

7. Indemnification of GHFA. CoC and Eccovia hereby release and discharge GHFA and agree to indemnify, protect and hold harmless GHFA with respect to any claim, demand, liability, loss, penalty, cost or expense (including court costs and reasonable attorneys' fees) arising out of or occurring in connection with this Agreement. The parties intend that GHFA shall not be liable for any costs or damages in connection with this Agreement. CoC and Eccovia shall, at their sole expense, participate in the defense or any suit or action brought against GHFA. No settlement or compromise entered into by CoC or Eccovia stemming from a demand, action or suit shall be effective to bind GHFA unless entered into with GHFA's express written approval.

8. Amendment. No amendment to this Agreement is effective unless reduced to writing and signed by all parties.

9. Conflict. All terms of the GA HMIS Agreement shall be incorporated herein and applicable to the parties' relationships in this Agreement. If there is a conflict between this Agreement and the GA HMIS Agreement, this Agreement will take precedence.

2018 HDX Competition Report

PIT Count Data for GA-500 - Atlanta CoC

Total Population PIT Count Data

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count	**4063**	**3572**	**3076**
Emergency Shelter Total	1782	1,567	1,146
Safe Haven Total	0	0	0
Transitional Housing Total	1443	1,324	1,190
Total Sheltered Count	**3225**	**2891**	**2336**
Total Unsheltered Count	**838**	**681**	**740**

Chronically Homeless PIT Counts

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	**556**	**346**	**335**
Sheltered Count of Chronically Homeless Persons	290	215	105
Unsheltered Count of Chronically Homeless Persons	266	131	230

2018 HDX Competition Report

PIT Count Data for GA-500 - Atlanta 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	**141**	**163**	**166**
Sheltered Count of Homeless Households with Children	122	158	163
Unsheltered Count of Homeless Households with Children	19	5	3

Homeless Veteran PIT Counts

	2011	2016	2017	2018
Total Sheltered and Unsheltered Count of the Number of Homeless Veterans	**1237**	**369**	**386**	**399**
Sheltered Count of Homeless Veterans	803	366	321	303
Unsheltered Count of Homeless Veterans	434	3	65	96

2018 HDX Competition Report

HIC Data for GA-500 - Atlanta 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	**1155**	**39**	**672**	**60.22%**
Safe Haven (SH) Beds	**0**	**0**	**0**	**NA**
Transitional Housing (TH) Beds	**1666**	**0**	**837**	**50.24%**
Rapid Re-Housing (RRH) Beds	**652**	**14**	**593**	**92.95%**
Permanent Supportive Housing (PSH) Beds	**1898**	**0**	**1583**	**83.40%**
Other Permanent Housing (OPH) Beds	**0**	**0**	**0**	**NA**
Total Beds	5,371	53	3685	69.29%

2018 HDX Competition Report

HIC Data for GA-500 - Atlanta 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	**2263**	**1581**	**1421**

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	**55**	**44**	**123**

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	**519**	**177**	**652**

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

Summary Report for GA-500 - Atlanta CoC

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

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

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

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

Measure 1: Length of Time Persons Remain Homeless

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

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.
Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

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

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

	Universe (Persons)			Average LOT Homeless (bed nights)				Median LOT Homeless (bed nights)			
	Submitted FY 2016	Revised FY 2016	FY 2017	Submitted FY 2016	Revised FY 2016	FY 2017	Difference	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
1.1 Persons in ES and SH	6975		6553	53		65	12	29		31	2
1.2 Persons in ES, SH, and TH	9486		9136	117		145	28	53		64	11

b. This measure is based on data element 3.17.

This measure includes data from each client's Living Situation (Data Standards element 3.917) response as well as time spent in permanent housing projects between Project Start and Housing Move-In. This information is added to the client's entry date, effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

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

	Universe (Persons)			Average LOT Homeless (bed nights)				Median LOT Homeless (bed nights)			
	Submitted FY 2016	Revised FY 2016	FY 2017	Submitted FY 2016	Revised FY 2016	FY 2017	Difference	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
1.1 Persons in ES, SH, and PH (prior to "housing move in")	7523		7114	105		184	79	33		64	31
1.2 Persons in ES, SH, TH, and PH (prior to "housing move in")	9986		9629	172		254	82	67		110	43

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

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

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

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

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)		Returns to Homelessness in Less than 6 Months			Returns to Homelessness from 6 to 12 Months			Returns to Homelessness from 13 to 24 Months			Number of Returns in 2 Years	
	Revised FY 2016	FY 2017	Revised FY 2016	FY 2017	% of Returns	Revised FY 2016	FY 2017	% of Returns	Revised FY 2016	FY 2017	% of Returns	FY 2017	% of Returns
Exit was from SO		194		13	7%		13	7%		16	8%	42	22%
Exit was from ES		1069		144	13%		69	6%		80	7%	293	27%
Exit was from TH		1167		122	10%		81	7%		72	6%	275	24%
Exit was from SH		0		0			0			0		0	
Exit was from PH		1222		65	5%		39	3%		43	4%	147	12%
TOTAL Returns to Homelessness		3652		344	9%		202	6%		211	6%	757	21%

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	4063	3572	-491
Emergency Shelter Total	1782	1567	-215
Safe Haven Total	0	0	0
Transitional Housing Total	1443	1324	-119
Total Sheltered Count	3225	2891	-334
Unsheltered Count	838	681	-157

Metric 3.2 – Change in Annual Counts

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

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Unduplicated Total sheltered homeless persons	9695		9359	-336
Emergency Shelter Total	7255		6860	-395
Safe Haven Total	0		0	0
Transitional Housing Total	4044		3698	-346

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

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

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

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	402		380	-22
Number of adults with increased earned income	21		29	8
Percentage of adults who increased earned income	5%		8%	3%

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

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	402		380	-22
Number of adults with increased non-employment cash income	101		94	-7
Percentage of adults who increased non-employment cash income	25%		25%	0%

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

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	402		380	-22
Number of adults with increased total income	116		118	2
Percentage of adults who increased total income	29%		31%	2%

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

Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	426		242	-184
Number of adults who exited with increased earned income	112		37	-75
Percentage of adults who increased earned income	26%		15%	-11%

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

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	426		242	-184
Number of adults who exited with increased non-employment cash income	58		76	18
Percentage of adults who increased non-employment cash income	14%		31%	17%

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	426		242	-184
Number of adults who exited with increased total income	165		106	-59
Percentage of adults who increased total income	39%		44%	5%

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

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

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

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	8752		7808	-944
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.	2139		2049	-90
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)	6613		5759	-854

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

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	10605		9487	-1118
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.	2547		2372	-175
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.)	8058		7115	-943

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

This Measure is not applicable to CoCs in FY2017 (Oct 1, 2016 - Sept 30, 2017) reporting period.

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

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

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Persons who exit Street Outreach	1099		2054	955
Of persons above, those who exited to temporary & some institutional destinations	145		308	163
Of the persons above, those who exited to permanent housing destinations	311		310	-1
% Successful exits	41%		30%	-11%

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

FY2017 - Performance Measurement Module (Sys PM)

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	8586		7073	-1513
Of the persons above, those who exited to permanent housing destinations	3238		2184	-1054
% Successful exits	38%		31%	-7%

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

	Submitted FY 2016	Revised FY 2016	FY 2017	Difference
Universe: Persons in all PH projects except PH-RRH	2175		2288	113
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	1967		2100	133
% Successful exits/retention	90%		92%	2%

2018 HDX Competition Report

FY2017 - SysPM Data Quality

GA-500 - Atlanta 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	1986	1601	1585	1696	1706	1966	1763	1651	1677	2247	2296	1941	149	194	519	148				
2. Number of HMIS Beds	1292	1080	852	753	1388	1541	1363	922	1412	1838	1931	1735	140	194	433	133				
3. HMIS Participation Rate from HIC (%)	65.06	67.46	53.75	44.40	81.36	78.38	77.31	55.84	84.20	81.80	84.10	89.39	93.96	100.00	83.43	89.86				
4. Unduplicated Persons Served (HMIS)	6649	6236	7202	6802	4103	3674	4028	3686	1815	2220	2635	2851	1918	2186	2448	1801	5	25	201	1444
5. Total Leavers (HMIS)	5529	5470	6335	5657	2929	2497	2666	2375	394	474	690	575	1457	1243	1893	1032	5	16	43	985
6. Destination of Don't Know, Refused, or Missing (HMIS)	337	614	2621	2149	321	263	299	617	21	39	47	35	48	18	5	35	1	4	5	468
7. Destination Error Rate (%)	6.10	11.22	41.37	37.99	10.96	10.53	11.22	25.98	5.33	8.23	6.81	6.09	3.29	1.45	0.26	3.39	20.00	25.00	11.63	47.51

2018 HDX Competition Report

Submission and Count Dates for GA-500 - Atlanta CoC

Date of PIT Count

	Date	Received HUD Waiver
Date CoC Conducted 2018 PIT Count	1/22/2018	

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

Excerpts from the CoC Standards of Care showing the adoption of the Orders of Priority

Atlanta Continuum of Care Written Standards of Care

#	Section 1 - Health and Safety Standard	Required	Standard of Excellence	Phase	Applicable Program Types	Method of Monitoring
1.1	Facilities/units comply with all applicable building, zoning, fire, health, and safety codes and laws.	X		One	All	Permits available upon request
1.2	Staff members have access to a phone for 911 calls.	X		One	All	Visual inspection
1.3	Facilities/units are in a fit and habitable condition.	X		One	All	Visual inspection
1.4	Facility has an Emergency and Disaster Safety Plan.	X		One	All	Plan available upon request
1.5	Facility has clear First Aid Procedures including availability of First Aid Kit and trained staff.	X		Two	All	Plan available upon request
1.6	Facilities comply with all applicable OSHA and Health Department standards.	X		Two	Facility based	
1.7	Facilities have a safety and security plan which is appropriate to their location and the population served.		X	Two	Facility based	Plan available upon request
1.8	Program follows TB screening/prevention guidelines adopted by the CoC and the Health Department.		X	One	Congregate living facilities	
1.9	All designated program vehicles are maintained and used for appropriate program purpose and follow applicable DOT standards.	X		Two	All	
1.10	Program has clear procedures for appropriate storage of medication for clients in a locked cabinet with refrigeration available when necessary.	X		Two	Congregate living facilities	
1.11	The agency has a posted policy regarding firearms and other weapons, as it relates to employees, clients and volunteers.	X		One	All	Policy is posted
1.12	Agency has a written policy and procedure regarding admission of sex offenders including diversion/referral processes when necessary.		X	Two	Shelters and Housing Facilities	
1.13	The program has a written mandated reporting policy.		X	One	All	Policy available upon request
1.14	Facilities providing services to children follow appropriate policies related to child safety.		X	Two	All	Visual Inspection

#	Section 3 – Assessment, Eligibility and Prioritization for Services Standard	Required	Standard of Excellence	Target Date	Applicable Program Types	Method of Monitoring
3.1	Agency will participate and comply with the Coordinated Intake and Assessment policies and procedures as defined by the Continuum of Care	X		Two	All	Policies and procedures
3.2	Programs have expedited admission processes, to the greatest extent possible, including assistance with obtaining necessary documentation.		X	One	All	ALOS from referral to enrollment
3.3	Programs that receive HUD funding will require that all program participants meet the HUD eligibility criteria that all records meet HUD Eligibility Determination and Documentation Requirements.	X		One	All	Client File Inspection
3.4	Agencies will accept only referrals through the coordinated assessment process and will enroll individuals based on their position on the centralized coordinated assessment waiting list, which prioritizes homeless individuals and families experiencing chronic homelessness consistent with Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing, or any subsequent updated versions.		X	Two	All other than short-term emergency/crisis shelter	Program Enrollment Records
3.5	Client files are complete, accurate and entered into HMIS in a timely manner.	X		One	All	Case File Inspection and HMIS
3.6	Agency has a written client admissions policy with clearly delineated admission and eligibility criteria and procedures based on the **CoC guidelines** to the extent possible.	X		Two	All	
3.7	*If an agency is unable to accept a person referred through coordinated assessment, the reasons are clearly documented for Coordinated Assessment staff.*		X	Two		
4.4	Program does not deny admission based solely on a client's sobriety or criminal history unless program has specific restrictions due to funder restrictions or clear safety reasons.		X	Three	All	Policies and procedures

Atlanta Continuum of Care
2018 Agency Certification Form

Partners for Home, as the Collaborative Applicant for the Atlanta Continuum of Care (CoC), is issuing this document which must be submitted with ALL project applications.

The certifications below must be made by a representative of the organization who is appropriately authorized to do so (executive director, board president, etc.). This form must be received no later than August 4, 2018, at 4:00pm, for the application to be considered complete. Failure to submit this form may result in an application being not scored or included in the final ranking to HUD.

Bed Prioritization for Chronically Homeless

The Atlanta CoC prioritizes homeless individuals and families experiencing chronic homelessness consistent with *Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing*.

☐ I certify that I am aware of this Notice and the Atlanta CoC policy and agree to adhere to it, if applicable.
(Please initial) _____

Equal Access to Housing

In accordance with the *Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity Final Rule*, the Atlanta CoC acknowledges that all HUD-assisted and HUD-insured housing programs are available to everyone who is eligible, regardless of actual or perceived sexual orientation, gender identity, or marital status. This is also consistent with Notice CPD-15-02: *Appropriate Placement for Transgender Persons in Single-Sex Emergency Shelters and Other Facilities*. More information can be found here.

☐ I certify that I am aware of this Rule and the Atlanta CoC policy and agree to adhere to it.
(Please initial) _____

Housing First

The Atlanta CoC follows a Housing First model, which is a model of housing assistance that prioritizes rapid placement and stabilization in permanent housing and does not have service participation requirements or preconditions such as sobriety or a minimum income threshold. More information about Housing First can be found here.

☐ I certify that I am aware of this Atlanta CoC policy and agree to adhere to it.
(Please initial) _____

Coordinated Entry

The Atlanta CoC operates a coordinated entry process in accordance with the HUD *Coordinated Entry Policy Brief*, the HUD *Coordinated Entry Core Elements Guide*, and the Atlanta CoC *Policies and Procedures Manual for Coordinated Entry*.

☐ I certify that I am aware of the Atlanta CoC coordinated entry process and agree to adhere to it.
(Please initial) _____

Homeless Management Information System (HMIS)

The Atlanta CoC is a part of the Georgia HMIS Implementation, and as such, uses ClientTrack as its HMIS, which is a system that each CoC is required to use that complies with HUD's data collection, management, and reporting standards to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness. More information about HMIS can be found here.

☐ I certify that I am aware of the HMIS requirement and agree to adhere to it.
(Please initial) _____

E-snaps Submissions, Certifications and Registrations

All CoCs need to ensure the accuracy of the project submissions and to confirm that all of the project recipients have all the appropriate documents included in their application. The CoC is also responsible to ensure the documents are dated between May 1, 2018 and September 18, 2018, and accurate and complete. Additionally, all applicants must have:

- A project application in E-snaps by August 17, 2018, at 4pm.
- An Applicant Code of Conduct on file with HUD. More information on the Code of Conduct and how to check for compliance can be found here.
- A current DUNS number. More information on the DUNS number and how to register for one can be found here.
- An active SAM registration. More information on the SAM registration and how to register can be found here.

☐ I certify that I am aware of these requirements, and that my agency is, or will be by the time of CoC submission (no later than September 18, 2018), in compliance.
(Please initial) _____

☐ I certify that my agency is a sub-recipient (S+C) and will ensure that compliance is met by the time of CoC submission (no later than September 18, 2018).
(Please initial) _____

Signature of Authorized Representative ☐ "X" indicates electronic signature submitted	
Print Name	
Title	
Agency and Project Name	
Date	

SPARC
an initiative of
Center for Social Innovation

SPARC ATLANTA

Initial Findings from Quantitative and Qualitative Research

Version Date: April 13, 2018

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Center for Social Innovation

Background

The Center for Social Innovation (C4) launched Supporting Partnerships for Anti-Racist Communities (SPARC) in 2016 in response to overwhelming evidence that people of color were dramatically overrepresented in the nation's homeless population—across the country and regardless of jurisdiction. Since then, SPARC has worked in six communities, using mixed methods research and structured dialogue to understand how people are experiencing systemic racism in relation to homelessness, and to leverage that knowledge toward systems transformation.

Beginning in May 2017, C4 partnered with United Way of Greater Atlanta, Partners for HOME, Mercy Care, and other nonprofit service providers in Atlanta to collect qualitative and quantitative data to examine the racial dimensions of homelessness in the area. This report presents preliminary findings from these data and a discussion of the findings. Participation in SPARC is one way that United Way of Greater Atlanta has prioritized racial equity in its work and works to build culture equity into the department from the beginning.

Glossary of Terms

Racism - A system of advantage/oppression based on race. Racism is exercised by the dominant racial group (Whites) over non-dominant racial groups. Racism is more than just prejudice.

Inequities - Differences in outcomes between population groups that are rooted in unfairness or injustice.

Equity - A situation where all groups have access to the resources and opportunities necessary to eliminate gaps and improve the quality of their lives.

Racial Equity - "Closing the gaps" so that race does not predict one's success, while also improving outcomes for all. Equity is distinct from equality in that it aspires to achieve fair outcomes and considers history and implicit bias, rather than simply providing "equal opportunity" for everyone. Racial equity is not just the absence of overt racial discrimination; it is also the presence of deliberate policies and practices that provide everyone with the support they need to improve the quality of their lives." [1]

Anti-racism - "An action- oriented, educational and political strategy for institutional and systemic change that addresses the issues of racism and the interlocking systems of social oppression (sexism, classism, heterosexism, ableism)."[2]

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[1] George J. Sefa Dei, *Power, Knowledge and Antiracism Education*, ed. George Sefa Dei and Agnes Calliste (Halifax: Fernwood, 2000), 13.

[2] Maguire, Angus. "Illustrating Equality vs. Equity." Interaction Institute for Social Change, 13 Jan. 2016, interactioninstitute.org/illustrating-equality-vs-equity/

Table of Contents

1. Executive Summary 5

1.1 Summary of Preliminary Quantitative Findings 6

1.2 Summary of Preliminary Qualitative Findings 7

1.3 Recommendations 8

1.4 Implications 8

2. Preliminary Quantitative Research 9

2.1 Preliminary Quantitative Research Findings 9

2.2 Predictors for Exit Destination 20

3. Preliminary Findings from Qualitative Data 23

3.1 Summary 23

3.2 Pathways into Homelessness 24

3.3 Barriers to Exiting Homelessness 30

4. Discussion: Promising Directions 37

4.1 Economic Mobility for Communities of Color 38

4.2 Upstream and Downstream Stabilization 39

4.3 Hispanic/Latinx 41

4.4 Trans* People of Color 42

5. Recommendations 43

6. Conclusion 46

7. Appendix 47

7.1 Entry and Exit Location Groupings 47

1. Executive Summary

Beginning in May 2017, the Center for Social Innovation (C4) partnered with United Way of Greater Atlanta, Mercy House, Partners for HOME, and other service providers to amplify the issue of racial inequity and homelessness in Atlanta, Georgia. This partnership included a public town hall event, provider training, a planning session of community leaders, and collection/analysis of local quantitative and qualitative data.

In the planning session of community leaders, stakeholders from homeless service organizations identified two "Structural Change Objectives" for our work to address racial equity in our system. These are:

1. **Improving access to public transportation** in the Greater Atlanta area, by improving current infrastructure, expanding public transportation routes, and including greater community involvement in planning.

2. **Affirmatively furthering fair housing**, with a focus on redesigning the evictions process, including fair representation and adequate support services, and supporting efforts to expand inclusionary zoning.

As part of the effort to better understand the intersection of racism and homelessness in Atlanta, SPARC worked with local partners to collect qualitative and quantitative data that would elucidate the racial dimensions of homelessness in the area. Data collection included:

1. Homeless Management Information System (HMIS) data from fiscal years 2011 to 2016.[3]
2. Qualitative research, including 22 individual interviews with people of color experiencing homelessness and three focus groups— one for people of color experiencing homelessness, one for direct service providers of color, and one for community leaders in the housing and homeless services systems as well as adjacent systems.

[3] HMIS includes client-level data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness.

This report presents preliminary findings from this research. In the Discussion, we present promising directions for potential systems change and further research, and in the Recommendations, we outline potential short term and long-term action steps. We also explore the links between the data and the objectives identified by the Atlanta community leaders.

1.1 Summary of Preliminary Quantitative Findings

Our analyses of HMIS data from the Atlanta Continuum of Care for fiscal years 2011-2016 explored the demographics of people experiencing homelessness compared to people in poverty and the general population, racial/ethnic disparities in location prior to homelessness and destination at exit, and race/ethnicity as a predictor of exit destination. For some analyses of entry and exit location, we broke the sample into three household statuses: 1) individuals presenting as part of a household, including heads of households 2) individuals aged 25 and older; and, 3) individuals 18 to 24.

Our findings include:

- Though the Black population in Atlanta constitutes 53.5% of the general population, this group is overrepresented among those living in deep poverty (75.7%) and among people experiencing homelessness (87.5%). On the other hand, Whites constitute 40.1% of the general population, but are markedly underrepresented in the deep poverty group (17.6%) and the population experiencing homelessness (11.3%). The disparities between the percentages in poverty and those experiencing homelessness suggests that poverty alone does not explain the overrepresentation of Black people in the population experiencing homelessness.
- Looking at prior location of each household type, entry location categories were proportional with the race and ethnicity breakdown, with the exception of the institutional care category, where Whites were overrepresented.
- Examining families specifically, the majority (55.6%) exited into permanent housing with no subsidy followed by doubled-up (15.9%) and permanent housing with a subsidy (13.6%). Most exit locations were proportional with the overall race and ethnicity breakdown.
- Nearly 40% of individuals 18-24 exited to permanent housing with no subsidy, followed by into a doubled-up situation (27.4%) and back into homelessness (15.0%). There were minimal differences by race and ethnicity.
- Almost a third (29.0%) of individuals 25 and older exited back into a homeless situation

followed by 27% into permanent housing with no subsidy and 19.3% into a doubled-up situation. There were minimal differences by race and ethnicity.

- Compared to Whites across all household types, Blacks were 9.8% less likely to exit into homelessness, and American Indian or Alaska Natives were 43.7% more likely.
- Compared to Whites, Black individuals were 44% more likely to exit into permanent housing with a subsidy and 83% more likely to exit into permanent housing without a subsidy.
- Compared to individuals over the age of 25, individuals in households were almost three times more likely to exit into housing with a subsidy *and* three times more likely to exit without a subsidy.

The findings point to the need for research that examines returns to homelessness, housing stability once exit to housing is documented, and the way age, gender, and other factors interact with race to impact people in intersectional ways.

1.2 Summary of Preliminary Qualitative Findings

- Pathways into homelessness were often characterized by:
    - *Network impoverishment:* It is not just that respondents were experiencing poverty — everyone they know was experiencing poverty, too.
    - *Threats to safety:* Narratives of violence and compromised safety, specifically within family and home environment, were common in the narratives of people we interviewed — particularly women.
    - *Unmet health needs:* Instability and trauma correlated with mental health and substance use issues, while medical health issues were also common in respondents' narratives.

- Barriers to exiting homelessness are often systemic and include:
    - *Difficulty navigating the system:* People are frustrated with program requirements and find it hard to get what they need from public assistance.
    - *Employment accessibility and economic mobility*: People find it difficult to secure employment that they can find transportation to and that pays a housing wage.
    - *Ineffective behavioral health services:* Unmet mental health and substance use issues was portrayed a barrier to exiting homelessness.

1.3 Recommendations

Based on these data, preliminary recommendations include the following, which are detailed further in the report:

1. Design an equitable Coordinated Entry system.
2. Incorporate racial equity into grantmaking and contracting for homelessness and housing programs.
3. Include racial equity data analysis and benchmarks in strategic planning to end homelessness.
4. Support organizational development to ensure racial equity at the organizational level.
5. Encourage anti-racist program delivery.
6. Promote ongoing anti-racism training for homeless service providers.
7. Collaborate to increase affordable housing availability for all people experiencing homelessness.
8. Utilize innovative upstream interventions to prevent homelessness for people of color.
9. Investigate flexible subsidies to mitigate the effects of network impoverishment.
10. Support innovative health care strategies to meet the health and behavioral health needs of communities of color.

1.4 Implications

This study is grounded in the lived experience of people of color experiencing homelessness, and it offers numerous insights for policy makers, researchers, organizational leaders, and community members as they work to address homelessness in ways that are comprehensive and racially equitable. The demographics alone are shocking—the vast and disproportionate number of people of color in the homeless population in Atlanta is a testament to the historic and persistent structural racism that exists in this country. Collective responses to homelessness must take such inequity into account. Equitable strategies to address homelessness must include programmatic and systems level changes, and they must seriously begin to address homelessness prevention. It is not enough to move people of color out of homelessness if the systems in place are simply setting people up for a revolving door of housing instability. Efforts must begin to go upstream into other systems—criminal justice, child welfare, foster care, education, and healthcare—and implement solutions that stem the tide of homelessness at the point of inflow. This report aims to present initial findings from SPARC's work in Atlanta, examine what can be learned from these data, and begin crafting strategies to create a response to the homelessness crisis that is grounded in racial equity.

2. Preliminary Quantitative Research

For the preliminary analysis of Atlanta's Homeless Management Information System (HMIS) data, the SPARC team identified an initial set of research questions:

1. How does the race of people experiencing homelessness compare to those in poverty and the general population?
2. How does the race of people experiencing homelessness relate to the number of homeless occurrences in the three-year period prior to program entry?
3. How does the race of people experiencing homelessness relate to the number of months an individual has experienced homelessness over the three-year period prior to program entry?
4. How does the race of people experiencing homelessness relate to "prior living situation" at program entry?
5. How does the race of people experiencing homelessness relate to "destination" at program exit?

Our team also looked at whether or not race or ethnicity were substantial predictors of exiting programs into homelessness, housing without subsidy, or housing with subsidy.

2.1 Preliminary Quantitative Research Findings

The following analyses used HMIS data from the Atlanta Continuum of Care for fiscal years 2011-2016 which included 78,712 clients. Several slightly different client universes are analyzed in this report, representing a total of 78,712 unique clients with three different household statuses: 1) individuals presenting as part of a household, including heads of households (n=4,583); 2) individuals aged 25 and older (n=48,597); and, 3) individuals 18-24 years of age (n=15,417). Univariate and bivariate descriptions below (Tables 1-4) represent all household groups. In these tables and descriptions, it is important to note that a variable associated with a head of household may apply to all members of that household, which may skew the data in that characteristics of households with more than one affiliated individual will be given more weight. Tables 5-13, alternatively, describe prior residence and exit destination for all three household groups. Logistic regressions are run on all clients with family group type included in the model as a covariate.

As shown in Table 1, the study sample was 58.0% male. The average age for this sample was 36 years (M = 36.16, SD = 17.85). A majority of participants (87.5%) were Black, followed by 11.3% White, 0.8% American Indian or Alaska Native, 0.3% Asian, and 0.1% Native Hawaiian or Other Pacific Islander. Less than three percent (2.7%) of clients identified as Hispanic/Latinx.[4] Approximately 12% of the individuals (11.6%) were veterans and 45.1% had a disability.

Table 1. Characteristics of people in Atlanta Continuum of Care for fiscal years 2011-2016	
Race	N (%)
Black	67,568 (87.5%)
White	8,710 (11.3%)
American Indian or Alaska Native (AI/AN)	596 (0.8%)
Asian	217 (0.3%)
Native Hawaiian or Other Pacific Islander (NHOPI)	92 (0.1%)
Total N = 77,183	
Ethnicity	
Non-Hispanic/Non-Latinx	76,042 (96.6%)
Hispanic/Latinx	2,126 (2.7%)
Total N = 78,168	
Gender	
Female	32,744 (41.7%)
Male	45,545 (58.0%)
Transgender male to female	216 (0.3%)
Transgender female to male	18 (0.0%)
Age	
Years (Mean, SD)	36.16 (17.85)
Veterans Status	
Yes	9,118 (11.6%)
No	67,145 (85.3%)
Presence of Disability	
Yes	35,487 (45.1%)
No	39,151 (49.7%)

[4] Latinx is a gender neutral term used in lieu of Latino or Latina.

How do the racial demographics of people experiencing homelessness compare to those in poverty and the general population?

We looked at 2016 HMIS data and compared it to American Community Survey (ACS) general population data, poverty data, and Point in Time (PIT) homeless counts. Though the Black population in Atlanta constitutes 53.5% of the population, this group is overrepresented among people living in poverty (both the 100% and 50% poverty line groups, 76.9% and 75.7%, respectively) and among people experiencing homelessness (HMIS, 87.5%). On the other hand, Whites constitute 40.1% of the general population, but are strikingly underrepresented in both poverty groups (16.6% and 17.6%, respectively) and in the population experiencing homelessness (HMIS, 11.3%). Individuals identifying as Hispanic/Latinx (of any race) have somewhat proportionate representation across poverty but are slightly underrepresented in HMIS and overrepresented in PIT counts. Individuals identifying as two or more races represent only 1.8% of the general population, but 3.6% of the 2016 PIT count.

Table 2.

Race of people experiencing homelessness, in HMIS programs, in poverty, and in the general population.

Race	Percent of total population 2015[a]	Percent at 100% Poverty 2015[b]	Percent at 50% Poverty 2015[c]	Total de-duplicated Percent, HMIS 2016	2016 Homelessness PIT[d]
Black	53.5%	76.9%	75.7%	87.5%	86.6%
White	40.1%	16.6%	17.6%	11.3%	8.7%
AI/AN	0.2%	0.2%	0.2%	0.8%	0.9%
Asian	3.3%	3.1%	4.2%	0.3%	0.2%
NHOPI	0.0%	0.1%	0.1%	0.1%	0.0%
Two or more*	1.8%	1.4%	1.5%	NA	3.6%
Hispanic or Latinx (of any race)	4.8%	5.8%	3.6%	2.7%%	5.4%

*Two or more races category not collected in HMIS

[a] ACS 5yr 2015 Total

[b] ACS 5yr 2015 - 100% poverty line

[c] ACS 5yr 2015 – 50% poverty line

[d] 2016 Point in Time homelessness count

How do racial demographics of people experiencing homelessness relate to the number of homeless occurrences in the three-year period prior to program entry?

For the purpose of this report, "program" is used to refer to a specific "project" in HMIS systems. "Program entry" is defined by the first program (in HMIS data, "project") entry in our samples for each individual. "Program exit" is defined by last exit in the sample for each individual where an exit location was identified. Table 3 shows the racial breakdown of the number of homeless occurrences experienced by clients in the three-year period prior to program entry. The majority of clients (78.4%) were missing data on this HMIS data element. However, among the sample that was not missing data, the racial breakdown across number of times homeless was essentially proportionate to the broad HMIS sample.

Table 3.

Number of Times Homeless in the Past Three Years by Race (N=16,703)

Number of times homeless in the past 3 years	All Races	Black	White	AI/AN	Asian	NHOPI	Hispanic or Latinx
1	9665	8402 (86.9%)	1137 (11.8%)	93 (1.0%)	25 (0.3%)	8 (0.1%)	310 (3.2%)
2	2711	2360 (87.1%)	311 (11.5%)	34 (1.3%)	5 (0.2%)	1 (0.0%)	62 (2.3%)
3	1570	1332 (84.8%)	215 (13.7%)	17 (1.1%)	4 (0.3%)	2 (0.1%)	30 (1.9%)
4 or more	2757	2324 (84.3%)	379 (13.7%)	38 (1.4%)	12 (0.4%)	4 (0.1%)	41 (1.5%)

How do racial demographics of people experiencing homelessness relate to the number of months an individual has experienced homelessness over the three-year period prior to program entry?

Table 4 shows the racial breakdown of clients experiencing less than one month, more than one month, and less than 12 months and 12 or more months of homelessness at the point of project entry. Experience of homelessness across racial groups was proportionate compared to the general HMIS population. For those clients experiencing between more than one month but less than 12 months of homelessness at program entry, average months of homelessness was similar across racial groups.

Table 4. Number of Months Homeless in Past Three Years by Race, n (%) (N = 12,611 for Race, N = 12,688 for Ethnicity)						
	Black	White	AI/AN	Asian	NHOPI	Hispanic or Latinx (of any race)
1 (this is the first month)	2553 (85.8%)	387 (13.0%)	30 (1.0%)	6 (0.2%)	1 (0.03%)	84 (2.8%)
Average if <12 months, Mean	3.58	3.47	3.91	3.43	2.83	2.89
More than 12 months	3513 (85.0%)	548 (13.3%)	52 (1.3%)	14 (0.4%)	3 (0.1%)	82 (2.0%)

How do racial demographics of people experiencing homelessness relate to "prior living situation" at program entry?

We sought to understand the locations of clients prior to program entry and at final program exit (if program exit occurred as of the end of FY 2016). For the purpose of this report, "program entry" is defined as the first program entry in the dataset for each individual. "program exit" is defined by last exit in the dataset for each individual where an exit location was identified. Tables 4-6 show residence prior to program entry by race for the following three client groups: individuals in households; individuals 18-24, and individuals 25 years of age and older.

Table 5 below shows the distribution by race and ethnicity of the prior living situation of individuals in households. The majority came from a homeless situation (52.6%), followed by a transitional setting, doubled-up, and permanent housing with no subsidy. No individuals in this group came from a correctional facility. Generally speaking, prior location categories were proportional with the race and ethnicity breakdown, with the exception of the institutional care category, where Whites were overrepresented.

Table 5.

*Living situation prior to program entry by race for individuals in households (N=4,583)**

		Race/Ethnicity**						
		Black	White	AI/AN	Asian	NHOPI	Hispanic or Latinx	Total
Prior living situation	Homeless	93.9%	5.0%	0.9%	0.2%	0.0%	3.2%	52.6%
	Permanent housing, subsidy	90.2%	9.2%	0.6%	0.0%	0.0%	5.1%	3.8%
	Permanent housing, no subsidy	94.0%	4.3%	1.6%	0.2%	0.0%	4.6%	11.2%
	Institutional care	65.9%	34.1%	0.0%	0.0%	0.0%	1.2%	1.8%
	Correctional facility	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	Doubled up	95.0%	4.5%	0.3%	0.1%	0.0%	2.9%	14.9%
	Transitional setting	94.2%	5.1%	0.6%	0.0%	0.1%	3.3%	15.7%
Total		93.5%	5.6%	0.8%	0.1%	0.0%	3.4%	100.0%

*Percent within location.

**Percent totals across race and ethnicity will not equal 100% because ethnicity includes all races.

Table 6 below shows the distribution by race and ethnicity of the prior living situation of individuals in under 24 years of age. The majority came from a homeless situation (40.5%), followed by doubled-up (22.9%), permanent housing no subsidy (17.4%), and a transitional setting (13.9%). Prior location categories were proportional with the race and ethnicity breakdown, with the exception of the institutional care category, where Whites were overrepresented.

Table 6.
*Living situation prior to program entry by race for **individuals ages 18-24** (N=15,417)**

		Race/Ethnicity**						
		Black	White	AI/AN	Asian	NHOPI	Hispanic or Latinx	Total
Prior living situation	Homeless	91.2%	7.6%	0.6%	0.5%	0.1%	3.9%	40.5%
	Permanent housing, subsidy	98.7%	1.1%	0.3%	0.0%	0.0%	2.1%	2.4%
	Permanent housing, no subsidy	95.7%	3.7%	0.3%	0.3%	0.0%	3.5%	17.4%
	Institutional care	53.5%	44.7%	1.8%	0.0%	0.0%	2.7%	1.8%
	Correctional facility	74.8%	23.3%	1.2%	0.6%	0.0%	4.2%	1.1%
	Doubled up	93.2%	5.8%	0.4%	0.4%	0.2%	3.4%	22.9%
	Transitional setting	92.3%	7.0%	0.6%	0.0%	0.0%	3.9%	13.9%
Total		91.9%	7.1%	0.5%	0.3%	0.1%	3.6%	100.%

*Percent within location.

**Percent totals across race and ethnicity will not equal 100% because ethnicity includes all races.

Table 7 shows the distribution by race and ethnicity of the prior living situation of individuals 25 years of age and older, which represents the vast majority of the sample. The majority (49.0%) came from a homeless situation followed by permanent housing with no subsidy (16.0%), doubled-up (12.1%) and transitional setting (12.0%). Prior location categories were proportional with the race and ethnicity breakdown, with the exception of the institutional care category, where Whites were overrepresented, and permanent housing no subsidy, where Blacks were overrepresented.

Table 7.
*Living situation prior to program entry by race for individuals **25 years of age and older** (N=48,597)**

		Race/Ethnicity**						
		Black	White	AI/AN	Asian	NHOPI	Hispanic or Latinx	Total
Prior living situation	Homeless	84.2%	14.3%	1.0%	0.3%	0.1%	2.6%	49.0%
	Permanent housing, subsidy	90.3%	8.8%	0.6%	0.2%	0.2%	1.4%	3.6%
	Permanent housing, no subsidy	93.3%	6.0%	0.5%	0.1%	0.0%	2.3%	16.0%
	Institutional care	65.3%	32.9%	1.0%	0.3%	0.4%	2.1%	4.80%
	Correctional facility	77.8%	20.7%	1.0%	0.4%	0.1%	3.3%	2.60%
	Doubled up	89.6%	9.3%	0.7%	0.3%	0.1%	2.3%	12.1%
	Transitional setting	83.4%	15.5%	0.8%	0.2%	0.1%	2.2%	12.0%
Total		85.4%	13.4%	0.9%	0.3%	0.1%	2.4%	100.0%

*Percent within location

**Percent totals across race and ethnicity will not equal 100% because ethnicity includes all races.

How do racial demographics of people experiencing homelessness relate to "destination" at program exit?

Table 8 shows the distribution by race and ethnicity of the exit destination of individuals in households. The majority (55.6%) exited into permanent housing with no subsidy followed by doubled-up (15.9%) and permanent housing with a subsidy (13.6%). Most exit locations were proportional with the race and ethnicity breakdown. For the categories where Whites were significantly overrepresented (institutional care and correctional facility categories), the actual numbers of individuals exiting into these categories were quite small, at 0.3% and 0.2% of the population, respectively, so we are limited in the conclusions we can draw.

Table 8.
*Exit destination by race for individuals in households (N=3,816)**

		Race/Ethnicity**						
		Black	White	AI/AN	Asian	NHOPI	Hispanic or Latinx	Total
Exit destination	Homeless	95.9%	4.1%	0.0%	0.0%	0.0%	4.7%	5.7%
	Permanent housing, subsidy	94.8%	3.9%	1.4%	0.0%	0.0%	2.1%	13.6%
	Permanent housing, no subsidy	94.3%	4.8%	0.7%	0.3%	0.0%	3.1%	55.6%
	Institutional care	40.0%	60.0%	0.0%	0.0%	0.0%	0.0%	0.3%
	Correctional facility	77.8%	22.2%	0.0%	0.0%	0.0%	11.1%	0.2%
	Doubled up	91.8%	7.6%	0.5%	0.0%	0.2%	3.6%	15.9%
	Transitional setting	93.0%	5.2%	1.3%	0.0%	0.4%	7.1%	6.0%
	Other	89.2%	9.8%	0.0%	1.0%	0.0%	5.0%	2.7%
Total		93.6%	5.4%	0.7%	0.2%	0.1%	3.4%	100.0%

*Percent within location.
**Percent totals across race and ethnicity will not equal 100% because ethnicity includes all races.

Table 9 shows the distribution by race and ethnicity of the exit destination of individuals under 24 years of age. The majority of individuals in this group exited to permanent housing with no subsidy (39.6%) followed by into a doubled-up situation (27.4%) and back into homelessness (15.0%). In these categories racial and ethnic breakdowns were generally proportional. For the categories where Whites were significantly overrepresented (institutional care and correctional facility categories), the actual numbers of individuals exiting into these categories were quite small, at 0.9% and 0.4% of the population, respectively, so we are limited in the conclusions we can draw.

Table 9. Exit destination by race for individuals 18-24 years of age (N=14,331)*

		Race/Ethnicity*						
		Black	White	AI/AN	Asian	NHOPI	Hispanic or Latinx	Total
Exit destination	Homeless	90.1%	8.3%	1.0%	0.4%	0.2%	5.0%	15.0%
	Permanent housing, subsidy	96.7%	2.8%	0.5%	0.0%	0.1%	2.4%	7.7%
	Permanent housing, no subsidy	95.2%	4.3%	0.2%	0.2%	0.0%	3.1%	39.6%
	Institutional care	54.0%	43.5%	2.4%	0.0%	0.0%	3.1%	0.9%
	Correctional facility	82.4%	17.6%	0.0%	0.0%	0.0%	2.0%	0.4%
	Doubled up	88.2%	10.6%	0.6%	0.5%	0.1%	4.0%	27.4%
	Transitional setting	90.8%	7.7%	0.9%	0.6%	0.0%	3.4%	5.6%
	Other	91.3%	5.9%	2.2%	0.2%	0.4%	6.5%	3.5%
Total		91.9%	7.1%	0.6%	0.3%	0.1%	3.7%	100.0%

*Percent within location.

**Percent totals across race and ethnicity will not equal 100% because ethnicity includes all races.

Table 10 shows the distribution by race and ethnicity of the exit destination of individuals 25 and older. Almost a third (29.0%) of individuals in this group exited back into a homeless situation followed by 27% into permanent housing with no subsidy and 19.3% into a doubled-up situation. In these categories, the racial and ethnic distributions were generally proportional. For the categories where Whites were significantly overrepresented (institutional care and correctional facility categories), the actual numbers of individuals exiting into these categories were quite small, at 2.1% and 0.7% of the population, respectively, so we are limited in the conclusions we can draw.

Table 10.

*Exit destination by race for individuals 25 and older (N=44,598)**

		Race/Ethnicity**						
		Black	White	AI/AN	Asian	NHOPI	Hispanic or Latinx	Total
Exit destination	Homeless	84.7%	13.7%	1.1%	0.3%	0.2%	2.8%	29.0%
	Permanent housing, subsidy	87.7%	11.3%	0.7%	0.2%	0.0%	1.5%	9.1%
	Permanent housing, no subsidy	91.1%	8.2%	0.5%	0.1%	0.1%	2.3%	27.1%
	Institutional care	66.0%	33.0%	0.7%	0.0%	0.2%	2.2%	2.1%
	Correctional facility	74.5%	23.8%	0.3%	1.0%	0.3%	2.4%	0.7%
	Doubled up	83.2%	15.5%	0.9%	0.2%	0.1%	2.5%	19.3%
	Transitional setting	82.4%	15.8%	1.1%	0.4%	0.2%	2.5%	7.2%
	Other	83.3%	15.4%	0.8%	0.4%	0.2%	2.6%	5.4%
Total		85.7%	13.1%	0.8%	0.3%	0.1%	2.4%	100.0%

*Percent within location.

**Percent totals across race and ethnicity will not equal 100% because ethnicity includes all races.

2.2 Predictors for Exit Destination

Predictors for Exiting into Homelessness

To examine the effect of race, ethnicity, and other factors on exiting into homelessness, multivariate logistic regression was conducted. Results are shown in Table 11. Using White as a reference group, some race categories were found to have a statistically significant association with the outcome of exiting into homelessness. Compared to White individuals, Black individuals were 9.8% less likely to exit into homelessness while American Indian or Alaska Natives were 43.7% more likely. Men and transgender individuals were 98% and 71.5%, respectively, less likely to exit into homelessness than were women. Compared to individuals aged 25 and older, individuals 24 years and younger were 92.7% less likely to exit into homelessness and families were almost five and a half times (OR=.185, $p<.01$) less likely to exit into homelessness.

Table 11.
Predictors of Exiting into Homelessness Among Clients in HMIS System

Variables	β	SE	Wald $\chi 2(1)$	OR (95% CI)
Race				
Black	-.093	.030	9.779*	.911 (.859-.966)
American Indian or Alaskan Native	.362	.105	11.838*	1.437 (1.169-1.76)
Asian	.274	.179	2.342	1.315 (.926-1.869)
NHOPI	.445	.264	2.834	1.561 (.929-2.620)
Ethnicity				
Hispanic/Latinx	.139	.071	3.859	1.150 (1.000-1.321)
Age	.010	.001	118.198	1.010 (1.008-1.012)
Gender				
Men	-.687	.021	1050.318*	.503 (.483-.524)
Other	-.539	.162	11.109*	.583 (.425-.801)
Household Status				
Individual under 24 years	-.655	.039	281.553*	.519 (.481-.561)
Individual in a household	-1.689	.084	405.371*	.185 (.157-.218)

Note. OR = Odds Ratio. CI = Confidence Interval.
*$p<.01$. **$p<.05$

Predictors for Exiting into Permanent Housing/ Renting with Subsidy

Multivariate logistic regression was also run to examine the effect of race, ethnicity, and other factors on exiting into permanent housing *with* a subsidy. Results are shown in Table 12. Black individuals were 44% more likely to exit into permanent housing with a subsidy than were Whites; no other racial group was statistically significant. Men and transgender individuals were both more likely than women to exit into permanent housing with a subsidy with increased odds of 56% and two and a half times (OR=2.55, $p<.01$), respectively. Compared to individuals over the age of 25, young individuals were 64.6% and individuals in households were almost three times (OR=2.712, $p<.01$) more likely to exit with a subsidy.

Table 12.
Predictors of Exiting into Permanent Housing *With* a Subsidy Among Clients in HMIS System

Variables	β	SE	Wald $\chi 2(1)$	OR (95% CI)
Race				
Black	.367	.050	53.272*	1.443 (1.308-1.592)
American Indian or Alaskan Native	.064	.180	.126	1.066 (.749-1.518)
Asian	-.249	.395	.398	.780 (.360-1.689)
NHOPI	-.217	.601	.131	.805 (.248-2.613)
Ethnicity				
Hispanic/Latinx	-.230	.124	3.463	.794 (.623-1.012)
Age	.001	.001	.576	1.001 (.998- 1.004)
Gender				
Men	.443	.032	194.851*	1.557 (1.463-1.657)
Other	.938	.328	8.157*	2.554 (1.342-4.859)
Household Status				
Individual under 24 years	.499	.057	76.052*	1.646 (1.472-1.842)
Individual in a household	.998	.072	194.411*	2.712 (2.357-3.121)

Note. OR = Odds Ratio. CI = Confidence Interval.
*$p<.01$. **$p<.05$

Predictors for Exiting into Permanent Housing/ Renting without Subsidy

Multivariate logistic regression was also run to examine the effect of race, ethnicity, and other factors on exiting into permanent housing *without* a subsidy. Results are shown in Table 13. Using White race as a reference group, people who identified as Black were 83% more likely to exit into permanent housing without a subsidy. Age was also statistically significant in that for

every year older there was a 0.3% increase in likelihood to exit into permanent housing with a subsidy. Compared to women, both men and transgender individuals were more likely to exit without a subsidy at increased odds of 82.3% and 59.8%, respectively. Compared to individuals aged 25 and older, younger individuals were 56.2% more likely and individuals in households were almost three times (OR=2.957, $p<.01$) more likely to exit without a subsidy.

Table 13.
Predictors of Exiting into Permanent Housing *Without* a Subsidy Among Clients in HMIS System

Variables	β	SE	Wald $\chi 2(1)$	OR (95% CI)
Race				
Black	.604	.033	332.992*	1.830 (1.715-1.953)
American Indian or Alaskan Native	-.094	.125	.567	.910 (.711-1.164)
Asian	-.224	.207	1.165	.800 (.533-1.200)
NHOPI	-.741	.407	3.323	.476 (.215-1.057)
Ethnicity				
Hispanic/Latinx	.015	.068	.045	1.015 (.887-1.160)
Age	.003	.001	9.578*	1.003 (1.001-1.004)
Gender				
Men	.600	.019	1004.992*	1.823 (1.756-1.891)
Other	.469	.170	7.629*	1.598 (1.146-2.228)
Household Status				
Individual under 24 years	.446	.034	170.082*	1.562 (1.461-1.671)
Individual in a household	1.084	.047	530.430*	2.957 (2.696-3.243)

Note. OR = Odds Ratio. CI = Confidence Interval.
*$p<.01$. **$p<.05$

3. Preliminary Findings from Qualitative Data

3.1 Summary

As of April 2018, the SPARC team has launched research in seven communities. Across the country, the team has collected 171 oral histories and conducted 21 focus groups. While qualitative data are still being analyzed, the most prominent preliminary finding thus far is the widespread impoverishment within communities of color. What we have noticed in every city is that people of color collectively have fewer resources in their networks to draw on should something go wrong. We have begun to refer to this phenomenon as **"network impoverishment."** Qualitative data from Atlanta evidenced this finding in similar ways.

The SPARC team collected 22 oral histories in Atlanta during one week of May 2017. These interviews were held with people of color who were currently experiencing homelessness. During the same week, the SPARC team also facilitated three focus groups: one for people of color experiencing homelessness; one for direct service providers of color; and one for community leaders in the housing and homeless services systems, and adjacent systems.

In reviewing the oral history interview data, our approach was to allow themes and concepts to emerge organically from the transcripts, rather than approach the data with any set hypothesis. This method is referred to as a Grounded Theory approach.[5] A team of four reviewers went through each oral history transcript and developed thematic codes. The team used the NVIVO software to code the transcripts and run analyses.[6]

This initial report focuses on **pathways into homelessness** and **barriers to exiting homelessness**. We focused on these areas in order to identify potential intervention spaces. Factors that led to homelessness and barriers to exit may be similar depending on the point in time, but we distinguished these factors based on how people answered our questions (e.g., "What led you here?" vs. "What has not been helpful as you try to get housing?").

[5] Charmaz, K., & Belgrave, L. (2012). Qualitative interviewing and grounded theory analysis. The SAGE handbook of interview research: The complexity of the craft, 2, 347-365.

[6] QSR International. (2012). NVivo qualitative data analysis software. Retrieved from http://www.qsrinternational.com/product

- Pathways into homelessness were often characterized by:
    - *Network impoverishment:* It is not just that respondents were experiencing poverty — everyone they know was experiencing poverty, too.
    - *Threats to safety:* Narratives of violence and compromised safety, specifically within family and home environment, were common in the narratives of people we interviewed — particularly women.
    - *Unmet health needs:* Instability and trauma correlated with mental health and substance use issues, while medical health issues were also common in respondents' narratives.

- Barriers to exiting homelessness are often systemic and include:
    - *Difficulty navigating the system:* People are frustrated with program requirements and find it hard to get what they need from public assistance.
    - *Employment accessibility and economic mobility*: People find it difficult to secure employment that they can find transportation to and that pays a housing wage.
    - *Ineffective behavioral health services:* Unmet mental health and substance use issues was portrayed a barrier to exiting homelessness.

For the purposes of this report, we draw on the three focus groups to add additional examples to the themes that emerged from the oral histories. The focus groups provided us with a different format to hear from providers, community stakeholders, and people with lived experience of homelessness. The sections below document these findings.

3.2 Pathways into Homelessness

Network Impoverishment

A recurring feature of respondents' discussions of their pathways into homelessness was that their narratives demonstrated a striking social dimension. In every SPARC community, people of color had few resources in their networks to draw on should something go wrong. We have begun to refer to this phenomenon as **"network impoverishment."** Qualitative data from Atlanta further evidenced this finding. People did not come to experience homelessness solely through a lack of capital; they also came to experience homelessness through fragile social networks. The fragility of these networks contained two main, interacting, weak points: lack of capital and lack of emotional support. The following quote from a participant in our Provider Focus Group typifies how lack of capital can strain social support:

Respondent: If the family doesn't have the mainstream resources or medical insurance to connect them to services, then it's likely that, like you said, bridges are burned, because the family is already strained financially. Then it starts trickling down to where, "Okay, I can't take care of you anymore. You've got to do something else." Or you keep exhausting resources if you are the supportive type, you exhaust most of your resources when it is working, and they never have enough. They are never able to make it to where they are not living paycheck to paycheck. It's always that one or two that strain because they are trying to branch all their resources to help family, or those that are affected. So, in my mind I see it on a very common basis, unfortunately, where a lot of individuals, their families trying to get them connected to services. They either got discharged from jail, because they are like, "He can't be paroled here, or she, and I am tired. I can't do this anymore. I need to get them connected to services." So that means that's an exhausted family member who may be poverty level or right there above, very close to.

If one member of a family or community is struggling financially, no one else in their social network is financially able to take on the added expenses. This quote from a provider is an important reflection on their work, and we also heard this theme reflected in the individual interviews with people currently using services. People were not unwilling to double up or to take people in—but they do not have the capital to accommodate the additional consumption of resources (e.g., food and household goods), and that in turn strained relationships. One respondent shared that her siblings were also experiencing homelessness:

Interviewer: No homelessness before this generation, huh? That's interesting. So, would you say you were the first? Were there other brothers and sisters? How many brothers and sisters have you got?...Did they [your siblings] ever become homeless?
Respondent: No. No, my sister is homeless now. She's the one that shared my house. She was the one that put me out in the snow. Now, she is homeless. You don't wanna be bad towards people. The older sister is in lock-up.

It was not just that our respondents were experiencing poverty—everyone they knew was experiencing poverty, too. Respondents' articulation of network impoverishment also included systemic and historical hindrance to economic mobility:

Respondent: You can look at the economy at the ghetto areas or poor areas, there is nothing there for us. We don't own anything. We are used and abused. We don't hold

any power in our own communities. So, what could we do for ourselves? I am not trying to make an excuse, but there are some reasons.

The above quote from an interview participant highlights the historical scarcity of socioeconomic resources and opportunity experience by communities of color, which may help explain the pattern of network impoverishment seen in the data.

Threats to Safety

Many respondents described significant or recurring threats to their safety, including sexual and physical assault. In a number of interviews, people cited the need to avoid further escalation of violence as one of the primary reasons for leaving prior housing. It is important to note that strains on social support were often deep and damaging. For example, this interview respondent recalled her initial arrival to a youth shelter:

> **Respondent**: On my 12th birthday, my mom left me at home with my stepfather. My stepfather told me that my mom was going out of town and she really wasn't, she was going to go buy my birthday cake. And my stepfather came in the room and he took advantage. And from that point on, my stepfather kept taking advantage of me until I was 12. I would tell my mom, I would get beaten for it over and over...From that point on, she dropped me off and I'm at the [Redacted Youth Shelter].

Another respondent similarly described feeling a lack of safety and support in the foster homes and group homes she grew up in. In her case, this was in direct relation to her gender identity and the associated mental health conditions she suffered as a result of the lack of acceptance:

> **Interviewer**: How old were you when you first came into the foster care, group home system?
> **Respondent**: I was two years old when I was taken from my mom … I was living with an aunt until I was like 10, and I at 10 years old I left my aunt's house because I was ad-, um, I was taken to a mental hospital for self-harm and trying to commit suicide. When I got out, I went back with my aunt but then DFS got involved and I went into a foster home without rela-, you know, relatives. Um, and ever since then I haven't been with a relative. Um, I have been in foster care my whole life … I've been homeless about three or four times, throughout my life and I'm only 19. And it's been situations where I just left foster homes. Because I just didn't want to be there anymore. I remember I left the foster home one time and went to a total different state because I didn't want to be in foster care. I didn't want to be around people that didn't care about me.

This excerpt exemplifies another pattern in the interview data: that people may leave current housing due to a perceived threat of violence. In the above case, this threat was felt in the lack of acceptance and support the respondent received ("people didn't care about me"). In other narratives, the threat of violence was physical, and was considered to be more dangerous than homelessness. For example, one respondent shared the following:

> **Respondent:** When I was down bad, like homeless, I came here in 2015. I was here for domestic violence. My stepdad, he assaulted me … I was making $500 a week down there. I was working for him basically.
> **Interviewer:** For your stepdad?
> **Respondent:** Uh-huh. He owns a store, and people was coming, they had deals. I was catching a lot of deals on hygiene products, so I was buying hygiene products. I had boatloads of hygiene products, you know, kitchen deals. I was like, I'm just going to keep them because I was getting my apartment too down there. I was like, okay I'm just going to keep this stuff so I can be prepared. But not knowing I was keeping that stuff to be prepared to come down here, you know what I'm saying? So I got assaulted, I wasn't going to step back a foot in his house, so I just got in my car...

This respondent left a steady job with good income because of her assessment of the danger of staying at home with her stepdad. Their story highlights the risks people sometimes take to avoid and escape unsafe situations. Many respondents who described experiences of violence also shared challenges with behavioral health, including mental health conditions and substance use. One participant in the Stakeholder Focus Group shared:

> **Respondent**: I think there is at least a decent size of our male, Black male population that comes in and out of homelessness over their lifetime, sometimes as a result of drug addiction which was more than likely sparked by, you know, a pre-existing mental health issue, even if it was just depression or anxiety, and/or trauma, PTSD, and in some cases, all of those things.

Unfortunately, many respondents who expressed behavioral health needs also detailed an inadequate response by the healthcare system.

Unmet health needs

Unmet mental and physical health care needs were a characteristic of many respondent narratives. In the Provider Focus Group, the conversation reflected this:

Interviewer: Who would you say is at the greatest risk for homelessness?
Respondent 1: Mental health. Individuals with mental health.
Respondent 2: Substance abuse and substance disorders.
Respondent 1: Or combined, co-occurring, generally that's what we see.
Respondent 3: I kind of agree with co-occurring, the mental health and substance abuse.
Respondent 4: I definitely would say behavioral health.

When asked what led to their experiences of homelessness, many interview respondents described substance use and/or mental health conditions as a part of the pathway. For example:

Interviewer: And could you tell me a little bit more about what led to your situation of being, you know, into different shelters and living on the streets?
Respondent 1: Drugs. Using cocaine, heroin, self-pursuit drugs, alcohol … so you know livin' whatever I could lay my head at the moment. It was a battle, but the drugs led me that way.
Interviewer: Okay so it's the drugs led you to experiencing homelessness, and how long were you, did that each episode last or from-
Respondent 1: I'd say, I'm being honest with you I say, I was only, I was on drugs for a long period of time okay? I'd say maybe, maybe I'd say maybe about 20 years, 18 or maybe 20 years, but I was seeking help by getting rehab and get full or get fat for a while … but I get back at drugs.

Respondent 2: I went started staying with my sister … she was in the military and she was trying to get me to come up there and stay but … I experienced depression a lot … and then the medicine that I take make me sleep because if I don't go to sleep I'll go to sleep eventually, but I wouldn't have nowhere to lay down, so I would take it anyway because the doctor said take it, and sometime I have to just to go to sleep in the park.

Both of the above respondents connected their behavioral health needs to their pathways into homelessness. They also touched on inadequate responses by the healthcare system. In both instances, respondents sought professional treatment, and the options provided were ultimately ineffective in the long-term or ill-suited to their specific context.

Medical health conditions were also described as a part of pathways into homelessness. For example, one respondent recounted how a series of complex medical conditions were inadequately treated, leaving her unable to work or to pay rent. This ultimately resulted in her experience of homelessness:

Interviewer: Can you tell me how you first came to experience homelessness?
Respondent: I got sick. Um, sinus infection first. This, that and the other. And then I had a mild stroke. When I had that mild stroke, that was it … They couldn't fix my leg. They couldn't make it stop being heavy as it was. They couldn't make the numbness go away … At that particular time, I had a hole in my heart. And my breathing situation wasn't good. I could walk – take two steps and I would be exhausted…
Interviewer: So, when you say – I just want to make sure that I understand this. When you say you had a hole in your heart, you mean like a physical hole in your heart?
Respondent: Mhm.
Interviewer: Was that repaired at any point?
Respondent: Oh, no. This, I'm not going to say what doctor, but I was told, "If you have a heart attack, ma'am, we will repair that hole. Until then you are just going to have to deal with it."
Interviewer: So, it sounds like you had some really complex health issues. And then did that impact – how did that – how did those complex health issues impact your housing?
Respondent: Couldn't go to work.
Interviewer: What were you doing for work?
Respondent: I was a Certified Nursing Assistant... Um, I went back to school. Got a second piece of paper. I guess you could say like a third or fourth piece of paper. But anyway, I went back and got my certificate in medical billing and coding while I was sleeping outside. Um, after that I got sick worse. So, now I have chronic hepatitis C…
Interviewer: Do you know how you contracted it?
Respondent: Yeah, working, doing nurse's aid.
Interviewer: So, you contracted it during work. Does that mean that the treatment for it should – there's someone covering the treatment for it?
Respondent: No.

The excerpt above contains a number of interrelated themes: the respondent experienced a number of complex medical health issues, none of which were adequately treated or appropriately covered financially, and which ultimately forged her pathway into homelessness. This narrative is particularly striking because it highlights the direct connection between healthcare failure and experiences of homelessness. The above respondent held a steady job, but untreated health conditions led her into homelessness.

In addition to the healthcare system not meeting the needs of the people we interviewed, some narratives described a ripple-effect in which the healthcare system impacted interactions with adjacent systems of support. For example, a participant in our Client Focus Group shared:

> **Respondent**: I was driving 18-wheelers … I was out driving one night and a truck came by and ran me off the road. I rolled over into the curb, broke a bone on my neck, broke a bone in the back, went to the – they airlifted me to the hospital. I am lucky to be alive, but throughout all of that I was trying to get social security and they denied me. I was before a white judge and maybe a black judge would give it if I had come and played the race card, but I was denied. They told me, "It's some kind of job you can do." … He was like, "Well I feel like there is some kind of work you can do if it involves sitting at a desk. Sit in a chair and look at a monitor," and I am like, well, you've got to go to school for that kind of stuff, you know? These days, you have to go to school. You just don't get a good job sitting down and not having the kind of schooling … And I mean, I could barely walk. I was in pretty bad shape. This is in 2013. I lost everything … Finally, they gave me regular SSI after six months. I had to come to Atlanta and down here, and they told me, "You need to appeal that. You mean you didn't get your back pay since 2013?" I appeal that now. I am waiting to go to court. It's everything is just a process to keep from giving me some money that they owe me. Now they are telling me, "You've got to wait another 12 or 13 more months," or something, to go to a hearing.

This respondent's injuries were appropriately treated, but he was left with chronic conditions that hindered his employment. While he was unemployed due to his injuries, he was denied social security; the judge insisted that he could find work in other industries. However, the respondent's lack of education prevented him from pursuing employment opportunities which he would have been physically able to perform. The respondent described interactions with systems that are failing to meet his needs and provide him with support to maintain housing and medical care.

3.3 Barriers to Exiting Homelessness

System Navigation

The interviews and focus groups suggest that burdensome program requirements and difficulty navigating systems are significant hurdles for people of color experiencing homelessness in Atlanta. As a participant in our Client Focus Group stated:

> **Respondent**: Why can't I get out of this? I see that every little thing that we do is something getting in the way to block us. If you are making a move to make more money, they want to stop you. "No, you make too much money. So we can't do this for you." It's like they want to keep you in a circle of poverty. They don't want to see you get advanced and get up where you can take care of yourself, go to work and make the money you need to make to pay your bills and take care of yourself. It seems there is a stoppage in there.

Another respondent also experienced this income threshold for service provision, in addition to difficulty navigating systems which are meant to help him:

> **Respondent**: I lost my home back in 2005, 2004, while I was a soldier in Iraq…
> **Interviewer**: You couldn't do the VA loan?
> **Respondent**: I mean at the time, I was 20 years old. I didn't know anything about how to use any of that. I am still having problems using it today …because I don't know the process and the protocol, and all the paperwork has to be approved and you have to have this lender with this realtor, with this agency.
> **Interviewer**: Okay. I see what you are saying…All right. So, you just got out of the service recently?
> **Respondent**: I've been out like 11 years.
> **Interviewer**: Okay, so it's been 11 years and so you are still homeless … How come? You couldn't get housing anywhere as a vet?
> **Respondent**: Sometimes you go through the process of doing it and they disqualified me on the amount of income I get … Some of the offices in the VA that I went to, to try to receive the help to stop being homeless. They didn't really feel like I was qualified for it and they said I made too much money. I make about $26,000/year … And then, that was like the main thing that stopped me from getting anywhere. Then I became disabled from a year after combat. I had PTSD and that stifled my money, because now I am on a fixed income. When I was able to make at least ten times what I make on a yearly basis now. Mm-hm.
> **Interviewer**: So, being diagnosed as PTSD meant you lost money as a veteran?
> **Respondent**: Mm-hm.
> **Interviewer**: Wow. So this situation that you've just described has been going on for 11 years, back and forth?
> **Respondent**: Mm-hm. Right.

This respondent's faced challenges navigating program eligibility requirements. This was a prominent theme in other respondents' narratives as well. For example:

> **Respondent**: I'm still a little confused 'cause I really don't know what all this is all about, where I'm going with this, where it's going to take me. I'm getting some things done though that I couldn't get there and that's why I was out in the streets homeless because there were places that I was going, certain things that I was trying to get done, and people was always turning me away or turning me around or they would send me back the next day. I come back the next day, they tell me why I didn't come that morning … I went with general assistance. I got the application, told me to come back at 8 o'clock the next day. I came back at 8 o'clock, now they tell me, "Come back at 2 o'clock." So I'm like -- you know stuff like that depresses you, 'cause you're trying to do

something. You're trying to take care of your business and then peoples don't necessarily take their professionalism seriously enough to know that you're putting a person in a certain situation that make them fail.

Like the person above, many respondents reported difficulty in either understanding program requirements, meeting them, or both. The following two excerpts offer additional examples:

> **Interviewer:** Just what your current housing situation is.
> **Respondent1 :** Well, I would say that I have two weeks to find stable housing or I go back to the streets.
> **Interviewer:** Why?
> **Respondent 1:** Because I'm trying to work with this other program and they said they were going to help me, but it's kind of difficult for people to understand the program.

> **Respondent 2:** When you go to these programs, yeah I'm doing an assignment, you have to pass a test, you have to be drug free or you have to meet the qualifications. You don't meet the qualifications, you're still on the street … People be wanting you to pass these essays or these assessments and stuff like that just to get housing. When you don't pass it, it's like, "Deuces, I can't help you, you didn't pass it, you made a low score." And that's really what happened to me. I had to score 12 to get housing and I scored a 5. So, I didn't get it.

The second respondent felt that programs were testing her, and she was continuously failing to "pass." Feeling set up for failure by burdensome or inequitable requirements, complicated and unclear systems, and seemingly arbitrary treatment by service providers were barriers to exiting homelessness that were frequently cited by people of color experiencing homelessness in Atlanta.

Accessible Employment and Economic Mobility

Based on the qualitative data we collected, many available jobs are not located in proximity to available housing and/or services. Moreover, respondents did not have reliable transportation. Therefore, access to jobs was a significant barrier to exiting homelessness. One respondent described a difficult decision she faced in which she had to either prioritize transportation or housing:

> **Respondent:** Because when I was homeless in my car, I ran up a lot of tickets because I couldn't do nothing but drive, and they targeted me because I had an Alabama tag basically. So I ended up in jail with suspended license, and I was in jail for two weeks for the last – the last two weeks, I was just in jail. So my mom came down here. It took all the little savings I had, because I was stable – I'm jumping in and out because these tickets is really – they took $2,000 from me from Atlanta and I'm just getting back up.

> So the last little – actually my rent money, I had to get my car out because I'd rather have my car.

In order to maintain reliable transportation to her job, the respondent above chose to spend the money she had saved for rent on releasing her car from impound and paying off all of her traffic tickets. She highlighted the priority of keeping her job over finding housing, because, as she sees it, having stable employment means she will eventually find housing. She continues:

> **Respondent:** So right now, I'm really living at work, but I'm not living at work, you know what I'm saying, because I work at night...So I'm really getting by. It's really the universe really playing in my part right now. But I still have room to, you know, to save money to get my own place. I know it's coming because I work hard.

This narrative highlights the difficulty many of our respondents reported in finding employment that was accessible. The above respondent prioritized keeping her car, and as such was able to secure employment, but not housing. Other respondents who did not have access to vehicles described transportation as a significant barrier to finding work.

Another barrier raised by respondents was the location of supportive services and/or housing placements in relation to where employment opportunities were. Often the options provided did not line up with employment opportunities. One participant in our Client Focus Group went into detail about her own experience:

> **Respondent:** But I think also my husband is saying that we are a black couple. We've seen white couples come in here and move faster than we have. They will send my husband and I to … like the slum areas, but the white couple can go to [Redacted Neighborhoods]. They never even announce those places to us and we tell them that's where we are from. They will not tell us to go to [Redacted Neighborhoods], or the nice places that we are from. They will only send us to [Redacted Neighborhoods] and we've absolutely told them that's not where we want to live. … So, why would you send me and my husband, because we are black, to just a predominantly black, poor neighborhood when you have a white family that's the same husband and white team to [Redacted Neighborhoods], and those areas where you know the jobs are better, you know the pay rate is better? If you go to [Redacted Neighborhood], the only place you are going to work is at Burger King or a fast food joint.

This narrative highlights the intersection between racial discrimination and a geographic mismatching of housing and employment. The respondent states that White families are housed in more economically developed areas with higher paying jobs, while Black families are

housed in "slum areas," where the only jobs available do not pay housing wages or allow for much economic mobility.

Ineffective Behavioral Health Services

Respondents described unmet behavioral health needs as a significant barrier to exiting homelessness. For some, lack of access to effective care exacerbated their symptoms or put them at risk for unhealthy coping mechanisms. Participants in the Providers Focus Group discussed self-medicating after mental health system involvement did not effectively help people cope with symptoms:

> **Respondent 1:** Not accurately dealing with, or treating, their mental health, and because of emotional and other issues going on around them, their coping mechanism unfortunately is to use [substances] and just disconnect from mainstream services.
>
> **Respondent 2:** To add to that, side effects from medications. A lot of the people that take medications, they don't like the side effects … Then a lot of times too, they don't have anybody advocating for them. Sometimes, the medication might be too strong and there is no one listening here to modify or whatever, and so they just stop taking it altogether, and they just don't want to deal with the system, and they go unnoticed.
>
> **Respondent 3:** I agree. I think that's a huge piece, not having the advocacy. "You know, I don't know how to say that I don't like the way this makes me feel, so I just stop. You know, or, no one listens to me when I say I don't like the way this makes me feel. So, I just stop."

How can systems prevent people from "going unnoticed?" A participant in our Stakeholder Focus Group also touched on this theme, suggesting that the lack of effective support services may not only exacerbate or ineffectively treat current mental health conditions, but actually trigger new experiences for folks that had not previously had issues with their mental health. They elaborate:

> **Respondent**: I have seen that where substance and mental health may not have been the initial cause of the homelessness, but when you're dealing with your homelessness … and then because of lack of affordable housing and the fact that there are not job opportunities. You know, they are not somebody that had a substance abuse issue in the beginning. They are not somebody that identified with mental health, but then going into a completely different world and not having the resources have led them to substance abuse or to, you know, to have a break in where all of a sudden, you know you are dealing with mental health issues.

The above respondent describes his experience of homelessness as being surrounded by other Black people who are suffering from untreated mental health conditions, and that this experience was detrimental to his own mental health. Further, he elaborates that the supports and services that are offered are not only ineffective, they are actually adversely affecting his wellbeing. Our findings suggest the need to create culturally responsive, anti-racist behavioral health systems that take into account people's experiences of systematic and everyday racism. Several respondents articulated the links between racism and mental health and the lack of mental health services that work for Black individuals, in particular Black men.

> **Respondent 1:** That's the African-American neighborhood, period. I mean, when you talk about mental health, I mean, the stresses that we've experienced in life, you know, creates a lot of behavior. Then you have the African-American man, the male, who we were speaking about, and how come he is so dysfunctional? He and everybody in the world is calling him n****r…
>
> **Respondent 2:** In our culture, it is historic, what goes on in this house stays in this house…
> **Interviewer:** When you are talking about the culture of what happens in this house stays in this house, you are talking specifically about black folks and our interactions, lack thereof, right? Mental health systems and having long histories of secrecy, yeah?
> **Respondent 2:** And even when that comes out, now the shame and the guilt piece kicks in. Now, I can't deal with it, because I am ashamed to tell somebody that this is what happened to me … I've talked to so many men that they can't – they don't know how. They've never had an opportunity or there has never been a platform for them to address these issues in an appropriate way.

Another interview respondent highlighted the inadequate services currently offered to people of color experiencing homelessness. When asked what changes she recommended to make the system more helpful for people of color experiencing homelessness, she said:

> **Respondent**: Until you're in the predicament of homelessness, you wouldn't know how to treat the next one. So I feel like you should be patient, number one, with somebody who is homeless, because a lot of their anger, a lot of their repetitiveness, a lot of their laziness or whatever, it comes from something. It's not just, "Oh, I'm being lazy because I'm homeless and I know y'all are going to help me." No, it could be a state of depression, because this could be a person's first time witnessing homelessness, or it could be a state of devastation or hopelessness. So I just feel like a lot of these organizations are impatient with some of these people and I just feel like they should be because at the end of the day, nobody with common sense wants to be homeless.

Across our SPARC research sites, the need for improved behavioral health services for people of color experiencing homelessness was a prominent theme. Our data in Atlanta further support this finding.

As Atlanta's homelessness response system reflects on new strategies to end homelessness, the themes that emerged in the qualitative findings from this study can help guide objectives and implementation. In the next section, we discuss implications of the findings and important new directions for research and policy. In the final section, we provide a list of concrete recommendations.

4. Discussion: Promising Directions

The sections above report SPARC's initial quantitative and qualitative findings on the experiences of people of color experiencing homelessness in Atlanta. The qualitative themes emerged from the data organically and were not influenced by the Structural Change Objectives selected by Atlanta's SPARC Working Group. This group selected the following areas for structural change:

1. **Improving access to public transportation** in the Greater Atlanta area, by improving current infrastructure, expanding public transportation routes, and including greater community involvement in planning.

2. **Affirmatively furthering fair housing**, with a focus on redesigning the evictions process, including fair representation and adequate support services, and supporting efforts to expand inclusionary zoning.

The research summarized in this report helps guide this work and suggest additional areas for short and long-term action. The narratives we heard repeatedly demonstrated that the network impoverishment of communities of color make homelessness seem inevitable. In this context, how can communities strengthen and stabilize these networks? What are the investments necessary to build socio-economic assets and resiliency to stress in communities of color? How does Atlanta return economic mobility to some of its most disenfranchised citizens? How should that work flow through an anti-racist lens to ensure that it is strengths-focused and empowerment-based rather than paternalistic? How do systems interact to effectively serve people with medical and mental illness?

As we continue to explore the data from this initiative, we are aware that a number of research questions deserve additional attention. In the next section, we discuss the implications of our findings and highlight potential areas of future research on race and homelessness. In the final section, we identify a concrete list of recommendations for the Greater Atlanta community.

4.1 Economic Mobility for Communities of Color

Economic mobility is clearly a pillar of ending homelessness but remains elusive in many communities. As was detailed in the qualitative section of this report, respondents often had a rich job history, but had a great deal of difficulty securing employment that would pay a living or housing wage. Barring a significant shift in federal or state policies regarding minimum wage, it is unlikely that our current workforce development approach will be sufficient to end homelessness. Simply put, if someone comes to experience homelessness while working for minimum wage, transitioning to a different minimum wage job will not make a substantial difference in their life.

The SPARC team has begun to examine in greater detail what respondents had to say about their employment history and employment search. One area requiring more analysis is employment discrimination. Unsurprisingly, respondents have repeatedly reported experiencing interpersonal racism over the course of their job searches. They have also discussed the role of systemic racism in preventing them from attaining career-track jobs, reporting, for example, inequitable access to education or skill development (including vocational training).

As we continue to investigate concrete and immediate steps that we could take in order to drive change in our communities, the SPARC team has begun to look more closely at the way communities spend workforce development dollars. A potential direction to take workforce development would be to reduce the size of cohorts moving through programs and intensify the skills being acquired. For example, rather than moving 150 people through a soft skills development program it might be more beneficial to move 20 people through a UX (user experience) design code academy that is connected to a job placement possibility at several design or technology firms.

Additionally, as mentioned above, it will be important to think about what economic stabilization looks like. Our findings point to upstream intervention sites that are community-based and focused on stabilizing fragile networks through necessary infusions of capital—either through targeted subsidies, flexible emergency funding, or policies that better facilitate pooling income.

Finally, we should consider how soft skill development programs are frequently constructed around behavioral norms for professional conduct that have been established and advanced by White people. What does it mean to engage a 17-year-old Black person in a program that essentially tells them that their way of interacting the world is the wrong way? These kinds of

questions are important to consider in the construction of workforce development programs, but also with regard to the ways in which we consider advancing staff of color on our teams. As we examine why certain staff members do or do not advance, an important consideration must be whether or not they are being passed over because they are not cultural matches with senior leadership.

As we continue to break down the ways in which interpersonal and structural racism exacerbate each other, it could be helpful for programs to engage in honest dialogue about how personal bias might be enabled by structural factors. In the case of supporting people of color in their job search, it might be understanding a person's context and giving second chances, rather than saying, "They've had three weeks to get an interview and they still haven't." With regard to staff of color, it might mean re-working job descriptions rather than saying, "I'm not promoting them because they don't have a B.A.—not because they're Black."

4.2 Upstream and Downstream Stabilization

Our qualitative data suggest that destabilizing factors often occur well before people come to experience homelessness. Upstream stabilization may be best achieved through the development of short-term flexible subsidies. People do not always need large amounts of money, or even money that is dedicated specifically towards housing or utilities. Many respondents expressed having initial difficulty with a non-rent related financial burden. Common examples have been car repairs or food. However, without the money to pay for these non-housing areas, a crisis can rapidly develop. Respondents who cannot pay for their car repairs may be unable to get to work and subsequently lose their jobs, or those who cannot afford food for the whole household may kick adolescents or emerging adults out of the house in order to free up resources for the very young or very old.

Stabilizing these households who are on the precipice requires immediate infusions of capital. However, these subsidies have to be uniquely flexible to cover a wide range of one-time needs. This would represent a new way of thinking about subsidy spending—discretionary spending pots that could live at agencies and be accessed as needed by community members in crisis. While such thinking may be new for homelessness response programs, spending models of this kind have existed for many years in the faith community. It is not uncommon for churches to step into exactly the void that is being described. Unfortunately, network impoverishment affects faith communities as well. As resources become scarce in the broader community, there is less ability to 'take up the collection plate' in order to meet the needs of an individual or family in crisis. In order to address the hemorrhaging of people of color into

homelessness, it will be necessary to replenish (or establish) these kinds of community level safety-nets.

As our qualitative data highlight, inadequate systems responses to experiences of violence, and medical, behavioral, and mental health conditions, has emerged as a significant pathway into experiences of homelessness for people of color. Downstream stabilization thus focuses on recalibrating the boundaries of the homeless response system to incorporate intervention and response services that are specifically dedicated to these issues. As our respondents described, health crises were often the catalysts for experiences of homelessness; but equally, they served as significant barriers to exiting homelessness. We need to begin to ask ourselves how wrap-around homeless services can include public health values and best practices, to ensure that the health of individuals experiencing homelessness does not impact their housing outcomes. Similarly, as many respondents were driven into experiences of homelessness as a result of fleeing violent home-settings, program qualifications and requirements need to be reflective of this pattern.

When looking at affirmatively furthering fair housing, and specifically at the evictions process, downstream stabilization efforts should focus on evaluating the following:

1. Does the eviction process allow for individual assessment and situational analysis of the context of the eviction?
2. What supports, including financial and legal assistance, would be necessary to ensure survivors of domestic violence and/or interpersonal violence are not barred from future housing due to prior survival-driven evictions?
3. Do current requirements for housing subsidies and other housing services take into account the decision folks make to leave prior housing for survival?

With regards to the evictions process, we need to ask ourselves whether all evictions should be handled the same and carry the same repercussions for future housing and program eligibility. Enhancing the capacity of legal representation and support services for people of color responding to evictions histories is critical; but this process must also include a trauma-informed approach which recognizes the necessity of leaving prior housing, which may result in eviction, as a means of survival. Frequently, respondents framed their experience of homelessness as stemming from an assessment of the danger of staying in their prior housing situation, which resulted in a decision to leave that accommodation, even if there was no alternative option for remaining housed. The decision taken to leave previous housing due to violence can often cause, or exacerbate, behavioral health conditions which further aggravate

experiences of homelessness. When approaching strategies for affirmatively furthering fair housing, these common situations must be taken into consideration.

In addition to support services to people of color experiencing homelessness and dealing with prior evictions in the legal system, downstream stabilization strategies should also analyze current policy surrounding housing program requirements specifically in relation to histories of eviction and violence. The frequency of responses in our data surrounding individuals' inability to access services due to eviction history or trauma-related behavioral responses is alarming and requires a significant redesign of current policy.

Finally, many respondents cited difficulty navigating programs and/or inequitable program qualification as the primary barriers they faced in exiting homelessness. Frequently these experiences manifested as feelings of confusion surrounding how programs work, of being "tested" by requirements, and frustration with barriers to program eligibility based on employment or income. These stories highlight a significant problem in the ways programs serve people of color experiencing homelessness, and they require a deeper questioning of the ways these services are designed.

4.3 Hispanic/Latinx Homelessness

Existing literature frequently refers to the "Latino paradox" with regard to the idea that the Hispanic/Latinx population in the U.S. shares risk factors for homelessness with the Black population, but they are underrepresented, not overrepresented, among people experiencing homelessness. Despite this discussion in the literature, we have increasing reason to suspect that these theories are based on inaccurate reporting and weak methodology for counting people experiencing homelessness. Emerging from our research is the finding that in communities that have more intentional outreach to Hispanic/Latinx communities, numbers tend to trend upwards towards overrepresentation.

Our preliminary research suggests the need to focus our attention in meaningful and immediate ways on reaching out to Latinx communities. This will require deliberate cultivation of Spanish-speaking outreach teams made up of members of the communities that they hope to engage. Ideally, these teams would have preexisting relationships that they can leverage to build trust. Additionally, programs might begin to take steps to segregate documentation and immigration status from other components of a client's file and hold it on a "need-to-know" basis, similarly to how HIV/AIDS information is managed under HIPPA. While this policy change would not have a legally enforceable edge, it would be a step towards building trust with

clients regarding whether or not their immigration status will be shared with other staff—and to what extent the circulation of that information puts them at potential risk. Moreover, we might begin to more carefully identify what services we actually require immigration or citizenship information in order to activate. A number of services that may currently request this information may in fact not actually require that it to report to funders or screen individuals in or out of services.

By limiting requests for information regarding documentation status to only those services that absolutely require it and putting strict firewalls around that information, we may begin to have better engagement with Hispanic/Latinx communities experiencing homelessness. With better engagement will come a more accurate understanding of rates of homelessness, characteristics, and needs.

4.4 Trans* People of Color

Our current understanding of the needs of trans* (used here to refer to all trans, gender-expansive, gender-fluid, or non-binary individuals) people experiencing homelessness is similarly limited. While the SPARC team has been lucky enough to engage a number of trans* youth and some trans* adults in our research, we are very far from being able to characterize patterns in trans* experiences of homelessness. While we expect that social rejection and stigma play a role in pathways into homelessness, we do not yet have enough information to suggest appropriate structural interventions.

One obstacle in the way of researching trans* experiences of homelessness is inconsistent administrative data. While there's a great deal of anecdotal evidence around trans* people experiencing homelessness at greater rates, there is still a dearth of data on trans* individuals in service systems. Because of this, we are left with an inaccurate understanding of how many trans* individuals are in need of service, and we are not able to estimate rates of disproportionality across race and gender identity. We advise programs to work diligently to capture sexual orientation and gender identity/expression (SOGIE) data so that policy decisions can be more informed.

Finally, it is important to track requests that trans* clients are making of systems. While the SPARC team will continue to analyze the available data, we believe that the best resource available to programs and systems leaders are the voices of people who are currently utilizing services. By creating a way to track (and document responses to) requests or complaints that come from trans* clients, systems can use the knowledge that is already there while waiting for better research to emerge.

5. Recommendations

There are numerous actions Atlanta can take now and plan to take in the future. SPARC's recommendations include:

1. **Design an equitable Coordinated Entry system**. Coordinated Entry organizes the Homelessness Response System with a common assessment and a prioritization method. This directs clients to the appropriate resources and allows for data-driven decision making and performance-based accountability. Continual review of data from this process for racial disparities can assess whether housing interventions are sufficiently provided to people of color who come into contact with the system. Examination of the data can also help pinpoint additional intervention need. Coordinated Entry is at the root of Atlanta's response to homelessness, and racial equity should be integrated into Coordinated Entry.
2. **Incorporate racial equity into funding and contracting for homelessness and housing programs.** Funders should consider how to infuse a race explicit lens into its contracting, requiring that programs report how their work will address issues of racial equity. Specifically, it is useful to develop criteria in which racial equity is part of the evaluative process for scoring funding proposals. Funders can also play a role by evaluating the racial diversity of agency leadership. Finally, they should encourage agencies to periodically conduct internal program and policy reviews that examine disparities in outcomes based on race.
3. **Include racial equity data analysis and benchmarks in strategic planning to end homelessness.** As Atlanta sets goals around program development, expanding housing capacity, and creating more housing placements, the system should be measuring impact by race and ethnicity. It will be vital to look at how race and ethnicity relate to returns to homelessness. Additionally, it may be helpful to use a formal racial equity tool in organizational decision making. All major organizational decisions, whether explicitly about race or not, should be analyzed through an internal racial equity tool that will highlight potential negative consequences to communities of color.
4. **Support organizational development to ensure racial equity at the organizational level.** Many agencies that provide human services are at a critical point of self-examination. As we continue to unpack the impact of systemic inequity on the populations we serve, the time has also come to investigate the organizational practices, structures, and cultures of serve settings that unconsciously perpetuate

inequity for those same communities. Despite agencies' best intentions to promote equity and justice, many have a long way to go before their internal practices, staff and leadership teams, resource allocation, facilities, and strategic planning reflect and advance these goals. However, promising practices exist and can be leveraged and tailored to organizations that are ready to do the work. Atlanta can support agencies by providing resources to do this work and by disseminating tools and strategies.

5. **Encourage anti-racist program delivery.** SPARC's findings suggest that programs that are strengths-focused, empowerment-based, and trauma-informed, rather than paternalistic, will best serve people of color experiencing homelessness. Programs will need to look internally to answer questions about whether or not they are inadvertently replicating systems of disenfranchisement. Performing internal systems audits and looking at program output data by race and ethnicity for disproportionality can help target the work. These philosophies might also play a key role in inter- and intra-agency equity plans.
6. **Promote ongoing anti-racism training for homeless service providers.** Government and nonprofit staff will benefit from continuous training on the intersection of race and homelessness, on bias, and on strategies to confront racism within their work. Building off of Recommendation 2 (Support Organizational Development), the Continuum of Care (CoC) and other key stakeholders can partner to host inter-agency trainings and support trainings for individual agencies. While organizational development focuses on structural change to organizations, training can focus on interpersonal skills—both for working with clients and for working with our colleagues.
7. **Collaborate to increase affordable housing availability for all people experiencing homelessness.** People in Atlanta described frustration not only in the wait to receive a voucher, but also in the difficult process of trying to find a landlord or apartment complex that would accept it. As the community begins to discuss how best to address homelessness through a racial equity lens, it will be necessary to discuss how people experiencing homelessness could be moved into desirable units and neighborhoods by working with landlords and developers to address issues with accepting housing vouchers.
8. **Utilize innovative upstream interventions to prevent homelessness for people of color.** Homelessness is not inevitable. The data in this report suggest that it may be possible to stabilize people well before they become homeless by identifying pathways and providing support early. Preventing homelessness is a key component of achieving the county's goals, and the community is making efforts to improve its upstream services and homelessness prevention efforts. The CoC should continue focusing on areas where it can have the biggest impact, including targeted eviction prevention for

people at risk of homelessness. Prevention also means working with the criminal justice, child welfare, and public health systems to reduce the number of people exiting into homelessness from programs and institutions within those systems.

9. **Investigate flexible subsidies to mitigate the effects of network impoverishment.** Many financial crises start as non-rent related. For many of our research participants, initial needs were for food, car repair, or bills. This suggests that for some people, flexible subsidies could be used to avert crises that spiral into homelessness. Short-term interventions of this kind can prevent or end homelessness quickly and connect people to other systems and resources, such as employment, health care, child care, and a range of services to support greater stability. It may offer a range of one-time assistance, including eviction prevention, legal services, relocation programs, family reunification, mediation, move-in assistance, and flexible grants to address issues related to housing and employment.
10. **Support innovative health care strategies to meet the needs of communities of color.** Low-income individuals may have more difficulty accessing and paying for health care in states like Georgia where lawmakers have thus far declined to expand Medicaid eligibility to all families and individuals with incomes up to 138 percent of the federal poverty level. Medical and mental health needs emerged as an important feature of people's pathways into homelessness, experience of the system, and barriers to exit. The homelessness response system should collaborate with health providers to increase people's ability to access care with or without insurance.

6. Conclusion

We recognize that equity-based work should not be confined to specific initiatives, but rather should be the lens through which all of the work flows. As communities develop equity approaches, they do not happen in isolation, limited to one program or one response. Instead, racial equity models need to be widely spread across systems and sectors.

We look forward to working with community leaders across the cities engaged in SPARC to continue to develop and hone the skills of equity implementation. Our hope continues to be that we will someday be a nation that does not strive towards equity but has realized the vision of having these values sit at the core of what we do.

7. Appendix

7.1 Entry and Exit Location Groupings

We grouped HMIS data fields for situations at entry into the following categories for our analyses:

1. **Homeless (Shelter + Street)**
    a. Place not meant for human habitation
    b. Emergency Shelter (including motel/hotel with voucher)
2. **Permanent Housing/Renting w/ subsidy**
    a. Rental by client with VASH subsidy
    b. Rental by client with other ongoing subsidy
    c. Permanent housing for formerly homeless persons
    d. Owned by client with ongoing subsidy
3. **Permanent Housing/Renting w/o subsidy**
    a. Rental by client with no ongoing housing subsidy
    b. Residential project/halfway house with no homeless criteria
    c. Owned by client with no ongoing subsidy
4. **Institutionalized Care**
    a. Long-term care facility or nursing home
    b. Substance abuse treatment facility or detox center
    c. Foster care home or foster care group home
    d. Hospital or other residential non-psychiatric medical facility
    e. Psychiatric hospital or other psychiatric facility
    f. Mental health/psychiatric, physical health, substance use treatment, foster care
5. **Jail, Prison or Juvenile Detention Facility**
6. **Doubled Up**
    a. Staying or living with friends
    b. Staying or living with family
7. **Transitional Setting**
    a. Transitional Housing for homeless persons (including youth)
    b. Safe Haven
    c. Hotel/Motel (no voucher)
8. **Missing Data** (not included in analysis)
    a. Client does not know
    b. Client refused

We grouped HMIS data fields for destination at project exit into the following categories for our analyses:

1. **Homeless (Shelter + Street)**
    a. Place not meant for human habitation
    b. Emergency Shelter (including motel/ hotel with voucher)
2. **Permanent Housing/Renting w/ subsidy**
    a. Rental by client with VASH subsidy
    b. Rental by client with other ongoing subsidy
    c. Permanent housing for formerly homeless persons
    d. Owned by client with ongoing subsidy
3. **Permanent Housing/Renting w/o subsidy**
    a. Rental by client with no ongoing housing subsidy
    b. Residential project/halfway house with no homeless criteria
    c. Owned by client with no ongoing subsidy
4. **Institutionalized Care**
    a. Long-term care facility or nursing home
    b. Substance abuse treatment facility or detox center
    c. Foster care home or foster care group home
    d. Hospital or other residential non-psychiatric medical facility
    e. Psychiatric hospital or other psychiatric facility
    f. Mental health/psychiatric, physical health, substance use treatment, foster care
5. **Jail, Prison or Juvenile Detention Facility**
6. **Doubled Up**
    a. Staying or living with friends (permanent)
    b. Staying or living with family (permanent)
    c. Staying or living with friends (temporary) (option at exit only)
    d. Staying or living with family (temporary) (option at exit only)
7. **Transitional Setting**
    a. Transitional Housing for homeless persons (including youth)
    b. Safe Haven
    c. Hotel/Motel (no voucher)
8. **Other**
    a. Other (True Other; i.e., response option was labeled "Other")
    b. Deceased
9. **Missing Data (not included in analysis)**
    a. Client refused
    b. Data not collected
    c. No exit interview completed